NEVADA STATE
BOARD OF PHARMACY

BOARD MEETING

January 14-15, 2026

HILTON GARDEN INN
7830 S LAS VEGAS BLVD
LAS VEGAS, NV

Zoom
https://zoom.us/j/5886256671
Meeting ID: 5886256671

Please do not remove the book from the meeting room.

9

9A

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Pharmacy Application

Non-Refundable $500.00 Fee

Rev (6/11/2024)

Facility Location	Application Type (check all applicable)	Pharmacy Type (check all applicable)	Services the Pharmacy will Provide (check all applicable)
☒ Nevada	☒ New Pharmacy	☒ Retail/Community	☒ Retail/Community
☐ Out-of-Nevada	☐ Ownership Change*	☐ Hospital (# beds _____)	☒ Dangerous drugs
	☐ Location Change *	☐ Internet	☒ Controlled substances
	☐ Service Modification*	☐ Nuclear	DEA #: _____
	☐ Name Change* (if only a Name Change occurred, submit a **$50.00 fee** with the application.)	☐ Other:	☒ Non-sterile Compounding
			☐ Sterile Compounding
			☐ Mail-Order Service
			☐ Off-site Cognitive Services
			☐ Long Term Care
	* Current license #:		☐ Hospital
	PH_____		☐ Other:

Days of Operation		Ownership Type (check applicable box)
☒ Monday	☒ Friday	☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9, 10, 11, 12)
☒ Tuesday	☐ Saturday	☒ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9, 10, 11, 12)
☒ Wednesday	☐ Sunday	☐ Partnership (complete sections 1, 2, 3, 4, 7, 9, 10, 11, 12)
☒ Thursday	☐ Holidays	☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9, 10, 11, 12)

Section 1: General Information

Pharmacy Name: Adoniz Pharmacy (DBA) APRX LLC

Physical Address: 4641 Blvd Diamond Rd #120B

City: Las Vegas State: NV Zip: 89139

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: _____ Toll Free # (NAC 639.708, NRS 639.23286): _____

Fax: _____ Contact Email: APRX4641@gmail.com

Website: _____

Nevada Business License # (if applicable) B20250418563 8/21

Supervising/Managing Pharmacist Name (NRS 639.220): Paulina ~~GAO~~ Ngo

Supervising/Managing Pharmacist NV Pharmacist Registration # (if applicable): ~~XXX~~ 18970

Section 2: List the name(s) of at least one NEVADA registered pharmacist who practices at the pharmacy, who may be the managing pharmacist or another pharmacist, who will be responsible for any prescriptions dispensed to a patient located in Nevada and responsible for any acts or omissions of pharmacy personnel who are not registered with the Board. NRS 639.2328. (Use a separate piece of paper if additional space is needed.)

Name: Paulina Ngo	NV Pharmacist Registration #: 18970
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:

Section 3: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		X
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration from any jurisdiction?		X
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been subject of an administrative action, board citation, cite fine, or proceeding relating to the pharmaceutical industry?		X
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		X
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		X

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name(s) of the owner(s), their credentials and their percent ownership. Write NA if not applicable. NRS 639.232. (Use a separate piece of paper if additional space is needed.)

Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:

1. The Board shall not issue a license to conduct a pharmacy:
   a) To any practitioner; or
   b) To any partnership, corporation, or association in which a practitioner has a controlling interest or owns more than 10 percent of the available stock.
2. This section does not:
   a) Apply to a hospital pharmacy or a health maintenance organization which holds a certificate of authority under chapter 695C of NRS.
   b) Prohibit ownership by a practitioner of a building in which a pharmacy is located, if space for the pharmacy is rented at the prevailing rate.

Section 5: Publicly Traded Corporation

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Does the number of stockholders/shareholders of the corporation exceed four? NRS 639.231 ☐ Yes ☐ No

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: Nevada

Parent Company (if any): _____

Corporation/Organization Name: APRX LLC

Mailing Address: 1309 Coffeen Ave suite 1200

City: Sheridan State: WY Zip: 82801

Telephone: 702.376.5544 Email: APRX4641@gmail.com

Contact Person Name: Sylvia Durante

Does the number of stockholders/shareholders of the corporation or members exceed four? NRS 639.231 ☐ Yes ☐ No

Section 7: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Please check type of partnership (NAC 639.214) ☐ General ☐ Limited

Does the number of partners or members of the partnership exceed four? NRS 639.231 ☐ Yes ☐ No

Section 8: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Section 9: Statement of Responsibility - MUST BE COMPLETED by an Authorized Person (NAC 639.945)

Statement of Responsibility

1. I am the OWNER (title) for APRX LLC. (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be responsible for any violations of pharmacy law that may occur in the Pharmacy owned by such owner(s), shareholder(s), member(s), or partner(s).
3. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against the Pharmacy.
4. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) cannot require or permit the pharmacist(s) in said Pharmacy to violate any provision of local, state, or federal laws or regulations pertaining to the practice of pharmacy.
5. I further understand and acknowledge that Nevada law requires that each pharmacy located inside the State of Nevada employ only pharmacists, intern pharmacists, pharmaceutical technicians, and technicians in training that are licensed by the Nevada State Board of Pharmacy. (NRS 639.100).
6. I further understand and acknowledge that Nevada law requires that each pharmacy located outside the State of Nevada engaged in providing pharmacy services into Nevada employs at least one pharmacist licensed by the Nevada State Board of Pharmacy who will be responsible for any prescription dispensed to a patient located in Nevada and responsible for any acts or omissions of pharmacy personnel who are not registered with the Board. (NRS 639.2328).

SYLVIA H. DURANTE
Print Name of Authorized Person

Sylvia Durante
Original signature of Authorized Person (copies or stamps not accepted)

10/3/2025
Date

Section 10: Affidavit for Pharmacies- MUST BE COMPLETED by pharmacies NOT CURRENTLY PERFORMING Sterile Compounding

Affidavit for Pharmacy License

I, SYLVIA H. DURANTE hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

1. I am the OWNER (title) for APRX LLC (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I certify that upon licensure, the Pharmacy will not perform sterile compounding or ship sterile compounds into Nevada.
3. I understand and acknowledge that the Pharmacy and any of its staff members may be subject to discipline by the Board if the Pharmacy performs sterile compounding or ships any sterile compounds into Nevada without first obtaining written authorization from the Board to do so.
4. I certify that if the Pharmacy makes the decision to perform sterile compounding or to ship any sterile compounds into Nevada, the Pharmacy, through an authorized representative, will first notify the Board via a written request, and obtain written approval to perform sterile compounding or to ship any sterile compounds into Nevada.
5. I understand that if the Pharmacy seeks approval to perform sterile compounding or to ship any sterile compounds into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

FURTHER YOUR AFFIANT SAYETH NAUGHT.

Sylvia Durante
Signature

SUBSCRIBED AND SWORN TO
Before me, a notary public this 03 day of October, 2025

Notary Public

JOSHUA JORDAN
NOTARY PUBLIC
STATE OF NEVADA
My Commission Expires: 08-20-28
Certificate No: 25-6020-01

Section 11: Managing Pharmacist Acknowledgement, Professional/Personal History – REQUIRED TO BE COMPLETED BY THE MANAGING PHARMACIST FOR NEVADA LOCATED PHARMACY APPLICANTS ONLY

Managing Pharmacist Name: Paulina Ngo Pharmacist Registration #: 10970

Pharmacy Name: APRX LLC

Initial each statement below to indicate you have read and agree with the following:

I understand that as the managing pharmacist I am responsible for compliance by the pharmacy and its personnel with all state and federal laws and regulations relating to the operation of the pharmacy and the practice of pharmacy. I understand my license can be revoked or that I can be subject of disciplinary action if such laws or regulations are knowingly violated in the pharmacy in which I am the managing pharmacist.

I understand within 48 hours after I report for duty as the managing pharmacist, I shall complete an inventory of all controlled substances of the pharmacy pursuant to 21 CFR Part 1304 and maintain a copy of the inventory in the file at the pharmacy. N/A

I understand that if I cease to be managing pharmacist of the above-named pharmacy, I will jointly, with the new managing pharmacist, take an inventory of all controlled substances.

I understand that as the managing pharmacist I must ensure that all loss or theft of controlled substances are reported on forms provided by the Nevada State Board of Pharmacy and Department of Public Safety within 10 days after the date of discovery of theft or loss. NRS 453.568. Federal regulations require that registrants notify the Field Division Office of the Administration in his area, in writing, of the theft or significant loss of any controlled substance, disposal receptacles or listed chemicals within one business day of discovery of such loss or theft. The registrant shall also complete and submit to the Field Division Office in his area, DEA Form 106 regarding the loss or theft (21 C.F.R. §1301.76(b) and 21 U.S.C. §830(b)(1)(C)).

I understand that as the managing pharmacist I must notify the Nevada State Board of Pharmacy of all employment changes of pharmacy staff within 10 days of the change. NAC 639.540

Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓
2. Have you been charged, arrested, or convicted of a felony or misdemeanor in any state?		✓
3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state?		✓
4. Has your license been subjected to any discipline for violation of pharmacy or drug laws in any state?		✓

If you marked YES to any questions above, include the following information and provide a signed statement of explanation. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Board Administrative Action:	State:	Date:	Case #:

Criminal Action:	State:	Date:	Case #:	County:	Court:

I certify under penalty of perjury that the information I have provided on this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Original signature of Managing Pharmacist (copies or stamps not accepted)

10/17/2025
Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

SYLVIA H. DURANTE

Print Name of Authorized Person Submitting Application (If the applicant is a partnership or corporation, the application must be signed by a partner or by an officer of the corporation). NAC 639.215

Sylvia Durante

Original signature of Authorized Person (copies or stamps not accepted)

10/3/2025

Date

Board Use Only	Date Received: _____	Amount: mo/500.00

To whom it may concern;

I, Sylvia Durante, the sole member of APRX LLC, hereby authorize and give permission to the designated representative of APRX LLC, Paulina Gno, to appear on behalf of APRX LLC.

Should you have any questions or concerns, please do not hesitate to contact me.

Sincerely,

Sylvia Durante 10/17/25

Sylvia Durante

SECRETARY OF STATE

STATE OF NEVADA

CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, FRANCISCO V. AGUILAR, the duly qualified and elected Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporations sole, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence **APRX LLC** as a DOMESTIC LIMITED-LIABILITY COMPANY (86) duly organized or formed and existing, or duly qualified or registered, as applicable, under and by virtue of the laws of the State of Nevada since 04/18/2025, and in good standing in this State.

I further certify that the above DOMESTIC LIMITED-LIABILITY COMPANY (86) has its formation or qualification document and no amendments on file in this office as of the date of this certificate.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of this State, at my office on 04/18/2025.

FRANCISCO V. AGUILAR
Secretary of State

Certificate Number: B202504185638121

You may verify this certificate online at https://www.nvsilverflume.gov/home

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (05/12/2022)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler APRX LLC

Pharmacy/Wholesaler License # (if applicable) _____

Physical Address 4641 Blue Diamond Rd #128

City LV State NV Zip 89139

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone _____ Website _____

Licensing Company Email APRX4641@gmail.com

Section 2: Personal Information

First Pauline Middle Van Last Ngo

Alias(es, nicknames, name changes, etc.) [redacted]

Date of Birth [redacted] Sex ☐ M ☑ F ☐ X

Mailing Address [redacted]

City [redacted] State [redacted] Zip [redacted]

Telephone [redacted] Email [redacted]

Are you a citizen of the United States? ☑ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✓

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name: Bolsa Grande High School			From - To (MM/YY – MM/YY): 8/1989 - 06/1993	
Address: 9401 Westminster Blvd.	City: Garden Grove		State: CA	Zip: 92844
Diploma/Degree obtained, if any: High School				
School Name: CalState Fullerton			From - To (MM/YY – MM/YY): 8/1994 - 06/1998	
Address: 800 N State College Blvd	City: Fullerton		State: CA	Zip: 92831
Diploma/Degree obtained, if any: BA in Marketing				
School Name: Massachusetts College of Pharmacy & Health Sciences			From - To (MM/YY – MM/YY): 2001 - 06/2004	
Address: 19 Foster St	City: Worcester		State: MA	Zip: 01608
Diploma/Degree obtained, if any: PharmD				
School Name			From - To (MM/YY – MM/YY)	
Address	City		State	Zip
Diploma/Degree obtained, if any				
School Name			From - To (MM/YY – MM/YY	
Address	City		State	Zip
Diploma/Degree obtained, if any				

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY): 6/2017 - Now	[redacted]			
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name: Paetell Pharmacy			From - To (MM/YY – MM/YY)
Business Address: 5835 S Eastern Ave Ste 101	City: Las Vegas	State: NV	Zip: 89119
Phone: 702-791-3800	Title: Pharmacist		Number of Employed Hours: 1440
Description of Duties: verifying, consultating Rxs, dispensing			

Business Name: CVS			From - To (MM/YY – MM/YY): 4/2014 - 2017
Business Address: 60 N Valle Verde Dr.	City: Henderson	State: NV	Zip: 89074
Phone: Henderson 702-898-9036	Title: Pharmacist		Number of Employed Hours: 6240
Description of Duties: giving shots, verifying, dispensing, consultation of Rx(s), etc			

Business Name: CVS			From - To (MM/YY – MM/YY)
Business Address: 1706 US Rte 1	City: Vero Beach	State: FL	Zip: 32960
Phone: 772-067-7136	Title: Pharmacist		Number of Employed Hours: 14,560
Description of Duties: giving shots, verifying, dispensing, consult, etc			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		Number of Employed Hours
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		Number of Employed Hours
Description of Duties			

Continue on next page if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		/
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		/
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		/
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		/
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		/
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		/
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		/
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		/
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		/
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		/

I, Pauline Ngu, **certify that as the designated representative for**

_____,

that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):

1. ___ I am at least 21 years of age;
3. ___ I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. ___ I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. ___ I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. ___ I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. ___ I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

Pauline Ngu
Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

10/17/2020
Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Paulina Nin

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

10/17/2025

Date

Please have this section completed in the presence of a Notary Public.

State of Nevada, ss. County of Clark

I, Paulina Nin, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

10/17/2025

Date

Subscribed and Sworn to before me this 17th day of October, 2025.

Notary Public Signature

VINCENT WOLLET
NOTARY PUBLIC
STATE OF NEVADA
Appt. No. 21-1772-01
My Appt.Expires 12-16-2025

(Seal)

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (05/18/2023)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler/Dispensing Site APRX LLC

Pharmacy/MDEG/Wholesaler/Dispensing Practitioner License # (if applicable) _____

Physical Address 4641 Blue Diamond Rd #120B

City Las Vegas State NV Zip 89139

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone _____ Website _____

Licensing Company Email APRX4641@gmail.com

Section 2: Personal Information

First SYLVIA Middle H. Last DURANTE

Alias(es, nicknames, name changes, etc.) _____

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☐ M ☑ F ☐ X

Mailing Address [redacted]

City [redacted] State [redacted] Zip [redacted]

Telephone [redacted] Email [redacted]

Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		X
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
ESDAI			
Address	**City**	**State**	**Zip**
Col. Augusto Radia 498 Hixuone	MEXICO CITY	COMX	03220
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
COLEGIO COLOMBIA			
Address	**City**	**State**	**Zip**
BOULEVARD #190 HIDALGO ESQUINA ALFONSO REYES	MEXICO CITY	COMX	01120
Diploma/Degree obtained, if any			
PREPARATORIA			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
12/2008 CURRENT	[redacted]			
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name			From - To (MM/YY – MM/YY)
ALOHA BEEHIVE USA			02/2010 / CURRENT
Business Address	**City**	**State**	**Zip**
5000 LINCOLN AVE	LOS ANGELES	CA	90026
Phone	**Title**		
415 656 7170	TOUR DIRECTOR / GUIDE		
Description of Duties			
DIRECTING & MANAGING GROUPS			

Business Name			From - To (MM/YY – MM/YY)
LAS VEGAS VIP SERVICES LLC			1/2014 / CURRENT
Business Address	**City**	**State**	**Zip**
2566 LA CARA AVE	LAS VEGAS	NV	89121
Phone	**Title**		
702 359 7699	TOUR GUIDE		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
TRAVEL DESTINATION GUIDES INC.			2/2016 / CURRENT
Business Address	**City**	**State**	**Zip**
4045 S BUFFALO DR. SUITE A 101	LAS VEGAS	NV	8147
Phone	**Title**		
702 493 1158	TOUR GUIDE		
Description of Duties			
DIRECTING & STAFF WORK			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Continue on next page if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		X
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		X
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		X
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		X
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		X
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		X
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		X
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		X
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		X

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

SYLVIA H. DURANTE
Print Name (First, Last)

Sylvia Durante — 10/3/2025
Original Signature (electronic, copies or stamps not accepted) — Date

---

Please have this section completed in the presence of a Notary Public.

State of Nevada, ss. County of Clark

I, SYLVIA H. DURANTE, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Sylvia Durante — 10/3/2025
Original Signature — **Date**

Subscribed and Sworn to before me this 03 day of October.

Notary Public Signature

JOSHUA JORDAN
NOTARY PUBLIC
STATE OF NEVADA
My Commission Expires: 08-20-28
Certificate No: 25-6020-01

(Seal)

9B

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Pharmacy Application
Non-Refundable $500.00 Fee

Rev (6/11/2024)

Facility Location	Application Type (check all applicable)	Pharmacy Type (check all applicable)	Services the Pharmacy will Provide (check all applicable)
☒ Nevada	☐ New Pharmacy	☒ Retail/Community	☒ Retail/Community
☐ Out-of-Nevada	☒ Ownership Change*	☐ Hospital (# beds _____)	☐ Dangerous drugs
	☐ Location Change *	☐ Internet	☐ Controlled substances
	☐ Service Modification*	☐ Nuclear	DEA #: _____
	☐ Name Change* (if only a Name Change occurred, submit a **$50.00 fee** with the application.)	☐ Other:	☐ Non-sterile Compounding
			☐ Sterile Compounding
			☐ Mail-Order Service
			☐ Off-site Cognitive Services
			☐ Long Term Care
	* Current license #: PH 02055		☐ Hospital
			☐ Other:

Days of Operation		Ownership Type (check applicable box)
☒ Monday	☒ Friday	☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9, 10, 11, 12)
☒ Tuesday	☐ Saturday	☒ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9, 10, 11, 12)
☒ Wednesday	☐ Sunday	☐ Partnership (complete sections 1, 2, 3, 4, 7, 9, 10, 11, 12)
☒ Thursday	☐ Holidays	☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9, 10, 11, 12)

Section 1: General Information

Pharmacy Name: EVERGREENS DRUGS

Physical Address: 10001 S EASTERN AVE, SUITE 105

City: HENDERSON State: NV Zip: 89052

Mailing Address (if different from physical address): N/A

City: N/A State: N/A Zip: N/A

Telephone: 702-269-1354 Toll Free # (NAC 639.708, NRS 639.23286): _____

Fax: 702-269-1364 Contact Email: EVERGREENPHARMCY99@GMAIL.COM

Website: N/A

Nevada Business License # (if applicable) E50005072025-7

Supervising/Managing Pharmacist Name (NRS 639.220): SEAN TRAN

Supervising/Managing Pharmacist NV Pharmacist Registration # (if applicable): 14352

Section 2: List the name(s) of at least one NEVADA registered pharmacist who practices at the pharmacy, who may be the managing pharmacist or another pharmacist, who will be responsible for any prescriptions dispensed to a patient located in Nevada and responsible for any acts or omissions of pharmacy personnel who are not registered with the Board. NRS 639.2328. (Use a separate piece of paper if additional space is needed.)

Name: TRAN,SEAN	NV Pharmacist Registration #: 14352
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:

Section 3: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✓
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration from any jurisdiction?		✓
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been subject of an administrative action, board citation, cite fine, or proceeding relating to the pharmaceutical industry?		✓
4. Has the corporation, any owner(s), sharenolder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✓
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✓

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name(s) of the owner(s), their credentials and their percent ownership. Write NA if not applicable. NRS 639.232. (Use a separate piece of paper if additional space is needed.)

Name: N/A	Credentials: N/A	%: N/A
Name: N/A	Credentials: N/A	%: N/A
Name: N/A	Credentials: N/A	%: N/A
Name: N/A	Credentials: N/A	%: N/A
Name: N/A	Credentials: N/A	%: N/A

1. The Board shall not issue a license to conduct a pharmacy:
   a) To any practitioner; or
   b) To any partnership, corporation, or association in which a practitioner has a controlling interest or owns more than 10 percent of the available stock.
2. This section does not:
   a) Apply to a hospital pharmacy or a health maintenance organization which holds a certificate of authority under chapter 695C of NRS.
   b) Prohibit ownership by a practitioner of a building in which a pharmacy is located, if space for the pharmacy is rented at the prevailing rate.

Section 5: Publicly Traded Corporation

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Does the number of stockholders/shareholders of the corporation exceed four? NRS 639.231 ☐ Yes ☐ No

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: NEVADA

Parent Company (if any): N/A

Corporation/Organization Name: AKSHAR HEALTHCARE INC.

Mailing Address: 732 S 6TH ST STE R

City: LAS VEGAS State: NEVADA Zip: 89101

Telephone: 702-269-1354 Email: 702-269-1364

Contact Person Name: UTTAM BELADIYA --- PHONE : 331-304-2832

Does the number of stockholders/shareholders of the corporation or members exceed four? NRS 639.231 ☐ Yes ☒ No

Section 7: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Please check type of partnership (NAC 639.214) ☐ General ☐ Limited

Does the number of partners or members of the partnership exceed four? NRS 639.231 ☐ Yes ☐ No

Section 8: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Section 9: Statement of Responsibility - MUST BE COMPLETED by an Authorized Person (NAC 639.945)

Statement of Responsibility

1. I am the MANAGER (title) for EVERGREENS DRUGS (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be responsible for any violations of pharmacy law that may occur in the Pharmacy owned by such owner(s), shareholder(s), member(s), or partner(s).
3. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against the Pharmacy.
4. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) cannot require or permit the pharmacist(s) in said Pharmacy to violate any provision of local, state, or federal laws or regulations pertaining to the practice of pharmacy.
5. I further understand and acknowledge that Nevada law requires that each pharmacy located inside the State of Nevada employ only pharmacists, intern pharmacists, pharmaceutical technicians, and technicians in training that are licensed by the Nevada State Board of Pharmacy. (NRS 639.100).
6. I further understand and acknowledge that Nevada law requires that each pharmacy located outside the State of Nevada engaged in providing pharmacy services into Nevada employs at least one pharmacist licensed by the Nevada State Board of Pharmacy who will be responsible for any prescription dispensed to a patient located in Nevada and responsible for any acts or omissions of pharmacy personnel who are not registered with the Board. (NRS 639.2328).

UTTAM BELADIYA

Print Name of Authorized Person

Uttam

Original signature of Authorized Person (copies or stamps not accepted)

7/30/25

Date

Section 10: Affidavit for Pharmacies- MUST BE COMPLETED by pharmacies NOT CURRENTLY PERFORMING Sterile Compounding

Affidavit for Pharmacy License

I, UTTAM BELADIYA hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

1. I am the MANAGER (title) for EVERGREENS DRUGS (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I certify that upon licensure, the Pharmacy will not perform sterile compounding or ship sterile compounds into Nevada.
3. I understand and acknowledge that the Pharmacy and any of its staff members may be subject to discipline by the Board if the Pharmacy performs sterile compounding or ships any sterile compounds into Nevada without first obtaining written authorization from the Board to do so.
4. I certify that if the Pharmacy makes the decision to perform sterile compounding or to ship any sterile compounds into Nevada, the Pharmacy, through an authorized representative, will first notify the Board via a written request, and obtain written approval to perform sterile compounding or to ship any sterile compounds into Nevada.
5. I understand that if the Pharmacy seeks approval to perform sterile compounding or to ship any sterile compounds into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

FURTHER YOUR AFFIANT SAYETH NAUGHT.

Uttam

Signature

SUBSCRIBED AND SWORN TO
Before me, a notary public this 29th day of July, 2025

S.A. Seth-Smith

Notary Public

S.A. SETH-SMITH
COMM # 2443014
NOTARY PUBLIC - CALIFORNIA
LOS ANGELES COUNTY
My Comm Expires APRIL 1, 2027

Section 11: Managing Pharmacist Acknowledgement, Professional/Personal History – REQUIRED TO BE COMPLETED BY THE MANAGING PHARMACIST FOR NEVADA LOCATED PHARMACY APPLICANTS ONLY

Managing Pharmacist Name: SEAN TRAN Pharmacist Registration #: 14352

Pharmacy Name: Evergreens Drugs.

Initial each statement below to indicate you have read and agree with the following:

ST I understand that as the managing pharmacist I am responsible for compliance by the pharmacy and its personnel with all state and federal laws and regulations relating to the operation of the pharmacy and the practice of pharmacy. I understand my license can be revoked or that I can be subject of disciplinary action if such laws or regulations are knowingly violated in the pharmacy in which I am the managing pharmacist.

ST I understand within 48 hours after I report for duty as the managing pharmacist, I shall complete an inventory of all controlled substances of the pharmacy pursuant to 21 CFR Part 1304 and maintain a copy of the inventory in the file at the pharmacy.

ST I understand that if I cease to be managing pharmacist of the above-named pharmacy, I will jointly, with the new managing pharmacist, take an inventory of all controlled substances.

ST I understand that as the managing pharmacist I must ensure that all loss or theft of controlled substances are reported on forms provided by the Nevada State Board of Pharmacy and Department of Public Safety within 10 days after the date of discovery of theft or loss. NRS 453.568. Federal regulations require that registrants notify the Field Division Office of the Administration in his area, in writing, of the theft or significant loss of any controlled substance, disposal receptacles or listed chemicals within one business day of discovery of such loss or theft. The registrant shall also complete and submit to the Field Division Office in his area, DEA Form 106 regarding the loss or theft (21 C.F.R. §1301.76(b) and 21 U.S.C. §830(b)(1)(C)).

ST I understand that as the managing pharmacist I must notify the Nevada State Board of Pharmacy of all employment changes of pharmacy staff within 10 days of the change. NAC 639.540

Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓
2. Have you been charged, arrested, or convicted of a felony or misdemeanor in any state?		✓
3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state?	✓	
4. Has your license been subjected to any discipline for violation of pharmacy or drug laws in any state? NV	✓	

If you marked YES to any questions above, include the following information and provide a signed statement of explanation. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Board Administrative Action:	State:	Date:	Case #:
Fine	NV	5-13-2010	09-029-RPH-S

Criminal Action:	State:	Date:	Case #:	County:	Court:

I certify under penalty of perjury that the information I have provided on this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Original signature of Managing Pharmacist (copies or stamps not accepted)

7-29-25
Date

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

NOTICE OF INTENDED ACTION AND ACCUSATION

SEAN H. TRAN, R.Ph.,
Certificate of Registration No: 14352, **Case No. 09-029-RPH-S**

EVERGREENS DRUG,
Certificate of Registration No: PH02055, **Case No. 09-029-PH-S**

QUAN HADUONG, M.D.,
Controlled Substance Registration No: CS08110, **Case No. 09-029-CS-S**

Respondents.
_____/

COMES NOW Larry L. Pinson, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, and makes the following that will serve as both a notice of intended action under Nevada Revised Statutes (NRS) 233B.127(3) and as an accusation under NRS 639.241.

I.

The Nevada State Board of Pharmacy has jurisdiction over this matter because Respondent Sean H. Tran is a pharmacist licensed by the Board, Respondent Evergreens Drug (Evergreens) is a pharmacy licensed by the Board, located at 10001 South Eastern Avenue #105, Henderson Nevada, and Respondent Quan Haduong has a controlled substance registration issued by the Board.

II.

In April 2009, the Board received a complaint and supporting documentation from Eleanor Fodell seeking an investigation into the death of her husband, Gregory Fodell. Eleanor Fodell claimed that her husband Gregory Fodell was issued

prescriptions for Methadone and Oxycodone on September 15, 2008 by Respondent Quan Haduong, M.D., that were filled at Walgreens Pharmacy #6545. Mrs. Fodell claimed that her husband had the exact same prescriptions that were filled at Walgreens Pharmacy #6545 on September 15, 2008, also filled at Evergreens Drug on November 6, 2008. Mrs. Fodell concluded that her husband, Gregory, died on November 11, 2008 as a result of opiate intoxication.

III.

On August 24, 2009, the Board was provided by the staff of Respondent Evergreens Drug copies of the front of the two prescriptions that were filled on November 6, 2008 as well as the patient profile of Gregory Fodell from its computer system. These documents were provided by the staff of Respondent Evergreens Drug at Respondent Tran's direction. These prescriptions were faxed and the fax showed a time and date stamp of August 24, 2009. The prescriptions that were faxed to the Board on August 24, 2009 were issued by Respondent Haduong and showed an issue date of November 6, 2008.

IV.

On September 2, 2009, Board staff contacted Walgreens Pharmacy #6545 and requested patient records for Gregory Fodell. Walgreens #6545 provided Gregory Fodell's patient profile as well as copies of the Methadone and Oxycodone prescriptions that were filled on September 15, 2008.

V.

On September 4, 2009, Respondent Tran, who is the owner of and pharmacy manager for Respondent Evergreens Drug, stated that on November 6, 2008 he had received a telephone call from Jennifer Palmer, a medical assistant from Respondent

Haduong's office, advising him that she had a patient (Gregory Fodell) for whom Respondent Haduong had approved a one week emergency fill for Methadone and Oxycodone, but because Respondent Haduong was performing a procedure, he was unable to write the prescriptions at that time. Respondent Tran stated that Ms. Palmer told him that Gregory Fodell had an appointment to be seen by Respondent Haduong the following week but was not able to come to the office at this time. Ms. Palmer faxed Respondent Tran a copy of the prescriptions that had been written by Respondent Haduong on September 15, 2008. Respondent Tran said that he told Ms. Palmer that the original prescriptions would need to be mailed within 72 hours. Respondent Tran stated that on November 6, 2008 he filled the prescriptions for the Methadone and Oxycodone off of the faxed copies of the September 15, 2008 prescriptions and then dispensed the medication to Gregory Fodell. Both Methadone and Oxycodone are CII controlled substances.

VI.

On September 8, 2009, in her oral interview, Eleanor Fodell stated that her husband had suffered a back injury and was referred to pain management physician Respondent Haduong. Eleanor Fodell stated that on September 15, 2008, her husband Gregory Fodell was seen by Respondent Haduong and was issued a prescription for Methadone 10 mg. #140 and for Oxycodone 30 mg. immediate release #28. Mrs. Fodell stated that these prescriptions were filled at Walgreens that same day. Mrs. Fodell stated that her husband died on November 11, 2008 and it was determined by the Clark County Coroner's Office that he died as a result of coronary atherosclerosis and a significant contributing condition was opiate intoxication. Mrs. Fodell explained that when she was going through her husband's things after his death,

she found two prescription bottles that were filled by Evergreens Drug on November 6, 2008. One bottle was for Methadone 10 mg. # 140 and the other was for Oxycodone 30 mg. immediate release #28. Mrs. Fodell counted the pills and found that 29 of the Methadone were missing and eight and-a-half of the Oxycodone tablets were missing. Mrs. Fodell was unaware that her husband had the prescriptions filled at Evergreens Drug. Mrs. Fodell believed that Mr. Fodell had consumed the medication he received from Evergreens Drug and he was hiding them from her. Mrs. Fodell went to Walgreens and was given her husband's prescription records without problem. But when she tried to obtain her husband's information from Respondent Evergreens Drug, she was initially refused. When Mrs. Fodell returned one week later, she was given a copy of the prescriptions on file and his patient profile. Mrs. Fodell reviewed the Walgreen's prescriptions and the Evergreens Drug prescriptions and found that they were exactly the same. Additionally, Mrs. Fodell reviewed a copy of the Nevada Controlled Substances Task Force patient profile for her husband and found that the prescriptions that had been filled by Respondent Evergreens Drugs were not listed on the report.

VII.

On October 1, 2009, Respondent Tran was interviewed and admitted that he had provided Mrs. Fodell a copy of the prescriptions on April 7, 2009 that had been faxed to him by Respondent Haduong's office on November 6, 2008. When questioned about why the prescriptions that had been faxed to the Board of Pharmacy on August 24, 2009 were dated November 6, 2008, Respondent Tran admitted that he could not find the original prescriptions and as a result of this investigation contacted Respondent Haduong's office to have the original prescriptions re-written and that is what was

provided to the Board for its investigation. Respondent Tran did not have an explanation as to why he did not contact Respondent Haduong for the prescriptions when Mrs. Fodell first contacted him. Respondent Tran admitted that he was aware that only a physician may call in an emergency prescription fill. When asked why Respondent Tran would fill a prescription for two CII prescriptions based on a fax that was written three months earlier and then not follow-up with a hard copy prescription, Respondent Tran stated that he filled the prescriptions in good faith but now realizes that his actions did not comply with Nevada law.

VIII.

On November 9, 2009, Respondent Haduong stated in his oral interview that he had seen Gregory Fodell one time, on September 15, 2008, and after examining him had issued him a prescription for Methadone 10 mg. #140 and Oxycodone 30 mg. immediate release #28. Both prescriptions were for a seven-day supply. Respondent Haduong stated that Gregory Fodell was to follow up in one week but failed to make his appointment. Respondent Haduong maintains that he only had contact with Gregory Fodell that one time and that his medical assistant Jennifer Palmer, who left his practice in January 2009, was the one who made contact with Respondent Tran at Evergreens Drug and faxed the copy of the September 15, 2008 prescriptions to Evergreens Drug to be filled for Gregory Fodell. Respondent Haduong stated and maintained that he did not authorize the prescriptions for Gregory Fodell that were filled by Respondent Tran at Evergreens Drug. He did admit that he has on occasion authorized his staff to call in prescriptions for patients, but again stated he did not believe he authorized the prescriptions for Gregory Fodell on November 6, 2008. Respondent Haduong stated that his office had been contacted by Respondent Tran in August of 2009 to have the

prescriptions re-written for November 6, 2008. Respondent Haduong admitted that he rewrote the prescriptions without looking at Gregory Fodell's chart, believing that Respondent Tran must have lost or misplaced the prescriptions. When asked why Respondent Haduong had rewritten prescriptions ten months later for prescriptions he claimed he never issued in the first place, Respondent Haduong stated he did it in good faith.

IX.

On November 24, 2009, Respondent Haduong submitted a written response to the Board in which he stated in part:

> "The investigation I undertook after you contacted me, has lead me to conclude that on November 6, 2008, my office staff contacted Walgreens and approved the transfer of the September 15, 2008 prescription Mr. Fodell had filled at the pharmacy to Evergreen Pharmacy; that my staff authorized the pharmacist at Evergreen Pharmacy to refill the prescriptions and told him that a hard copy would follow. In addition, my office staff made a follow-up appointment for Mr. Fodell for November 11, 2008. I later learned that the patient died on the date he was to have come and see me."

FIRST CAUSE OF ACTION

X.

For dispensing an oral order for the CII controlled substances namely, Methadone 10 mg. #140 and Oxycodone 30 mg. immediate release #28, without an emergency circumstance that would have justified the filling of an orally issued CII prescription, Respondents Tran and Evergreens Drug have violated NRS 453.256(2)(a) and/or NRS 639.210(4) and/or NAC 453.010(2) and/or NAC 453.420 and/or 453.450(1)(b) and/or NAC 639.945(1)(i).

SECOND CAUSE OF ACTION

XI.

For dispensing an order for the CII controlled substances namely, Methadone 10 mg. #140 and Oxycodone 30 mg. immediate release #28, without a legally sufficient written prescription of a practitioner, Respondents Tran and Evergreens Drug have violated NRS 453.256(1) and/or NRS 453.377(1) and/or NRS 639.210(4) and/or NAC 453.450(1)(a) and/or NAC 639.945(1)(i).

THIRD CAUSE OF ACTION

XII.

For dispensing faxed prescriptions for the CII controlled substances, namely Methadone 10 mg. #140 and Oxycodone 30 mg. immediate release #28, that were not compounded for the direct administration to a patient by parenteral, intravenous, intramuscular, subcutaneous or intraspinal infusion, issued to a resident of a facility for long-term care, or issued to a patient enrolled in a licensed program that provides hospice care, Respondents Tran and Evergreens Drug have violated NRS 453.256(2)(b) and/or NRS 639.210(4) and/or NAC 639.711(1)(a), (b) and (c) and/or NAC 639.945(1)(i).

FOURTH CAUSE OF ACTION

XIII.

For dispensing CII controlled substances, namely Methadone 10 mg. #140 and Oxycodone 30 mg. immediate release #28, more than 14 days after the date of issue of the prescriptions filled, Respondents Tran and Evergreens Drug have violated NRS 453.431(4) and/or NRS 639.210(4) and/or NAC 639.945(1)(i).

FIFTH CAUSE OF ACTION

XIV.

For soliciting and obtaining the CII controlled substance prescriptions from Dr. Haduong, namely the Methadone 10 mg. #140 and Oxycodone 30 mg. immediate release #28 prescriptions with the issue date of November 6, 2008, under circumstances in which the prescriptions were false, deceitful, or fraudulent, Respondents Tran and Evergreens Drug have violated NRS 453.331(1)(d) and/or NRS 639.210(4),(9),(15) and/or (17) and/or NAC 639.945(1)(h) and/or (i).

SIXTH CAUSE OF ACTION

XV.

For participating in a course of action that assisted in the fraudulent and deceitful dispensing of controlled substances, or under circumstances that Respondents Tran and Evergreens Drug should have reasonably known that the dispensing of the controlled substances was unlawful, questionable, or illegal, Respondents Tran and Evergreens Drug violated NRS 639.210(4) and/or (12) and/or NAC 945(1)(h), and/or (i). Pursuant to NAC 639.955(7), both orders that were dispensed to Gregory Fodell by Respondents Tran and Evergreens Drug are grouped in this Cause of Action for the Board's administrative convenience, but the Board may impose separate discipline for both the drug orders.

SEVENTH CAUSE OF ACTION

XVI.

For violating the corresponding duty stated in 21 CFR §1306.04(a) by dispensing controlled substance prescriptions for Mr. Fodell that were not issued by a practitioner, namely Respondent Haduong, acting in the usual course of his professional practice,

Respondents Tran and Evergreens Drug, violated NRS 639.210(11) and/or NAC 639.945(1)(i).

EIGHTH CAUSE OF ACTION

XVII.

In owning and operating the pharmacy in which the above acts and violations occurred, Respondent Evergreens Drug, violated NRS 639.210(4) and/or NAC 639.945(1)(i) and/or (2).

NINTH CAUSE OF ACTION

XVIII.

For his office's issuance of the oral order for the CII controlled substances for Mr. Fodell, namely Methadone 10 mg. #140 and Oxycodone 30 mg. immediate release #28, placed by his staff to Respondents Tran and Evergreens Drug on November 6, 2008, which oral prescriptions were for CII controlled substances under non-emergency circumstances, Respondent Haduong has violated NRS 639.2355 and/or NRS 453.256(2)(a) and/or NRS 639.210(4) and/or NAC 453.010(2) and/or NAC 453.450(1)(b) and/or NAC 639.945(1)(i).

TENTH CAUSE OF ACTION

XIX.

For issuing oral orders on November 6, 2008 for the CII controlled substances for Mr. Fodell, namely Methadone 10 mg. #140 and Oxycodone 30 mg. immediate release #28, without an emergency that would justify the oral prescriptions, Respondent Haduong has violated NRS 453.256(2)(a) and/or NRS 639.210(4) and/or NAC 453.010(2) and/or NAC 639.945(1)(i).

ELEVENTH CAUSE OF ACTION

XX.

For issuing the false or fraudulent CII controlled substance prescriptions with a purported issuance date of November 6, 2008 for Mr. Fodell, namely Methadone 10 mg. #140 and Oxycodone 30 mg. immediate release #28, but which were actually written in August 2009, ten months after the date of the purported issuance date, Respondent Haduong has violated NRS 453.331(1)(i) and/or NRS 639.210(4) and/or (9) and/or NAC 639.945(1)(h) and/or (i).

TWELFTH CAUSE OF ACTION

XXI.

For violating the his duty stated in 21 CFR §1306.04(a) to assure that his CII controlled substances prescriptions for Mr. Fodell were issued in the regular course of his practice and for a legitimate medical purpose under circumstances which were not in the usual course of his practice and could not be known by him to be for a legitimate medical purpose by issuing prescriptions for CII controlled substances for Mr. Fodell on November 6, 2008, Respondent Haduong, violated 21 CFR § 1306.04(a) and/or NRS 639.210(4) and/or (11) and/or NAC 639.945(1)(i).

THIRTEENTH CAUSE OF ACTION

XXII.

For prescribing an order for the CII controlled substances for Mr. Fodell, namely Methadone 10 mg. #140 and Oxycodone 30 mg. immediate release #28, without a legally sufficient written prescription, Respondent Haduong has violated NRS 453.256(1) and/or NRS 639.210(4) and/or NAC 639.945(1)(i).

FOURTEENTH CAUSE OF ACTION

XXIII.

For authorizing a refill for the CII controlled substance prescriptions for Mr. Fodell, namely Methadone 10 mg. #140 and Oxycodone 30 mg. immediate release #28, Respondent Haduong has violated 21 CFR §1306.12(a) and/or NRS 453.256(2)(b) and/or NRS 639.210(4) and/or (11) and/or NAC 639.945(1)(i).

FIFTEENTH CAUSE OF ACTION

XXIV.

For participating in a course of action that assisted in the fraudulent and deceitful dispensing of controlled substances to Mr. Fodell, or under circumstances that Respondent Hadoung should have reasonably known that the dispensing controlled substances was unlawful, questionable, or illegal, Respondent Hadoung violated NRS 639.210(4) and/or (12) and/or NAC 945(1)(h), and/or (i). Pursuant to NAC 639.955(7), both orders that were dispensed to Gregory Fodell by Respondents Tran and Evergreens Drug are grouped in this cause of action for the Board's administrative convenience, but the Board may impose separate discipline for both of the drug orders.

WHEREFORE it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to the certificates of registration of the Respondents.

Signed this 11th day of December, 2009.

Larry L. Pinson, Executive Secretary
Nevada State Board of Pharmacy

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

FINDINGS OF FACT, CONCLUSIONS OF LAW, AND ORDER

v.

SEAN H. TRAN, R.Ph.,
Certificate of Registration No: 14352, Case No. 09-029-RPH-S

EVERGREENS DRUG,
Certificate of Registration No: PH02055, Case No. 09-029-PH-S

QUAN HADUONG, M.D.,
Controlled Substance Registration No: CS08110, Case No. 09-029-CS-S

Respondents.

THIS MATTER was heard by the Nevada State Board of Pharmacy (hereinafter Board) at its regular meeting on April 14, 2010 in Las Vegas, Nevada. The Board was represented by Carolyn J. Cramer, General Counsel to the Board. Respondent Tran was present and represented himself and Evergreens Drug. Quan Haduong, M.D. was present and was represented by John H. Cotton of John H. Cotton & Associates, LTD. Based on the presentations of the parties and the public records in the possession and control of the Board, the Board issues the following Findings of Fact, Conclusions of Law, and Order:

ORDER

Based upon the foregoing, the Board hereby orders the following:

1. Mr. Tran's pharmacist license (#14353) shall be on probation for a period of three years commencing the effective date of this Order according to the following terms and conditions:

a. Mr. Tran shall pay a total fine of $1,000 combined for his violations of the First, Second, Third and Fourth Causes of Action. A fine of $1,000 for his violations of the Fifth Cause of Action. A fine of $1,000 for his violations of the Sixth Cause of Action. Mr. Tran shall pay a total fine of $3,000 by cashier's or certified check or money order made payable to "State of Nevada, Office of the Treasurer" to be received by the Board's Reno office within 60 days after the effective date of this order.

b. Evergreens Drug shall pay a fine of $1,000 for the violations of the Eighth Cause of Action. Evergreens shall pay a total fine of $1,000 by cashier's or certified check or money order made payable to "State of Nevada, Office of the Treasurer" to be received by the Board's Reno office within 60 days after the effective date of this order.

c. Mr. Tran shall successfully pass the MPJE within 90 days of the effective date of this order. If Mr. Tran fails he shall be brought before the Board at its next available Board meeting.

d. Mr. Tran shall pay the Board's costs and attorney's fee of $4,800.37 and the Board's administrative fee of $295.00, for a total of $5,095.37 by cashier's or certified check or money order made payable to "Nevada State Board of Pharmacy" to be received by the Board's Reno office within 60 days of the effective date of this Order.

2. Dr. Haduong shall pay no fine for his combined violations of the Tenth, Twelve and Thirteenth Causes of Action. Dr. Haduong shall pay a fine of $1,000 for his violations of the Ninth Cause of Action, and a fine of $1,000 for his violations of the Eleventh Cause of Action. Dr. Haduong shall pay a total fine of $2,000 by cashier's or certified check or money order made payable to "State of Nevada, Office of the Treasurer" to be received by the Board's Reno office within 60 days after the effective date of this order.

3. The failure by Mr. Tran, Evergreens Drug or Dr. Haduong to comply with any term in this order shall result in the immediate suspension of his license or registration and will also result in further discipline, up to and including revocation of his license or registration.

Signed this 13th day of May, 2010

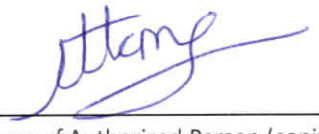
Donald W. Fey

Donald W. Fey, President
Nevada State Board of Pharmacy

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

UTTAM BELADIYA

Print Name of Authorized Person Submitting Application (If the applicant is a partnership or corporation, the application must be signed by a partner or by an officer of the corporation). NAC 639.215



Original signature of Authorized Person (copies or stamps not accepted)

07/30/2025

Date

Board Use Only	Date Received: 8/5/25	Amount: $500 Ch 6401401864

List of Officers and Directors

(As required by NRS 639.231(2)(b), NAC 639.214(5)(a))

AKSHAR HEALTHCARE INC.

1. **Name:** UTTAM BELADIYA
   Title: PRESIDENT, DIRECTOR, TREASURER
   [redacted]
   % Ownership: 30%

2. **Name:** KISHAN DHOLIYA
   Title: CORPORATE SECRETARY
   [redacted]
   % Ownership: 70%

SECRETARY OF STATE

STATE OF NEVADA

CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, FRANCISCO V. AGUILAR, the duly qualified and elected Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporations sole, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence **AKSHAR HEALTHCARE Inc.** as a DOMESTIC CORPORATION (78) duly organized or formed and existing, or duly qualified or registered, as applicable, under and by virtue of the laws of the State of Nevada since 06/30/2025, and in good standing in this State.

I further certify that the above DOMESTIC CORPORATION (78) has its formation or qualification document and no amendments on file in this office as of the date of this certificate.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of this State, at my office on 07/10/2025.

FRANCISCO V. AGUILAR
Secretary of State

Certificate Number: B202507105887041
You may verify this certificate online at https://www.nvsilverflume.gov/home

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (05/12/2022)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler EVERGREENS DRUGS

Pharmacy/Wholesaler License # (if applicable) PH02055

Physical Address 10001 S EASTERN AVE, SUITE 105

City HENDERSON State NV Zip 89052

Mailing Address (if different from physical address) N/A

City N/A State N/A Zip N/A

Telephone 702-269-1354 Website N/A

Licensing Company Email EVERGREENPHARMCY99@GMAIL.COM

Section 2: Personal Information

First UTTAM Middle _____ Last BELADIYA

Alias(es, nicknames, name changes, etc.) _____

Date of Birth [redacted] SSN or ITIN [redacted] Sex ■ M ☐ F ☐ X

Mailing Address [redacted]

City [redacted] State [redacted] Zip [redacted]

Telephone [redacted] Email [redacted]

Are you a citizen of the United States? ☐ Yes ■ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name			From - To (MM/YY – MM/YY)	
CALIFORNIA STATE UNIVERSITY DOMINGUEZ HILLS			2022-2025	
Address		**City**	**State**	**Zip**
1000 E VICTORIA ST		CARSON	CA	90747
Diploma/Degree obtained, if any				
BACHELOR IN BUSINESS ADMINISTRATION				

School Name			From - To (MM/YY – MM/YY)	
JB AND KARP VIDYA SANKUL			2018-2020	
Address		**City**	**State**	**Zip**
THAKOR DWAR FARM, SURAT - KAMREJ HWY, OPP. DIAMOI		SURAT, GUJARAT	INDIA	395006
Diploma/Degree obtained, if any				
HIGH SCHOOL				

School Name			From - To (MM/YY – MM/YY)	
Address		**City**	**State**	**Zip**
Diploma/Degree obtained, if any				

School Name			From - To (MM/YY – MM/YY)	
Address		**City**	**State**	**Zip**
Diploma/Degree obtained, if any				

School Name			From - To (MM/YY – MM/YY	
Address		**City**	**State**	**Zip**
Diploma/Degree obtained, if any				

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
01/2023-TILL	[redacted]			
08/2022-12/2022				
05/2015-08/2022				
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name			From - To (MM/YY – MM/YY)	
BRIGHT CARE PHARMACY			02/2025-TILL	
Business Address		**City**	**State**	**Zip**
140 N ORANGE AVE SUITE 103		WEST COVINA	CA	90815
Phone	**Title**		**Number of Employed Hours**	
626-251-1630	CLARK		1,732	
Description of Duties				
As a Pharmacy Clerk, I assisted with prescription processing, managed inventory, maintained accurate records, and ensured regulatory compliance. I supported pharmacists in preparing prescriptions and handling clerical tasks, gaining valuable experience in dispensing, distribution, and record-keeping				

Business Name			From - To (MM/YY – MM/YY)	
South Gate Pharmacy			01/2023-01/2025	
Business Address		**City**	**State**	**Zip**
8200 Long Beach Blvd D-2		South Gate	CA	90280
Phone	**Title**		**Number of Employed Hours**	
323-537-2837	CLARK		4,368	
Description of Duties				
As a Pharmacy Clerk, I assisted with prescription processing, managed inventory, maintained accurate records, and ensured regulatory compliance. I supported pharmacists in preparing prescriptions and handling clerical tasks, gaining valuable experience in dispensing, distribution, and record-keeping				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Continue on next page if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		✓
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

I, UTTAM BELADIYA, **certify that as the designated representative for**

EVERGREENS DRUGS,

that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):

1. UB I am at least 21 years of age;
3. UB I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. UB I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. UB I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. UB I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. UB I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

UTTAM BELADIYA

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

09/09/2025

Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

UTTAM BELADIYA

Print Name (First, Last)

Uttam

Original Signature (electronic, copies or stamps not accepted)

09/09/2025

Date

Please have this section completed in the presence of a Notary Public.

State of California, ss. County of Los Angeles

I, Uttam Beladiya, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Uttam

Original Signature

09/09/2025

Date

Subscribed and Sworn to before me this 9th day of September, 2025

S A Seth-Smith

Notary Public Signature

S.A. SETH-SMITH
COMM # 2443014
NOTARY PUBLIC - CALIFORNIA
LOS ANGELES COUNTY
My Comm Expires APRIL 1, 2027

(Seal)

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (05/18/2023)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler/Dispensing Site EVERGREENS DRUGS

Pharmacy/MDEG/Wholesaler/Dispensing Practitioner License # (if applicable) _____

Physical Address 10001 S EASTERN AVE, SUITE 105

City HENDERSON State NV Zip 89052

Mailing Address (if different from physical address) N/A

City N/A State N/A Zip N/A

Telephone 702-269-1354 Website N/A

Licensing Company Email EVERGREENPHARMCY99@GMAIL.COM

Section 2: Personal Information

First UTTAM Middle _____ Last BELADIYA

Alias(es, nicknames, name changes, etc.) _____

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☑ M ☐ F ☐ X

Mailing Address [redacted]

City [redacted] State [redacted] Zip [redacted]

Telephone [redacted] Email [redacted]

Are you a citizen of the United States? ☐ Yes ☑ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name			From - To (MM/YY – MM/YY)	
CALIFORNIA STATE UNIVERSITY DOMINGUEZ HILLS			2022-2025	
Address	**City**		**State**	**Zip**
1000 E VICTORIA ST	CARSON		CA	90747
Diploma/Degree obtained, if any				
BACHELOR IN BUSINESS ADMINISTRATION				
School Name			**From - To (MM/YY -- MM/YY)**	
JB AND KARP VIDYA SANKUL			2018-2020	
Address	**City**		**State**	**Zip**
THAKOR DWAR FARM, SURAT - KAMREJ HWY, OPP. DIAMOND NAGAR	SURAT		GUJ, INDIA	395006
Diploma/Degree obtained, if any				
HIGH SCHOOL				
School Name			**From - To (MM/YY -- MM/YY)**	
Address	**City**		**State**	**Zip**
Diploma/Degree obtained, if any				
School Name			**From - To (MM/YY – MM/YY)**	
Address	**City**		**State**	**Zip**
Diploma/Degree obtained, if any				
School Name			**From - To (MM/YY – MM/YY**	
Address	**City**		**State**	**Zip**
Diploma/Degree obtained, if any				

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
01/2023-TILL	[redacted]			
08/2022-12/2022				
05/2015-08/2022				
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name	From - To (MM/YY – MM/YY)
BRIGHT CARE PHARMACY	02/2025-TILL

Business Address	City	State	Zip
140 N ORANGE AVE SUITE 103	WEST COVINA	CA	90815

Phone	Title
626-251-1630	CLARK

Description of Duties

As a clerk in a retail pharmacy, I assist customers with purchases, handle billing, and keep the front area organized. I also help manage inventory and support the pharmacy team with daily operations.

Business Name	From - To (MM/YY – MM/YY)
SHIVAM BAKERY	

Business Address	City	State	Zip
SHOP 8 PANCHVATI RAW HOUSE, OPP MAHAVIR SOC	SURAT	GUJ, INDIA	395006

Phone	Title
+91 800-044-0482	ACCOUNTING AND SALES TRAINING

Description of Duties

At Shivam Bakery, I handle accounting tasks such as maintaining financial records, tracking expenses, and managing invoices. I am also involved in sales training, helping improve customer service and product knowledge for the team.

Business Name	From - To (MM/YY – MM/YY)

Business Address	City	State	Zip

Phone	Title

Description of Duties

Business Name	From - To (MM/YY – MM/YY)

Business Address	City	State	Zip

Phone	Title

Description of Duties

Business Name	From - To (MM/YY – MM/YY)

Business Address	City	State	Zip

Phone	Title

Description of Duties

Continue on next page if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		✓
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

UTTAM BELADIYA

Print Name (First, Last)

Uttam

Original Signature (electronic, copies or stamps not accepted)

07/29/2025

Date

Please have this section completed in the presence of a Notary Public.

State of California, ss. County of Los Angeles

I, Uttam Beladiya, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Uttam

Original Signature

07/29/2025

Date

Subscribed and Sworn to before me this 29 day of July, 2025

S.A. Seth-Smith

Notary Public Signature

S.A. SETH-SMITH
COMM # 2443014
NOTARY PUBLIC - CALIFORNIA
LOS ANGELES COUNTY
My Comm Expires APRIL 1 2027

(Seal)

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (05/18/2023)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler/Dispensing Site EVERGREENS DRUGS

Pharmacy/MDEG/Wholesaler/Dispensing Practitioner License # (if applicable) _____

Physical Address 10001 S EASTERN AVE, SUITE 105

City HENDERSON State NV Zip 89052

Mailing Address (if different from physical address) N/A

City N/A State N/A Zip N/A

Telephone 702-269-1354 Website N/A

Licensing Company Email EVERGREENPHARMCY99@GMAIL.COM

Section 2: Personal Information

First KISHAN Middle _____ Last DHOLIYA

Alias(es, nicknames, name changes, etc.) _____

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☑ M ☐ F ☐ X

Mailing Address [redacted]

City [redacted] State [redacted] Zip [redacted]

Telephone [redacted] Email [redacted]

Are you a citizen of the United States? ☑ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
SOUTHEAST UNIVERCITY		09/2007 - 06/2013	
Address	**City**	**State**	**Zip**
NANJING	NANJING	JIANGSU	210018
Diploma/Degree obtained, if any			
MBBS			

School Name		From - To (MM/YY – MM/YY)	
PP SAVANI VIDHYABHAVAN		06/1998-06/2007	
Address	**City**	**State**	**Zip**
HIRA BAUGH, VARACHHA ROAD	SURAT	GUJ	395006
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
08/2022- PRESENT	[redacted]			
11/2019-08/2022				
10/2018-11/2019				
02/2016-10/2018				
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name		From - To (MM/YY – MM/YY)	
RITE CARE PHARMACY		12/2019- PRESENT	
Business Address	**City**	**State**	**Zip**
1433 N HOLLENBECK AVE, STE 103	COVINA	CA	91722
Phone	**Title**		
626-251-1640	PHARMACY MANAGER		

Description of Duties

OVERSEES DAILY OPERATIONS, ENSURING COMPLIANCE WITH REGULATIONS AND SAFE DISPENSING OF MEDICATIONS. THEY ALSO SUPERVISE STAFF, MANAGE INVENTORY, AND MAINTAIN HIGH STANDARDS OF PATIENT CARE.

Business Name		From - To (MM/YY – MM/YY)	
BRIGHT CARE PHARMACY		10/2019-12/2019	
Business Address	**City**	**State**	**Zip**
140 N ORANGE AVE SUITE 103	WEST COVINA	CA	91790
Phone	**Title**		
626-251-1630	PHARMACY CLERK		

Description of Duties

ASSISTS WITH CUSTOMER SERVICE, ANSWERING PHONES, AND PROCESSING PRESCRIPTION ORDERS. THEY ALSO HANDLE CASHIER DUTIES, STOCK SHELVES, AND SUPPORT PHARMACY STAFF WITH NON-MEDICAL TASKS.

Business Name		From - To (MM/YY – MM/YY)	
A FRIENDLY HOME HEALTH CARE		01/2017-08-2019	
Business Address	**City**	**State**	**Zip**
18383 PRESTON RD	DALLS	TX	75252
Phone	**Title**		
469-666-3070	ORDER MANAGER		

Description of Duties

RESPONSIBLE FOR PROCESSING, TRACKING, AND FOLLOWING UP ON PHYSICIAN ORDERS TO ENSURE TIMELY AND ACCURATE CARE DELIVERY. THEY ALSO COORDINATE WITH CLINICIANS, VERIFY DOCUMENTATION, AND MAINTAIN COMPLIANCE WITH REGULATORY REQUIREMENTS.

Business Name		From - To (MM/YY – MM/YY)	
Business Address	**City**	**State**	**Zip**
Phone	**Title**		

Description of Duties

Business Name		From - To (MM/YY – MM/YY)	
Business Address	**City**	**State**	**Zip**
Phone	**Title**		

Description of Duties

Continue on next page if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		✓
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

KISHAN DHOLIYA

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

07/29/2025

Date

Please have this section completed in the presence of a Notary Public.

State of California, ss. County of Los Angeles

I, Kishan Dholiya, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

07/29/2025

Date

Subscribed and Sworn to before me this 29 day of July, 2025.

S.A. Seth-Smith

Notary Public Signature

S.A. SETH-SMITH
COMM # 2443014
NOTARY PUBLIC - CALIFORNIA
LOS ANGELES COUNTY
My Comm Expires APRIL 1, 2027

(Seal)

9C

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Pharmacy Application

Non-Refundable $500.00 Fee

Rev (6/11/2024)

Y

Facility Location	Application Type (check all applicable)	Pharmacy Type (check all applicable)	Services the Pharmacy will Provide (check all applicable)
■ Nevada	☐ New Pharmacy	■ Retail/Community	■ Retail/Community
☐ Out-of-Nevada	■ Ownership Change*	☐ Hospital (# beds _____)	■ Dangerous drugs
	☐ Location Change *	☐ Internet	■ Controlled substances
	☐ Service Modification*	☐ Nuclear	DEA #: FW1891325
	☐ Name Change* (if only a Name Change occurred, submit a $50.00 fee with the application.)	☐ Other:	☐ Non-sterile Compounding
			☐ Sterile Compounding
			☐ Mail-Order Service
			☐ Off-site Cognitive Services
			☐ Long Term Care
	* Current license #: PH PH01455		☐ Hospital
			☐ Other:

Days of Operation		Ownership Type (check applicable box)
■ Monday	■ Friday	☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9, 10, 11, 12)
■ Tuesday	■ Saturday	■ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9, 10, 11, 12)
■ Wednesday	■ Sunday	☐ Partnership (complete sections 1, 2, 3, 4, 7, 9, 10, 11, 12)
■ Thursday	☐ Holidays	☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9, 10, 11, 12)

Section 1: General Information

Pharmacy Name: GOLDEN HEALTH PHARMACY

Physical Address: 1993 ERRECART BLVD

City: ELKO State: NV Zip: 89801

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: (888)940-1049 Toll Free # (NAC 639.708, NRS 639.23286): (888)940-1049

Fax: (775)753-4794 Contact Email: rxm.13809@store.walgreens.com

Website: https://www.walgreens.com

Nevada Business License # (if applicable) NV19951143510

Supervising/Managing Pharmacist Name (NRS 639.220): MINH TRAN

Supervising/Managing Pharmacist NV Pharmacist Registration # (if applicable): 15683

Section 2: List the name(s) of at least one NEVADA registered pharmacist who practices at the pharmacy, who may be the managing pharmacist or another pharmacist, who will be responsible for any prescriptions dispensed to a patient located in Nevada and responsible for any acts or omissions of pharmacy personnel who are not registered with the Board. NRS 639.2328. (Use a separate piece of paper if additional space is needed.)

Name: MINH TRAN	NV Pharmacist Registration #: 15683
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:

Section 3: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✓
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration from any jurisdiction?		✓
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been subject of an administrative action, board citation, cite fine, or proceeding relating to the pharmaceutical industry?	✓	
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✓
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✓

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name(s) of the owner(s), their credentials and their percent ownership. Write NA if not applicable. NRS 639.232. (Use a separate piece of paper if additional space is needed.)

Name: N/A	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:

1. The Board shall not issue a license to conduct a pharmacy:
   a) To any practitioner; or
   b) To any partnership, corporation, or association in which a practitioner has a controlling interest or owns more than 10 percent of the available stock.
2. This section does not:
   a) Apply to a hospital pharmacy or a health maintenance organization which holds a certificate of authority under chapter 695C of NRS.
   b) Prohibit ownership by a practitioner of a building in which a pharmacy is located, if space for the pharmacy is rented at the prevailing rate.

Section 5: Publicly Traded Corporation

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Does the number of stockholders/shareholders of the corporation exceed four? NRS 639.231 ☐ Yes ☐ No

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: Delaware

Parent Company (if any): Walgreens Boots Alliance, Inc.

Corporation/Organization Name: Walgreen Co.

Mailing Address: 108 Wilmot Rd

City: Deerfield State: IL Zip: 60015

Telephone: 847-224-1348 Email: licenseadministration@walgreens.com

Contact Person Name: Kayla Lechner

Does the number of stockholders/shareholders of the corporation or members exceed four? NRS 639.231 ☐ Yes ☒ No

Section 7: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Please check type of partnership (NAC 639.214) ☐ General ☐ Limited

Does the number of partners or members of the partnership exceed four? NRS 639.231 ☐ Yes ☐ No

Section 8: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Document Ref: 2JFES-7PGTP-8J92B-H3PRS

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Richard Gates

Print Name of Authorized Person Submitting Application (If the applicant is a partnership or corporation, the application must be signed by a partner or by an officer of the corporation). NAC 639.215

Richard Gates

Original signature of Authorized Person (copies or stamps not accepted)

08 / 26 / 2025

Date

Board Use Only	Date Received: 9/18/25	Amount: $500 CK JP03-30001111129

Section 11: Managing Pharmacist Acknowledgement, Professional/Personal History – REQUIRED TO BE COMPLETED BY THE MANAGING PHARMACIST FOR NEVADA LOCATED PHARMACY APPLICANTS ONLY

Managing Pharmacist Name: MINH TRAN Pharmacist Registration #: 15683

Pharmacy Name: GOLDEN HEALTH PHARMACY

Initial each statement below to indicate you have read and agree with the following:

M.T. I understand that as the managing pharmacist I am responsible for compliance by the pharmacy and its personnel with all state and federal laws and regulations relating to the operation of the pharmacy and the practice of pharmacy. I understand my license can be revoked or that I can be subject of disciplinary action if such laws or regulations are knowingly violated in the pharmacy in which I am the managing pharmacist.

M.T. I understand within 48 hours after I report for duty as the managing pharmacist, I shall complete an inventory of all controlled substances of the pharmacy pursuant to 21 CFR Part 1304 and maintain a copy of the inventory in the file at the pharmacy.

M.T. I understand that if I cease to be managing pharmacist of the above-named pharmacy, I will jointly, with the new managing pharmacist, take an inventory of all controlled substances.

M.T. I understand that as the managing pharmacist I must ensure that all loss or theft of controlled substances are reported on forms provided by the Nevada State Board of Pharmacy and Department of Public Safety within 10 days after the date of discovery of theft or loss. NRS 453.568. Federal regulations require that registrants notify the Field Division Office of the Administration in his area, in writing, of the theft or significant loss of any controlled substance, disposal receptacles or listed chemicals within one business day of discovery of such loss or theft. The registrant shall also complete and submit to the Field Division Office in his area, DEA Form 106 regarding the loss or theft (21 C.F.R. §1301.76(b) and 21 U.S.C. §830(b)(1)(C)).

M.T. I understand that as the managing pharmacist I must notify the Nevada State Board of Pharmacy of all employment changes of pharmacy staff within 10 days of the change. NAC 639.540

Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?	☐	☑
2. Have you been charged, arrested, or convicted of a felony or misdemeanor in any state?	☐	☑
3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state?	☐	☑
4. Has your license been subjected to any discipline for violation of pharmacy or drug laws in any state?	☐	☑

If you marked YES to any questions above, include the following information and provide a signed statement of explanation. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Board Administrative Action:	State:	Date:	Case #:

Criminal Action:	State:	Date:	Case #:	County:	Court:

I certify under penalty of perjury that the information I have provided on this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

MINH TRAN

Original signature of Managing Pharmacist (copies or stamps not accepted)

08 / 08 / 2025

Date

Document Ref: HAJHJ-RVBEQ-8CR9E-ZRNDF

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

PHILLIP W. BUSH, R.Ph.,
Certificate of Registration No. 13623,

GOLDEN HEALTH PHARMACY,
Certificate of Registration No. PH01455,

Respondents.

FINDINGS OF FACT, CONCLUSIONS OF LAW, AND ORDER

Case No. 02-082-RPH-N

Case No. 02-082-PH-N

THIS MATTER was heard by the Nevada State Board of Pharmacy (hereinafter Board) at its regular meeting on September 11, 2002, in Reno, Nevada. The Board was represented by Louis Ling, General Counsel for the Board. Respondent Phillip W. Bush appeared and represented himself, and Respondent Golden Health Pharmacy appeared through its representative Renee Meldrum. Board staff presented the testimony of Lora Vance. Based on the presentations of the parties, the admissions of the Respondents, and the public records in the possession and control of the Board, the Board issues the following Findings of Fact, Conclusions of Law, and Order:

FINDINGS OF FACT

1. On January 22, 2002, Ms. Vance's physician prescribed two medications for her. Both of the prescriptions were called in to Golden Health and were for Vivelle 0.05 mg. with three refills and Prometrium 100 mg. #90 with three refills.

2. Mr. Bush was the pharmacist at Golden Health who filled Ms. Vance's prescriptions. By the time of the hearing, Mr. Bush was no longer employed at Golden Health.

3. Ms. Vance testified that she had taken Prometrium before, so she had noticed that the tablets in the Prometrium vial dispensed by Mr. Bush and Golden Health were a different shape and color than the ones she had previously taken. Ms.

Vance explained that the Vivelle prescription had been changed to a generic, so she assumed that the Prometrium prescription had similarly been switched to a generic by her insurance. Ms. Vance testified that she took the medication out of the Prometrium vial for 40 days. During this period of time, Ms. Vance experienced weight gain, menstrual cycles, cramping, spotting, and noticeable, negative mood changes. Ms. Vance initially attributed the symptoms to the change in her Vivelle prescription, but she eventually concluded that the symptoms were attributable to the medications in the Prometrium vial.

4. On April 19, 2002, Ms. Vance telephone Golden Health to check on the difference between the pills she had previously taken and the new tablets she was given in the Prometrium prescription. During this conversation, Ms. Vance discovered that she had been given and had been taking Prometrium 200 mg. tablets, twice the strength of the Prometrium 100 mg. tablets ordered for her by her physician.

5. At hearing, Mr. Bush confirmed that the pharmacy's records showed that he was the pharmacist responsible for filling Ms. Vance's Prometrium prescription. Ms. Meldrum explained to the Board the policies and operational procedures in place at Golden Health that were intended to assure the accuracy of prescriptions filled by Golden Health. Under questioning, both Mr. Bush and Ms. Vance explained that Golden Health was adequately staffed for the considerable prescription volume filled by Golden Health.

CONCLUSIONS OF LAW

1. The Nevada State Board of Pharmacy has jurisdiction over this matter because Respondent Bush is a pharmacist licensed by the Board and Golden Health is a pharmacy licensed by the Board.

2. In filling and dispensing Ms. Vance's Prometrium 100 mg. prescription with Prometrium 200 mg. tablets, Mr. Bush violated NRS 639.210(4) and NAC 639.945(1)(b), (d), and (i).

3. In owning and operating the pharmacy in which Mr. Bush committed the error regarding Ms. Vance's Prometrium prescription, Golden Health violated NRS 639.210(4) and NAC 639.945(1)(b), (d), and (i) and (2).

ORDER

Based upon the foregoing, the Board hereby orders the following:

1. Mr. Bush shall pay a fine of $500.00 by cashier's or certified check or money order made payable to "State of Nevada, Office of the Treasurer" to be received by the Board's Reno office within 60 days of the effective date of this Order. Also, Mr. Bush shall pay $125.00, which is one-half the Board's administrative fee of $250.00 by cashier's or certified check or money order made payable to "Nevada State Board of Pharmacy" to be received by the Board's Reno office within 60 days of the effective date of this Order.

2. Golden Health shall pay a fine of $500.00 by cashier's or certified check or money order made payable to "State of Nevada, Office of the Treasurer" to be received by the Board's Reno office within 60 days of the effective date of this Order. Also, Golden Health shall pay $125.00, which is one-half the Board's administrative fee of $250.00 by cashier's or certified check or money order made payable to "Nevada State Board of Pharmacy" to be received by the Board's Reno office within 60 days of the effective date of this Order.

3. The failure by Mr. Bush to comply with any term in this order shall result in the immediate suspension of his license and will also result in further discipline, up to and including revocation of the his license. The failure by Golden Health to comply with any term in this order shall result in a fine of $1,000 per day to a maximum of $30,000 for

every day until the term is fully complied with and will also result in further discipline, up to and including revocation of its license.

Signed and effective this 25th day of September, 2002.

Larry L. Pinson, President
Nevada State Board of Pharmacy

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

NOTICE OF INTENDED ACTION AND ACCUSATION

PHILLIP W. BUSH, R.Ph.
Certificate of Registration No. 13623 — **Case Number 02-082-RPH-N**

GOLDEN HEALTH PHARMACY
Certificate of Registration No: PH01455 — **Case Number 02-082-PH-N**

Respondents.

COMES NOW Keith W. Macdonald, in his official capacity as Executive Secretary of the Nevada State board of Pharmacy, and makes the following that will serve as both a notice of intended action under Nevada Revised Statutes (NRS) 233B.127(3) and as an accusation under NRS 639.241.

I.

The Nevada State Board of Pharmacy has jurisdiction over this matter because Respondent Phillip W. Bush is a pharmacist licensed by the Board and Respondent Golden Health Pharmacy is a pharmacy licensed by the Board, located at 247 Bluffs Avenue, Building #1, Elko, Nevada.

II.

On or about January 22, 2002, Patient V's physician prescribed two medications for her. Both of the prescriptions were called to the pharmacy by Patient V's physician or his staff. The prescriptions were for a three month supply 0.05 mg. of Vivelle with

three refills and 100 mg. of Prometrium #90 with three refills.

III.

Mr. Bush filled Patient V's prescriptions. Patient V had taken Prometrium before and noticed the contents of the prescription vial were a different shape and color than the ones she had previously taken, but assumed the prescription was filled with a generic or another product required by her insurance. Patient V noted that the prescription bottle was labeled correctly. Patient V was not counseled when she picked up the prescriptions, but Patient V had had these drugs dispensed by Golden Health Pharmacy to her before.

IV.

Patient V took the medication for 40 days. During this time Patient V experienced weight gain, three or four menstrual cycles, cramping, spotting, breast tenderness and her family noticed mood change, describing her as "crabby". On or about April 19, 2002, Patient V telephoned Golden Health Pharmacy to check on the difference between the pills she had taken previously and the new pills she was given in January. It was discovered that Patient V was given 200 mg. Prometrium tablets rather than the 100 mg. tablets her physician had prescribed.

FIRST CAUSE OF ACTION

V.

By filling and dispensing Patient V's prescription for 100 mg. Prometrium tablets incorrectly by dispensing Prometrium 200 mg. tablets, Mr. Bush violated NRS 639.210(4) and Nevada Administrative Code (NAC) 639.945 (1)(b), (d) and (i).

SECOND CAUSE OF ACTION

VI.

In owning and operating the pharmacy in which the error took place, Golden Health Pharmacy violated NRS 639.210(4) and NAC 639.945(1)(b), (d) and (i) and (2).

WHEREFORE it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to the licenses or registrations of the Respondents.

Signed this 7th day of August, 2002.

Keith W. Macdonald

Keith W. Macdonald, Executive Secretary
Nevada State Board of Pharmacy

NOTICE TO RESPONDENT

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements regarding your certificate of registration. To do so, you must mail to the Board within 10 days of your receipt of this Notice of Intended Action and Accusation a written statement showing your compliance.

Section 9: Statement of Responsibility - MUST BE COMPLETED by an Authorized Person (NAC 639.945)

Statement of Responsibility

1. I am the Vice President (title) for Walgreen Co. (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be responsible for any violations of pharmacy law that may occur in the Pharmacy owned by such owner(s), shareholder(s), member(s), or partner(s).
3. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against the Pharmacy.
4. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) cannot require or permit the pharmacist(s) in said Pharmacy to violate any provision of local, state, or federal laws or regulations pertaining to the practice of pharmacy.
5. I further understand and acknowledge that Nevada law requires that each pharmacy located inside the State of Nevada employ only pharmacists, intern pharmacists, pharmaceutical technicians, and technicians in training that are licensed by the Nevada State Board of Pharmacy. (NRS 639.100).
6. I further understand and acknowledge that Nevada law requires that each pharmacy located outside the State of Nevada engaged in providing pharmacy services into Nevada employs at least one pharmacist licensed by the Nevada State Board of Pharmacy who will be responsible for any prescription dispensed to a patient located in Nevada and responsible for any acts or omissions of pharmacy personnel who are not registered with the Board. (NRS 639.2328).

Richard Gates

Print Name of Authorized Person

Richard Gates

Original signature of Authorized Person (copies or stamps not accepted)

08 / 26 / 2025

Date

Section 10: Affidavit for Pharmacies- MUST BE COMPLETED by pharmacies NOT CURRENTLY PERFORMING Sterile Compounding

Affidavit for Pharmacy License

I, Richard Gates hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

1. I am the Vice President (title) for Walgreen Co. (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I certify that upon licensure, the Pharmacy will not perform sterile compounding or ship sterile compounds into Nevada.
3. I understand and acknowledge that the Pharmacy and any of its staff members may be subject to discipline by the Board if the Pharmacy performs sterile compounding or ships any sterile compounds into Nevada without first obtaining written authorization from the Board to do so.
4. I certify that if the Pharmacy makes the decision to perform sterile compounding or to ship any sterile compounds into Nevada, the Pharmacy, through an authorized representative, will first notify the Board via a written request, and obtain written approval to perform sterile compounding or to ship any sterile compounds into Nevada.
5. I understand that if the Pharmacy seeks approval to perform sterile compounding or to ship any sterile compounds into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

FURTHER YOUR AFFIANT SAYETH NAUGHT.

Signature

SUBSCRIBED AND SWORN TO
Before me, a notary public this 20th day of August, 2025

Zeljka Borosa-Rajcevic
Notary Public

OFFICIAL SEAL
ZELJKA BOROSA RAJCEVIC
Notary Public, State of Illinois
Commission No. 977646
My Commission Expires September 8, 2027

CONFIDENTIAL/EXEMPT FROM
FREEDOM OF INFORMATION ACT AND
SIMILAR STATE REQUESTS

Ownership Information

Ownership & Leadership of Applicant Entity

Applicant: **Walgreen Co.**
108 Wilmot Rd., Deerfield, IL 60015

Ownership: The Applicant entity is wholly owned (100%) by Walgreens Boots Alliance, Inc.

Officers of Walgreen Co.
Michael Motz - CEO
Richard Gates - Senior Vice President, Chief Pharmacy Officer
Cherita Thomas - Secretary
Matthew Spina - CFO
Michael Handal - Licensing and Provider Enrollment Officer

Ownership & Leadership of Walgreens Boots Alliance, Inc.

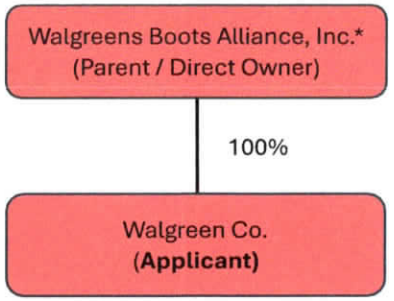
Ownership: Walgreens Boots Alliance, Inc. is wholly owned (100%) by Blazing Star Parent, LLC

Officers of Walgreens Boots Alliance, Inc.
Temporarily vacant - CEO
Mark Weisz - Sr VP, Global Tax
Manmohan Mahajan - Sr VP, Global Controller, CFO
Lanesha Minnix - Corporate Secretary

Please see the attached pre- and post-closing Corporate Organization chart for reference.

Proprietary and Confidential
Not a public record pursuant to
Section 7927.605 of the CPRA and
45 CFR Section 5.31

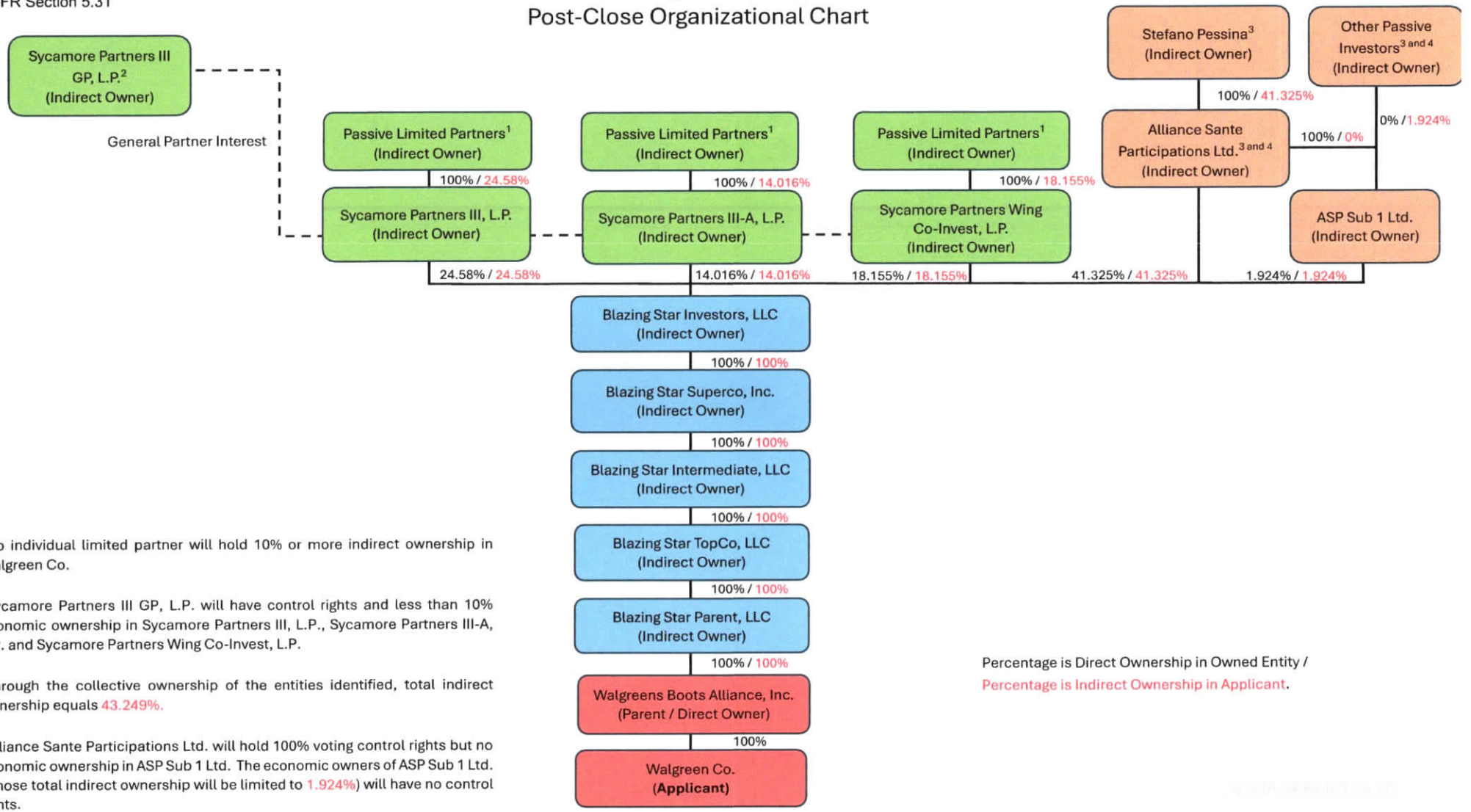
Walgreen Co.
Pre-Close Organizational Chart



Publicly Traded on Nasdaq Stock Market (WBA)

Proprietary and Confidential
Not a public record pursuant to
Section 7927.605 of the CPRA and
45 CFR Section 5.31

Walgreen Co.
Post-Close Organizational Chart



[1]No individual limited partner will hold 10% or more indirect ownership in Walgreen Co.

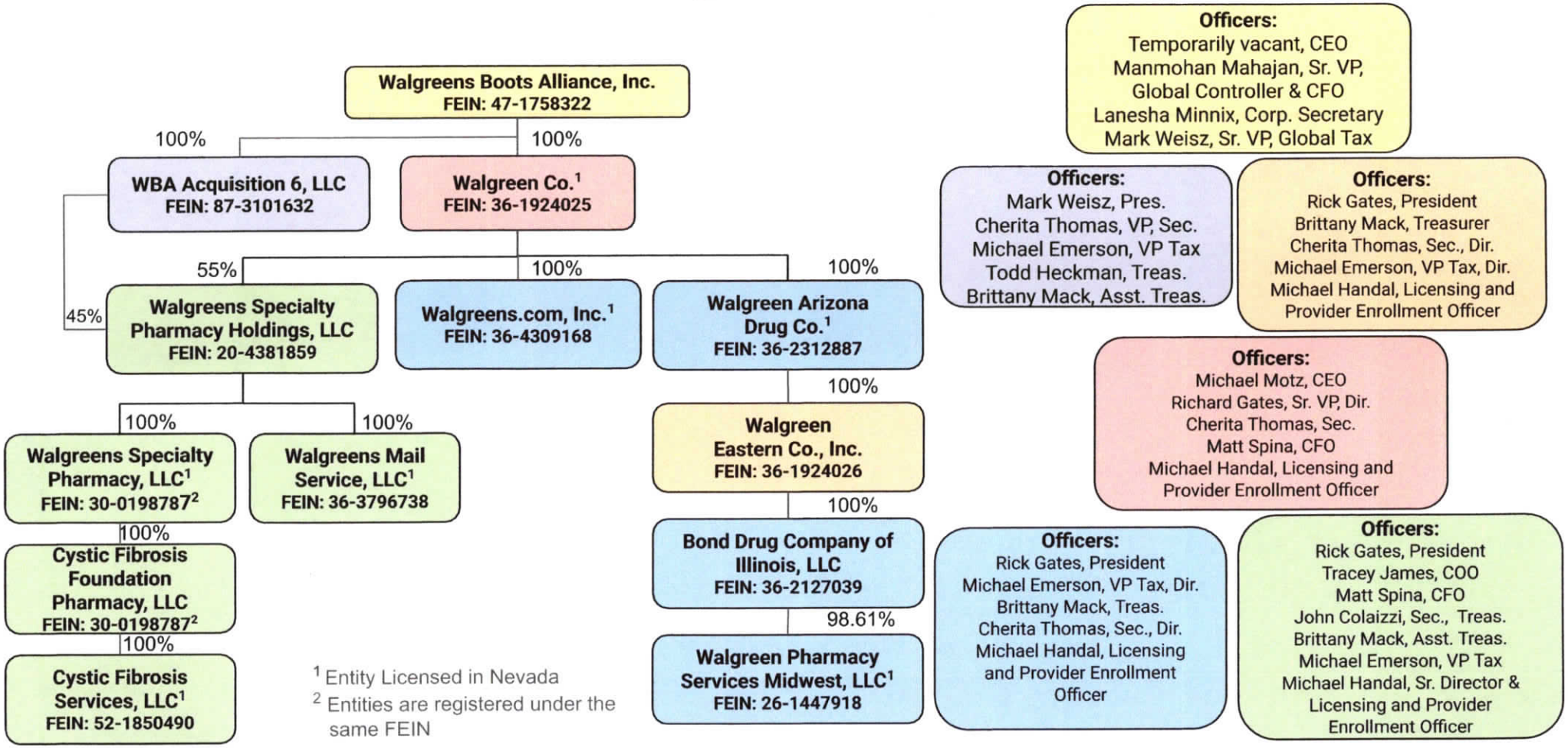
[2]Sycamore Partners III GP, L.P. will have control rights and less than 10% economic ownership in Sycamore Partners III, L.P., Sycamore Partners III-A, L.P. and Sycamore Partners Wing Co-Invest, L.P.

[3]Through the collective ownership of the entities identified, total indirect ownership equals 43.249%.

[4]Alliance Sante Participations Ltd. will hold 100% voting control rights but no economic ownership in ASP Sub 1 Ltd. The economic owners of ASP Sub 1 Ltd. (whose total indirect ownership will be limited to 1.924%) will have no control rights.

Percentage is Direct Ownership in Owned Entity /
Percentage is Indirect Ownership in Applicant.

Walgreen Co.
Post-Close Organizational Chart (cont.)



File Number 1084-348-1

STATE OF ILLINOIS

OFFICE OF THE SECRETARY OF STATE

To all to whom these Presents Shall Come, Greeting:

I, **Alexi Giannoulias,** *Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that*

WALGREEN CO., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON FEBRUARY 15, 1909, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE BUSINESS CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.

In Testimony Whereof, *I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this* 15TH *day of* MAY *A.D.* 2025 .

Authentication #: 2513501622 verifiable until 05/15/2026
Authenticate at: https://www.ilsos.gov

Alexi Giannoulias
SECRETARY OF STATE

9D

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Pharmacy Application

Non-Refundable $500.00 Fee

Rev (6/11/2024)

Facility Location	Application Type (check all applicable)	Pharmacy Type (check all applicable)	Services the Pharmacy will Provide (check all applicable)
■ Nevada ☐ Out-of-Nevada	■ New Pharmacy ☐ Ownership Change* ☐ Location Change * ☐ Service Modification* ☐ Name Change* (if only a Name Change occurred, submit a **$50.00 fee** with the application.) * Current license #: PH_____	■ Retail/Community ☐ Hospital (# beds _____) ☐ Internet ☐ Nuclear ☐ Other:	■ Retail/Community ☐ Dangerous drugs ■ Controlled substances DEA #: _____ ☐ Non-sterile Compounding ☐ Sterile Compounding ☐ Mail-Order Service ☐ Off-site Cognitive Services ☐ Long Term Care ☐ Hospital ☐ Other:

Days of Operation		Ownership Type (check applicable box)
■ Monday	■ Friday	☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9, 10, 11, 12)
■ Tuesday	☐ Saturday	☒ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9, 10, 11, 12)
■ Wednesday	☐ Sunday	☐ Partnership (complete sections 1, 2, 3, 4, 7, 9, 10, 11, 12)
■ Thursday	☐ Holidays	☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9, 10, 11, 12)

Section 1: General Information

Pharmacy Name: Hope Christian Pharmacy

Physical Address: 4040 N. Martin Luther King Blvd, Ste B

City: North Las Vegas State: NV Zip: 89032

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: 702-644-4673 Toll Free # (NAC 639.708, NRS 639.23286): _____

Fax: 855-379-3830 Contact Email: Pharmacy@HopeHealthVegas.org

Website: www.HopeHealthVegas.org

Nevada Business License # (if applicable) NV20131392591

Supervising/Managing Pharmacist Name (NRS 639.220): Nicole Sy

Supervising/Managing Pharmacist NV Pharmacist Registration # (if applicable): 20646

Section 2: List the name(s) of at least one NEVADA registered pharmacist who practices at the pharmacy, who may be the managing pharmacist or another pharmacist, who will be responsible for any prescriptions dispensed to a patient located in Nevada and responsible for any acts or omissions of pharmacy personnel who are not registered with the Board. NRS 639.2328. (Use a separate piece of paper if additional space is needed.)

Name: Nicole Sy	NV Pharmacist Registration #: 20646
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:

Section 3: History of Company	**Yes**	**No**
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✔
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration from any jurisdiction?		✔
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been subject of an administrative action, board citation, cite fine, or proceeding relating to the pharmaceutical industry?		✔
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✔
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✔

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name(s) of the owner(s), their credentials and their percent ownership. Write NA if not applicable. NRS 639.232. (Use a separate piece of paper if additional space is needed.)

Name: N/A	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:

1. The Board shall not issue a license to conduct a pharmacy:
   a) To any practitioner; or
   b) To any partnership, corporation, or association in which a practitioner has a controlling interest or owns more than 10 percent of the available stock.
2. This section does not:
   a) Apply to a hospital pharmacy or a health maintenance organization which holds a certificate of authority under chapter 695C of NRS.
   b) Prohibit ownership by a practitioner of a building in which a pharmacy is located, if space for the pharmacy is rented at the prevailing rate.

Section 5: Publicly Traded Corporation

State of Incorporation: N/A

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Does the number of stockholders/shareholders of the corporation exceed four? NRS 639.231 ☐ Yes ☐ No

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: Nevada

Parent Company (if any): _____

Corporation/Organization Name: Hope Christian Health Center Corp

Mailing Address: 4040 North Martin Luther King Blvd, Suite B

City: North Las Vegas State: NV Zip: 89030

Telephone: 702-644-4673 Email: Pharmacy@HopeHealthVegas.org

Contact Person Name: Nicole Sy

Does the number of stockholders/shareholders of the corporation or members exceed four? NRS 639.231 ☐ Yes ☒ No

Section 7: Partnership

Partnership Name: N/A

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Please check type of partnership (NAC 639.214) ☐ General ☐ Limited

Does the number of partners or members of the partnership exceed four? NRS 639.231 ☐ Yes ☐ No

Section 8: Sole Owner

Owner's Name: N/A

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Section 9: Statement of Responsibility - MUST BE COMPLETED by an Authorized Person (NAC 639.945)

Statement of Responsibility

1. I am the Pharmacist In Charge (title) for Hope Christian Pharmacy (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be responsible for any violations of pharmacy law that may occur in the Pharmacy owned by such owner(s), shareholder(s), member(s), or partner(s).
3. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against the Pharmacy.
4. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) cannot require or permit the pharmacist(s) in said Pharmacy to violate any provision of local, state, or federal laws or regulations pertaining to the practice of pharmacy.
5. I further understand and acknowledge that Nevada law requires that each pharmacy located inside the State of Nevada employ only pharmacists, intern pharmacists, pharmaceutical technicians, and technicians in training that are licensed by the Nevada State Board of Pharmacy. (NRS 639.100).
6. I further understand and acknowledge that Nevada law requires that each pharmacy located outside the State of Nevada engaged in providing pharmacy services into Nevada employs at least one pharmacist licensed by the Nevada State Board of Pharmacy who will be responsible for any prescription dispensed to a patient located in Nevada and responsible for any acts or omissions of pharmacy personnel who are not registered with the Board. (NRS 639.2328).

Nicole Sy

Print Name of Authorized Person

Original signature of Authorized Person (copies or stamps not accepted)

08/19/25

Date

Section 10: Affidavit for Pharmacies- MUST BE COMPLETED by pharmacies NOT CURRENTLY PERFORMING Sterile Compounding

Affidavit for Pharmacy License

I, Nicole Sy hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

1. I am the Pharmacist In Charge (title) for Hope Christian Pharmacy (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I certify that upon licensure, the Pharmacy will not perform sterile compounding or ship sterile compounds into Nevada.
3. I understand and acknowledge that the Pharmacy and any of its staff members may be subject to discipline by the Board if the Pharmacy performs sterile compounding or ships any sterile compounds into Nevada without first obtaining written authorization from the Board to do so.
4. I certify that if the Pharmacy makes the decision to perform sterile compounding or to ship any sterile compounds into Nevada, the Pharmacy, through an authorized representative, will first notify the Board via a written request, and obtain written approval to perform sterile compounding or to ship any sterile compounds into Nevada.
5. I understand that if the Pharmacy seeks approval to perform sterile compounding or to ship any sterile compounds into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

FURTHER YOUR AFFIANT SAYETH NAUGHT.

Signature

SUBSCRIBED AND SWORN TO
Before me, a notary public this 19th day of August, 20 25

Notary Public

Linda M Abrams
Notary Public - State of Nevada
County of Clark
APPT. NO. 19-6625-01
My Appt. Expires: Sept. 3, 2027

Section 11: Managing Pharmacist Acknowledgement, Professional/Personal History – REQUIRED TO BE COMPLETED BY THE MANAGING PHARMACIST FOR NEVADA LOCATED PHARMACY APPLICANTS ONLY

Managing Pharmacist Name: Nicole Sy Pharmacist Registration #: 20646

Pharmacy Name: Hope Christian Pharmacy

Initial each statement below to indicate you have read and agree with the following:

NS I understand that as the managing pharmacist I am responsible for compliance by the pharmacy and its personnel with all state and federal laws and regulations relating to the operation of the pharmacy and the practice of pharmacy. I understand my license can be revoked or that I can be subject of disciplinary action if such laws or regulations are knowingly violated in the pharmacy in which I am the managing pharmacist.

NS I understand within 48 hours after I report for duty as the managing pharmacist, I shall complete an inventory of all controlled substances of the pharmacy pursuant to 21 CFR Part 1304 and maintain a copy of the inventory in the file at the pharmacy.

NS I understand that if I cease to be managing pharmacist of the above-named pharmacy, I will jointly, with the new managing pharmacist, take an inventory of all controlled substances.

NS I understand that as the managing pharmacist I must ensure that all loss or theft of controlled substances are reported on forms provided by the Nevada State Board of Pharmacy and Department of Public Safety within 10 days after the date of discovery of theft or loss. NRS 453.568. Federal regulations require that registrants notify the Field Division Office of the Administration in his area, in writing, of the theft or significant loss of any controlled substance, disposal receptacles or listed chemicals within one business day of discovery of such loss or theft. The registrant shall also complete and submit to the Field Division Office in his area, DEA Form 106 regarding the loss or theft (21 C.F.R. §1301.76(b) and 21 U.S.C. §830(b)(1)(C)).

NS I understand that as the managing pharmacist I must notify the Nevada State Board of Pharmacy of all employment changes of pharmacy staff within 10 days of the change. NAC 639.540

Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔
2. Have you been charged, arrested, or convicted of a felony or misdemeanor in any state?		✔
3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state?		✔
4. Has your license been subjected to any discipline for violation of pharmacy or drug laws in any state?		✔

If you marked YES to any questions above, include the following information and provide a signed statement of explanation. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Board Administrative Action:	State:	Date:	Case #:

Criminal Action:	State:	Date:	Case #:	County:	Court:

I certify under penalty of perjury that the information I have provided on this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Original signature of Managing Pharmacist (copies or stamps not accepted)

08/19/25
Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Steven Flores, CEO Nicole Sy, PIC

Print Name of Authorized Person Submitting Application (If the applicant is a partnership or corporation, the application must be signed by a partner or by an officer of the corporation). NAC 639.215

Original signature of Authorized Person (copies or stamps not accepted)

8-8-25 08/19/25

Date

Board Use Only	Date Received: 8/21/25	Amount: $500-MO 22-0960909335

FRANCISCO V. AGUILAR
Secretary of State
401 North Carson Street
Carson City, Nevada 89701-4201
(775) 684-5708
Website: www.nvsos.gov
www.nvsilverflume.gov

Annual or Amended List and State Business License Application - Continued

Officers, Managers, Members, General Partners, Managing Partners, Trustees or Subscribers:

CORPORATION, INDICATE THE President:

Name	Country
Kari Haug	USA

Address	City	State	Zip/Postal Code
[redacted]			

CORPORATION, INDICATE THE Secretary:

Name	Country
John Prescott	USA

Address	City	State	Zip/Postal Code
[redacted]			

CORPORATION, INDICATE THE Treasurer:

Name	Country
Scott Moore	USA

Address	City	State	Zip/Postal Code
[redacted]			

CORPORATION, INDICATE THE Director:

Name	Country
David Sonner	USA

Address	City	State	Zip/Postal Code
[redacted]			

CORPORATION, INDICATE THE Director:

Name	Country
Kristen Martinez	USA

Address	City	State	Zip/Postal Code
[redacted]			

CORPORATION, INDICATE THE Director:

Name	Country
Paul Blazi	USA

Address	City	State	Zip/Postal Code
[redacted]			

CORPORATION, INDICATE THE Director:

Name	Country
LaRhonya Richards	USA

Address	City	State	Zip/Postal Code
[redacted]			

CORPORATION, INDICATE THE Director:

Regina Porter	USA
Name	Country
[redacted]	
Address City State Zip/Postal Code	

None of the officers and directors identified in the list of officers has been identified with the fraudulent intent of concealing the identity of any person or persons exercising the power or authority of an officer or director in furtherance of any unlawful conduct.

I declare, to the best of my knowledge under penalty of perjury, that the information contained herein is correct and acknowledge that pursuant to NRS 239.330, it is a category C felony to knowingly offer any false or forged instrument for filing in the Office of the Secretary of State.

X Summer Worrall	Authorized Signer	05/16/2025
Signature of Officer, Manager, Managing Member, General Partner, Managing Partner, Trustee, Subscriber, Member, Owner of Business, Partner or Authorized Signer *FORM WILL BE RETURNED IF UNSIGNED*	Title	Date

SECRETARY OF STATE

STATE OF NEVADA

CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, FRANCISCO V. AGUILAR, the duly qualified and elected Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporations sole, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence **HOPE CHRISTIAN HEALTH CENTER CORP** as a DOMESTIC NONPROFIT CORPORATION (82) duly organized or formed and existing, or duly qualified or registered, as applicable, under and by virtue of the laws of the State of Nevada since 06/28/2013, and in good standing in this State.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of this State, at my office on 10/15/2025.

FRANCISCO V. AGUILAR
Secretary of State

Certificate Number: B202510156179539
You may verify this certificate online at https://www.nvsilverflume.gov/home

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (05/12/2022)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler: Hope Christian Pharmacy

Pharmacy/Wholesaler License # (if applicable):

Physical Address: 4040 N. Martin Luther King Blvd, Ste B

City: North Las Vegas State: NV Zip: 89032

Mailing Address (if different from physical address):

City: State: Zip:

Telephone: 702-644-4673 Website: www.HopeHealthVegas.org

Licensing Company Email: Pharmacy@HopeHealthVegas.org

Section 2: Personal Information

First: Nicole Middle: K Last: Sy

Alias(es, nicknames, name changes, etc.):

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☐ M ■ F ☐ X

Mailing Address: [redacted]

City: [redacted] State: [redacted] Zip: [redacted]

Telephone: [redacted] Email: [redacted]

Are you a citizen of the United States? ■ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✔
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✔

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Roseman University of Health Sciences		08/17-05/20	
Address	**City**	**State**	**Zip**
11 Sunset Way	Henderson	NV	89017
Diploma/Degree obtained, if any			
Doctor of Pharmacy			

School Name		From - To (MM/YY – MM/YY)	
University of Nevada, Las Vegas		08/13-05/17	
Address	**City**	**State**	**Zip**
4505 S. Maryland Pkwy, Las Vegas, NV 89154	Las Vegas	NV	89154
Diploma/Degree obtained, if any			
Bachelor of Science in Biological Sciences			

School Name		From - To (MM/YY – MM/YY)	
Ed W. Clark High School		08/09-05/13	
Address	**City**	**State**	**Zip**
4291 Pennwood Ave	Las Vegas	NV	89102
Diploma/Degree obtained, if any			
Advanced Honors Diploma			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
02/20-Current	[redacted]			
10/15-02/20				
12/04-10/15				
From - To (MM/YY – MM/YY)				
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name			From - To (MM/YY – MM/YY)	
Quality Compounding Rx of America			05/25-Current	
Business Address		**City**	**State**	**Zip**
801 S. Rancho Dr		Las Vegas	NV	89106
Phone	**Title**		**Number of Employed Hours**	
702-984-6640	Staff Pharmacist		312	
Description of Duties				
Intake new precriptions, filling, counseling, verifying, creating compounding records, ensuring USP compliance, etc.				

Business Name			From - To (MM/YY – MM/YY)	
One Point Patient Care			05/25-07/25	
Business Address		**City**	**State**	**Zip**
444 E Warm Springs Rd, Ste 112		Las Vegas	NV	89119
Phone	**Title**		**Number of Employed Hours**	
702-777-4911	On Call Pharmacist		237	
Description of Duties				
Intake new precriptions, filling, counseling, verifying, billing, sterile compounding, creating compounding records, ensuring USP compliance, etc.				

Business Name			From - To (MM/YY – MM/YY)	
ACRX Specialty Pharmacy			05/25-08/25	
Business Address		**City**	**State**	**Zip**
8440 W Lake Mead Blvd, Ste 103		Las Vegas	NV	89128
Phone	**Title**		**Number of Employed Hours**	
702-800-6448	Staff Pharmacist		126	
Description of Duties				
Intake new precriptions, filling, counseling, verifying, etc.				

Business Name			From - To (MM/YY – MM/YY)	
Meta Pharmacy Services			09/24-05/25	
Business Address		**City**	**State**	**Zip**
8352 W Warm Springs Rd, Ste #120		Las Vegas	NV	89113
Phone	**Title**		**Number of Employed Hours**	
702-754-0172	Staff Pharmacist		960	
Description of Duties				
Intake new precriptions, filling, counseling, verifying, inventory, creating compounding records, ensuring USP compliance, etc.				

Business Name			From - To (MM/YY – MM/YY)	
American Wellness Pharmacy			10/23-10/24	
Business Address		**City**	**State**	**Zip**
2775 S Jones Blvd, Ste #100A		Las Vegas	NV	89146
Phone	**Title**		**Number of Employed Hours**	
702-405-9500	Staff Pharmacist, Pharmacist In Charge (07/24-10/24)		1408	
Description of Duties				
Intake new precriptions, filling, counseling, verifying, inventory, creating compounding records, ensuring USP compliance, etc.				

Continue on next page if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✔
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		✔
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✔
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✔
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✔
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✔
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✔
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✔
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✔
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔

I, Nicole Sy, **certify that as the designated representative for**

Hope Christian Pharmacy,

that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):

1. NS I am at least 21 years of age;
3. NS I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. NS I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. NS I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. NS I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. NS I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

Nicole Sy

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

10/24/25

Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Nicole Sy
Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

10/24/25
Date

Please have this section completed in the presence of a Notary Public.

State of Nevada, ss. County of Clark

I, Nicole Sy, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

10/24/25
Date

State of Nevada
Clark County
Subscribed and Sworn to before me this 24th day of October, 2025
BY Nicole Kai-Yi Sy

Notary Public Signature

K. BAYARD
Notary Public, State of Nevada
Appointment No. 16-2097-1
My Appt. Expires Apr 15, 2028

(Seal)

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (05/18/2023)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler/Dispensing Site Hope Christian Pharmacy

Pharmacy/MDEG/Wholesaler/Dispensing Practitioner License # (if applicable) Pharmacist ?

Physical Address 4040 N. Martin Luther King Suite B

City North Las Vegas State NV Zip 89032

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone 702 644 4673 Website HopeHealthVegas.org

Licensing Company Email _____

Section 2: Personal Information

First Steven Flores Middle _____ Last Flores

Alias(es, nicknames, name changes, etc.) _____

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☒ M ☐ F ☐ X

Mailing Address [redacted]

City [redacted] State [redacted] Zip [redacted]

Telephone [redacted] Email [redacted]

Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)	✓	
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✓

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name			From - To (MM/YY – MM/YY)	
Montebello High School			72 - 76	
Address		City	State	Zip
Madison Ave		Montebello	CA	90640
Diploma/Degree obtained, if any				
Diploma				

School Name			From - To (MM/YY – MM/YY)	
AIA college - University of Phoenix			2009 - 2010	
Address		City	State	Zip
online				
Diploma/Degree obtained, if any				

School Name			From - To (MM/YY – MM/YY)	
Address		City	State	Zip
Diploma/Degree obtained, if any				

School Name			From - To (MM/YY – MM/YY)	
Address		City	State	Zip
Diploma/Degree obtained, if any				

School Name			From - To (MM/YY – MM/YY	
Address		City	State	Zip
Diploma/Degree obtained, if any				

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	[redacted]			
From - To (MM/YY – MM/YY)				
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name: Hope Christian Health Center			From - To (MM/YY – MM/YY): 09-2013-Current
Business Address: 4120 N. Martin Luther King	City: North Las Vegas	State: NV	Zip: 89032
Phone: 702-644-4673	Title: CEO		
Description of Duties: Founded and operates Hope Christian Health Center			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Continue on next page if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Steven Flores

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

10-23-25

Date

Please have this section completed in the presence of a Notary Public.

State of Nevada, ss. County of Clark

I, Steven Flores, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

10-23-25

Date

Subscribed and Sworn to before me this 23rd day of October 2025

Notary Public Signature

JOSE GARCIA
NOTARY PUBLIC
STATE OF NEVADA
My Commission Expires: 07-26-28
Certificate No: 10-2506-1

(Seal)

9E

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Pharmacy Application

Non-Refundable $500.00 Fee

Rev (6/11/2024)

Facility Location	Application Type (check all applicable)	Pharmacy Type (check all applicable)	Services the Pharmacy will Provide (check all applicable)
☑ Nevada ☐ Out-of-Nevada	☐ New Pharmacy ☑ Ownership Change* ☐ Location Change * ☐ Service Modification* ☐ Name Change* (if only a Name Change occurred, submit a **$50.00 fee** with the application.) * Current license #: PH 03434	☑ Retail/Community ☐ Hospital (# beds _____) ☐ Internet ☐ Nuclear ☐ Other:	☑ Retail/Community ☐ Dangerous drugs ☐ Controlled substances DEA #: _____ ☐ Non-sterile Compounding ☐ Sterile Compounding ☐ Mail-Order Service ☐ Off-site Cognitive Services ☐ Long Term Care ☐ Hospital ☐ Other:

Days of Operation		Ownership Type (check applicable box)
☑ Monday	☑ Friday	☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9, 10, 11, 12)
☑ Tuesday	☐ Saturday	☑ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9, 10, 11, 12)
☑ Wednesday	☐ Sunday	☐ Partnership (complete sections 1, 2, 3, 4, 7, 9, 10, 11, 12)
☑ Thursday	☐ Holidays	☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9, 10, 11, 12)

Section 1: General Information

Pharmacy Name: GTMI Corporation dba KabaFusion NV

Physical Address: 1510 W Sunset Rd #120

City: Henderson State: NV Zip: 89014

Mailing Address (if different from physical address): 17777 Center Court Drive N, Suite 550

City: Cerritos State: CA Zip: 90703

Telephone: 702-476-6996 Toll Free # (NAC 639.708, NRS 639.23286): 702-476-6996

Fax: 702-476-6766 Contact Email: kabafusionlicensing@kabafusion.com

Website: www.kabafusion.com

Nevada Business License # (if applicable) NV20141589594

Supervising/Managing Pharmacist Name (NRS 639.220): Cory Wages

Supervising/Managing Pharmacist NV Pharmacist Registration # (if applicable): 23214

Section 2: List the name(s) of at least one NEVADA registered pharmacist who practices at the pharmacy, who may be the managing pharmacist or another pharmacist, who will be responsible for any prescriptions dispensed to a patient located in Nevada and responsible for any acts or omissions of pharmacy personnel who are not registered with the Board. NRS 639.2328. (Use a separate piece of paper if additional space is needed.)

Name: Cory Wages	NV Pharmacist Registration #: 23214
Name: Jennifer Lindgren	NV Pharmacist Registration #: 19339
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:

Section 3: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✓
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration from any jurisdiction?		✓
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been subject of an administrative action, board citation, cite fine, or proceeding relating to the pharmaceutical industry?		✓
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✓
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✓

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name(s) of the owner(s), their credentials and their percent ownership. Write NA if not applicable. NRS 639.232. (Use a separate piece of paper if additional space is needed.)

Name: N/A	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:

1. The Board shall not issue a license to conduct a pharmacy:
   a) To any practitioner; or
   b) To any partnership, corporation, or association in which a practitioner has a controlling interest or owns more than 10 percent of the available stock.
2. This section does not:
   a) Apply to a hospital pharmacy or a health maintenance organization which holds a certificate of authority under chapter 695C of NRS.
   b) Prohibit ownership by a practitioner of a building in which a pharmacy is located, if space for the pharmacy is rented at the prevailing rate.

Section 5: Publicly Traded Corporation

State of Incorporation: N/A

Parent Company (if any):

Corporation Name:

Mailing Address:

City: State: Zip:

Telephone: Email:

Contact Person Name:

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Does the number of stockholders/shareholders of the corporation exceed four? NRS 639.231 ☐ Yes ☐ No

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: Delaware

Parent Company (if any): KabaFusion Holdings LLC

Corporation/Organization Name: GTMI Corporation

Mailing Address: 17777 Center Court Drive N, Suite 550

City: Cerritos State: CA Zip: 90703

Telephone: 800-435-3020 Email: kabafusionlicensing@kabafusion.com

Contact Person Name: Sydney McGuirk

Does the number of stockholders/shareholders of the corporation or members exceed four? NRS 639.231 ☐ Yes ☒ No

Section 7: Partnership

Partnership Name: N/A

Mailing Address:

City: State: Zip:

Telephone: Email:

Contact Person Name:

Please check type of partnership (NAC 639.214) ☐ General ☐ Limited

Does the number of partners or members of the partnership exceed four? NRS 639.231 ☐ Yes ☐ No

Section 8: Sole Owner

Owner's Name: N/A

Business Name:

Business Address:

City: State: Zip:

Telephone: Email:

Section 9: Statement of Responsibility - MUST BE COMPLETED by an Authorized Person (NAC 639.945)

Statement of Responsibility

1. I am the CEO (title) for GTMI Corporation dba KabaFusion NV (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be responsible for any violations of pharmacy law that may occur in the Pharmacy owned by such owner(s), shareholder(s), member(s), or partner(s).
3. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against the Pharmacy.
4. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) cannot require or permit the pharmacist(s) in said Pharmacy to violate any provision of local, state, or federal laws or regulations pertaining to the practice of pharmacy.
5. I further understand and acknowledge that Nevada law requires that each pharmacy located inside the State of Nevada employ only pharmacists, intern pharmacists, pharmaceutical technicians, and technicians in training that are licensed by the Nevada State Board of Pharmacy. (NRS 639.100).
6. I further understand and acknowledge that Nevada law requires that each pharmacy located outside the State of Nevada engaged in providing pharmacy services into Nevada employs at least one pharmacist licensed by the Nevada State Board of Pharmacy who will be responsible for any prescription dispensed to a patient located in Nevada and responsible for any acts or omissions of pharmacy personnel who are not registered with the Board. (NRS 639.2328).

Sohail Masood

Print Name of Authorized Person

Original signature of Authorized Person (copies or stamps not accepted)

9/29/25

Date

Section 10: Affidavit for Pharmacies- MUST BE COMPLETED by pharmacies NOT CURRENTLY PERFORMING Sterile Compounding

Affidavit for Pharmacy License

I, Sohail Masood hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

1. I am the CEO (title) for GTMI Corporation dba KabaFusion NV (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I certify that upon licensure, the Pharmacy will not perform sterile compounding or ship sterile compounds into Nevada.
3. I understand and acknowledge that the Pharmacy and any of its staff members may be subject to discipline by the Board if the Pharmacy performs sterile compounding or ships any sterile compounds into Nevada without first obtaining written authorization from the Board to do so.
4. I certify that if the Pharmacy makes the decision to perform sterile compounding or to ship any sterile compounds into Nevada, the Pharmacy, through an authorized representative, will first notify the Board via a written request, and obtain written approval to perform sterile compounding or to ship any sterile compounds into Nevada.
5. I understand that if the Pharmacy seeks approval to perform sterile compounding or to ship any sterile compounds into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

FURTHER YOUR AFFIANT SAYETH NAUGHT.

Signature

SUBSCRIBED AND SWORN TO
Before me, a notary public this 29th day of September, 2025

Notary Public

ELLEN A PARAS
Notary Public
Commonwealth of Massachusetts
My Commission Expires
May 15, 2031

Section 11: Managing Pharmacist Acknowledgement, Professional/Personal History – REQUIRED TO BE COMPLETED BY THE MANAGING PHARMACIST FOR NEVADA LOCATED PHARMACY APPLICANTS ONLY

Managing Pharmacist Name: Cory Wages Pharmacist Registration #: 23214

Pharmacy Name: GTMI Corporation dba KabaFusion NV

Initial each statement below to indicate you have read and agree with the following:

CW I understand that as the managing pharmacist I am responsible for compliance by the pharmacy and its personnel with all state and federal laws and regulations relating to the operation of the pharmacy and the practice of pharmacy. I understand my license can be revoked or that I can be subject of disciplinary action if such laws or regulations are knowingly violated in the pharmacy in which I am the managing pharmacist.

CW I understand within 48 hours after I report for duty as the managing pharmacist, I shall complete an inventory of all controlled substances of the pharmacy pursuant to 21 CFR Part 1304 and maintain a copy of the inventory in the file at the pharmacy.

CW I understand that if I cease to be managing pharmacist of the above-named pharmacy, I will jointly, with the new managing pharmacist, take an inventory of all controlled substances.

CW I understand that as the managing pharmacist I must ensure that all loss or theft of controlled substances are reported on forms provided by the Nevada State Board of Pharmacy and Department of Public Safety within 10 days after the date of discovery of theft or loss. NRS 453.568. Federal regulations require that registrants notify the Field Division Office of the Administration in his area, in writing, of the theft or significant loss of any controlled substance, disposal receptacles or listed chemicals within one business day of discovery of such loss or theft. The registrant shall also complete and submit to the Field Division Office in his area, DEA Form 106 regarding the loss or theft (21 C.F.R. §1301.76(b) and 21 U.S.C. §830(b)(1)(C)).

CW I understand that as the managing pharmacist I must notify the Nevada State Board of Pharmacy of all employment changes of pharmacy staff within 10 days of the change. NAC 639.540

Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓
2. Have you been charged, arrested, or convicted of a felony or misdemeanor in any state?		✓
3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state?		✓
4. Has your license been subjected to any discipline for violation of pharmacy or drug laws in any state?		✓

If you marked YES to any questions above, include the following information and provide a signed statement of explanation. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Board Administrative Action:	State:	Date:	Case #:

Criminal Action:	State:	Date:	Case #:	County:	Court:

I certify under penalty of perjury that the information I have provided on this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

CW 9/2/25

Original signature of Managing Pharmacist (copies or stamps not accepted) Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Sohail Masood- CEO

Print Name of Authorized Person Submitting Application (If the applicant is a partnership or corporation, the application must be signed by a partner or by an officer of the corporation). NAC 639.215

Original signature of Authorized Person (copies or stamps not accepted)

9/29/25

Date

Board Use Only	Date Received: 10/16/25	Amount: $500-CK 0709

KabaFusion
Patient-Focused Infusion Therapy

GTMI Corporation dba KabaFusion NV		
Name	**Title**	**Address**
Sohail Masood	Chief Executive Officer	17777 Center Court Drive North, Suite 550, Cerritos, CA 90703
Sohail Merchant	Chief Financial Officer	17777 Center Court Drive North, Suite 550, Cerritos, CA 90703
Aslam Masood	Secretary	17777 Center Court Drive North, Suite 550, Cerritos, CA 90703
Tina Benkendorfer	Chief Operating Officer	17777 Center Court Drive North, Suite 550, Cerritos, CA 90703

SECRETARY OF STATE

STATE OF NEVADA

CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, FRANCISCO V. AGUILAR, the duly qualified and elected Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporations sole, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence **GTMI CORPORATION** as a DOMESTIC CORPORATION (78) duly organized or formed and existing, or duly qualified or registered, as applicable, under and by virtue of the laws of the State of Nevada since 09/16/2014, and in good standing in this State.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of this State, at my office on 11/25/2025.

FVAguilar

FRANCISCO V. AGUILAR
Secretary of State

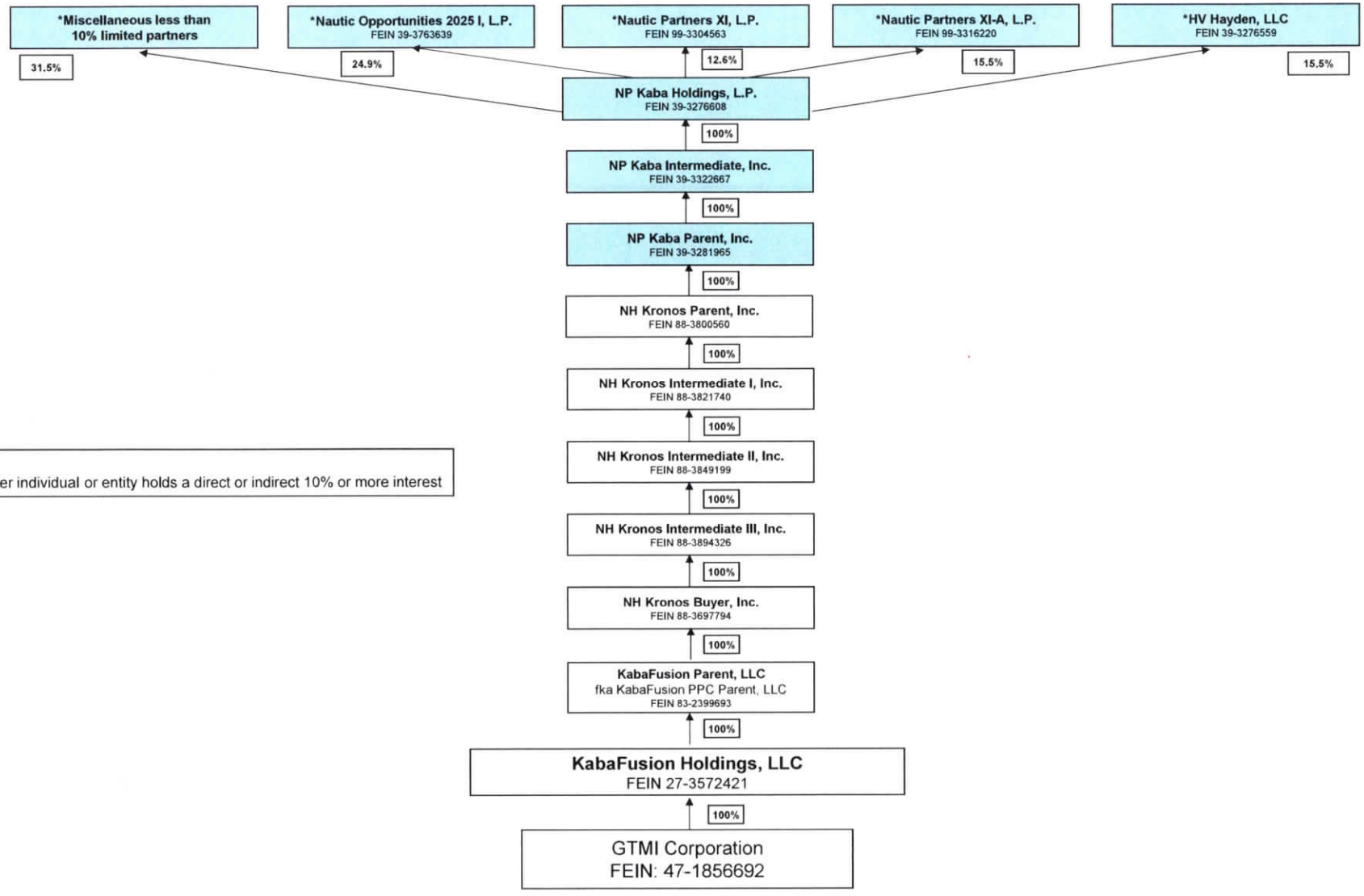
Certificate Number: B202511256304354
You may verify this certificate online at https://www.nvsilverflume.gov/home

POST CLOSE ORGANIZATION CHART

Proprietary and Confidential

Not a public record pursuant to
45 CFR Section 5.31

Entities shaded in blue are new



NOTE
*No other individual or entity holds a direct or indirect 10% or more interest

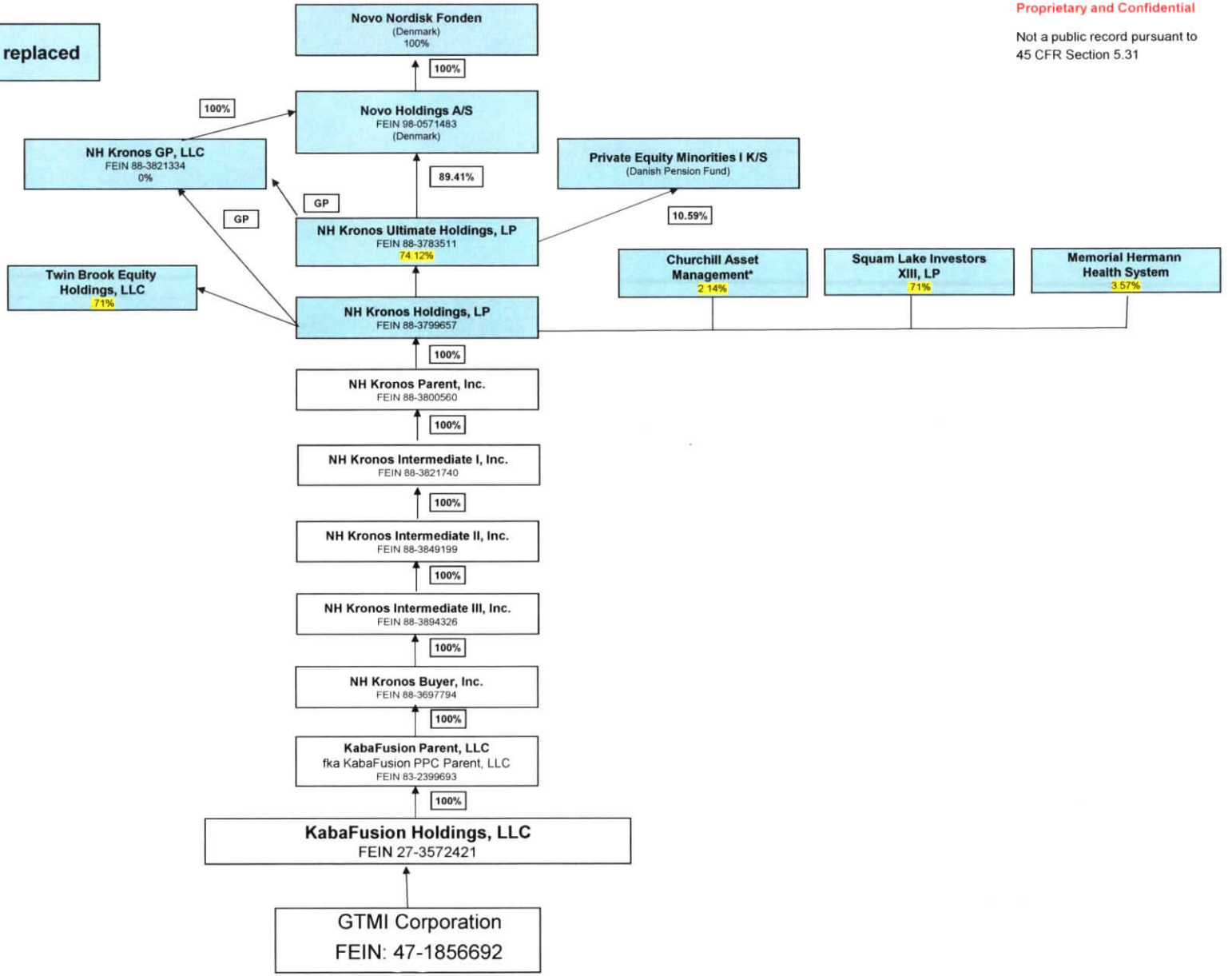
680321

PRE CLOSE ORGANIZATION CHART

Entities shaded in blue are being replaced

Proprietary and Confidential

Not a public record pursuant to
45 CFR Section 5.31



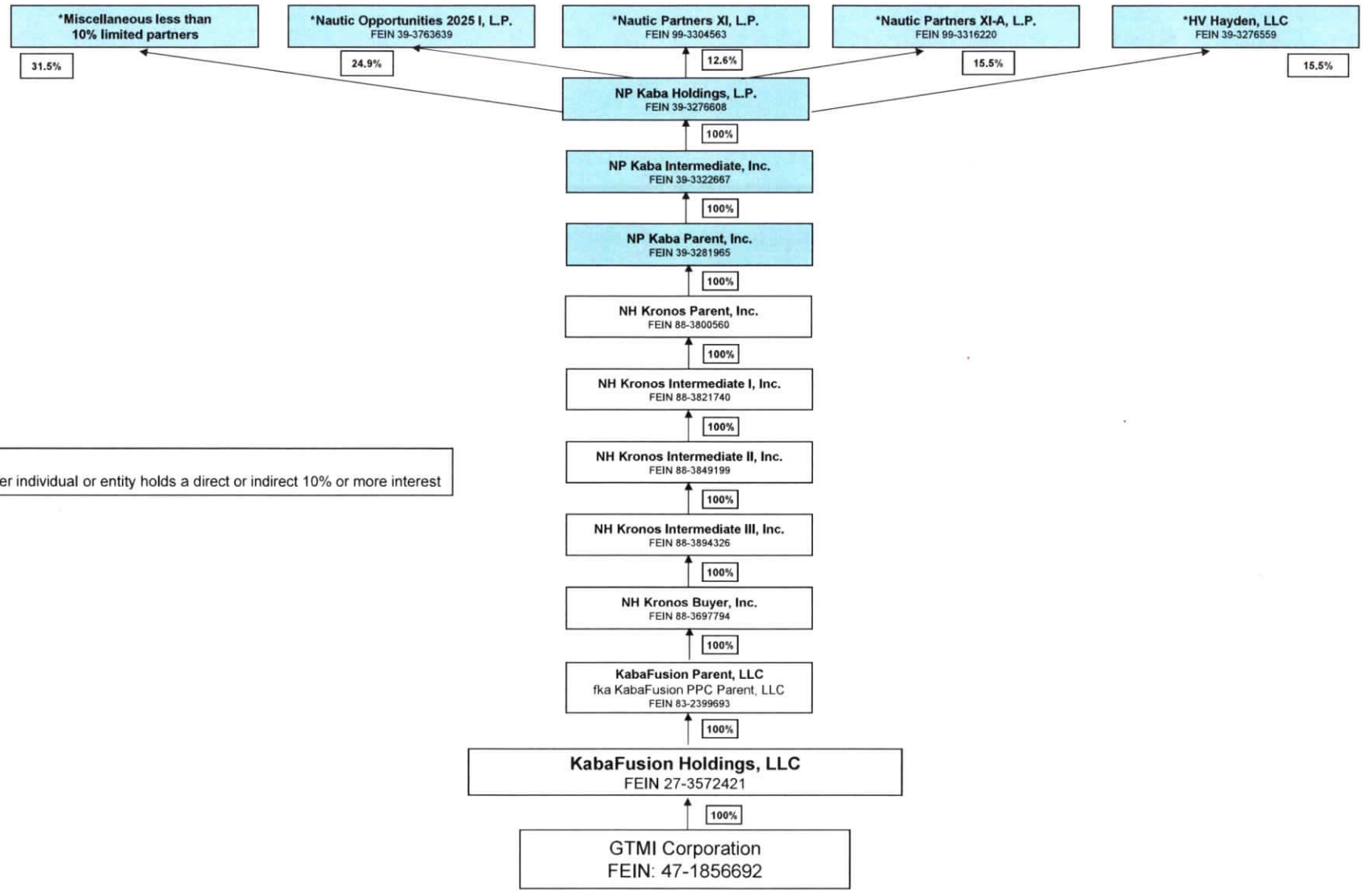
680321

POST CLOSE ORGANIZATION CHART

Proprietary and Confidential

Not a public record pursuant to
45 CFR Section 5.31

Entities shaded in blue are new



NOTE
*No other individual or entity holds a direct or indirect 10% or more interest

680321

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (05/12/2022)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler: GTMI Corporation dba KabaFusion NV

Pharmacy/Wholesaler License # (if applicable): PH03434

Physical Address: 1510 W Sunset Rd #120

City: Henderson State: NV Zip: 89014

Mailing Address (if different from physical address): 17777 Center Court Drive N, Suite 550

City: Cerritos State: CA Zip: 90703

Telephone: 702-476-6996 Website: www.kabafsuion.com

Licensing Company Email: kabafusionlicensing@kabafusion.com

Section 2: Personal Information

First: Cory Middle: Wayne Last: Wages

Alias(es, nicknames, name changes, etc.):

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☑ M ☐ F ☐ X

Mailing Address: [redacted]

City: [redacted] State: [redacted] Zip: [redacted]

Telephone: [redacted] Email: CWages@kabafusion.com

Are you a citizen of the United States? ☑ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Roseman University of Health Sciences		08/19-05/22	
Address	**City**	**State**	**Zip**
11 Sunset Way	Henderson	NV	89014
Diploma/Degree obtained, if any			
PharmD			

School Name		From - To (MM/YY – MM/YY)	
College of Southern Nevada		08/15-05/18	
Address	**City**	**State**	**Zip**
700 College Dr.	Henderson	NV	89002
Diploma/Degree obtained, if any			
N/A			

School Name		From - To (MM/YY – MM/YY)	
Southern Arkansas University		08/98-05/03	
Address	**City**	**State**	**Zip**
100 East University	Magnolia	AR	71753
Diploma/Degree obtained, if any			
Bachelor of Arts in Theatre			

School Name		From - To (MM/YY – MM/YY)	
Arkansas High School		08/95-05/98	
Address	**City**	**State**	**Zip**
1500 Jefferson Ave	Texarkana	AR	71854
Diploma/Degree obtained, if any			
High School Diploma			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY) 02/12-Present	[redacted]			
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name			From - To (MM/YY – MM/YY)	
GTMI Corporation dba KabaFusion NV			07/22-Present	
Business Address	**City**		**State**	**Zip**
1510 W Sunset Rd	Henderson		NV	89014
Phone	**Title**		**Number of Employed Hours**	
702-476-6996	Grad Intern, Staff Pharmacist, and Director of Operations		5440+	
Description of Duties				
Medication verification and dispensing, patient counseling, inventory management, documentation and compliance, and supervisory duties.				

Business Name			From - To (MM/YY – MM/YY)	
Meta Pharmacy			09/23-01/24	
Business Address	**City**		**State**	**Zip**
8352 W Warm Springs RD #120	Las Vagas		NV	89113
Phone	**Title**		**Number of Employed Hours**	
702-754-0172	Pharmacist		288	
Description of Duties				
Medication verification and dispensing, patient counseling, and sterile and non sterile compounding.				

Business Name			From - To (MM/YY – MM/YY)	
Total Infusion Care			08/21-07/22	
Business Address	**City**		**State**	**Zip**
3041 W Horizon Ridge Pkwy #100	Henderson		NV	89052
Phone	**Title**		**Number of Employed Hours**	
702-778-8880	Intern		360	
Description of Duties				
Medication verification, patient counseling, and documentation.				

Business Name			From - To (MM/YY – MM/YY)	
Business Address	**City**		**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address	**City**		**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Continue on next page if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?	✓	
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 6 . Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
09/07/2022		NV		

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court
Not assigned	Nevada State Board of Pharmacy

Reason/Charge
Appearance regarding compounding pharmacy license application; Agenda and Minutes

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy
KabaFusion NV	Appearance

Name of Business/Industry/Entity
KabaFusion NV

Provide explanation below:

See attachment.

Original Signature (electronic, copies or stamps not accepted)

9/2/25
Date

KabaFusion
Patient-Focused Infusion Therapy

Regarding Appearance Before the Nevada State Board of Pharmacy For GTMI Corporation DBA KabaFusion NV (Henderson)

On September 8, 2022, GTMI Corporation DBA KabaFusion NV, appeared to discuss its change of ownership application. Copies of the agenda and minutes are attached.

CORPORATE (WEST COAST)
17777 Center Court Dr., Ste. 550, Cerritos, CA 90703
P: 800-435-3020 F: 562-860-6017

CORPORATE (EAST COAST)
80 Hayden Ave., Suite 300, Lexington, MA 02421
P: 844-777-4844 F: 781-862-2002

www.kabafusion.com

Nevada State Board of Pharmacy

[redacted]

Date Posted: August 16, 2022

AGENDA

◈ PUBLIC NOTICE ◈

The Nevada State Board of Pharmacy will conduct a meeting beginning Wednesday September 7, 2022, at 9:00 am. The meeting will continue, Thursday, September 8, 2022, at 9:00 am if necessary or until the Board concludes its business. Pursuant to NRS 241.023(1)(c) the meeting is being conducted by means of remote technology. The public may attend the meeting via live stream remotely or at the following location:

Hilton Garden Inn
7830 S Las Vegas Boulevard
Las Vegas, NV

Via Videoconference at Zoom: https://zoom.us/j/5886256671
or
Via Teleconference at 1 (669) 900-6833
Meeting ID: 588 625 6671

Please Note:

In regulating the practice of pharmacy, the Nevada State Board of Pharmacy has a duty to carry out and enforce the provisions of Nevada law to protect the health, safety, and welfare of the public.

Please note that items on this agenda may be taken out of order, two or more agenda items may be combined for consideration, and/or items may be removed from the agenda or delayed for discussion at any time.

The Board may convene in closed session pursuant to NRS 241.030 to consider the character, alleged misconduct, professional competence or physical or mental health of any of person named on this agenda.

The Board will take public comment on any matters within their jurisdiction, control or advisory power. Public comments may be limited to three minutes person. Public comment may also be submitted to the Board at pharmacy@pharmacy.nv.gov.

The Board may refuse to consider public comment related to a contested case pursuant to NRS 233B.126 until the Board has rendered a decision in the contested case.

1. Call to Order and Roll Call – Establishment of Quorum

2. Public Comment: No action may be taken upon a matter raised under this item of the agenda until the matter itself has been specifically included on a future agenda as an item. (NRS 241.020)

◈ CONSENT AGENDA ◈

The Consent Agenda contains matters of routine acceptance. The Board Members may approve the consent agenda items as written or, at their discretion, may address individual items for discussion or change.

3. Approval of the July 13-14, 2022, Meeting Minutes **(FOR POSSIBLE ACTION)**

4. 4.1 Applications for Out-of-State Medical, Devices, Equipment and Gases License (NAC 639.6944) – Non-appearance **(FOR POSSIBLE ACTION)**

A. Bigfoot Biomedical, Inc. – Milpitas, CA
B. Edgepark Medical Supplies; Cardinal Health at Home – Cranbury, NJ
C. Edgepark Medical Supplies; Cardinal Health – Durham, NC
D. Edgepark Medical Supplies; Cardinal Health at Home – Elgin, IL
E. Edgepark Medical Supplies; Cardinal Health at Home – Fort Worth, TX
F. Edgepark Medical Supplies; Cardinal Health at Home – Jacksonville, FL
G. Edgepark Medical Supplies; Cardinal Health at Home – Kansas City, MO
H. Edgepark Medical Supplies; Cardinal Health at Home – Ontario, CA
I. Edgepark Medical Supplies; Cardinal Health at Home – Portland, OR
J. Edgepark Medical Supplies; Cardinal Health at Home – Twinsburg, OH
K. Kestra Medical Technology Services, Inc. – Kirkland, WA
L. Mendtronix, Inc. – Latrobe, PA
M. Petersen Medical, St. George, UT
N. Preferred Homecare – Kingman, AZ

4.2 Applications for Out-of-State Wholesaler License (NRS 639.233) – Non-appearance (**FOR POSSIBLE ACTION**)

Background Check Not Required by Law.

4.2.1 Distributor for Single Manufacturer (NAC 639.593(7)(e))

4.2.2 Manufacturer (NAC 639.593(7)(d))

O. ABB Optical Group – Alameda, CA
P. Almatica Pharma, LLC – Morristown, NJ
Q. CeQur Corp. – Greenville, SC
R. Datascope Corp. – Wayne, NJ
S. Edenbridge Pharmaceuticals, LLC – Parsippany, NJ

T. Exela Pharma Sciences, LLC – Lenoir, NC
U. Fisher & Paykel Healthcare Inc. – Irvine, CA
V. Mycovia Pharmaceuticals, Inc – Durham, NC
W. Novugen Pharma (USA) LLC – Princeton, NJ
X. Oryza Pharmaceuticals, Inc. – Coral Springs, FL
Y. Salus Medical LLC – Phoenix, AZ
Z. Tulex Pharmaceuticals Inc. – Cranbury, NJ
AA. Yaral Pharma Inc. – Parsippany, NJ

4.2.3 Publicly Traded (NAC 639.593(7)(a))

BB. Outlook Therapeutics, Inc. – Iselin, NJ
CC. Pharmacyclics, LLC – North Chicago, IL

4.2.4 VAWD-Accredited (NAC 639.593(7)(c))

4.2.5 Manufacturer and VAWD-Accredited (NAC 639.593(7)(c) and (d))

4.2.5 Publicly Traded and Manufacturer (NAC 639.593(7)(a) and (d))

DD. Alexion Pharmaceuticals, Inc. – New Haven, CT
EE. AtriCure, Inc. – Mason, OH
FF. Biofrontera Inc. – Woburn, MA
GG. ImmunoGen, Inc. – Waltham, MA

4.2.6 Publicly Traded and VAWD-Accredited (NAC 639.593(7)(a) and (c))

4.2.7 Background checks completed in compliance with NRS 639.500.

HH. ABB Optical Group – Coral Springs, FL
II. ABB Optical Group – Hawthorne, NY
JJ. DHL Supply Chain (USA) – Memphis, TN
KK. Direct Customer Solutions, LLC – Bells, TN
LL. HHCRX – Cincinnati, OH
MM. KARES Enterprises – Duarte, CA

4.3 Applications for Nevada Wholesaler License (NRS 639.233) – Non-Appearance **(FOR POSSIBLE ACTION)**

NN. Accelerated Care Plus Leasing, Inc. – Reno, NV - Background Check Not Required – Publicly Traded (NAC 639.593 (7)(a))
OO. Innovative Neurotronics, Inc. – Reno, NV - Background Check Not Required – Publicly Traded (NAC 639.593 (7)(a))

4.4 Application for Nevada Pharmacy License (NRS 639.230) – Non-appearance **(FOR POSSIBLE ACTION)**

PP. 986 LTC Pharmacy – Las Vegas, NV
QQ. Humboldt County General Hospital Pharmacy – Winnemucca, NV
RR. Nevada Health Centers Pharmacy – Elko – Elko, NV

4.5 Application for Out-of-State Pharmacy License (NRS 639.2328) – Non-appearance **(FOR POSSIBLE ACTION)**

SS. Perigon Pharmacy 360 – Coraopolis, PA
TT. Valley Vet Supply – Marysville, KS

◈ REGULAR AGENDA ◈

5. Disciplinary hearings pursuant to NRS 639.247. **(FOR POSSIBLE ACTION)**

A. Richard Teh, MD	(20-021-CS-A-B-S)
B. Cynthia Teh, MD	(20-021-CS-C-S)
C. Ann Childress, MD	(20-250-CS-S)(20-250-PD-S)
D. Christopher Olsen, RPH	(21-171-RPH-N)
E. Olsen's Corner Drug Store Compounding Center	(21-171-PH-N)
F. Morton Hyson, MD	(22-146-CS-S)
G. Wesley Robertson, MD	(21-063-CS-S)
H. Richard Washinsky, MD - Second Order to Show Cause	(22-094-CS-S)
I. Stephen Dubin, MD	(20-020-S)
J. Abdel Khalek, MD	(19-003-CS-A-S)
K. Robert Chancellor, MD	(19-003-CS-B-S)
L. Lindsay Hoffman, PA-C	(19-003-CS-C-S)
M. Sherman Washinton, MD	(21-104-CS-N)
N. Las Vegas Scripts Rx	(19-243-PH-S)
O. Nathan Edouard, RPH	(19-243-RPH-S)
P. Sherman Washington, MD	(19-243-CS-S)
Q. David Edwards, MD	(22-133-CS-N)
R. Graham Simpson, MD	(22-199-CS-S)

6. Appeal hearing pursuant to NRS 639.2895(2) -Appearance:**(FOR POSSIBLE ACTION)**

Vinay Bararia, MD (19-003-S)

7. Application for Nevada Compounding Pharmacy License (NRS 639.230) – Appearance **(FOR POSSIBLE ACTION)**

A. American Wellness Pharmacy – Las Vegas, NV
B. Capsules Rx LLC – Las Vegas, NV
C. Indigo Pharmaceutical LLC – Las Vegas, NV
D. KabaFusion NV – Henderson, NV
E. Kindred Hospital Las Vegas (E. Flamingo) – Las Vegas, NV
F. Kindred Hospital Las Vegas (Sahara) – Las Vegas, NV

G. Monicos Pharmacy, LLC – Las Vegas, NV

8. Applications for Nevada Pharmacy License (NRS 639.2328) – Appearance (**FOR POSSIBLE ACTION**)

CrowdRx – Black Rock City, NV

10. Applications for Out-of-State Wholesaler License (NRS 639.233) – Appearance (**FOR POSSIBLE ACTION**)

A. Maquet Cardiovascular, LLC – Wayne, NJ - Background Check Not Required – Manufacturer (NAC 639.593 (7)(d)) – Disclosure

11. Application for Ambulatory Surgery Center License (NAC 639.4992) - Appearance **(FOR POSSIBLE ACTION)**

A. Elko Community Health Center, LLC – Elko, NV
B. Silver State Surgery Center West LLC – Las Vegas, NV

12. Applications for Pharmaceutical Technician in Training Registration (NAC 639.242) – Appearance. **(FOR POSSIBLE ACTION)**

James Taylor

13. Application for Pharmacist Registration by Reciprocation NRS 639.134) – Appearance **(FOR POSSIBLE ACTION)**

Michael Schember

14. Applications for Controlled Substance Registration (NRS 453.226) – Appearance **(FOR POSSIBLE ACTION)**

A. David Edwards
B. Graham Simpson
C. Kent Swaine
D. Tri Truong
E. Sherman Washington - Iuventus Medical Center – Las Vegas, NV
F. Sherman Washington - Iuventus Medical Center – Las Vegas, NV

15. Request to Engage In the Practice of Pharmacy at a Site Other than a Licensed Pharmacy – Appearance **(FOR POSSIBLE ACTION)**

Stephen McMillan

16. Request for Pharmacist Applicant to Retake the NAPLEX Exam (NRS 639.120(1)) – Appearance: **(FOR POSSIBLE ACTION)**

Ameer Alhaj

17. Applications for Intern Pharmacist Registration– Appearance. **(FOR POSSIBLE ACTION)**

Tyler Hill

18. Discussion and possible action to request an Attorney General opinion pursuant to NRS 228.150 on the authority of homeopathic physicians to possess, administer, prescribe and dispense controlled substances and dangerous drugs **(FOR POSSIBLE ACTION)**

19. Discussion and Possible Action on Adoption of Emergency Regulation pursuant to NRS 233B.0613 to amend NAC 639.250 relating to the number of pharmaceutical technicians and pharmaceutical technicians in training that a pharmacist may supervise at one time. **(FOR POSSIBLE ACTION)**

20. General Counsel Report. Note: The Board may exclude the public for a report on potential or existing litigation pursuant to NRS 241.015(3)(b)(2).

21. Executive Secretary Report:

A. Financial Report
B. Issuance of Temporary Licenses and Registrations
C. Change of Address Business List
D. Meetings with Other Health Care Regulatory Boards
E. COVID-19 Response
F. Licensing Software Update
G. Licensing Activities Report
H. PMP Integration
I. Citations & Fines issued pursuant to NRS 632.2895

◈ PUBLIC HEARING ◈

Thursday September 8, 2022 – 9:00 am

22. Notice of Proposed Regulation Public Hearing Pursuant to NRS 233B.061(2) **(FOR POSSIBLE ACTION):**

A. **Amendment to Nevada Administrative Code (NAC) 639.** The proposed amendments relate to licensing and regulation of Medical Products Wholesalers as Wholesalers in order to conform the requirements of existing law. (LCB File No. R085-22)

B. **Amendment to Nevada Administrative Code (NAC) 453.** The proposed amendments relate to controlled substances, provide for the registration of a law

enforcement officer engaged in training a canine in drug detection, and add methoxetamine to the controlled substances listed in Schedule I. (LCB File No. R050-22)

C. **Amendment of Nevada Administrative Code (NAC) 453.540: Schedule IV.** The proposed amendment to NAC 453.540 will add daridorexant to the list of controlled substances listed in Schedule IV.(LCB File No. R170-22)

23. Date and Location of Next Scheduled Board Meeting:

October 12-13, 2022 – Las Vegas, NV

24. Public Comment: No action may be taken upon a matter raised under this item of the agenda until the matter itself has been specifically included on a future agenda as an item. (NRS 241.020)

25. Adjournment

Note: We are pleased to make reasonable accommodations for members of the public who are disabled and wish to attend the meeting. If special arrangements for the meeting are necessary, please notify the Nevada State Board of Pharmacy, 985 Damonte Ranch Parkway, Suite 206, Reno, NV, 89521, or call Kristopher Mangosing at (775) 850-1440, as soon as possible.

Supporting materials or additional information regarding the meeting may be obtained from Shirley Hunting at (775) 850-1440, email shunting@pharmacy.nv.gov or 985 Damonte Ranch Parkway, Suite 206, Reno, Nevada, 89521.

Continuing Education credit will be given for in person attendance at this Board meeting pursuant to NAC 639.330(1)(b)(2).

This notice has been posted at www.notice.nv.gov and www.bop.nv.gov pursuant to NRS 241.020 (4).

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy, Ste 206, Reno, NV 89521
(775) 850-1440 • 1-800-364-2081 • FAX (775) 850-1444
• Web Page: bop.nv.gov

MINUTES

September 7-8, 2022

BOARD MEETING

The Nevada State Board of Pharmacy will conduct a meeting beginning Wednesday, September 7, 2022, at 9:00 am. The meeting will continue, Thursday, September 8, 2022, at 9:00 am if necessary or until the Board concludes its business. Pursuant to NRS 241.023(1)(c) the meeting is being conducted by means of remote technology. The public may attend the meeting via live stream remotely or at the following location:

Hilton Garden Inn
7830 S Las Vegas Boulevard
Las Vegas, NV

Via Videoconference at Zoom: https://zoom.us/j/5886256671
or
Via Teleconference at 1 (669) 900-6833
Meeting ID: 588 625 6671

Board Members Present:

Helen Park	Jade Jacobo	Krystal Freitas	Gener Tejero
Wayne Mitchell	Rolf Zakariassen	Richard Tomasso	

Board Staff Present:

Dave Wuest	Yenh Long	Shirley Hunting	Kristopher Mangosing
Brett Kandt	Peter Keegan	Darlene Nases	Courtney Lee
Joe Dodge	Leo Basch	Luis Curras	Dena McClish
Ken Scheuber	Sophia Long	Darla Zarley	

President Park read the mission statement of the Nevada State Board of Pharmacy to reiterate the Board's duty to carry out and enforce the provisions of Nevada Law to protect the health, safety, and welfare of the public.

Dave Wuest stated that this Board Meeting is being held over Zoom and is in compliance with the Governor's directive and Open Meeting Laws for Nevada.

1. Call to Order and Roll Call – Establishment of Quorum

President Park performed the roll call. All Board members were present, and a quorum was established.

2. Public Comment September 7, 2022, 9:00 AM

Ken Kunke from the Nevada Society of Health Systems Pharmacist and the Nevada Pharmacy Alliance invites the public to attend their annual meeting on September 24 at Renown Health in Reno, Nevada from 8am-3pm. For more information, please visit the Nevada Pharmacy Alliance Website under "News & Events".

◈ CONSENT AGENDA ◈

The Consent Agenda contains matters of routine acceptance. The Board Members may approve the consent agenda items as written or, at their discretion, may address individual items for discussion or change.

3. Approval of the July 13-14, 2022, Meeting Minutes (**FOR POSSIBLE ACTION)**

Board discussion ensued.

Board Action:

Motion: Jade Jacobo moved to approve July 13-14, 2022, Board Meeting minutes.

Second: Krystal Freitas

Action: Passed unanimously.

4. 4.1 Applications for Out-of-State Medical, Devices, Equipment and Gases License (NAC 639.6944) – Non-appearance (**FOR POSSIBLE ACTION)**

A. Bigfoot Biomedical, Inc. – Milpitas, CA
B. Edgepark Medical Supplies; Cardinal Health at Home – Cranbury, NJ
C. Edgepark Medical Supplies; Cardinal Health – Durham, NC
D. Edgepark Medical Supplies; Cardinal Health at Home – Elgin, IL
E. Edgepark Medical Supplies; Cardinal Health at Home – Fort Worth, TX
F. Edgepark Medical Supplies; Cardinal Health at Home – Jacksonville, FL
G. Edgepark Medical Supplies; Cardinal Health at Home – Kansas City, MO
H. Edgepark Medical Supplies; Cardinal Health at Home – Ontario, CA
I. Edgepark Medical Supplies; Cardinal Health at Home – Portland, OR
J. Edgepark Medical Supplies; Cardinal Health at Home – Twinsburg, OH
K. Kestra Medical Technology Services, Inc. – Kirkland, WA
L. Mendtronix, Inc. – Latrobe, PA
M. Petersen Medical, St. George, UT

N. Preferred Homecare – Kingman, AZ

4.2 Applications for Out-of-State Wholesaler License (NRS 639.233) – Non-appearance (**FOR POSSIBLE ACTION**)

Background Check Not Required by Law.

4.2.1 Distributor for Single Manufacturer (NAC 639.593(7)(e))

4.2.2 Manufacturer (NAC 639.593(7)(d))

O. ABB Optical Group – Alameda, CA
P. Almatica Pharma, LLC – Morristown, NJ
Q. CeQur Corp. – Greenville, SC
R. Datascope Corp. – Wayne, NJ
S. Edenbridge Pharmaceuticals, LLC – Parsippany, NJ
T. Exela Pharma Sciences, LLC – Lenoir, NC
U. Fisher & Paykel Healthcare Inc. – Irvine, CA
V. Mycovia Pharmaceuticals, Inc – Durham, NC
W. Novugen Pharma (USA) LLC – Princeton, NJ
X. Oryza Pharmaceuticals, Inc. – Coral Springs, FL
Y. Salus Medical LLC – Phoenix, AZ
Z. Tulex Pharmaceuticals Inc. – Cranbury, NJ
AA. Yaral Pharma Inc. – Parsippany, NJ

4.2.3 Publicly Traded (NAC 639.593(7)(a))

BB. Outlook Therapeutics, Inc. – Iselin, NJ
CC. Pharmacyclics, LLC – North Chicago, IL

4.2.4 VAWD-Accredited (NAC 639.593(7)(c))

4.2.5 Manufacturer and VAWD-Accredited (NAC 639.593(7)(c) and (d))

4.2.5 Publicly Traded and Manufacturer (NAC 639.593(7)(a) and (d))

DD. Alexion Pharmaceuticals, Inc. – New Haven, CT
EE. AtriCure, Inc. – Mason, OH
FF. Biofrontera Inc. – Woburn, MA
GG. ImmunoGen, Inc. – Waltham, MA

4.2.6 Publicly Traded and VAWD-Accredited (NAC 639.593(7)(a) and (c))

4.2.7 **Background checks completed in compliance with NRS 639.500.**

HH. ABB Optical Group – Coral Springs, FL

II. ABB Optical Group – Hawthorne, NY
JJ. DHL Supply Chain (USA) – Memphis, TN
KK. Direct Customer Solutions, LLC – Bells, TN
LL. HHCRX – Cincinnati, OH
MM. KARES Enterprises – Duarte, CA

4.3 Applications for Nevada Wholesaler License (NRS 639.233) – Non-Appearance **(FOR POSSIBLE ACTION)**

NN. Accelerated Care Plus Leasing, Inc. – Reno, NV - Background Check Not Required – Publicly Traded (NAC 639.593 (7)(a))
OO. Innovative Neurotronics, Inc. – Reno, NV - Background Check Not Required – Publicly Traded (NAC 639.593 (7)(a))

4.4 Application for Nevada Pharmacy License (NRS 639.230) – Non-appearance **(FOR POSSIBLE ACTION)**

PP. 986 LTC Pharmacy – Las Vegas, NV
QQ. Humboldt County General Hospital Pharmacy – Winnemucca, NV
RR. Nevada Health Centers Pharmacy – Elko – Elko, NV

4.5 Application for Out-of-State Pharmacy License (NRS 639.2328) – Non-appearance **(FOR POSSIBLE ACTION)**

SS. Perigon Pharmacy 360 – Coraopolis, PA
TT. Valley Vet Supply – Marysville, KS

Board discussion ensued.

Board Action:

Motion: Wayne Mitchell moved to approve the Consent Agenda.

Second: Jade Jacobo

Action: Passed unanimously.

◈ REGULAR AGENDA ◈

5. Disciplinary hearings pursuant to NRS 639.247. **(FOR POSSIBLE ACTION)**

A. Richard Teh, MD (20-021-CS-A-B-S)
B. Cynthia Teh, MD (20-021-CS-C-S)

Crane Pomerantz appeared as counsel on behalf of Richard and Cynthia Teh.

Richard Teh and Cynthia Teh appeared and were sworn in by President Park prior to answering questions and offering testimony.

Courtney Lee, General Counsel for the Nevada Board of Pharmacy, prosecuted the case regarding unlawful prescribing of controlled substances while out of the country.

Ms. Lee presented a proposed Stipulation and Order for the Board's consideration with the following updates: 1) modify paragraph 9B on page 3 to change "Teh 1 to Teh 2" and change the pronouns to "she"; 2) modify page 4 to remove an extra space in paragraph 12; and 3) complete language change to paragraph 14 that Ms. Lee read into the record.

The penalties for Respondent Richard Teh ("Teh 1") Certificate of Registration Nos. CS19708 and CS31633 are the following: 1) the suspension is stayed and is placed on probation for a period of two years; 2) accept this Stipulation and Order as a public reprimand; 3) pay a fine of $4,000; 4) pay attorney's fees and costs of $2,000 to partially reimburse the Board for recoverable attorney's fees and costs incurred in investigating and prosecuting this matter; and 5) comply with all federal and state statutes and regulations regarding controlled substances and dangerous drugs, and have no additional charges filed against him whole on probation.

The penalties for Respondent Cynthia Teh ("Teh 2") Certificate of Registration No. CS09236 is the following: 1) the suspension is stayed and is placed on probation for a period of two years; 2) accept this Stipulation and Order as a public reprimand; 3) pay a fine of $4,000; 4) pay attorney's fees and costs of $2,000 to partially reimburse the Board for recoverable attorney's fees and costs incurred in investigating and prosecuting this matter; and 5) comply with all federal and state statutes and regulations regarding controlled substances and dangerous drugs, and have no additional charges filed against her whole on probation.

In addition, the Board shall conduct scheduled quarterly inspections of Respondents' practice for a period of 12 months from the effective date of the Order, and Respondents shall bear and reimburse the Board for inspection costs in the amount not to exceed $500 per quarterly inspections.

Richard and Cynthia Teh commented to the Board that they made mistakes and apologized for their errors.

Board discussion ensued.

Board Action:

Motion: Jade Jacobo moved to approve the proposed Stipulation and Order with the proposed changes by Ms. Lee.

Second: Rolf Zakariassen

Action: Passed unanimously.

C. Ann Childress, MD (20-250-CS-S)(20-250-PD-S)

Joseph Reynolds appeared as counsel on behalf of Ann Childress.

Ann Childress appeared and was sworn in by President Park prior to answering questions and offering testimony.

Courtney Lee prosecuted the case regarding Ms. Childress dispensing clinical study medication consisting of controlled substances and dangerous drugs without a valid practitioner dispensing registration.

Ms. Lee presented a proposed Stipulation and Order for the Board's consideration.

The penalties for Respondent Childress are the following: 1) pay a fine of $5,000; 2) pay attorney's fees and costs of $500 to partially reimburse the Board for recoverable attorney's fees and costs incurred in investigating and prosecuting this matter.

Ms. Lee clarified paragraph 7 is one singular violation.

Ms. Childress provided testimony to the Board on the events that occurred with this issue.

Board discussion ensued.

Mr. Reynolds would consider a more lenient discipline for Ms. Childress at the Board's consideration.

Mr. Reynolds requested Board to continue with the proposed Stipulation and Order presented by Ms. Lee.

Board discussion ensued.

Board Action:

Motion: Jade Jacobo moved to approve the proposed Stipulation and Order for Ann Childress.

Second: Krystal Freitas

Aye: Park, Jacobo, Freitas, Mitchell, Zakariassen
Nay: Tejero, Tomasso

Action: Motion carries.

D. Christopher Olsen, RPH (21-171-RPH-N)
E. Olsen's Corner Drug Store Compounding Center (21-171-PH-N)

Gil Khan appeared as counsel on behalf of the respondents.

Christopher Olsen appeared and was sworn in by President Park prior to answering questions and offering testimony.

Brett Kandt, General Counsel for the Nevada Board of Pharmacy, prosecuted the case regarding Mr. Olsen failing to maintain accurate and complete records for controlled substance inventories for Olsen's Corner Drug Store Compounding Center.

Mr. Kandt wanted to clarify that the Notice of Intended Action and Accusation should list pharmacy license no. PH01913 not PH03816. Pharmacy License No. PH01913 had the change of ownership approved 4/15/21, and Pharmacy License No. PH03186 ceased all operations.

Mr. Kandt presented a Stipulation and Order for the Board's consideration with a change to the pharmacy license number – PH01913.

The penalties for Christopher Olsen Certificate of Registration No. 11156 are the following: 1) the revocation is stayed and placed on probation for a period of five years; 2) Respondent Olsen may not work as a managing pharmacist for any pharmacy licensed by the Board or hold an ownership interest in any pharmacy licensed by the Board; 2) pay a fine of $5,000 3) pay attorney's fees and costs of $500 to partially reimburse the Board for reasonable attorney's fees and recoverable costs incurred in investigating this matter. Upon successful completion of probation, Respondent's Certificate of Registration No. 11156 will be fully restored.

Board discussion ensued.

Board Action:

Motion: Jade Jacobo moved to approve the proposed Stipulation and Order for Christopher Olsen and Olsen's Corner Drug Store Compounding Center with the corrected pharmacy license no. PH01913.

Second: Rolf Zakariassen

Action: Passed unanimously.

F. Morton Hyson, MD (22-146-CS-S)

No representative was present on behalf of Morton Hyson.

Peter Keegan prosecuted the case regarding Dr. Hyson's license being suspended by the Nevada State Board of Medical Examiners (NSBME) for violations of NRS Chapter 630.

Mr. Keegan presented a Stipulation and Order for the Board's consideration with updates to page 2, paragraph 7 with it to reflect item "C" since "B" is listed twice.

The penalties for Respondent Hyson's Certificate of Registration No. CS05851 are the following: 1) suspension of his controlled substance registration until Dr. Hyson demonstrates reinstatement of his Nevada Medical License No. 6020; 2) pay attorney's fees and costs of $500 to partially reimburse the Board for recoverable attorney's fees and costs incurred in investigating and prosecuting this matter.

Mr. Keegan clarified that Dr. Hyson no longer qualifies to hold a controlled substance license since his medical license was suspended.

Board discussion ensued.

Board Action:

Motion: Rolf Zakariassen moved to approve Stipulation and Order for Dr. Morton Hyson with changes presented by Mr. Keegan.

Second: Jade Jacobo

Action: Passed unanimously.

G. Wesley Robertson, MD (21-063-CS-S)

This matter was continued to a future Board Meeting.

H. Richard Washinsky, MD - Second Order to Show Cause (22-094-CS-S)

No representative was present on behalf of Richard Washinsky.

Brett Kandt prosecuted the case regarding Dr. Washinsky's Second Order to Show Cause where he prescribed controlled substances on a suspended registration in violation of the previous Orders.

Mr. Kandt presented a Stipulation and Order for the Board's consideration.

The penalties for Respondent Washinsky's Certificate of Registration No. CS06491 are the following: 1) revocation of his controlled substance registration; 2) respondent may not possess, administer, prescribe or dispense a controlled substance until he has petitioned the Board for reinstatement; 3) respondent may not petition for reinstatement of his certificate of registration for a period of five years from the effective date of this Order; 4) In the event, the respondent applies for reinstatement of his certificate of registration, or applies for any other certificate, license or permit with the Board, he shall appear before the Board.

Mr. Kandt commented that previous counsel entered a withdrawal of representation, and he was working with Dr. Washinsky directly on this matter who accepts the terms.

Board discussion ensued.

Board Action:

Motion: Wayne Mitchell moved to approve Stipulation and Order for the Second Order to Show Cause for Dr. Richard Washinsky.

Second: Jade Jacobo

Action: Passed unanimously.

I. Stephen Dubin, MD (20-020-S)

Crane Pomerantz appeared as counsel on behalf of Dr. Stephen Dubin.

Stephen Dubin appeared and was sworn in by President Park prior to answering questions and offering testimony.

The Board heard part 1 of this case on December 1, 2021. The matter was continued to today's hearing due to scheduling conflicts. Courtney Lee prosecuted the case regarding Dr. Dubin unlawfully prescribing controlled substances while out of the country.

Ms. Lee presented a list of Stipulated Facts on page 1766 of the Board book that counsel for Dubin previously agreed.

Ms. Lee re-called Mary Allen Domondon as a witness.

Mary Allen Domondon appeared and was sworn in by President Park prior to answering questions and offering testimony.

Ms. Lee questioned Ms. Domondon.

Mr. Pomerantz cross-examined Ms. Domondon.

Ms. Lee re-crossed Ms. Domondon.

Ms. Lee called Stephen Dubin as a witness.

Ms. Lee questioned Dr. Dubin.

Ms. Lee requested public records of Dr. Dubin's previous suspension/revocation of his medical license be entered into the record as Exhibit 11.

Mr. Pomerantz objected to the exhibit as it is not related to this issue.

President Park denied exhibit due to the age of the disciplinary action and would only consider actions taken within the past five years.

Mr. Pomerantz cross-examined Dr. Dubin.

Mr. Pomerantz requested Exhibits 11-15 be entered into the record.

Ms. Lee objects to Exhibit 13 being entered as lacking foundation (no assurance of authenticity and or modification) and is not the best evidence (the medical records themselves are the best evidence).

President Park entered Exhibits 11-15 into the record.

Mr. Pomerantz questioned Dr. Dubin on Exhibits 11-15.

Ms. Lee re-crossed Dr. Dubin.

Ms. Lee provided a closing statement regarding Dr. Dubin, as the only medical director, should have properly supervised or been aware of his staff's actions. Also, Dr. Dubin did not establish a bona fide therapeutic relationship with some of his patients or follow the laws for emergency CII prescriptions.

Mr. Pomerantz provided a closing statement regarding Dr. Dubin was not aware that the prescriptions were being filled and believes there is a lack of evidence to charge him.

Board discussion ensued.

Peter Keegan read the Causes of Action into the record.

Ms. Lee requested the Board to find the Findings of Fact consistent with paragraphs 2-3, 5-13, and the entirety of the Stipulated Facts.

Board Action:

Motion: Jade Jacobo moved to make Findings of Fact consistent with paragraphs 2-3, 5-13 of the Notice of Intended Action and Accusation and the entirety of the Stipulated Facts.

Second: President Park

Board discussion ensued.

Ave: Park, Jacobo, Freitas, Tomasso, Mitchell, Zakariassen
Nay: Tejero

Action: Motion Carries.

Board Action:

Motion: Jade Jacobo moved to find that the Board has jurisdiction over this matter consistent with paragraph 1.

Second: Wayne Mitchell

Action: Passed unanimously.

Board Action:

Motion: Jade Jacobo moved to find Dr. Dubin not guilty of the First Cause of Action.

Second: Gener Tejero

Gener Tejero withdraws his second motion.

Second: Richard Tomasso

Board discussion ensued.

Aye: Tomasso, Jacobo
Nay: Park, Freitas, Mitchell, Tejero, Zakariassen

Action: Motion fails.

Board Action:

Motion: Jade Jacobo moved to find Dr. Dubin not guilty of the Second Cause of Action.

Second: Gener Tejero

Board discussion ensued.

Aye: Park, Jacobo, Freitas, Tomasso, Tejero
Nay: Mitchell, Zakariassen

Action: Motion carries.

Board Action:

Motion: Jade Jacobo moved to find Dr. Dubin guilty of the Third Cause of Action.

Second: Wayne Mitchell

Board discussion ensued.

Aye: Park, Jacobo, Freitas, Tejero, Mitchell, Zakariassen
Nay: Tomasso

Action: Motion carries.

Board Action:

Motion: Jade Jacobo moved to find Dr. Dubin guilty of the Fourth Cause of Action.

Second: President Park

Board discussion ensued.

Aye: Park, Jacobo, Freitas, Mitchell, Zakariassen
Nay: Tomasso, Tejero

Action: Motion carries.

Board Action:

Motion: President Park moved to find Dr. Dubin guilty of the First Cause of Action.

Second: Gener Tejero

Board discussion ensued.

Aye: Park, Freitas, Tejero, Mitchell, Zakariassen
Nay: Tomasso, Jacobo

Action: Motion carries.

Ms. Lee requested the Board to enter the attorney's fees and cost as Exhibit 15.

President Park entered into the record as Exhibit 15.

Board Action:

Motion: President Park moved to award the attorney's fees and costs of $3,834.50 on the basis that they were reasonable, necessary, and actually incurred.

Second: Jade Jacobo

Action: Passed unanimously.

Ms. Lee proposed the following penalties for Dr. Dubin's Certificate of Registration No. CS19164: 1) suspension is stayed immediately and Dr. Dubin be placed on probation for two years from the date of the Order; 2) pay a fine of $5,000 within 30 days; 3) pay the attorney's fees and costs of $3,834.50 on the basis that they were reasonable, necessary and actually incurred; 4) complete four additional continuing education (CE) courses relating to proper prescribing of controlled substances.

Dave Wuest, Executive Secretary of the Nevada Board of Pharmacy, recommended that Dr. Dubin meet with the Darla Zarley and Joe Dodge who can train him over the PMP and how to properly prescribe.

Mr. Pomerantz requested the Board consider a fine of $1,000 rather than $5,000.

Board discussion ensued.

Board Action:

Motion: Jade Jacobo moved to make the following penalties for Dr. Dubin's Certificate of Registration No. CS19164: 1) placed on probation for two years; 2) one hour of training with Darla Zarley on the PMP and one hour of training with Joe Dodge on proper prescribing of controlled substances; 3) additional four hours of CE's on proper controlled substance prescribing; 4) pay a fine of $5,000 with a payment plan agreed upon by Board staff; 5) pay the attorney's fees and costs of $3,834.50 on the basis that they were reasonable, necessary and actually incurred with a payment plan agreed upon by Board staff, effective immediately.

Second: Rolf Zakariassen .

Aye: Park, Jacobo, Freitas, Mitchell, Zakariassen
Nay: Tejero, Tomasso

Action: Motion carries.

J. Abdel Khalek, MD (19-003-CS-A-S)
K. Robert Chancellor, MD (19-003-CS-B-S)
L. Lindsay Hoffman, PA-C (19-003-CS-C-S)

These matters were continued to a future Board meeting.

6. Appeal hearing pursuant to NRS 639.2895(2) -Appearance:(**FOR POSSIBLE ACTION**)

Vinay Bararia, MD (19-003-S)

This matter was continued to a future Board meeting.

Public Comment September 8, 2022, 5:00 PM

There was no public comment.

President Park recessed the meeting for the night and reconvened the meeting the next morning.

Board Members Present:

Helen Park	Jade Jacobo	Krystal Freitas	Gener Tejero
Wayne Mitchell	Rolf Zakariassen	Richard Tomasso	

Board Staff Present:

Dave Wuest	Yenh Long	Shirley Hunting	Kristopher Mangosing
Brett Kandt	Peter Keegan	Darlene Nases	Courtney Lee
Joe Dodge	Leo Basch	Luis Curras	Ken Scheuber
Homa Woodrum			

President Park read the mission statement of the Nevada State Board of Pharmacy to reiterate the Board's duty to carry out and enforce the provisions of Nevada Law to protect the health, safety, and welfare of the public.

Dave Wuest stated that this Board Meeting is being held over Zoom and is in compliance with the Governor's directive and Open Meeting Laws for Nevada.

Call to Order and Roll Call – Establishment of Quorum

President Park performed the roll call. All Board members were present, and a quorum was established.

Public Comment September 7, 2022, 9:00 AM

Ken Kunke from the Nevada Society of Health Systems Pharmacist and the Nevada Pharmacy Alliance invites the public to attend their annual meeting on September 24 at Renown Health in Reno, Nevada from 8am-3pm. For more information, please visit the Nevada Pharmacy Alliance Website under "News & Events".

◈ PUBLIC HEARING ◈

Thursday September 8, 2022 – 9:00 am

22. Notice of Proposed Regulation Public Hearing Pursuant to NRS 233B.061(2)

(FOR POSSIBLE ACTION):

A. **Amendment to Nevada Administrative Code (NAC) 639.** The proposed amendments relate to licensing and regulation of Medical Products Wholesalers as Wholesalers in order to conform the requirements of existing law. (LCB File No. R085-22)

Peter Keegan provided background on public hearing item and proposed language changes.

President Park opened the floor to public comment.

There was no public comment.

Board discussion ensued.

Board Action:

Motion: Jade Jacobo moved to adopt the proposed Amendment to NAC 639 (LCB File No. R085-22) with conforming amendments.

Second: Wayne Mitchell

Action: Passed unanimously.

B. **Amendment to Nevada Administrative Code (NAC) 453.** The proposed amendments relate to controlled substances, provide for the registration of a law enforcement officer engaged in training a canine in drug detection, and add methoxetamine to the controlled substances listed in Schedule I. (LCB File No. R050-22)

Dave Wuest provided background on public hearing item and proposed language changes.

President Park opened the floor to public comment.

There was no public comment.

Board discussion ensued.

Board Action:

Motion: Jade Jacobo moved to adopt Amendment to NAC 453 (LCB File No. R050-22).

Second: Krystal Freitas

Action: Passed unanimously.

C. **Amendment of Nevada Administrative Code (NAC) 453.540: Schedule IV.** The proposed amendment to NAC 453.540 will add daridorexant to the list of controlled substances listed in Schedule IV. (LCB File No. R170-22)

Yenh Long, Deputy Secretary of the Nevada Board of Pharmacy, provided background on public hearing item and proposed language changes.

President Park opened the floor to public comment.

There was no public comment.

Board discussion ensued.

Board Action:

Motion: Jade Jacobo moved to adopt Amendment to NAC 453.540 (LCB File No. R170-22).

Second: Rolf Zakariassen

Action: Passed unanimously.

◈ REGULAR AGENDA ◈

19. Discussion and Possible Action on Adoption of Emergency Regulation pursuant to NRS 233B.0613 to amend NAC 639.250 relating to the number of pharmaceutical technicians and pharmaceutical technicians in training that a pharmacist may supervise at one time. **(FOR POSSIBLE ACTION)**

Lorri Walmsley, Walgreen's Director of Pharmacy Affairs, requested the Nevada Board of Pharmacy to consider an emergency regulation relating to the number of pharmaceutical technicians and pharmaceutical technicians in training that a pharmacist can supervise at one time.

Dave Wuest provided background on emergency regulation request to the Board.

Ms. Walmsley is in support of this emergency regulation request as it will help pharmacist with their workload and alleviate some stress for staff.

Mr. Wuest commented that several letters of support of this emergency regulation request were received and available for the public to review.

President Park opened the floor to public comment.

Liz McMenamin from the Retail Association of Nevada expressed support of this emergency regulation request. She commented that patient demand is greater due to COVID, and she would like this regulation to become permanent.

Holly Privo, Health Supervisor of Walgreens for Las Vegas, expressed support of this emergency regulation request. She commented that pharmaceutical technicians doing certain tasks allows the pharmacist to work on other things, and she received a lot of feedback from pharmacist when the emergency regulation expired.

Reyshelle Tucker, Pharmacist from Walgreens, expressed support of this emergency regulation request. She commented that it allows pharmaceutical technicians to take on certain tasks so that pharmacist can focus on other things.

Melissa Shake, Pharmacist from Walgreens, expressed support of this emergency regulation request. She commented that the limited capacity is hindering care for the public and supervising pharmaceutical technicians and pharmaceutical technicians in training ratios is an extra stressor to her duties.

Board discussion ensued.

Catherine Leiana Oswald, Pharmacist, encouraged Board consider the public safety if this emergency regulation is passed rather than the ease of work.

Jennifer Lindgren, Pharmacist, supported President Park and Ms. Oswald's testimony and is not in favor of the emergency regulation request.

Kelsey Maxim, Pharmacist from Community Health Alliance, is not in support of the emergency regulation request.

Lauren Paul from CVS Health commented that the increased ratio did not increase errors during the pandemic. Therefore, she is in support of the emergency regulation request and commented that the waiver to increase ratio during pandemic.

Achille Tiam, Pharmacist, expressed support of the emergency regulation request. He commented that this will allow him to focus on more clinical tasks for his patients.

Jennifer Wheeler, Chief Medical Officer from Community Health Alliance and represents ASHP Community Retail Pharmacy Committee, commented that she is not in favor of the emergency regulation request and stated in her experience with pharmacies that they need more pharmacist not pharmaceutical technicians.

Mary Grear, Pharmacist, is not in favor of the emergency regulation request. Pharmacies should hire more pharmacist and not pharmaceutical technicians.

Board discussion ensued.

Board Action:

Motion: President Park moved to deny adoption of Emergency Regulation pursuant to NRS 233B.0613 to amend NAC 639.250 relating to the number of pharmaceutical technicians and pharmaceutical technicians in training that a pharmacist may supervise at one time as there is no emergency.

Second: Gener Tejero

Aye: Park, Freitas, Mitchell, Tejero, Tomasso, Zakariassen
Nay: Jacobo

Action: Motion carries.

Dave Wuest commented that he will agendize a discussion regarding pharmaceutical technician ratio on a future meeting.

5. Disciplinary hearings pursuant to NRS 639.247. **(FOR POSSIBLE ACTION)**

Q. David Edwards, MD (22-133-CS-N)

David Edwards appeared and was sworn in by President Park prior to answering questions and offering testimony.

Peter Keegan prosecuted the case regarding Dr. Edwards prescribing controlled substances with an expired controlled substance registration.

Mr. Keegan proposed a Stipulation and Order for the Board's consideration.

The penalties for Respondent Edwards Certificate of Registration No. CS01332 are the following: 1) pay a fine of $5,000; 2) pay attorney's fees and costs of $500 to partially reimburse the Board for recoverable attorney's fees and costs in investigating and prosecuting this matter.

Board discussion ensued.

Board Action:

Motion: Krystal Freitas moved to approve the Stipulation and Order for Dr. David Edwards.

Second: Rolf Zakariassen

Action: Passed unanimously.

14. Applications for Controlled Substance Registration (NRS 453.226) – Appearance **(FOR POSSIBLE ACTION)**

A. David Edwards

Dr. David Edwards would like to withdraw his controlled substance application.

Dave Wuest explained that Dr. Edwards will not be able to hold a DEA if he does not have a controlled substance registration.

Dr. Edwards rescinded his withdrawal of his controlled substance application.

Board discussion ensued.

Board Action:

Motion: Jade Jacobo moved to approve controlled substance registration for Dr. David Edwards.

Second: Wayne Mitchell

Action: Passed unanimously.

5. Disciplinary hearings pursuant to NRS 639.247. **(FOR POSSIBLE ACTION)**

R. Graham Simpson, MD (22-199-CS-S)

Graham Simpson appeared and was sworn in by President Park prior to answering questions and offering testimony.

Peter Keegan prosecuted the case regarding Dr. Simpson prescribing controlled substances with an expired controlled substance registration.

Mr. Keegan presented a proposed Stipulation and Order for the Board's consideration.

The penalties for Respondent Simpson's Certificate of Registration No. CS01982 are the following: 1) pay a fine of $10,000; 2) pay attorney's fees and costs of $750 to partially reimburse the Board for recoverable attorney's fees and costs incurred in investigating and prosecuting this matter.

Dr. Simpson provided testimony on the events that occurred with this issue and has concerns with the question on the controlled substance application stating, "Have you been the subject of a board citation or an administrative action whether completed or pending in any state?". He requests clarification on what Board that they are referring to.

Board discussion ensued.

Board Action:

Motion: Jade Jacobo moved to approve Stipulation and Order for Dr. Graham Simpson.

Second: Wayne Mitchell

Action: Passed unanimously.

14. Applications for Controlled Substance Registration (NRS 453.226) – Appearance **(FOR POSSIBLE ACTION)**

B. Graham Simpson

Board Action:

Motion: Jade Jacobo moved to approve controlled substance registration for Dr. Graham Simpson.

Second: Wayne Mitchell

Board discussion ensued.

Action: Passed unanimously.

5. Disciplinary hearings pursuant to NRS 639.247. **(FOR POSSIBLE ACTION)**

M. Sherman Washington, MD (21-104-CS-N)
P. Sherman Washington, MD (19-243-CS-S)

Michael Mee appeared as counsel on behalf of Dr. Sherman Washington.

Dr. Sherman Washington was not present for the hearing.

Brett Kandt made an opening statement on the charges that Dr. Washington unlawfully prescribed controlled substances, was disciplined by the Nevada State Board of Medical Examiners for violations related to drugs and failed to disclose discipline by other jurisdictions on his pending controlled substance applications and his 2020 renewal application for Controlled Substance Registration No. CS24310.

Mr. Kandt presented a proposed stipulation and order for the Board's consideration.

Sherman Washington, Certificate of Registration No. CS24310, stipulates to the following penalties: 1) revocation of registration; 2) respondent may not petition for reinstatement for 2 years; 3) fine of $5,000; 4) $600 attorney's fees and costs for case 19-243-CS-S; and 5) $4,000 attorney's fees and costs for case 21-104-CS-N.

Board discussion ensued.

Board Action:

Motion: Jade Jacobo moved to approve the Stipulation and Order as presented by Mr. Kandt.

Second: Wayne Mitchell

Action: Passed unanimously.

14. Applications for Controlled Substance Registration (NRS 453.226) – Appearance **(FOR POSSIBLE ACTION)**

E. Sherman Washington - Iuventus Medical Center – Las Vegas, NV
F. Sherman Washington - Iuventus Medical Center – Las Vegas, NV

Dr. Sherman Washington has withdrawn both controlled substance applications.

17. Applications for Intern Pharmacist Registration– Appearance. **(FOR POSSIBLE ACTION)**

Tyler Hill

Lyn Beggs appeared as counsel on behalf of Tyler Hill.

Tyler Hill appeared and was sworn in by President Park prior to answering questions and offering testimony.

Dave Wuest provided background on appearance.

President Park disclosed that she knows Tyler Hill due to her previous employment with Roseman University but stated that she could participate in this matter fairly and without bias.

Ms. Beggs provided background on discipline charges against Mr. Hill.

President Park requested assurances from Mr. Hill that his discipline history will not be an issue with his future practice.

Mr. Hill answered questions to the Board's satisfaction.

Board discussion ensued.

Board Action:

Motion: Rolf Zakariassen moved to approve Intern Pharmacist Registration for Tyler Hill pending favorable evaluation.

Second: Jade Jacobo

Action: Passed unanimously.

12. Applications for Pharmaceutical Technician in Training Registration (NAC 639.242) – Appearance. **(FOR POSSIBLE ACTION)**

James Taylor

James Taylor appeared and was sworn in by President Park prior to answering questions and offering testimony.

Yenh Long provided background on application and disclosures.

Richard Tomasso was excused from the meeting at 11:53 AM and returned at 11:54 AM.

Mr. Taylor explained the events that occurred with his disclosures regarding stolen property and theft.

The Board questioned Mr. Taylor on why he wants to be pharmacy technician, the discipline charges against him, and what he has been doing since his disclosures.

Mr. Taylor answered the Board's questions.

Board discussion ensued as they have concerns with approving his application.

President Park offered Mr. Taylor an opportunity to withdraw his application.

Mr. Taylor withdrew his application.

5. Disciplinary hearings pursuant to NRS 639.247. **(FOR POSSIBLE ACTION)**

N. Las Vegas Scripts Rx (19-243-PH-S)
O. Nathan Edouard, RPH (19-243-RPH-S)

Chandon Alexander appeared as counsel on behalf of Respondents Las Vegas Scripts Rx and Nathan Edouard, RPH.

Nathan Edouard appeared and was sworn in by President Park prior to answering questions and offering testimony.

Courtney Lee prosecuted the case and read into the record the Stipulated Facts with the following amendments: deletion of paragraphs 6A, 6C, and 6E and modification of language to paragraph 6B as presented.

Mr. Alexander provided background on the allegations and requested the Board to enter Exhibit 9 which are CE's and Exhibit 10 which are letters of recommendation into the record.

President Park admitted Exhibit 9-10 into the record.

Mr. Alexander started providing testimony on the issue.

Ms. Lee objects to counsel's statements to the extent that counsel is testifying on facts and exhibits that were already stipulated. Counsel has agreed that the facts and exhibits support certain violations, and that the only consideration for the Board is the conditions/penalties or discipline.

President Park sustained objection.

Ms. Lee requested the Board to make Conclusions of Law consistent with paragraphs 7-21 and to dismiss Count Three (paragraph 18) and Count Five (paragraph 20) of the Notice of Intended Action and Accusation.

Yenh Long has concerns based on testimony provided by Mr. Alexander if Count Three (paragraph 18) should be dismissed and the process if it was stipulated.

Homa Woodrum, Senior Deputy Attorney General for the Attorney General's Office (AGO), provided counsel to Board staff.

Board discussion ensued.

Ms. Lee requested revision to Count Three to reference law NAC 639.712 instead of NAC 639.707.

Ms. Long read NAC 639.712 into the record.

Mr. Alexander agreed to not dismiss Count Three in the Notice of Intended Action and Accusation and accepted Board staff to revise the violation of law from NAC 639.707 to NAC 639.712.

Ms. Lee requested the Board to make Conclusions of Law consistent with paragraphs 7-21 and to dismiss Count Five (paragraph 20) and the revision of Count Three in the Notice of Intended Action and Accusation.

Board Action:

Motion: Jade Jacobo moved to make Conclusions of Law consistent with paragraphs 7-21 and to dismiss Count Five (paragraph 20) and the revision of Count Three as proposed by Ms. Lee in the Notice of Intended Action and Accusation.

Second: Krystal Freitas

Action: Passed unanimously.

Ms. Lee requested the Board to enter the attorney's fees and cost as Exhibit 11.

President Park admitted Exhibit 11 into the record.

Board Action:

Motion: Jade Jacobo moved to award the attorney's fees and costs of $940.50 on the basis that they were reasonable, necessary, and actually incurred.

Second: Krystal Freitas

Action: Passed unanimously.

Ms. Lee proposed the following penalties for Las Vegas Scripts Rx Pharmacy License No. PH03930: 1) revocation (effective immediately) and is unable to petition for re-instatement for two years; 2) pay a fine of $10,000; 3) pay attorney's fees and costs of $940.50 for investigating and prosecuting this matter; and 4) discipline is reportable to the National Practitioner Data Bank.

Mr. Alexander thinks that revocation of the license is severe and recommends only a fine or additional CE's.

Board discussion ensued.

Ms. Woodrum advised that there was no motion to enter the Stipulated Facts into the record.

Board Action:

Motion: Jade Jacobo moved to find that the Board has jurisdiction consistent with paragraph 1 of the Notice of Intended Action and Accusation.

Second: President Park

Action: Passed unanimously.

Board Action:

Motion: Jade Jacobo moved to adopt the Stipulated Facts and the Facts consistent with paragraphs 2-5, 6B, and 6D of the Accusation.

Second: Gener Tejero

Action: Passed unanimously.

Board discussion ensued on potential penalties for respondents.

Joe Dodge, Investigator for the Nevada Board of Pharmacy, provided testimony that Board has inspected pharmacy and if any issues were found that they would have been brought to Board's attention.

Ms. Lee proposed the following penalties for Nathan Edouard Certificate of Registration No. 19462: 1) revocation effective immediately and placed on probation for two years, 2) pay a fine of $5,000; 3) pay attorney's fees and costs of $900 investigating and prosecuting this matter; and 5) discipline is reportable to the National Practitioner Data Bank.

Mr. Edouard provided testimony to the Board and apologized for his errors.

Mr. Alexander commented that the revocation is too severe and suggested that the revocation be stayed for Mr. Edouard.

Board discussion ensued.

Board Action:

Motion: Wayne Mitchell moved to approve the following penalties for Nathan Edouard Certificate of Registration No. 19462: 1) revocation which is immediately stayed and placed on probation for five years; 2) may not be a managing pharmacist for two years; 3) pay a fine of $5,000; 4) pay $900 to partially reimburse the Board for recoverable attorney's fees and costs incurred in investigating and prosecuting this matter; 5) attend two discipline days for Board Meetings within one year.

Second: Jade Jacobo

Action: Passed unanimously.

Board Action:

Motion: Jade Jacobo moved to approve the following penalties for Las Vegas Scripts Rx Pharmacy License No. PH03930: 1) quarterly inspections at the owner's expense for two years; 2) revocation (which is immediately stayed) and on probation for two years; 3) compounding training for all registered pharmacist(s) who compound within six months (Board staff to approve); 4) pay a fine of

$10,000; 5) pay $940.50 to partially reimburse the Board for recoverable attorney's fees and costs incurred in investigating and prosecuting this matter.

Second: Rolf Zakariassen

Action: Passed unanimously.

8. Applications for Nevada Pharmacy License (NRS 639.2328) – Appearance (**FOR POSSIBLE ACTION**)

CrowdRx – Black Rock City, NV

Juliana Zschoche, Registered Pharmacist, and Connor Fitzpatrick, Executive Director, appeared and were sworn in by President Park prior to answering questions and offering testimony.

Dave Wuest provided background on application.

Board discussion ensued.

Board Action:

Motion: Jade Jacobo moved to approve the Nevada Pharmacy License for CrowdRx.

Second: Krystal Freitas

Action: Passed unanimously.

11. Application for Ambulatory Surgery Center License (NAC 639.4992) - Appearance **(FOR POSSIBLE ACTION)**

A. Elko Community Health Center, LLC – Elko, NV

Kevin Brown (Administrator), David Lutz (Managing Director), Andrea Haslehurst (Operating Room Officer), Mary Grear (Contracted Pharmacist), and Jarrett Portz (Managing Partner) appeared and were sworn in by President Park prior to answering questions and offering testimony.

Dave Wuest commented that a temporary license was provided, but they are not operating.

Yenh Long provided background on application and disclosures for Mr. Portz regarding pending lawsuits for an architecture firm seeking recovery fees for an abandonment of a job and fraudulent statements for a company that he invested in.

The Board questioned on the business model of the company.

Mr. Lutz answered to the Board's satisfaction.

Board discussion ensued.

Board Action:

Motion: Jade Jacobo moved to approve Ambulatory Surgery Center License for Elko Community Health Center.

Second: President Park

Action: Passed unanimously.

B. Silver State Surgery Center West LLC – Las Vegas, NV

President Park commented that Mary Grear (Contracted Pharmacist) is still sworn in from a previous matter.

Selaiman Noori (Co-Owner), Rolonda Johnson (Coordinator), and Mallory Martin (Director of Nursing) appeared and were sworn in by President Park prior to answering questions and offering testimony.

Yenh Long provided background on the application and a disclosure regarding a DUI for Mr. Noori.

Mr. Noori provided background on the events that occurred with his disclosure.

Board discussion ensued.

Board Action:

Motion: Rolf Zakariassen moved to approve the change of ownership for Silver State Surgery Center West LLC.

Second: Jade Jacobo

Action: Passed unanimously.

7. Application for Nevada Compounding Pharmacy License (NRS 639.230) – Appearance **(FOR POSSIBLE ACTION)**

A. American Wellness Pharmacy – Las Vegas, NV

George Maiorano, Co-Owner, and Eytan Klepach, Co-Owner, appeared and were sworn in by President Park prior to answering questions and offering testimony.

Joe Dodge provided background on change of ownership application.

Mr. Dodge wanted clarification from Mr. Maiorano on if they intend to do sterile compounding or if they would like the affidavit removed.

Mr. Maiorano requested that the affidavit be removed from the application.

Mr. Dodge questioned on the change of ownership, any changes in processes, location of the pharmacy, and Mr. Klepach's work history.

Mr. Maiorano and Mr. Klepach answered questions to the Board's satisfaction.

Board discussion ensued.

Board Action:

Motion: Rolf Zakariassen moved to approve the change of ownership and name change for American Wellness Pharmacy.

Second: Jade Jacobo

Action: Passed unanimously.

B. Capsules Rx LLC – Las Vegas, NV

President Park disclosed that she knows Mouna Mazloumi and Ani Avetyan due to her previous employment with Roseman University but stated that she could participate in this matter fairly and without bias.

Krystal Freitas disclosed that she worked with Mouna Mazloumi at her previous employment but stated that she could participate in this matter fairly and without bias.

Mouna Mazloumi and Ani Avetyan appeared and were sworn in by President Park prior to answering questions and offering testimony.

Joe Dodge provided background on application and questioned on the business model and their experience with non-sterile compounding.

Mr. Dodge has concerns that their knowledge of non-sterile compounding is still new.

Ms. Mazloumi and Ms. Avetyan request that they go forward with the application to only do retail pharmacy and will work to get approval to do non-sterile compounding later.

The Board questioned on the business model, their experience as managing pharmacist, and their past work history.

Ms. Mazloumi and Ms. Avetyan answered questions to the Board's satisfaction.

Board discussion ensued.

Board Action:

Motion: Jade Jacobo moved to approve Nevada Pharmacy License for Capsules Rx LLC pending updated application to remove the service of non-sterile compounding, quarterly inspections at the owner's expense for one year, and a favorable inspection.

Second: Krystal Freitas

Action: Passed unanimously.

C. Indigo Pharmaceutical LLC – Las Vegas, NV

President Park disclosed that she knows Eric Sparks due to her previous employment with Roseman University but stated that she could participate in this matter fairly and without bias.

Eric Sparks, Managing Pharmacist, and Sima Koegel, Owner, appeared and were sworn in by President Park prior to answering questions and offering testimony.

Joe Dodge provided background on application and wanted clarification on if they intend to do sterile compounding and if they would like the affidavit removed.

Mr. Sparks would like the affidavit removed.

Joe Dodge questioned the business model, products being shipped, and Mr. Sparks past work history with compounding.

Mr. Sparks answered questions to the Board's satisfaction.

Mr. Dodge is comfortable with Mr. Sparks experience with compounding experience.

Mr. Dodge questioned Ms. Koegel on her experience with pharmacy and what her role for the pharmacy will be.

Ms. Koegel answered questions to the Board's satisfaction.

Board discussion ensued.

Board Action:

Motion: Jade Jacobo moved to approve Nevada Compounding Pharmacy License for Indigo Pharmaceutical LLC.

Second: Krystal Freitas

Action: Passed unanimously.

Mr. Sparks requested the Board for a temporary license, so he can start the pharmacy.

Dave Wuest commented that he can call the Nevada Board of Pharmacy and discuss with him.

D. KabaFusion NV – Henderson, NV

Gener Tejero recused himself since he was a previous owner of KabaFusion NV.

Smita Njeru (Vice President of Regulatory and Licensing), Felicia Vargo-Johnson (Paralegal), Tina Benkendorfer (Pharmacist and Chief Operating Officer), Jennifer Lindgren (Managing Pharmacist), Tamara Boshans, Pharmacist and Regional Vice President of Operations, appeared and were sworn in by President Park prior to answering questions and offering testimony.

President Park disclosed that she knows Jennifer Lindgren due to her previous employment with Roseman University but stated that she could participate in this matter fairly and without bias.

Joe Dodge provided background on the application and wanted clarification if the Managing Pharmacist has changed.

Ms. Lindgren commented that the Managing Pharmacist has changed an updated application was sent back in June.

Mr. Dodge questioned on the business model, services that they will provide, and Ms. Lindgren's experience with compounding.

Ms. Benkendorfer and Ms. Lindgren answered questions to the Board's satisfaction.

Mr. Dodge feels comfortable with the application.

Board discussion ensued.

Board Action:

Motion: Jade Jacobo moved to approve change of ownership for KabaFusion NV.

Second: Wayne Mitchell

Action: Passed unanimously.

G. Monicos Pharmacy, LLC – Las Vegas, NV

Jade Jacobo disclosed that she is friends with Adebola Durosawo but stated that she could participate in this matter fairly and without bias.

President Park disclosed that she knows Adebola Durosawo due to her previous employment with Roseman University but stated that she could participate in this matter fairly and without bias.

Adebola Durosawo, Co-Owner and Managing Pharmacist, and Elaine Robles, Co-Owner, appeared and were sworn in by President Park prior to answering questions and offering testimony.

Joe Dodge provided background on application.

Mr. Dodge questioned on the change of ownership, any staffing changes, and products that they plan to compound.

Ms. Durosawo and Ms. Robles answered questions to the Board's satisfaction.

Board discussion ensued.

Board Action:

Motion: Jade Jacobo moved to approve change of ownership for Monicos Pharmacy.

Second: Krystal Freitas

Action: Passed unanimously.

18. Discussion and possible action to request an Attorney General opinion pursuant to NRS 228.150 on the authority of homeopathic physicians to possess, administer, prescribe, and dispense controlled substances and dangerous drugs **(FOR POSSIBLE ACTION)**

Dave Wuest and Brett Kandt provided background on item.

Board discussion ensued.

Board Action:

Motion: President Park moved to request Attorney General Opinion pursuant to NRS 228.150 on the authority of homeopathic physicians to possess, administer, prescribe, and dispense controlled substances and dangerous drugs.

Second: Jade Jacobo

Action: Passed unanimously.

14. Applications for Controlled Substance Registration (NRS 453.226) – Appearance **(FOR POSSIBLE ACTION)**

C. Kent Swaine

Kent Swaine, Mark Chase (Owner of PRN Program), and Praveen Saran (Dr. Swaine's preceptor) appeared and were sworn in by President Park prior to answering questions and offering testimony.

Brett Kandt provided background on disclosures regarding domestic violence, a conviction for obtaining controlled substances by deception, a probation violation, a DUI, and his history of his registration to practice medicine.

The Board questioned on the events that occurred with Dr. Swaine's disclosures, any triggers that could cause him to relapse, what medications would his practice usually prescribe, and the PRN program that Dr. Swaine is admitted in.

Dr. Swaine, Dr. Saran, and Mr. Chase answered questions to the Board's satisfaction.

Board discussion ensued.

Board Action:

Motion: Jade Jacobo moved to approve controlled substance registration with conditions that Dr. Swaine can only prescribe Schedule IV's and V's and buprenorphine only.

Second: Gener Tejero

Action: Passed unanimously.

15. Request to Engage in the Practice of Pharmacy at a Site Other than a Licensed Pharmacy – Appearance **(FOR POSSIBLE ACTION)**

Stephen McMillan

Krystal Freitas recused herself due to Stephen McMillan being a co-worker that she worked with closely.

Annette Logan Parker, Founder and CEO for Cure 4 the Kids Foundation, and Stephen McMillan appeared and were sworn in by President Park prior to answering questions and offering testimony.

Yenh Long provided background on the appearance regarding Mr. McMillan's request to engage in the practice of pharmacy at a site other than a licensed pharmacy for Cure 4 the Kids Foundation.

The Board questioned Mr. McMillan on the services that he plans to provide.

Mr. McMillan answered questions to the Board's satisfaction.

Board discussion ensued.
Board Action:

Motion: Jade Jacobo moved to approve Stephen McMillan's request to engage in the practice of pharmacy at a site other than a licensed pharmacy.

Second: Rolf Zakariassen

Action: Passed unanimously.

7. Application for Nevada Compounding Pharmacy License (NRS 639.230) – Appearance **(FOR POSSIBLE ACTION)**

E. Kindred Hospital Las Vegas (E. Flamingo) – Las Vegas, NV
F. Kindred Hospital Las Vegas (Sahara) – Las Vegas, NV

Gabe Scott appeared as counsel on behalf of Kindred Hospital.

Josh Dalton, Director of Pharmacy, appeared and was sworn in by President Park prior to answering questions and offering testimony.

Joe Dodge provided background on application.

Mr. Dodge questioned about the ownership change and if there is any staffing or operation changes.

Mr. Scott answered questions to the Board's satisfaction.

Board discussion ensued.

Board Action:

Motion: Jade Jacobo moved to approve change of ownership for Kindred Hospital Las Vegas at E. Flamingo and Sahara locations.

Second: Krystal Freitas

Action: Passed unanimously.

13. Application for Pharmacist Registration by Reciprocation NRS 639.134) – Appearance **(FOR POSSIBLE ACTION)**

Michael Schember

Michael Schember appeared and was sworn in by President Park prior to answering questions and offering testimony.

Courtney Lee provided background on application and questioned on if he has been disciplined in Arizona.

Mr. Schember confirmed that he was disciplined in Arizona and would like to update his application to reflect "yes" for the question "Been the subject of a board citation or administrative action or board citation whether completed or pending in any state?".

Ms. Lee requested more information regarding his disclosure since Mr. Schember did not provide supporting documentation.

Mr Schember explained that the discipline was regarding a miscalculated a prescription and the discipline taken against him.

Ms. Lee wanted confirmation if he is subject of a court order for the support of a child.

Mr. Schember confirmed that he has not children, so the answer is "no".

The Board requested Mr. Schember to provide an updated application to reflect updated answers.

Board discussion ensued.

Board Action:

Motion: Jade Jacobo moved to approve application for pharmacist registration by reciprocation for Michael Schember pending updated application.

Second: President Park

Action: Passed unanimously.

16. Request for Pharmacist Applicant to Retake the NAPLEX Exam (NRS 639.120(1)) – Appearance: **(FOR POSSIBLE ACTION)**

Ameer Alhaj

Ameer Alhaj appeared and was sworn in by President Park prior to answering questions and offering testimony.

Mr. Alhaj requested another chance to take the NAPLEX as the state of Michigan will not allow him to.

The Board questioned on what occurred with his five NAPLEX attempts and where he intends to practice.

Mr. Alhaj answered questions to the Board's satisfaction.

Board discussion ensued.

Board Action:

Motion: Richard Tomasso moved to approve Ameer Alhaj one more attempt at the NAPLEX exam.

Second: Jade Jacobo

Action: Passed unanimously.

10. Applications for Out-of-State Wholesaler License (NRS 639.233) – Appearance (**FOR POSSIBLE ACTION**)

A. Maquet Cardiovascular, LLC – Wayne, NJ - Background Check Not Required – Manufacturer (NAC 639.593 (7)(d)) – Disclosure

Pierre Kernizan, Designated Representative, appeared and was sworn in by President Park prior to answering questions and offering testimony.

President Park requested a Letter of Authorization from Mr. Kernizan so that he can speak on behalf of the company.

Dave Wuest provided background on application and questioned on the details of their disclosure regarding an FDA administrative fine.

Mr. Kernizan is not familiar with the disclosure.

President Park gave Mr. Kernizan an opportunity to table the application so that he can get a representative who is familiar with the disclosure.

Mr. Kernizan would like to table application.

President Park tabled application at Mr. Kernizan's request.

14. Applications for Controlled Substance Registration (NRS 453.226) – Appearance **(FOR POSSIBLE ACTION)**

D. Tri Truong

There was no representative present on behalf of Tri Truong.

21. Executive Secretary Report:

A. Financial Report
B. Issuance of Temporary Licenses and Registrations
C. Change of Address Business List
D. Meetings with Other Health Care Regulatory Boards
E. COVID-19 Response
F. Licensing Software Update
G. Licensing Activities Report
H. PMP Integration
I. Citations & Fines issued pursuant to NRS 632.2895

Dave Wuest provided the Financial Report to the Board's satisfaction.

Board discussion ensued.

20. General Counsel Report. Note: The Board may exclude the public for a report on potential or existing litigation pursuant to NRS 241.015(3)(b)(2).

There was no General Counsel Report.

23. Date and Location of Next Scheduled Board Meeting:

October 12-13, 2022 – Las Vegas, NV

24. Public Comment September 8, 2022, 5:00 PM

There was no public comment.

25. Adjournment

I, Cory Wages, **certify that as the designated representative for**

GTMI Corporation dba KabaFusion NV,

that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):

1. CW I am at least 21 years of age;
3. CW I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. CW I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. CW I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. CW I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. CW I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

Cory Wages

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

9/2/25

Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Cory Wages

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

9/5/25

Date

Please have this section completed in the presence of a Notary Public.

State of Nevada, ss. County of Clark

I, Cory Wages, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

9/5/25

Date

Subscribed and Sworn to before me this 5th day of September 2025.

Notary Public Signature

CAROL AVILA
Notary Public, State of Nevada
Appointment No. 21-1044-01
My Appt. Expires Mar 20, 2029

(Seal)

Class/Series	Type	Share Number	Value
		No records to view.	

Number of No Par Value Shares: **75000**

Total Authorized Capital: **75,000**

Filing History Name History Mergers/Conversions

Return to Search Return to Results

CRA Agent Entity Type:

Registered Agent Type: Commercial Registered Agent

NV Business ID: NV20101844335

Office or Position:

Jurisdiction: DELAWARE

Street Address: 112 NORTH CURRY STREET, Carson City, NV, 89703, USA

Mailing Address:

OFFICER INFORMATION

☐ **View Historical Data**

Title	Name	Address	Last Updated	Status
President	Sohail Masood	17777 Center Court Drive, 550, Cerritos, CA, 90703, USA	06/14/2022	Active
Secretary	Aslam Masood	17777 Center Court Drive, 550, Cerritos, CA, 90703, USA	06/14/2022	Active
Treasurer	Sohail Merchant	17777 Center Court Drive, 550, Cerritos, CA, 90703, USA	06/14/2022	Active
Director	Sohail Masood	17777 Center Court Drive, 550, Cerritos, CA, 90703, USA	06/14/2022	Active
Director	Sohail Merchant	17777 Center Court Drive, 550, Cerritos, CA, 90703, USA	06/14/2022	Active

< Previous ... 1 2 ... Next > Page 1 of 2, records 1 to 5 of 7 Go to Page

CURRENT SHARES

Entity Information

Entity Information

Entity Name:	GTMI CORPORATION	**Entity Number:**	E0477722014-1
Entity Type:	Domestic Corporation (78)	**Entity Status:**	Active
Formation Date:	09/16/2014	**NV Business ID:**	NV20141589594
Termination Date:		**Annual Report Due Date:**	9/30/2026
Compliance Hold:			

Registered AGENT INFORMATION

Name of Individual or Legal Entity:	CORPORATION SERVICE COMPANY*	**Status:**	Active

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (05/18/2023)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler/Dispensing Site: Home Care Services, Inc. dba KabaFusion NJ

Pharmacy/MDEG/Wholesaler/Dispensing Practitioner License # (if applicable): PH02626

Physical Address: 160 Raritan Center Pkwy, Suite 18

City: Edison State: NJ Zip: 90703

Mailing Address (if different from physical address): 17777 Center Court Drive N, Suite 550

City: Cerritos State: CA Zip: 90703

Telephone: 800-383-8393 Website: www.kabafusion.com

Licensing Company Email: kabafusionlicensing@kabafusion.com

Section 2: Personal Information

First: Aslam Middle: Last: Masood

Alias(es, nicknames, name changes, etc.):

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☑ M ☐ F ☐ X

Mailing Address: [redacted]

City: [redacted] State: [redacted] Zip: [redacted]

Telephone: [redacted] Email: [redacted]

Are you a citizen of the United States? ☑ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (05/18/2023)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler/Dispensing Site: GTMI Corporation dba KabaFusion NV

Pharmacy/MDEG/Wholesaler/Dispensing Practitioner License # (if applicable): PH03434

Physical Address: 1510 W Sunset Rd #120

City: Henderson State: NV Zip: 89014

Mailing Address (if different from physical address): 17777 Center Court N, Suite 550

City: Cerritos State: CA Zip: 90703

Telephone: 702-476-6996 Website: www.kabafusion.com

Licensing Company Email: kabafusionlicensing@kabafusion.com

Section 2: Personal Information

First: Aslam Middle: Last: Masood

Alias(es, nicknames, name changes, etc.):

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☑ M ☐ F ☐ X

Mailing Addres[redacted]

City: [redacted] Stat[redacted] Zip[redacted]

Telephone[redacted] Email: [redacted]

Are you a citizen of the United States? ☑ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (05/18/2023)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler/Dispensing Site: KabaFusion, LLC

Pharmacy/MDEG/Wholesaler/Dispensing Practitioner License # (if applicable): PH02917

Physical Address: 17777 Center Court Drive, Suite 175

City: Cerritos State: CA Zip: 90703

Mailing Address (if different from physical address): 17777 Center Court Drive N, Suite 550

City: Cerritos State: CA Zip: 90703

Telephone: 877-577-4844 Website: www.kabafusion.com

Licensing Company Email: kabafusionlicensing@kabafusion.com

Section 2: Personal Information

First: Aslam Middle: Last: Masood

Alias(es, nicknames, name changes, etc.):

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☑ M ☐ F ☐ X

Mailing Address: [redacted]

City: [redacted] State: [redacted] Zip: [redacted]

Telephone: [redacted] Email: [redacted]

Are you a citizen of the United States? ☑ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Woodbury University		09/1982-03/1985	
Address	City	State	Zip
7500 N Glenoaks Blvd.	Burbank	CA	91504
Diploma/Degree obtained, if any			
Masters of Business Administration			

School Name		From - To (MM/YY – MM/YY)	
Northeastern Illinois University		01/1981-12/1981	
Address	City	State	Zip
5500 N St Louis Ave.	Chicago	IL	60625
Diploma/Degree obtained, if any			
BA Accounting			

School Name		From - To (MM/YY – MM/YY)	
Forman Christian College- Punjab University		09/1970-06/1975	
Address	City	State	Zip
Zahoor Elahi Rd, Gulberg III	Lahore, Pakistan		
Diploma/Degree obtained, if any			
BA Economics			

School Name		From - To (MM/YY – MM/YY)	
Sacred Heart Cathedral High School		09/1965-06/1970	
Address	City	State	Zip
1 Lawrence Road	Lahore, Pakistan		
Diploma/Degree obtained, if any			
High School Diploma- Matriculation			

School Name		From - To (MM/YY – MM/YY	
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)				
03/07-Present	[redacted]			
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name			From - To (MM/YY – MM/YY)
KabaFusion Holdings, LLC			10/2009-Present
Business Address	**City**	**State**	**Zip**
17777 Center Court Drive, Suite 550	Cerritos	CA	90703
Phone	**Title**		
800-435-3020	Secretary		
Description of Duties			
Responsible for administrative, financial and risk management operations of combined entities, including development of measurable financial and operational strategy and the ongoing development and monitoring of control systems designed to preserve company assets and reporting of financial results.			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Continue on next page if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?	✓	
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?	✓	
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.	✓	
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Aslam Masood

Print Name (First, Last)

Aslam Masood — 10-14-2025

Original Signature (electronic, copies or stamps not accepted) — Date

---

Please have this section completed in the presence of a Notary Public.

State of Massachusetts, ss. County of Middlesex

I, Aslam Masood, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Aslam Masood — 10-14-2025

Original Signature — **Date**

Subscribed and Sworn to before me this 14 day of Oct. 2025

Ellen A Paras

Notary Public Signature

ELLEN A PARAS
Notary Public
Commonwealth of Massachusetts
My Commission Expires
May 15, 2031

(Seal)

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 5 &6 . Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
12/22/2010		New Jersey		
Case # Inspection Report No. 8-5108-10-1445		**Governing, licensing, Arresting Presiding Body/Agency/Court** NJ Division of Consumer Affairs, Board of Pharmacy		
Reason/Charge Violation of Federal or Statute or Statutes, Regulations or Rules; Fine Paid				
Plaintiff/Defendant/Claimant/Respondent Home Care Services, Inc.		**Lawsuit/Arbitration/Bankruptcy** Complaint		
Name of Business/Industry/Entity Home Care Services, Inc.				

Provide explanation below: See Attachment.

Adam Masood
Original Signature (electronic, copies or stamps not accepted)

10/3/25
Date

KabaFusion
Patient-Focused Infusion Therapy

Regarding Disiplinary Action for Home Care Services, Inc. DBA KabaFusion NJ (Edison)

In October 2010 Home Care Services, Inc. was acquired by KabaFusion and began undergoing operational and leadership transitions. The minor violation and fine imposed occurred soon after the acquisition of the pharmacy, copy enclosed.

CORPORATE (WEST COAST)
17777 Center Court Dr., Ste. 550, Cerritos, CA 90703
P: 800-435-3020 F: 562-860-6017

CORPORATE (EAST COAST)
80 Hayden Ave., Suite 300, Lexington, MA 02421
P: 844-777-4844 F: 781-862-2002

www.kabafusion.com

28RS00669700 74328

CHRIS CHRISTIE
Governor

KIM GUADAGNO
Lt. Governor

New Jersey Office of the Attorney General

Division of Consumer Affairs
Board of Pharmacy
124 Halsey Street, 6th Floor, Newark, NJ 07102

PAULA T. DOW
Attorney General

THOMAS R. CALCAGNI
Acting Director

Mailing Address:
P.O. Box 45013
Newark, NJ 07101
(973) 504-6450

December 22, 2010

By Certified and Regular Mail

Walter Molokie, RPIC
Home Care Services, Inc
55 Liberty Street
Metuchen, NJ 08840

Re: Inspection Report # **8-8108-10-1445**

Dear Mr. Molokie:

This letter is to advise you that the New Jersey State Board of Pharmacy (the "Board") has had an opportunity to review information concerning the above inspection report.

Upon review of all available information, the board has preliminarily found that you are responsible for the violations noted on **Attachment A.**

The Board has determined that it will first offer you an opportunity to settle this matter and thereby avoid the initiation of formal disciplinary proceedings. Should you wish to avail yourself of this opportunity, you should sign the acknowledgment below and agree to the following:

1. **Cease and desist** in engaging in the conduct alleged and pay a penalty in the amount of **$50.00** (to be paid upon signing of this certification).
2. Provide to the Board a **Letter of Correction.**

Alternatively you may waive your right to a hearing and submit a written statement or explanation to the Board. The Board will then consider your submission and render a final decision, which may include any of the terms set forth above. Any disposition by way of a settlement will be a public record, and will have the same effect as an order of the Board. Any failure to comply with the terms to which you agree will be deemed a violation.

If you do not wish to settle this matter, you may request a hearing. In that event, this letter will serve as notice of the charges against you and a hearing will be scheduled before the Board. At that hearing you either personally or with the assistance of an attorney will have an opportunity to respond to the charges and submit evidence and present testimony as may be necessary in order for the Board to make a final determination concerning the charges of unlawful activity.

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DIVISION OF CONSUMER AFFAIRS
BOARD OF PHARMACY
124 HALSEY ST., 6TH FL., P.O. BOX 45013
NEWARK, NJ 07101

You should be aware that in making its final decision, the Board may, if unlawful activity has been proven, assess civil penalties in an amount greater than that offered in this letter. Additionally, the Board may, if the facts are found to so warrant, enter an order requiring you to reimburse certain monies, directing you to cease and desist from engaging in unlawful acts and/or requiring you to pay costs incurred in the matter.

Should you have any questions concerning this letter or the settlement offer herein, I suggest that you contact The Board of Pharmacy, at (973) 504-6450.

The enclosed certification should be completed and returned to the Board within fifteen (15) days following your receipt of this letter. In the event that the Board receives no response from you within fifteen (15) days, the Board's settlement offer will be withdrawn, and you will be deemed in default. The allegations against you will be deemed uncontested. The Board will then proceed to schedule the matter for final review and will enter an appropriate order. Once an order has been entered, your failure to pay any penalties may result in further action to suspend or revoke your license.

NEW JERSEY STATE
BOARD OF Pharmacy

By: Joanne Boyer
Joanne Boyer, RPh
Executive Director

cc: Sohail Masood, Owner

JB/sk

DIVISION OF CONSUMER AFFAIRS
BOARD OF PHARMACY
124 HALSEY ST., 6TH FL., P.O. BOX 45013
NEWARK, NJ 07101

CERTIFICATION

I, Walter Malokie, hereby acknowledge that I have read and reviewed the Board's letter regarding allegations of violations of the Board's enabling act and/or regulations.

Please check one:

X I acknowledge the conduct which has been charged and agree to:

1. **Cease and desist** in engaging in the conduct alleged and pay a penalty in the amount of **$50.00** (*to be paid upon signing of this certification*).
2. Provide to the Board a **Letter of Correction.**

I am also aware that the action taken against me by the Board here is a matter of public record, and that the Board's letter and this certification are public documents.

_____ I hereby waive any rights I may have to a hearing in this matter in order to defend myself against any charges, but ask the Board to **consider my explanation** before rendering its final decision. I understand that the Board may order any of the terms specified in its letter and that if it does so I will be obligated to comply. I am also aware that the action taken against me by the Board herein is a matter of public record, and that the Board's letter and this certification are public documents. Failure to comply may subject me to further disciplinary action and any failure to make a required payment will result in the filing of a certificate of debt.

_____ I **request a formal administrative hearing** to contest the charges specified in the UPL. I understand that I will be advised of the time, date and place for that hearing at another time. I am aware that I may be represented by an attorney and that at the time of the hearing I may submit to the Board testimony and documentation relevant to the charges. I understand that in making its final decision, the Board may, if unlawful activity has been proven, assess civil penalties in an amount greater than that herein offered in its letter and may order such other remedies as it may deem appropriate. I am also aware that this proceeding is a matter of public record and that the Board's letter and this certification are public documents.

Walter Malokie
(Signature)

1/20/2011
(Dated)

Walter Malokie
(Print Name)

Dated:

Ref: **Walter Malokie, RPIC**
Home Care Services, Inc
55 Liberty Street
Metuchen, NJ 08840
License# 28RS00859700

Inspection Report #8-6106-10-1445
Letter of Correction
12-8-10
Complaint

74328

JB/ak

PAID
2-10-11

DIVISION OF CONSUMER AFFAIRS
BOARD OF PHARMACY
124 HALSEY ST., 6TH FL., P.O. BOX 45013
NEWARK, NJ 07101

Attachment A

HOME CARE SERVICES, INC, 55 Liberty Street, Metuchen, NJ 08840, Walter Molokie, RPIC. Bureau File# 8-6106-10-1445. Period 11-12-10.

REFERENCE: Transfer of Ownership

DETAILS:

Cite	Fine	Description
[13:39-3.6]	$50.00	A copy of the biennial license belonging to Dipali Trivedi, 28RI02390000, was posted on display.
	$50.00	

DIVISION OF CONSUMER AFFAIRS
BOARD OF PHARMACY
124 HALSEY ST., 6TH FL., P.O. BOX 45013
NEWARK, NJ 07101

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 5 & 6. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
12/03/2020		Florida		

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court
Florida Board of Pharmacy Meeting Agenda dated 12/03/2020 and Minutes	Florida Board of Pharmacy

Reason/Charge
Appearance Regarding Acceptance of License

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy
At Home Infusion Services LLC	Appearance via Telephone Conference Call

Name of Business/Industry/Entity
At Home Infusion Services LLC

Provide explanation below: See Attachment.

Azlan Masood
Original Signature (electronic, copies or stamps not accepted)

10/3/25
Date

KabaFusion
Patient-Focused Infusion Therapy

Appearance Regarding Acceptance of License Application for
At Home Infusion Services LLC DBA KabaFusion FL (Orlando)

On December 3, 2020 At Home Infusion Services LLC DBA KabaFusion FL appeared at the Florida Board of Pharmacy meeting, via telephone conference call, regarding its Community Pharmacy License Application. After brief discussion, the Florida Board of Pharmacy moved to accept the application. A copy of the December 3, 2020 Florida Board of Pharmacy Meeting Agenda and Minutes are enclosed.

CORPORATE (WEST COAST)
17777 Center Court Dr., Ste. 550, Cerritos, CA 90703
P: 800-435-3020 F: 562-860-6017

CORPORATE (EAST COAST)
80 Hayden Ave., Suite 300, Lexington, MA 02421
P: 844-777-4844 F: 781-862-2002

BOARD OF PHARMACY
GENERAL BUSINESS MEETING AGENDA
TELEPHONE CONFERENCE CALL
December 3, 2020
1:00 p.m. ET
Call In Number: (888) 585-9008
Conference Code: 599-196-982(#)

Participants in this public meeting should be aware that these proceedings are being recorded and that an audio file of the meeting will be posted to the board's website.

I. **CALL TO ORDER/ROLL CALL**

II. **APPLICATIONS FOR REVIEW – David Wright, BPharm**

A. Pharmacists

i. Sanjeev Seenath
ii. Theresa Ballington

B. Registered Pharmacy Technician

i. James Morrell
ii. Jessica Leavesley
iii. Malinda Barconey
iv. Zadella Thompson
v. Joshua Camesa
vi. Jarvis Manns
vii. Mark Stevenson

C. Pharmacy Permits

i. Total Vein Pharmacy, LLC.
ii. Maple Rose Enterprises, Inc.
iii. At Home Infusion Services, LLC.

III. **PETITION FOR VARIANCE OR WAIVER**

A. Mirlande Pierre, 64B16-26.300, F.A.C., Consultant Pharmacist Licensure
B. Mounica Jammu, 64B16-26.300, F.A.C., Consultant Pharmacist Licensure
C. Jelisabel Irizarry-Gonzalez, 64B16-26.300, F.A.C., Consultant Pharmacist Licensure
D. Stellar Pharmacy Services, Inc.

IV. **PETITION TO INITIATE RULEMAKING**

A. RxSafe, LLC., Panama Pharmacy, and Pine Brook Pharmacy, 64B16-28.108, F.A.C., All Permits – Labels and Labeling of Medicinal Drugs

V. **RULE DISCUSSION**

A. Consultant Pharmacist of Record, Emergency Rule
B. Application Redesign

i. 64B16-26.2032, F.A.C., Application for Pharmacy Intern Registration
ii. 64B16-26.303, F.A.C., Nuclear Pharmacist Licensure
iii. 64B16-26.350, F.A.C., Requirements for Pharmacy Technician Registration

iv. 64B16-300, F.A.C., Consultant Pharmacist for Licensure

VI. **REPORTS – Rich Montgomery, BPharm, MBA, Chair**

A. **Board Chair**

B. **Executive Director's Report – Jessica Sapp, Executive Director**

i. Financial Reports
ii. 2021 Probable Cause Panel Dates
iii. Human Trafficking CE Requirement
iv. Virtual Chat Agent: ELI
v. Staff Recognition

C. **Board Counsel Report – Christopher Dierlam, Assistant Attorney General**

i. Rules Status Report

D. **Investigative Services Report – Robert Difiore, Pharmaceutical Program Manager**

VII. **NEW BUSINESS – Rich Montgomery, BPharm, MBA, Chair**

A. **2021 Election of Officers**

B. **Ratification of Issued Licenses/Certificates**

i. Pharmacist (Licensure) – 250
ii. Pharmacist (Exam Eligibility) – 330
iii. Pharmacist Interns – 384
iv. Consultant Pharmacist – 46
v. Pharmacy/Facilities – 108
vi. Registered Pharmacy Technicians – 1085
vii. Registered Pharmacy Technician Training Program – 16
viii. Nonresident Sterile Compounding – 3
ix. Approved CE Courses – 45
x. Individual Pharmacist Request for Approval of CE - 6

VIII. **OLD BUSINESS – Rich Montgomery, BPharm, MBA, Chair**

A. **Review and Approval of Meeting Minutes**

i. October 13, 2020 Rules Committee Minutes
ii. October 13, 2020 General Board Meeting Minutes
iii. October 14, 2020 General Board Meeting Minutes

IX. **FOR YOUR INFORMATION**

A. **Sophic Medical Presentation**

X. **ADJOURNMENT**

Draft Minutes

December 3, 2020
TELEPHONE CONFERENCE CALL
1:00 p.m. ET
Call In Number: (888) 585-9008
Conference Code: 599-196-982(#)

Jonathan Hickman, PharmD
Chair

Jessica Sapp, Executive Director

BOARD OF PHARMACY
GENERAL BUSINESS MEETING AGENDA
TELEPHONE CONFERENCE CALL
DRAFT MINUTES
October 14, 2020
8:00 a.m. ET
Call In Number: (888) 585-9008
Conference Code: 599-196-982(#)

Participants in this public meeting should be aware that these proceedings are being recorded and that an audio file of the meeting will be posted to the board's website.

I. CALL TO ORDER/ROLL CALL

Call to Order - The meeting was called to order by Board Chair, Dr. Hickman, at 1:00 p.m. ET.

Those present during the meeting included the following:

MEMBERS PRESENT:
Jonathan Hickman, PharmD, Chair
David Wright, BPharm
Jeenu Philip, BPharm
Jeffrey J. Mesaros, PharmD, JD
Gavin Meshad, Consumer Member
Patty Ghazvini, PharmD, BCGP
Dorinda Segovia, PharmD
Maja Gift, BPharm, MHA, CPH

STAFF PRESENT:
Jessica Sapp, Executive Director
Traci Zeh, Program Administrator

BOARD COUNSEL:
Christopher Dierlam, Assistant Attorney General

PROSECUTION ATTORNEY:
Andrew Pietrylo, DOH Prosecution Services
Alejandro Camacho, DOH Prosecution Services

COURT REPORTER:
For the Record
150 Mahan Drive, Suite 140
Tallahassee, FL 32308
(850) 222-5491
(850) 224-5316 (Fax)

II. APPLICATIONS FOR REVIEW – David Wright, BPharm

A. Pharmacists

i. Sanjeev Seenath

The applicant was present and represented by Edwin Bayo, Esq.

The applicant applied for a pharmacist license and answered yes to criminal history questions on his application.

After further discussion the Board took the following action:

Motion: by Mr. Philip to accept the application.
Second: by Mr. Meshad
Vote: 4/1. Dr. Hickman opposed.

ii. Theresa Ballington

The applicant was present.

The applicant applied for a pharmacist license and answered yes to criminal history questions on her application.

After further discussion the Board took the following action:

Ms. Ballington requested to waive the 90-day requirement of her application to allow her time to supply the Board with a copy of her evaluation completed in the state of Illinois.

Motion: by Dr. Hickman to approve the request to continue her the application and to delegate Mr. Wright to review the evaluation to determine if Ms. Ballington is sufficiently safe to practice.
Second: by Dr. Mesaros
Vote: Unanimous

B. Registered Pharmacy Technician

i. James Morrell

The applicant was present.

The applicant applied for a registered pharmacy technician license and answered yes to criminal history questions on his application.

After further discussion the Board took the following action:

Motion: by Dr. Hickman to accept the application.
Second: by Dr. Mesaros
Vote: Unanimous

ii. Jessica Leavesley

Mr. Wright stated for the record he is professionally associated with the applicant. Due to his recusal, the application was tabled to the December 16, 2020 meeting due to lack of quorum.

iii. Malinda Barconey

The applicant was present.

The applicant applied for a registered pharmacy technician license and answered yes to health history questions on her application.

Mr. Philip stated that even though Ms. Barconey completed her training through Walgreens, he

has no professional association with Ms. Barconey and would not need to recuse himself.

After further discussion the Board took the following action:

Ms. Barconey requested to waive the 90-day requirement of her application to allow her time to receive an evaluation from Professional Resources Network (PRN).

Motion: by Dr. Hickman to approve the request to continue her the application for six months and to delegate Mr. Wright to review the evaluation to determine if Ms. Barconey is sufficiently safe to practice.
Second: by Dr. Mesaros
Vote: Unanimous

iv. Zabella Thompson

The applicant was present.

The applicant applied for a registered pharmacy technician license and answered yes to criminal history questions on her application.

After further discussion the Board took the following action:

Motion: by Mr. Philip to accept the application.
Second: by Dr. Mesaros
Vote: Unanimous

v. Joshua Camesa

The applicant was present.

The applicant applied for a registered pharmacy technician license and answered yes to health history questions on his application.

After further discussion the Board took the following action:

Mr. Camesa requested to waive the 90-day requirement of his application to allow him time to receive an evaluation from Professional Resources Network (PRN).

Motion: by Mr. Meshad to approve the request to continue the application for six months and to delegate Mr. Wright to review the evaluation to determine if Mr. Camesa is sufficiently safe to practice.
Second: by Dr. Hickman
Vote: Unanimous

vi. Jarvis Manns

The applicant was present.

The applicant applied for a registered pharmacy technician license and answered yes to criminal history questions on his application.

After further discussion the Board took the following action:

Mr. Manns requested to waive the 90-day requirement of his application.

Motion: by Mr. Meshad to approve the request to continue the application for six months to allow time to retrieve additional criminal documentation.
Second: by Dr. Hickman
Vote: Unanimous

vii. Mark Stevenson

The applicant was present.

Mr. Philip stated that even though Mr. Stevenson completed his training through Walgreens, he has no professional association with Mr. Stevenson and would not need to recuse himself.

The applicant applied for a registered pharmacy technician license and answered yes to criminal and health history questions on his application.

After further discussion the Board took the following action:

Mr. Stevenson requested to waive the 90-day requirement of his application to allow him time to receive an evaluation from Professional Resources Network (PRN).

Motion: by Dr. Hickman to approve the request to continue the application for six months and to delegate Mr. Wright to review the evaluation to determine if Mr. Stevenson is sufficiently safe to practice.
Second: by Mr. Meshad
Vote: Unanimous

C. Pharmacy Permits

i. Total Veins Pharmacy, LLC.

The applicant was present.

The applicant applied for a Nonresident Sterile Compounding Permit. The applicant answered yes to disciplinary questions on the application.

After further discussion the Board took the following action:

Motion: by Dr. Hickman to accept the application.
Second: by Mr. Philip
Vote: Unanimous

ii. Maple Rose Enterprises, Inc.

The applicant was present.

The applicant applied for a Nonresident Pharmacy Permit. The applicant answered yes to disciplinary questions on the application.

During the August Board Meeting, it was requested that Maple Rose Enterprises, Inc. reappear before the Board in December with a new inspection report.

After further discussion the Board took the following action:

Motion: by Mr. Philip to accept the application.
Second: by Dr. Hickman
Vote: Unanimous

iii. At Home Infusion Services, Inc.

The applicant was present.

The applicant applied for a Community Pharmacy Permit. The applicant answered yes to disciplinary questions on the application.

After further discussion the Board took the following action:

Motion: by Dr. Hickman to accept the application.
Second: by Mr. Meshad
Vote: Unanimous

III. PETITION FOR VARIANCE OR WAIVER

A. Mirlande Pierre, 64B16-26.300, F.A.C., Consultant Pharmacist Licensure

The petitioner was present.

Pursuant to Rule 64B16-26.300(3)(c), F.A.C., a pharmacist wishing to become licensed as a consultant pharmacist must "successfully complete a period of assessment and evaluation under the supervision of a preceptor within one (1) year of completion of the course set forth in paragraph (b), above. This period of assessment and evaluation shall be completed over no more than three (3) consecutive months and shall include at least 40 hours of training in the following practice areas, 60% of which shall occur on-site at an institution that holds a pharmacy permit.

Ms. Pierre requested the rule be temporarily waived as she is unable to complete the on-site requirement at an institution due to restrictions of entering facilities during COVID-19.

After further discussion the Board took the following action:

Motion: by Dr. Hickman to grant the petition contingent upon the completion of an additional eight (8) hours of Consultant Pharmacist continuing education within six (6) months.
Second: by Dr. Mesaros
Vote: Unanimous

B. Mounica Jammu, 64B16-26.300, F.A.C., Consultant Pharmacist Licensure

The petitioner was present.

Pursuant to Rule 64B16-26.300(3)(c), F.A.C., a pharmacist wishing to become licensed as a consultant pharmacist must "successfully complete a period of assessment and evaluation under the supervision of a preceptor within one (1) year of completion of the course set forth in paragraph (b), above. This period of assessment and evaluation shall be completed over no more than three (3) consecutive months and shall include at least 40 hours of training in the following practice areas, 60% of which shall occur on-site at an institution that holds a pharmacy permit.

Ms. Jammu was seeking a waiver of Rule 64B16-26.300(3)(c), F.A.C, as she is unable to locate a preceptor during the current COVID-19 climate.

After further discussion the Board took the following action:

Motion: by Mr. Wright to grant the petition contingent upon the completion of an additional eight (8) hours of Consultant Pharmacist continuing education within six (6) months.
Second: by Dr. Mesaros
Vote: Unanimous

C. Jelisabel Irizarry-Gonzalez, 64B16-26.300, F.A.C., Consultant Pharmacist Licensure

The petitioner was present.

Pursuant to Rule 64B16-26.300(3)(c), F.A.C., a pharmacist wishing to become licensed as a consultant pharmacist must "successfully complete a period of assessment and evaluation under the supervision of a preceptor within one (1) year of completion of the course set forth in paragraph (b), above. This period of assessment and evaluation shall be completed over no more than three (3) consecutive months and shall include at least 40 hours of training in the following practice areas, 60% of which shall occur on-site at an institution that holds a pharmacy permit.

Ms. Irizarry Gonzalez was seeking a waiver of Rule 64B16-26.300(3)(c), F.A.C, as she is unable to locate a preceptor during the current COVID-19 climate.

After further discussion the Board took the following action:

Motion: by Mr. Wright to grant the petition contingent upon the completion of an additional eight (8) hours of Consultant Pharmacist continuing education within six (6) months.
Second: by Dr. Mesaros
Vote: Unanimous

D. Stellar Pharmacy Services, Inc.

The petitioner was present.

The Petitioner was seeking a variance from 465.0235, Florida Statutes, Automated pharmacy

systems used by long-term care facilities, hospices, or state correctional institutions, or for outpatient dispensing. The petitioner was seeking guidance regarding allowing a Florida licensed Non-Resident Pharmacy be substituted for a Community Pharmacy, a medical provider deliver patient counseling, and for the allowance of an out of state licensed pharmacist supervise an automated pharmacy system.

The Petitioner withdrew the petition.

IV. PETITION TO INITIATE RULEMAKING

A. RxSafe, LLC., Panama Pharmacy, and Pine Brook Pharmacy, 64B16-28.108, F.A.C., All Permits – Labels and Labeling of Medicinal Drugs

The Petitioner was present and represented by Edwin Bayo, Esp.

RxSafe, LLC., Panama Pharmacy, and Pine Brook Pharmacy petitioned the Board to initiate rulemaking for the purpose of amending Rule 64B16-28.108, F.A.C., to reflect a "beyond use date" that would be consistent to allow a pharmacy that provides customized patient medication packaging to dispense a ninety day supply.

64B16-28.108 All Permits – Labels and Labeling of Medicinal Drugs.

(6) A customized patient medication package may be utilized if:
(a) The consent of the patient or the patient's agent has been secured; and,
(b) The label includes:
1. Name, address and telephone number of the pharmacy.
2. Serial number for the customized medication package and a separate serial number for each medicinal drug dispensed.
3. Date of preparation of the customized patient medication package.
4. Patient's name.
5. Name of each prescriber.
6. Directions for use and any cautionary statements required for each medicinal drug.
7. Storage instructions.
8. Name, strength, quantity and physical description of each drug product.
9. A beyond use date that is not more than ~~60~~ 120 days from the date of preparation of the customized patient medication package but shall not be later than any appropriate beyond use date for any medicinal drug included in the customized patient medication package.

Motion: by Dr. Mesaros to table this discussion to be considered at a Rules Committee Meeting and requested the Petitioner to provide data from other states on how many times they have to rework the packaging of the medications.
Second: by Dr. Hickman
Vote: Unanimous

V. RULE DISCUSSION

A. Consultant Pharmacist of Record, Emergency Rule

Due to the concerns surrounding the spread of COVID-19, the Board held an Emergency Rule Hearing to address the obligations of Consultant Pharmacists under 64B16-28, F.A.C. Emergency Rule 64B16ER20-21 was effective March 19, 2020 through June 19, 2020 which suspended the

requirement of a Consultant Pharmacist completing their required inspections "on-site".

This was placed on the agenda for further Board discussion.

During the October meeting the Board directed Board Counsel to provide language for another emergency rule. The Following language was provided for the Board's review.

64B16ER20-42 (64B16-28.501) Consultant Pharmacist of Record; Initial Designation; Change.
(1) through (4) No change.
(5) Off-site consultant pharmacists of record shall not be required to perform inspections and on-site consultations at permitted institutional pharmacies as referenced in Rules 64B16-28.501(3), F.A.C.; Rules 64B16-28.702(2)(b), (c), and (d) F.A.C.; Rule 64B16-28.850(16), F.A.C., and Rules 64B16-28.870(3)(c) and (d), F.A.C., when the consultant pharmacist of record is not regularly present at the location and the permit holder refuses to grant access due to COVID-19 concerns. This rule shall in no way modify any obligations stemming from State or Federal laws requiring drug regimen reviews.

Motion: by Mr. Wright to approve the proposed emergency rule language.
Second: by Dr. Hickman
Vote: Unanimous

The Board opened the floor for public comment.

Kathy Baldwin addressed the Board.

Motion: by Mr. Wright to find that there would be no economic impact on small businesses.
Second: by Mr. Philip
Vote: Unanimous

Motion: by Mr. Wright to find that the proposed rule would not likely directly or indirectly increase regulatory costs to any entity (including government) in excess of $200,000 within 1 year after the implementation of the rule.
Second: by Dr. Hickman
Vote: Unanimous

Motion: by Mr. Wright to find that no part of the rule should be designated as a minor violation.
Second: by Dr. Hickman
Vote: Unanimous

B. Application Redesign
- i. 64B16-26.2032, F.A.C., Application for Pharmacy Intern Registration
- ii. 64B16-26.303, F.A.C., Nuclear Pharmacist Licensure
- iii. 64B16-26.350, F.A.C., Requirements for Pharmacy Technician Registration
- iv. 64B16-300, F.A.C., Consultant Pharmacist for Licensure

Ms. Sapp provided the Board with a summary of the application revisions.

Motion: by Mr. Wright to approve the application revisions and open the applicable rules open for development.
Second: by Mr. Philip
Vote: Unanimous

Motion: by Mr. Wright to find that there would be no economic impact on small businesses.
Second: by Dr. Hickman
Vote: Unanimous

Motion: by Dr. Hickman to find that the proposed rule would not likely directly or indirectly increase regulatory costs to any entity (including government) in excess of $200,000 within 1 year after the implementation of the rule.
Second: by Mr. Wright
Vote: Unanimous

Motion: by Dr. Hickman to find that no part of the rule should be designated as a minor violation.
Second: by Mr. Wright
Vote: Unanimous

Motion: by Mr. Wright to find that this rule shall not include a sunset provision.
Second: by Dr. Hickman
Vote: Unanimous

VI. REPORTS – Jonathan Hickman, PharmD, Chair

A. Board Chair

Dr. Hickman addressed the Board and recognized the outgoing Members. Mr. Richard Montgomery, Dr. Mark Mikhael, and Dr. Blanca Rivera for their years of service on the Board. He also welcomed the new Members, Dr. Patty Ghazvini, Dr. Dorinda Segovia, and Ms. Maja Gift to the Board.

B. Executive Director's Report – Jessica Sapp, Executive Director

Ms. Sapp provided an overview of 2021 legislation.

HB29, Dispensing Medicinal Drugs, was recently filed. This bill authorizes a prescribing health care practitioner to dispense up to a 48-hour supply of a medicinal drug to an inpatient upon discharge or to a patient discharged from an emergency department of a hospital that operates a Class II or Class III Institutional pharmacy. It also allows up to a 72-hour supply when a state of emergency has been declared for an area in the state pursuant to section 252.36, Florida Statutes (F.S.). Ms. Sapp will provide updates at each meeting with the status of the bill and any other bills filed throughout the 2021 legislative season.

i. Financial Reports

These reports were provided for informational purposes only.

ii. 2021 Probable Cause Panel Dates

The 2021 PCP dates were provided for the Board's review.

Board staff will make updates to the PCP schedule and bring back to a future meeting for review.

iii. Human Trafficking CE Requirement

Ms. Sapp reminded Board Members and others present at the meeting that all currently licensed pharmacists and registered pharmacy technicians are required to complete the one-time, one-hour course on Human Trafficking by January 1, 2021 and provided information on where licensees can find approved courses.

iv. Virtual Chat Agent: ELI

Ms. Sapp provided an overview of virtual chat agenda, ELI that launched on the Board of Pharmacy's website on October 28, 2020.

ELI (Enforcement – Licensure – Information) is MQA's new artificial intelligence system that is transforming the customer service MQA provides by enabling the workforce to deliver exceptional service to our customers through online chat.

ELI is designed to answer common questions in a variety of different areas. Some areas include: licensure requirements, renewal requirements, fees, contact information, background screening, public records, and more.

v. Staff Recognition

This was provided for informational purposes only.

C. Board Counsel Report – Christopher Dierlam, Assistant Attorney General

i. Rules Status Report

Mr. Dierlam provided an overview of the rules report.

D. Committee Report

i. Rules Committee – Jeffery J. Mesaros, PharmD, JD

a. Rules Committee Update

No report was provided at this time.

E. Investigative Services Report – Robert Difiore, Pharmaceutical Program Manager

Mr. Dilworth provided a brief update on the inspection results as of October 2020.

As of December 2020 - Non-Sterile Pharmacy inspections, currently 883 inspections have been completed; Sterile Compounding Pharmacy inspections are currently at 33 inspections completed.

VII. NEW BUSINESS – Rich Montgomery, BPharm, MBA, Chair

A. 2021 Election of Officers

This item was tabled to the December 16, 2020 meeting.

B. Ratification of Issued Licenses/Certificates

i. Pharmacist (Licensure) – 250
ii. Pharmacist (Exam Eligibility) – 330
iii. Pharmacist Interns – 384
iv. Consultant Pharmacist – 46
v. Pharmacy/Facilities – 108
vi. Registered Pharmacy Technicians – 1085
vii. Registered Pharmacy Technician Training Program – 16
viii. Nonresident Sterile Compounding – 3
ix. Approved CE Courses – 45
x. Individual Pharmacist Request for Approval of CE – 6

Motion: by Mr. Philip to accept the ratification lists.
Second: by Mr. Meshad
Vote: Unanimous

VIII. OLD BUSINESS – Rich Montgomery, BPharm, MBA, Chair

A. Review and Approval of Meeting Minutes

i. October 13, 2020 Rules Committee Minutes
ii. October 13, 2020 General Board Meeting Minutes
iii. October 14, 2020 General Board Meeting Minutes

Motion: by Mr. Wright to accept the meeting minutes.
Second: by Mr. Meshad
Vote: Unanimous

IX. FOR YOUR INFORMATION

A. Sophic Medical Presentation

Mr. Bob Parrado addressed the Board.

X. ADJOURNMENT

There being no further business the meeting adjourned at 5:30 p.m. ET.

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 5 & 6 **. Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
Spring 2019		Texas		

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court
SOAH Docket No. 515-19-2304 Agreed Board Order #K-18-018	State Office of Administrative Hearings; Texas State Board of Pharmacy

Reason/Charge
Appearance / Board Order

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy
Home Care Services, Inc. DBA KabaFusion NJ	Appearance / Board Order

Name of Business/Industry/Entity
Home Care Services, Inc. DBA KabaFusion NJ

Provide explanation below: See Attachment.

Aslam Masood
Original Signature (electronic, copies or stamps not accepted)

10/3/25
Date

KabaFusion
Patient-Focused Infusion Therapy

Regarding Disciplinary Action for Home Care Services, Inc. DBA KabaFusion NJ (Edison)

In 2019 Home Care Services, Inc. DBA KabaFusion NJ and the Texas State Board of Pharmacy met and discussed a matter that was non-suited.

CORPORATE (WEST COAST)
17777 Center Court Dr., Ste. 550, Cerritos, CA 90703
P: 800-435-3020 F: 562-860-6017

CORPORATE (EAST COAST)
80 Hayden Ave., Suite 300, Lexington, MA 02421
P: 844-777-4844 F: 781-862-2002

www.kabafusion.com

TEXAS STATE BOARD OF PHARMACY

Re:	KabaFusion NJ
Address:	160 Raritan Center Parkway, Suite 18 Edison, New Jersey 08837
License No.:	27408
Date Issued:	March 7, 2011
Licensure Status:	Closed-approved to close on or about July 16, 2019
Type of Pharmacy:	Community Sterile Compounding
Prior Disciplinary Orders:	No

The Texas State Board of Pharmacy maintains records regarding licensure and disciplinary action against a licensee. KabaFusion NJ (former Texas Pharmacy License #27408) has not been subject to disciplinary action by the Texas State Board of Pharmacy.

Form Completed by:

Eamon D. Briggs
Assistant General Counsel
Texas State Board of Pharmacy

June 2, 2022
Date

The Texas Department of State Health Services, Drugs and Medical Devices Division, Wholesaler Registration, 1100 W. 49th Street, Austin, TX 78756, is responsible for issuing registrations to wholesale drug distributors and drug manufacturers in Texas.

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 5 & 6 **. Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
05/07/2020		Illinois		
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Case No. 218-05913		Division of Professional Regulation of the Illinois Department of Financial and Professional Regulation		
Reason/Charge				
Violation of Federal or State Statutes, Regulations or Rules				
Plaintiff/Defendant/Claimant/Respondent		**Lawsuit/Arbitration/Bankruptcy**		
KabaFusion, Inc.		Complaint & Non-Disciplinary Consent Order		
Name of Business/Industry/Entity				
KabaFusion, Inc.				

Provide explanation below: See Attachment.

Adam Masood

Original Signature (electronic, copies or stamps not accepted)

10/3/25

Date

KabaFusion
Patient-Focused Infusion Therapy

Regarding Disiplinary Action for KabaFusion, Inc. (Shrewsbury)

Illinois Board of Pharmacy

KabaFusion, Inc. was party to a Non-Disciplinary Consent Order dated 5/07/2020 with the Illinois Board of Pharmacy regarding the Maine Board of Pharmacy Consent Agreement involving disciplinary action for submission of a late change of pharmacist in charge application.

KabaFusion now has improved policies and procedures and a dedicated team to manage reporting these operational changes to regulators.

CORPORATE (WEST COAST)
17777 Center Court Dr., Ste. 550, Cerritos, CA 90703
P: 800-435-3020 F: 562-860-6017

CORPORATE (EAST COAST)
80 Hayden Ave., Suite 300, Lexington, MA 02421
P: 844-777-4844 F: 781-862-2002

www.kabafusion.com

STATE OF ILLINOIS
DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION
DIVISION OF PROFESSIONAL REGULATION

DIVISION OF PROFESSIONAL REGULATION OF THE ILLINOIS DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION,	Complainant,	)	
v.		)	Case No. 2018-05913
KABAFUSION, INC., License No. 054.018814,	Respondent.	)	

NON-DISCIPLINARY CONSENT ORDER

The Division of Professional Regulation of the Illinois Department of Financial and Professional Regulation ("Department"), by attorney Paula McGee, and Respondent Kabafusion, Inc., ("Respondent"), by attorney Alex Cooper of Quarles & Brady, LLP, agree to the following:

STIPULATIONS

Respondent holds Illinois pharmacy license no. 054.018814 pursuant to the Pharmacy Practice Act, 225 ILCS 85/et seq. ("Act"), which is presently in active status. On or about April 2, 2018, the Maine State Board of Pharmacy issued a public Consent Agreement whereby Respondent agreed to pay an administrative fine of one thousand five hundred dollars ($1,500.00) due to Respondent's failure to file a change of pharmacist-in-charge ("PIC") application with the Maine Board of Pharmacy by registered mail within seven (7) days after a change of PIC. Respondent filed its PIC application with the Maine Board of Pharmacy approximately nine (9) months after a change of PIC. For the purposes of this Non-Disciplinary Consent Order, Respondent admits that an adverse action was taken against Respondent in the State of Maine. Respondent's actions and/or omissions constitute grounds for discipline under the Act, 225 ILCS 85/30(a)(8).

At all times material to the matter set forth in this Non-Disciplinary Consent Order, the Department had jurisdiction over the subject matter and the parties herein. Respondent has been advised of the right to have any allegation(s) reduced to written charges, to a hearing where the Department bears the burden to prove its allegations by clear and convincing evidence, the right to contest any charges brought and present mitigating evidence, and the right to administrative review of any order resulting from a hearing. Respondent knowingly waives each of these rights, as well as any right to administrative review of this Non-Disciplinary Consent Order.

Such waiver ceases if this Non-Disciplinary Consent Order is rejected by the Board of Pharmacy ("Board") or Director. Respondent acknowledges that Respondent has entered into this Non-Disciplinary Consent Order freely and of Respondent's own will without threat or coercion by the Department or any person and has not relied upon any representation made by or on behalf of the Department other than those specifically included herein. Respondent acknowledges that the Department attorney may be requested to communicate with the Board or Director in furtherance of the approval of this Non-Disciplinary Consent Order. Respondent has been informed that this Non-Disciplinary Consent Order will be presented to the Director. If this Non-Disciplinary Consent Order is not approved, Respondent waives any right to raise any prejudice resulting from the Director's consideration of this Non-Disciplinary Consent Order. Respondent understands that this Non-Disciplinary Consent Order is not effective unless and until it is adopted by the Director. A copy of any original signature(s) shall be given the full force and effect of an original signature(s) affixed to this Non-Disciplinary Consent Order.

Respondent and the Department agree, in order to resolve this matter, that Respondent be permitted to enter into a Non-Disciplinary Consent Order with the Department, providing for the imposition of measures which are fair and equitable in the circumstances and which are consistent with the best interests of the people of the State of Illinois.

CONDITIONS

Wherefore, the Department, by attorney Paula McGee, and Respondent, by attorney Alex Cooper of Quarles & Brady, LLP, agree:

A. Respondent shall permanently voluntarily surrender Respondent's Illinois pharmacy license no. 054.018814 to the Department.

B. This Non-Disciplinary Consent Order shall become effective upon the Director's signature, as dated below.

Signatures on the following page.

4/29/2020
Date

Respondent Kabafusion, Inc.

5/5/2020
Date

Alex Cooper, Quarles & Brady, LLP
Attorney for Respondent

5/6/2020
Date

Department Attorney Paula McGee

5/7/2020
Date

Board of Pharmacy Member

The foregoing Non-Disciplinary Consent Order is approved in full.

Dated this 7th day of May, 2020.

ILLINOIS DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION
SECRETARY DEBORAH HAGAN

Acting Director Cecilia Abundis
Division of Professional Regulation

Case No. 2018-05913
License No. 054.118814

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 6 **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
07/17/2020		Massachusetts		
Case # Massachusetts Board of Pharmacy Meeting Agenda dated 07/07/2020 and Minutes		**Governing, licensing, Arresting Presiding Body/Agency/Court** Commonwealth of Massachusetts, Board of Registration in Pharmacy		
Reason/Charge Appearance Regarding Relocation Application				
Plaintiff/Defendant/Claimant/Respondent KabaFusion, Inc.		**Lawsuit/Arbitration/Bankruptcy** Appearance		
Name of Business/Industry/Entity KabaFusion, Inc.				

Provide explanation below: See Attachment.

Aslam Masood
Original Signature (electronic, copies or stamps not accepted)

10/3/25
Date

KabaFusion
Patient-Focused Infusion Therapy

Regarding Massachusetts Board of Pharmacy Appearance for KabaFusion, Inc. (Shrewsbury)

KabaFusion, Inc. attended the Massachusetts Board of Pharmacy meeting on 7/17/2020 to discuss a relocation from Shrewsbury, MA to Lexington, MA. A copy of the agenda and minuites are enclosed. The pharmacy did not relocate and still operates in Shrewsbury, MA.

CORPORATE (WEST COAST)
17777 Center Court Dr., Ste. 550, Cerritos, CA 90703
P: 800-435-3020 F: 562-860-6017

CORPORATE (EAST COAST)
80 Hayden Ave., Suite 300, Lexington, MA 02421
P: 844-777-4844 F: 781-862-2002

COMMONWEALTH OF MASSACHUSETTS
Board of Registration in Pharmacy

NOTICE OF THE REGULARLY SCHEDULED MEETING OF THE BOARD OF REGISTRATION IN PHARMACY

July 17, 2020

Webex Information

Call in Number: 1-203-607-0564 or toll free 1-866-692-3580

Access Code: 161 759 5995

Attendee: #

If you need reasonable accommodations in order to participate in the meeting, contact the DPH ADA Coordinator Yulanda Kiner, Phone: 617-624-5848 in advance of the meeting. While the Board will do its best to accommodate you, certain accommodations may require distinctive requests or the hiring of outside contractors and may not be available if requested immediately before the meeting.

Agenda

Time	#	Item	Page	Contact
8:00	I	**CALL TO ORDER**		K. Tanzer
	II	**APPROVAL OF AGENDA**		
8:05	III	**APPROVAL OF BOARD MINUTES** • Draft of July 10, 2020 Regular Session Minutes		
8:10	IV	**APPLICATIONS** • Kabafusion-DS89700 – Relocation • St. Mary's Pharmacy – New Community Pharmacy • BIDMC Pharmacy – New Community Pharmacy • Anchor Home Medical & Pharmacy – New Community Pharmayc • Baker Pharmacy; DS12518- Transfer of Ownership		

8:55	V	**FLEX** • Pharmacy issues related to Covid-19 and the state of emergency		
9:00	VI	**M.G.L. c. 112, § 65C SESSION**		CLOSED SESSION
10:15	VII	**ADJUDICATORY SESSION (M.G.L. ch. 30A, §18)**		CLOSED SESSION
10:30	VIII	**ADJOURNMENT**		

COMMONWEALTH OF MASSACHUSETTS
BOARD OF REGISTRATION IN PHARMACY

MINUTES OF THE GENERAL SESSION
Meeting held via WEBEX remotely
Boston, Massachusetts, 02114
July 17, 2020

Board Members Present

Kim Tanzer, PharmD, RPh. President
Julie Lanza, CPhT, President Elect
Leah Giambarresi, Pharm D, RPh, Secretary
Sebastian Hamilton, Pharm D, RPh
Dr. Richard Lopez, MD
Timothy Fensky, RPh (leaves at 10:30 AM)
Patrick Gannon, RPh (leave 9:30-10:30 AM; back 10:30 AM-11:00AM)
Susan Cornacchio JD, RN
Katie Thornell, RPh
Dawn Perry, JD (Leave at 10:22 AM)
Carly Jean-Francois, RN, NP (leave at 10:10 AM)
Andrew Stein, Pharm D (leaves at 9:11 AM)
Stephanie Hernandez, Pharm D, BCGP, RPh (leave at 10:30 AM)

Board Members Not Present

Board Staff Present

David Sencabaugh, Executive Director
Monica Botto, Assistant Executive Director
Heather Engman, JD, Board Counsel
William Frisch, RPh Director of Pharmacy Compliance (not present for 65C)
Michelle Chan, RPh Quality Assurance Pharmacist
Julienne Tran, PharmD RPh, Investigator
Gregory Melton, Pharm D, JD, RPh Investigator
Christina Mogni, RPh Investigator
John Murray, RPh Investigator
Nathan VanAllen, PharmD, RPh Investigator
Michael Brosnan, PharmD, RPh, Investigator
Ed Taglieri, MSM, NHA, RPh, PSUD Supervisor
Joanna Chow, Office Support Specialist
Richard Harris, Program Analyst

TOPIC I. Attendance by roll call:
CALL TO ORDER 8:02 AM
A quorum of the Board was present, established by roll call. President K. Tanzer chaired the meeting. She explained that the Board of Pharmacy was recording the meeting.

Roll call attendance: K. Tanzer, yes; J. Lanza, yes; L. Giambarresi, yes; D. Perry, yes; P. Gannon, yes; C. Jean-Francois, yes; S. Hamilton, yes; S. Cornacchio, yes, Dr. Lopez, yes; T. Fensky, yes; K. Thornell; S. Hernandez, yes; Andy Stein, yes.

Topic II. **Approval of Agenda** **TIME 8:03 AM**

Agenda July 17, 2020

DISCUSSION:
Change to Agenda:

1. Defer application Anchor Home Medical and Pharmacy
2. Defer application Baker Pharmacy DS12518

ACTION:
Motion by L. Lanza, seconded by C. Jean Francois and voted unanimously by those present by roll call vote to approve the agenda with no changes.

Kim asks Michelle to introduce the APPE Pharmacy students Cara O'Toole From WNE and Kyle Blomster from URI.

Topic III **Approval of Board Minutes** **TIME: 8:04 AM**

Minutes
1. Draft 7/10/20 General Session Minutes

No noted Changes.

Action:
Motion by L. Giambarresi, seconded by S. Hamilton and voted unanimously by roll call vote to approve the regular session minutes of 7/10/20 with no noted changes; A. Stein abstains.

Topic IV **Applications:**
1. Kabafusion DS89700 **Relocation** **Time: 8:06 AM**

Represented by: John Leary MOR, Attorney Paul Garbarini

Recusal: None

Discussion: Pharmacy desires to relocate from Shrewsbury to Lexington. It is a 7,000 sq. ft. design, with 400 sq. ft. for the clean room. This is a home infusion pharmacy that specializes in IG therapy. Mr. Leary has had MOR experience at several other pharmacies, but he started with Kabafusion in April, 2020. Leary has limited experience with sterile compounding, as he has more regulatory background. Kabafusion has a robust training program including videos, online courses and modules, and didactic learning. On his own, Leary has also been taking courses through ASHP and on USP. Fran McAteer has

had a role in training on environmental monitoring. Leary and the previous MOR, Fidelis Fynn did a self-inspection together. Now, Mr. Fynn has passed the MOR role onto Leary, and Fynn has become the director of operations for Kabafusion. Kabafusion is open Monday – Friday. They plan to be moving everything on the weekend, although all the new equipment will be already in the Lexington location. When they are closed, Kabafusion has 24-hour access to an on call pharmacist and nurse, and other facilities as backup.

Action: Motion by L. GIAMBARRESI, seconded by S. HAMILTON, and voted unanimously by roll call by those present to approve the relocation pending successful inspection.

---

2. St. Mary's Pharmacy **New Community Pharmacy** **Time: 8:15 AM**

Represented by: Bakheet Shenoda, MOR

Recusal: None

Discussion: Bakheet and the owner will open a new retail pharmacy in North Andover. It is located in a plaza on the end, with one neighbor to the left, a beauty salon. There is no access from the neighboring store and no access from above tenants. Points of entry are limited to a front door and back door, but Bakheet assured the back door will always be closed. Bakheet was previously MOR at NPH Pharmacare pharmacy for 4 months in Whitinsville and was a floater pharmacist for CVS. This pharmacy will be providing vaccinations, with a privacy room area surrounded by curtains. They will be reaching out to nearby nursing homes to assess the need for compliance packaging. They will perform simple compounding, such as oral suspensions. Staffing will be 1 pharmacist and 1 technician to start. They have an after-hours voicemail with access to a pharmacist on call. Training for non-sterile compounding for the pharmacist will be reassessed every 6 months, to inspect compounding area and add safety precautions.

Action: Motion by L. GIAMBARRESI, seconded by S. HAMILTON, and voted unanimously by roll call by those present to approve the relocation pending successful inspection.

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3. BIDMC Pharmacy **New Community Pharmacy/Relocation Time: 8:29 AM**

Represented by: David Young, Luca Cattaneo, Kim Nguyen

Recusal: J. LANZA and H. ENGMAN recused and were not present for the discussion or vote in this matter.

Discussion: Beth Israel Deaconess Medical Center (BIDMC) is looking to operate 2 separate, licensed pharmacies without a physical barrier and with a shared production area. One pharmacy will be designated as a specialty pharmacy while the other will be a retail pharmacy focusing on central fill for their Boston location. There will be designated areas with signage specific to each pickup. The representatives answered questions from the Board members regarding security measures, including that there will be 73 security cameras in use and 37 of those cameras focused on the production area. Each pharmacy will have its own inventory, physically separated by lines of demarcation and routinely

reconciled. Specifically, cycle counts will occur every Friday for the specialty pharmacy. They do not plan to have any of the same medications in each pharmacy. The specialty side will just keep specialty medications. Each pharmacy will have its own phone number, labels, and signage. There will be 2 DEA numbers and 2 separate MORs. The representatives assured members of the Board that they will not be sharing staff between the 2 spaces. Concerns were raised about accountability and who would be held responsible for this pilot project because this model is unprecedented. Pharmacists Chirag, David Young, and Luca Cattaneo will all be responsible and dedicated to running this project, rather than BIDMC. This facility allows them to expand services and provide a high touch with patients. They can enhance patient management by focusing more efforts on high risk patients. Separate licenses operating in the same pharmacy space is requested because accreditation efforts and costs for the specialty pharmacy are labor intensive, as well as creating opportunity for contracts that are typically restricted to specialty pharmacies.

Action: Motion by L. GIAMBARRESI, seconded by K. THORNELL, and voted unanimously by roll call by those present to approve the central fill petition.

Action: Motion by L. GIAMBARRESI, seconded by P. GANNON, and voted unanimously by roll call by those present to approve the pilot project contingent upon the following conditions:

- Approval of the DEA
- Specific metrics and reporting schedule to be determined in conjunction with Board staff
- Pilot project to begin 6 months from the date both pharmacies are open and operational

Action: Motion by L. GIAMBARRESI, seconded by P. GANNON, and voted unanimously by roll call by those present to approve the relocation of BIDMC Specialty Pharmacy pending a successful inspection.

Action: Motion by L. GIAMBARRESI, seconded by P. GANNON, and voted unanimously by roll call by those present to approve a new retail license for BILH Pharmacy Direct pending a successful inspection.

TOPIC V **Flex:** **Time: 9:11 AM**
Pharmacy Issues related to COVID-19 and the state of emergency:
Presented by: D. Sencabaugh

Dave notes no updates this week.

Kim Tanzer announces the general session will be ending and the Board will be going into private session. The Board will not cover any other general session items today.

Andrew Stein, Pharm D (leaves at 9:11 AM)

Topic VI: **M.G.L. 65 C #1** **Time: 9:15 AM**

DISCUSSION: None
ACTION: President elect K. Tanzer request a motion to enter M.G.L 65 c Session.

At 9:15 AM L. Giambarresi, seconded by J. Lanza and voted unanimously by roll call vote of all those present to enter M.G.L. chapter 65 c Session:

Carly Jean-Francois, RN, NP (leave at 10:10 AM)
Dawn Perry, JD (Leave at 10:22 AM)
Timothy Fensky, RPh (leaves at 10:30 AM)
Patrick Gannon, RPh (leave 9:30-10:30 AM; back 10:30 am to 11:00 AM)
Stephanie Hernandez, Pharm D, BCGP, RPh (leave at 10:27 AM)

Topic VII: **Adjudicatory Session** **Time: 10:51 AM**

DISCUSSION: None
ACTION: President elect K. Tanzer request a motion to enter Adjudicatory Session.

At 10:51 AM S. Hamilton, seconded by L. Giambarresi and voted unanimously by roll call vote of all those present to enter M.G.L. chapter 65 c Session:

Topic VII **ADJOURMENT OF MEETING** **TIME: 10:54 AM**

ACTION: Motion by S. Hamilton seconded by L. Giambarresi and voted unanimously by roll call vote by those present, to adjourn from General Session.

EXHIBITS USED DURING THE OPEN SESSION OF THE MEETING

1. Draft Agenda of the 7/17/20 General Session
2. Draft Minutes of the 7/10/20 Meeting
3. Applications Kabafusion DS89700 Relocation
4. St. Mary's Pharmacy New Community Pharmacy
5. BIDMC Pharmacy New Community Pharmacy

Respectfully Submitted,
Leah Giambarresi, PharmD, RPh, Secretary

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 5 & 6. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
08/12/2020		Massachusetts		
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
PHA-2019-0071		Commonwealth of Massachusetts, Board of Registration in Pharmacy		
Reason/Charge				
Complaint; Non-Disciplinary Consent Agreement for Stayed Probation				
Plaintiff/Defendant/Claimant/Respondent		**Lawsuit/Arbitration/Bankruptcy**		
KabaFusion, Inc.		Complaint; Non-Disciplinary Consent Agreement for Stayed Probation		
Name of Business/Industry/Entity				
KabaFusion, Inc.				

Provide explanation below: See Attachment.

Aslam Masood
Original Signature (electronic, copies or stamps not accepted)

10/13/25
Date

KabaFusion
Patient-Focused Infusion Therapy

Regarding Massachusetts Board of Pharmacy Complaint No. PHA-2019-0071 and Non-Disiplinary Consent Agreement for Stayed Probation for KabaFusion, Inc. (Shrewsbury)

Complaint No. PHA-2019-0071 was regarding a failure to report an above action level regarding the 2/20/2019 environmental monitoring.

KabaFusion, Inc. was party to a non-disciplinary condition agreement dated 8/12/2020 with the Massachusetts Board of Pharmacy. The pharmacy was inspected on 6/20/2019 and passed the inspection. After the inspection, KabaFusion and the Massachusetts Board of Pharmacy continued to review and discuss the pharmacy's environmental monitoring procedures and determined that monthly samples would receive routine testing and reporting by a third-party lab. A new pharmacist-in-charge/manager of record took over day to day management of the pharmacy on 6/22/2020 and KabaFusion also completed and passed additional routine inspections by the Board on 12/09/2019, 12/04/2020, 2/24/2021 and 11/10/2021.

On 10/01/2021 the pharmacy received notice from the Massachusetts Board of Pharmacy that all requirements of the agreement were satisfied.

A copy of the Non-Disiplinary Consent Agreement and Notice of Restoration are enclosed.

CORPORATE (WEST COAST)
17777 Center Court Dr., Ste. 550, Cerritos, CA 90703
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CORPORATE (EAST COAST)
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www.kabafusion.com

The Commonwealth of Massachusetts
Executive Office of Health and Human Services
Department of Public Health
Bureau of Health Professions Licensure
239 Causeway Street, Suite 500, Boston, MA 02114

CHARLES D. BAKER
Governor

KARYN E. POLITO
Lieutenant Governor

Tel: 617-973-0800
TTY : 617-973-0988
www.mass.gov/dph/boards

MARYLOU SUDDERS
Secretary

MARGRET R. COOKE
Acting Commissioner

October 1, 2021

Manager of Record
Kabafusion, Inc.
159 Memorial Drive, Unit E
Shrewsbury MA 01545

RE: In the Matter of Kabafusion, Inc., Board of Registration in Pharmacy,
PHA-2019-0071; License No. DS89700

NOTICE OF RESTORATION OF UNRESTRICTED LICENSURE
(SUCCESSFUL COMPLETION OF PROBATION)

Dear Manager of Record:

As you know, the pharmacy entered into a Consent Agreement for Probation, ("Agreement"), effective August 12, 2020 with the Board of Registration in Pharmacy ("Board").

Please be advised that after review and as authorized by Division Policy 15-01, the Board's Executive Director and I determined that the pharmacy has now complied in full with all requirements of the Agreement and that the minimum monitoring period has been satisfied. Accordingly, I am restoring the drug store's license to full, unrestricted status, effective September 22, 2021. Please allow for up to five (5) business days from the date of this letter until the updated license status appears on the "Check a License" website.

Sincerely,

Karen L. Fishman
Probation Department Coordinator

Enclosure
KLF/rf

Cc: Paul M. Garbarini, P.C.
Attorney at Law
PO Box 1551
Northampton, MA 01601

COMMONWEALTH OF MASSACHUSETTS

SUFFOLK COUNTY

BOARD OF REGISTRATION IN PHARMACY

In the Matter of)
Kabafusion)
DS89700)

PHA-2019-0071

NON-DISCIPLINARY CONSENT AGREEMENT FOR STAYED PROBATION

The Massachusetts Board of Registration in Pharmacy ("Board") and Kabafusion ("Licensee" or "Pharmacy"), a pharmacy licensed by the Board, DS89700, 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 pharmacy license related to the conduct set forth in Paragraph 2, identified as Docket No. PHA-2019-0071 ("the Complaint").[1]

2. The Board and the Pharmacy acknowledge and agree to the following facts:

   a. Board investigators inspected the Pharmacy on or about June 20, 2019 and observed the Pharmacy failed to properly respond to above action level environmental monitoring results in February 2019 and March 2019.

   b. Specifically, on or about February 20, 2019, a third party performed viable surface sampling at the pharmacy. One surface sample grew two colony forming units (CFUs) of a gram negative, rod-shaped bacteria identified as Serratia macescens, which is a highly pathogenic microorganism. As such, this sample was above USP 797 action levels.

   c. The Pharmacy failed to immediately remedy the February 20, 2019 above action level environmental monitoring result, in violation of USP 797 and 247 CMR 9.01(3).

[1] The term "License" applies to both a current license and the right to renew an expired license.

d. The Pharmacy failed to report the February 20, 2019 above action level environmental monitoring result to the Board, in violation of 247 CMR 6.15(7).

e. Another environmental monitoring sample taken on or about March 18, 2019 contained microbial growth. This sample was not sent to a credentialed laboratory for identification, in violation of in violation of USP 797 and 247 CMR 9.01(3).

f. During the June 20, 2019 inspection, Board investigators also observed the following violations of USP 797 and 247 CMR 9.01(3):

   i. fungal media plates incubated at incorrect temperatures;

   ii. use of expired sterile isopropyl alcohol; and

   iii. unsealed ceiling tiles.

g. The foregoing facts warrant action by the Board under M.G.L. c. 112, §§ 42A and 61 and 247 CMR 10.03(1)(a), (v), and (bb).

3. The Pharmacy agrees that its pharmacy license shall be placed on PROBATION for one (1) year, and that the probation shall be STAYED for no more than one (1) year ("Stayed Probationary Period"), commencing with the date on which the Board signs this Agreement ("Effective Date"). The Agreement shall be non-disciplinary until and unless the Board takes action pursuant to Paragraph 7 of the Agreement.

4. During the Stayed Probationary Period, the Pharmacy further agrees that it shall comply with all of the following requirements to the Board's satisfaction:

   a. Comply with all laws and regulations governing the practice of pharmacy.

   b. Submit documentation demonstrating the pharmacy performed environmental monitoring at least once per month during the Stayed Probationary Period. The environmental monitoring must be performed by trained staff or a qualified third party vendor. Any growth must be sent to a credentialed laboratory for identification.

5. The Board agrees that in return for the Pharmacy's execution and its successful compliance with all the requirements of this Agreement, the Board will not prosecute the Complaint.

6. If and when the Board determines that the Pharmacy has complied to the Board's satisfaction with all the requirements contained in this Agreement, the Stayed Probationary Period will terminate no sooner than one (1) business day after the Effective Date upon written notice to the Licensee from the Board, and the Licensee shall have no history of discipline upon its record related to this Agreement or the Complaint.[2]

7. If the Pharmacy does not materially comply with each requirement of this Agreement, or if the Board opens a Subsequent Complaint[3] during the Probationary Period, the Pharmacy agrees to the following:

   a. The Board may upon written notice to the Pharmacy, as warranted to protect the public health, safety, or welfare:

      i. EXTEND the Probationary Period;

      ii. MODIFY the Probation Agreement requirements; or

      iii. IMMEDIATELY SUSPEND the Pharmacy's license.

   b. If the Board suspends the Pharmacy's license pursuant to Paragraph 7(a)(iii), the suspension shall remain in effect until:

      i. the Board provides the Pharmacy written notice that the Probationary Period is to be resumed and under what terms;

      ii. the Board and the Pharmacy sign a subsequent agreement; or

---

[2] In all instances where this Agreement specifies written notice to the Licensee from the Board, such notice shall be sent to the Licensee's address of record.

[3] The term "Subsequent Complaint" applies to a complaint opened after the Effective Date concerning acts, omissions, or events occurring after the Effective Date, which (1) alleges that the Pharmacy engaged in conduct that violates Board statutes or regulations, and (2) is substantiated by evidence, as determined following the complaint investigation during which the Pharmacy shall have an opportunity to respond.

iii. the Board issues a written final decision and order following adjudication of the allegations (1) of noncompliance with this Agreement, and/or (2) contained in the Subsequent Complaint.

8. The Pharmacy agrees that if the Board suspends its license in accordance with Paragraph 7, it will immediately return its current Massachusetts license to the Board, by hand or certified mail. The Pharmacy further agrees that upon said suspension, it will no longer be authorized to operate as a pharmacy in the Commonwealth of Massachusetts and shall not in any way represent itself as a pharmacy until such time as the Board reinstates license or right to renew such license.

9. The Pharmacy understands that it has a right to formal adjudicatory hearing concerning the Complaint and that during said adjudication it 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 it is knowingly and voluntarily waiving its right to a formal adjudication of the Complaints.

10. 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.

11. The Pharmacy acknowledges that after the Effective Date, the Agreement constitutes a public record. 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.

12. 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.

13. 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) (sign and date) 6/24/2020

Michael Rigas, Pharm. D
(print name) Chief Clinical officer

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

8-12-20
Effective Date

Fully Signed Agreement Sent to Licensee on 8/13/2020 by

Certified Mail No. 7019 0700 0000 1846 1978

Kabafusion
DS89700
PHA-2019-0071

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 5. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
04/02/2018		Maine		
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Complaint No. 2017-PHA-13810		State of Maine, Board of Pharmacy		
Reason/Charge				
Violation of Federal or State Statutes, Regulations or Rules; Fine Paid				
Plaintiff/Defendant/Claimant/Respondent		**Lawsuit/Arbitration/Bankruptcy**		
KabaFusion, Inc.		Complaint & Consent Agreement		
Name of Business/Industry/Entity				
KabaFusion, Inc.				

Provide explanation below: See Attachment.

Aslam Masood
Original Signature (electronic, copies or stamps not accepted)

10/3/25
Date

KabaFusion
Patient-Focused Infusion Therapy

Regarding Disiplinary Action for KabaFusion, Inc. (Shrewsbury)

Maine Board of Pharmacy

KabaFusion, Inc. was party to a Consent Agreement dated 4/02/2018 with the Maine Board of Pharmacy regarding disciplinary action for submission of a late change of pharmacist in charge application, copy enclosed. A $1,500.00 fine was paid.

KabaFusion now has improved policies and procedures and a dedicated team to manage reporting these operational changes to regulators.

CORPORATE (WEST COAST)
17777 Center Court Dr., Ste. 550, Cerritos, CA 90703
P: 800-435-3020 F: 562-860-6017

CORPORATE (EAST COAST)
80 Hayden Ave., Suite 300, Lexington, MA 02421
P: 844-777-4844 F: 781-862-2002

www.kabafusion.com

STATE OF MAINE
BOARD OF PHARMACY

IN RE:	)	
	)	
KABAFUSION, INC.	)	CONSENT AGREEMENT
	)	
Complaint No. 2017-PHA-13810	)	

PARTIES

This document is a Consent Agreement regarding disciplinary action against the mail order pharmacy license of KabaFusion, Inc. in the State of Maine. The parties to this Consent Agreement are: KabaFusion, Inc. ("KabaFusion"), the Maine Board of Pharmacy ("the Board"), and the Maine Office of the Attorney General ("the Attorney General"). This Consent Agreement is entered into pursuant to 10 M.R.S. § 8003(5-A).

FACTS

1. At all times relevant to this matter, KabaFusion was licensed by the Board as a mail order pharmacy, license no. MO40001760, located at 159 Memorial Drive, Unit E, Shrewsbury, Massachusetts.
2. On March 21, 2016, Fidelis Fynn replaced Eve Loppiore as the pharmacist in charge ("PIC") of KabaFusion, thereby requiring KabaFusion to submit a Change of PIC application to the Board within 7 days after the PIC change.
3. KabaFusion, submitted a change of PIC application with the Board on December 27, 2016.
4. On December 29, 2017, Senior Consumer Assistant Specialist Meagan Damon, filed an administrative complaint with the Board alleging that KabaFusion had not filed a timely change of PIC application.

5. This administrative complaint was docketed as complaint no. 2017-PHA-13810.
6. Under Board Rules Chapter 11, § 3, upon a change of PIC, a mail order pharmacy must file a new application with the Board by registered mail no later than seven (7) days after the change.
7. Pursuant to the Board's general delegation of authority dated October 6, 2016, which authorizes Board Staff to offer prescribed consent agreements to resolve first-time violations of PIC change notification requirements, this Consent Agreement is being offered to resolve Complaint No. 2017-PHA-13810.
8. Absent acceptance of this Consent Agreement by signing and dating it and returning it to Maine Board of Pharmacy, Complaints Division, Department of Professional and Financial Regulation, 35 State House Station, Augusta, Maine 04333-0035 by March 20, 2018, the Board will resolve this matter by holding an adjudicatory hearing.

COVENANTS

9. KabaFusion admits to the facts as stated above and admits that such conduct constitutes grounds for discipline pursuant to 10 M.R.S. § 8003(5-A)(A)(5) for violating a rule of the Board, specifically Board Rules Chapter 11, § 3, by failing to file a change of PIC application with the Board by registered mail no later than 7 days after a change of PIC.
10. As DISCIPLINE for the violation admitted to in paragraph 9 above, KabaFusion agrees to accept the imposition of:
    a. A WARNING; and
    b. A CIVIL PENALTY in the amount of one thousand five hundred dollars ($1500.00). Payment of the civil penalty shall be made by check or money order payable to the "Treasurer, State of Maine" and delivered to the Complaints

Division, Department of Professional and Financial Regulation, 35 State House Station, Augusta, Maine 04333, and must be submitted with the signed Consent Agreement.

11. This Consent Agreement is not appealable and is effective until modified or terminated by the parties hereto.

12. Violation of any of the terms or conditions of this Consent Agreement by KabaFusion shall constitute grounds for discipline, including but not limited to modification, suspension, or revocation of licensure or the denial of licensure or re-licensure.

13. The Board and the Office of the Attorney General may communicate and cooperate regarding any matter related to this Consent Agreement.

14. This Consent Agreement is a public record within the meaning of 1 M.R.S. § 402 and will be available for inspection and copying by the public pursuant to 1 M.R.S. § 408-A.

15. Nothing in this Consent Agreement shall be construed to affect any right or interest of any person not a party hereto.

16. The Board and KabaFusion agree that no further agency action will be initiated against KabaFusion's license by the Board based upon the specific violations admitted to herein, except or unless KabaFusion fails to comply with the terms and conditions of this Consent Agreement. The Board may however consider the conduct described above as evidence of a pattern of misconduct in the event that other allegations are brought against KabaFusion. The Board may also consider the fact that discipline was imposed by this Consent Agreement in determining discipline in any further complaints against KabaFusion.

17. KabaFusion acknowledges by its duly authorized representative's signature hereto that it has had an opportunity to consult with an attorney before executing this Consent Agreement, that it executes this Consent Agreement voluntarily, and that it agrees to abide by all terms and conditions set forth herein.

KABAFUSION, INC..

DATED: 3/16/18

BY: _____
Authorized Representative

Michael Rigas, Pharm.D., Chief Clinical Officer
Printed Name

DATED: 3/24/2018

_____
JOSEPH BRUNO, R.Ph., President
MAINE BOARD OF PHARMACY

DATED: 4/2/2018

_____
ANDREW L. BLACK
Assistant Attorney General

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 5 & 6 . Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
05/18/2021		Virginia		
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Reference Permit No. 0201002838		VA Board of Pharmacy		
Reason/Charge				
Violation of Federal or State Statutes, Regulations or Rules; Fine Paid				
Plaintiff/Defendant/Claimant/Respondent		**Lawsuit/Arbitration/Bankruptcy**		
KabaFusion VA, LLC		Consent Order		
Name of Business/Industry/Entity				
KabaFusion VA, LLC				

Provide explanation below: See Attachment.

Aslam Masood
Original Signature (electronic, copies or stamps not accepted)

10/3/25
Date

KabaFusion
Patient-Focused Infusion Therapy

Regarding Disciplinary Action For KabaFusion VA, LLC (Chesapeake)

The Virginia Board of Pharmacy inspected KabaFusion VA, LLC on April 21, 2021 and found that bulk IV solutions were in the warehouse space. The bulk IV solutions have been relocated to the licensed pharmacy space and the deficiency correction and payment of monetary penalty are noted in the May 27, 2021 letter from the Virginia Board of Pharmacy, copy enclosed.

CORPORATE (WEST COAST)
17777 Center Court Dr., Ste. 550, Cerritos, CA 90703
P: 800-435-3020 F: 562-860-6017

CORPORATE (EAST COAST)
80 Hayden Ave., Suite 300, Lexington, MA 02421
P: 844-777-4844 F: 781-862-2002

www.kabafusion.com

0201002838

COMMONWEALTH of VIRGINIA

David E. Brown, D.C.
Director

Department of Health Professions
Perimeter Center
9960 Mayland Drive, Suite 300
Henrico, Virginia 23233-1463

www.dhp.virginia.gov
TEL (804) 367-4400
FAX (804) 527-4475

Board of Pharmacy
804/367-4456
804-799-7906 (fax)

May 27, 2021

KabaFusion VA, LLC
Traci M. Johns, Pharmacist-in-Charge
Mailed to the legal address of record with the Board of Pharmacy

RE: Case #211691

Dear Ms. Johns:

Enclosed please find a certified true copy of the Inspection Deficiency Notice and Consent Order that was entered by the Board on May 18, 2021. Further, this confirms receipt of the monetary penalty and the documentation indicating the corrective action taken. As all requirements have been satisfied, the case is now closed.

Sincerely,

Rose E. DeMatteo
Compliance Case Manager

Enclosure

Virginia Board of Pharmacy
9960 Mayland Drive, Suite 300
Henrico, VA 23233
804-367-4456
804-527-4472 (Fax)
pharmbd@dhp.virginia.gov
April 21, 2021

KabaFusion VA, LLC
Permit Number: 0201002838

Notice

After an inspection conducted on April 21, 2021 at KabaFusion VA, LLC, the deficiencies identified in the inspection summary that was provided to the facility were found. Those deficiencies constitute violations of the statutes and regulations cited below:

1. ($500) Deficiency 12: Storage of prescription drugs not in the prescription department; 18 VAC 110-20-190

If you wish to contest the violations cited above and in the inspection summary that was provided to the facility, you may submit documentation for the Board's consideration within 14 days of the date of this notice. In the alternative, you may request, in writing, an informal conference to further discuss this matter before a committee of the Board within 30 days of the date of this notice. Documents for consideration or a request for an informal conference should be mailed to:

Virginia Board of Pharmacy
9960 Mayland Drive
Suite 300
Henrico, Virginia 23233

If you do not want to contest the cited violations, in lieu of proceeding to an informal conference, you may sign the Consent Order below, submit a total penalty of $500 by check or money order, made payable to the Treasurer of Virginia, and provide documentation of corrective action taken to remedy all of the cited violations. The Consent Order, the penalty, and documentation of corrective action should be sent in one mailing to the address provided above within 30 days of the date of this Notice.

Failure to respond to this document within thirty (30) days of the date of this Notice will result in an informal conference being scheduled to determine whether violations of the statutes and regulations of the Board of Pharmacy have occurred. A notice of the informal conference will be mailed to the attention of the facility's Pharmacist-in-Charge [or the Owner if no PIC] with the scheduled date and time. If it is determined at the conclusion of the informal conference that the pharmacy is in violation of the laws and regulations of the Board of Pharmacy, the permit holder may be subject to disciplinary sanctions by the Board in addition to the penalty listed above. If you have any questions, please contact the Board office.

Consent Order

The Virginia Board of Pharmacy ("Board") and KabaFusion VA, LLC ("Pharmacy") enter into the following Consent Order as evidenced by the signature of the Pharmacist-in-Charge [or the Owner if no PIC] hereto. The deficiencies cited in the Notice above and the inspection summary that was provided to the facility constitute violations of the statutes and regulations as cited above in the Notice. These violations were identified during an inspection conducted on April 21, 2021.

DO NOT MAKE ANY CHANGES TO THIS DOCUMENT:

Pharmacy, by affixing the signature of the Pharmacist-in-Charge (or Owner if no PIC) hereon, agrees to the following:

1. The Pharmacist-in-Charge (or Owner if no PIC) has the right to seek advice of counsel prior to signing this document;
2. The Pharmacist-in-Charge (or Owner if no PIC) acknowledges that without his consent, no legal action can be taken against the Pharmacy except pursuant to the Virginia Administrative Process Act, § 2.2-4000 *et seq.* of the Code of Virginia;
3. The Pharmacist-in-Charge (or Owner if no PIC) acknowledges that he has the following rights, among others: the right to an informal fact finding conference before the Board, the right to reasonable notice of said hearing, the right to representation by counsel, and the right to cross-examine witnesses;
4. The Pharmacist-in-Charge (or Owner if no PIC) waives all such right to an informal conference;
5. The Pharmacist-in-Charge (or Owner if no PIC) admits to the violations cited herein and waives his right to contest such violations in any subsequent proceeding before the Board;
6. The Pharmacist-in-Charge (or Owner if no PIC) consents to the entry of the following Order affecting the permit of the Pharmacy in Virginia.

WHEREFORE, on the basis of the foregoing, the Board, effective upon entry of this Order, and in lieu of further proceedings, hereby ORDERS as follows:

1. Pharmacy shall pay a monetary penalty of $500 to the Board within 30 days of the date of the Notice.

2. Pharmacy shall submit documentation of immediate action taken to correct all violations.

3. Any violation of the terms and conditions of this Order or of any law or regulation affecting the conduct of Pharmacy in the Commonwealth of Virginia shall constitute grounds for the suspension or revocation of the permit of Pharmacy, and an administrative proceeding shall be convened to determine whether such permit shall be suspended or revoked.

Pursuant to § 2.2-4023 and § 54.1-2400.2 of the Code of Virginia, the signed original of this Notice and Consent Order shall remain in the custody of the Department of Health Professions as public record and shall be made available for public inspection or copying upon request.

Traci Johns RPh
Signature of PIC or Owner

4/29/2021
Date

Traci Johns
Printed Name of Person Signing

Pharmacist in Charge
Position/Title

FOR THE BOARD:

Caroline D. Juran, Executive Director

5/18/2021
Entered

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 5 & 6. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
02/25/2021		New York		
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Not Listed		New York State Department of Health		
Reason/Charge				
Violation of Federal or State Statutes, Regulations or Rules; Fine Paid				
Plaintiff/Defendant/Claimant/Respondent		**Lawsuit/Arbitration/Bankruptcy**		
Lincare of New York, Inc.		Citation; Stipulation and Order		
Name of Business/Industry/Entity				
Lincare of New York, Inc.				

Provide explanation below: See Attachment.

Aslam Masood
Original Signature (electronic, copies or stamps not accepted)

10/3/25
Date

KabaFusion
Patient-Focused Infusion Therapy

Citation, Stipulation and Order for Lincare of New York, Inc. (Clinton)

Lincare of New York, Inc. was aquired in May 2020 and inspected by the New York Department of Health in September 2020. All findings have been corrected, and the fine was paid. A copy of the Citation, Stipulation and Order is enclosed.

CORPORATE (WEST COAST)
17777 Center Court Dr., Ste. 550, Cerritos, CA 90703
P: 800-435-3020 F: 562-860-6017

CORPORATE (EAST COAST)
80 Hayden Ave., Suite 300, Lexington, MA 02421
P: 844-777-4844 F: 781-862-2002

www.kabafusion.com

STATE OF NEW YORK : DEPARTMENT OF HEALTH

IN THE MATTER

OF

HOWARD A. ZUCKER, M.D., J.D., as Commissioner of Health of the State of New York, to determine the action to be taken with respect to:

LINCARE OF NEW YORK INC.

Respondent

as operator of

Lincare of New York Inc. - Clinton
8181 Seneca Turnpike Suite 2
Clinton New York, 13323

arising out of alleged violations of Article 36 of the Public Health Law of the State of New York and Title 10 (Health) of the Official Compilation of Codes, Rules and Regulations of the State of New York (NYCRR)

STIPULATION

AND

ORDER

WHEREAS, the New York State Department of Health (the "Department") has investigated the operations of LINCARE OF NEW YORK INC. as operator of Lincare of New York Inc. – Clinton, a Home Care Service provider relating to alleged violations of Article 36 of the Public Health Law and Part 700 of Title 10 (Health) of the Official Compilation of the Codes, Rules and Regulations of the State of New York (NYCRR), as detailed in the Department survey dated September 15, 2020; and

WHEREAS, prior to commencement of administrative enforcement action based upon the alleged violations by service of a Notice of Hearing and Statement of Charges, the Department and the Respondent engaged in settlement discussions; and

WHEREAS, the parties wish to resolve this matter by means of a settlement

instead of an administrative hearing.

NOW, THEREFORE, IT IS STIPULATED AND AGREED AS FOLLOWS:

1. This matter is settled and discontinued with prejudice. The Department shall not pursue further administrative enforcement action against the Respondent pursuant to Article 36 of the Public Health Law and Title 10 NYCRR in connection with the Department survey dated September 15, 2020 and alleged violations of 10 NYCRR §§ 765 – 2.2(b), 766.2(a)(1), 766.3(a), 766.3(b), 766.3(d), 766.4(d), 766.5(b) (3), 766.9(c), 766.9(k), 766.9(l), 766.11(d)(1), 766.11(d)(2), 766.11(d)(4), 766.11 (f)(i), 766.11(l)(1), 766.11(l)(2), 766.12(a)(1), and 766.12(c).

2. The Respondent admits to the existence of substantial evidence of violations of the regulations listed in paragraph #1 above, as detailed in the Department survey dated September 15, 2020. The foregoing admission is without prejudice to the Respondent's rights, defenses, and claims in any other matter, proceeding, action, hearing, or litigation not involving the Department or any of its boards or councils authorized by the Public Health Law, including but not limited to those involving medical malpractice, personal injury, and/or negligence that may be made in a civil action for monetary damages.

3. Pursuant to PHL §§ 12(1)(a) and 206 of the Public Health Law, the Respondent is assessed a civil penalty of Twenty-Five Thousand Five Hundred dollars ($25,500.00). Twelve Thousand Five Hundred dollars ($12,500.00) of this civil penalty will be paid to the Department within thirty (30) days after the effective date of this Stipulation and Order. Thirteen Thousand dollars ($13,000.00) of this civil penalty will be suspended for a further period of 90 days and waived upon the Respondent demonstrating compliance

with the regulatory requirements of 10 NYCRR §§ 765 – 2.2(b), 766.2(a)(1), 766.9(c), 766.9(k), 766.9(l), 766.9(o), 766.11 (d)(1), 766.11 (d)(2), 766.11 (d)(4), 766.11 (f)(i), 766.11(l)(1), 766.11(l) (2), 766.12 (a)(1), 766.12(c).

4. Payments shall be made payable by certified check to the New York State Department of Health and forwarded to the New York State Department of Health, Bureau of Accounts Management, Room 2748, Corning Tower, Empire State Plaza, Albany, New York 12237-0016. Any civil penalty not paid by the date prescribed herein shall be subject to all provisions of law relating to debt collection by the State of New York. This includes, but is not limited to, the imposition of interest, late payment charges and collection fees; referral to the New York State Department of Taxation and Finance for collection, and non-renewal of permits or licenses [Tax Law Section 171(27); State Finance Law Section 18; CPLR Section 5001; Executive Law Section 32].

5. It is further stipulated and agreed by the Respondent and the Department that there exist valid and sufficient grounds, as a matter of fact and law, for the issuance of this Stipulation and Order under the Public Health Law, and the Respondent consents to its issuance, accepts its terms and conditions and waives any right to challenge this Stipulation and Order in a proceeding pursuant to Article 78 of the Civil Practice Law and Rules or in any other action or proceeding.

6. This Stipulation and Order shall be effective upon service on the Respondent or the Respondent's attorney or representative of a copy by personal service or by certified or registered mail.

DATED: Albany , New York
February 25 , 2021

LINCARE of NEW YORK, INC.

BY: Karen Kaczmarek

Karen Kaczmarek
President

AGREED AND SO ORDERED:

DATED: Albany, New York
May 4 , 2021

NEW YORK STATE DEPARTMENT OF HEALTH

HOWARD A. ZUCKER, M.D., J.D.
Commissioner of Health

Inquiries to: Michael John Phillips, Senior Attorney
Bureau of Administrative Hearings
Phone: (518) 474 1902 – office 518 935 0533 - mobile
Email: michael.phillips@health.ny.gov

Mail Stipulation and Order to:

Michael John Phillips, Senior Attorney
New York State Department of Health
Corning Tower Building, Room 2412
Empire State Plaza
Albany, New York 12237-0029

Mail Payment to:

New York State Department of Health
Bureau of Accounts Management
Corning Tower, Room 2748
Empire State Plaza
Albany, New York 12237-0016

ADDENDUM

Lincare of NY, Inc. – Clinton			
Date of Survey	Violation	Description of Applicable Citations	Type and amount of Fine
9/15/2020	10 NYCRR §§ 765 2.2(b), 766.2(a)(1), 766.3(a), 766.3(b), 766.3(d), 766.4(d), 766.5(b) (3), 766.9(c), 766.9(k), 766.9(l), 766.11 (d) (1), 766.11 (d) (2), 766.11 (d) (4), 766.11 (f) (i), 766.11l(1), 766.11(i) (2), 766 .12 (a) (1), and 766.12(c).	Failure to maintain licensing and administrative requirements, Failure to properly administer multiple Plans of Care, Failure to maintain proper personnel records, Failure to maintain required records and reports.	PHL §§ 12(1)(a) and 206. $25,500 civil penalty. $12,500 paid within 30 Days of effective date. $13,000.00 suspended for 90 days to comply with Department administrative requirements.

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 5 & 6 . Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
04/17/2023		Virginia		
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Case No. 227504		VA Board of Pharmacy		
Reason/Charge				
Violation of Federal or State Statutes, Regulations or Rules; Fine Paid				
Plaintiff/Defendant/Claimant/Respondent		**Lawsuit/Arbitration/Bankruptcy**		
KabaFusion VA, LLC		Consent Order		
Name of Business/Industry/Entity				
KabaFusion VA, LLC				

Provide explanation below: See Attachment.

Aslam Masood
Original Signature (electronic, copies or stamps not accepted)

10/3/25
Date

KabaFusion
Patient-Focused Infusion Therapy

Regarding Disciplinary Action For
KabaFusion VA, LLC (Chesapeake)

The Virginia Board of Pharmacy inspected KabaFusion VA, LLC on March 9, 2023, and found deficiencies with the alarm system and cleanroom. The deficiency corrections and payment of monetary penalty are noted in the April 20,2023 letter from the Virginia Board of Pharmacy, copy enclosed.

CORPORATE (WEST COAST)
17777 Center Court Dr., Ste. 550, Cerritos, CA 90703
P: 800-435-3020 F: 562-860-6017

CORPORATE (EAST COAST)
80 Hayden Ave., Suite 300, Lexington, MA 02421
P: 844-777-4844 F: 781-862-2002

www.kabafusion.com

DHP – MAILROOM
APR 07 2023
Received
VA Board of Pharmacy
APR 11 2023

Virginia Board of Pharmacy
9960 Mayland Drive, Suite 300
Henrico, VA 23233
804-367-4456
804-527-4472 (Fax)
pharmbd@dhp.virginia.gov
March 11, 2023

KabaFusion VA, LLC
Permit Number: 0201002838

Notice

After an inspection conducted on March 9, 2023 at KabaFusion VA, LLC, the deficiencies identified in the inspection summary that was provided to the facility were found. Those deficiencies constitute violations of the statutes and regulations cited below:

1. ($250) Deficiency 9a: Alarm is operational but does not fully protect the prescription department; 18 VAC 110-20-180
2. ($2,000) Deficiency 32: Have clean room, but not all physical standards in compliance; § 54.1-3410.2

If you wish to contest the violations cited above and in the inspection summary that was provided to the facility, you may submit documentation for the Board's consideration within 14 days of the date of this notice. In the alternative, you may request, in writing, an informal conference to further discuss this matter before a committee of the Board within 30 days of the date of this notice. Documents for consideration or a request for an informal conference should be mailed to:

Virginia Board of Pharmacy
9960 Mayland Drive
Suite 300
Henrico, Virginia 23233

If you do not want to contest the cited violations, in lieu of proceeding to an informal conference, you may sign the Consent Order below, submit a total penalty of $2,250 by check or money order, made payable to the Treasurer of Virginia, and provide documentation of corrective action taken to remedy all of the cited violations. The Consent Order, the penalty, and documentation of corrective action should be sent in one mailing to the address provided above within 30 days of the date of this Notice.

Failure to respond to this document within thirty (30) days of the date of this Notice will result in an informal conference being scheduled to determine whether violations of the statutes and regulations of the Board of Pharmacy have occurred. A notice of the informal conference will be mailed to the attention of the facility's Pharmacist-in-Charge [or the Owner if no PIC] with the scheduled date and time. If it is determined at the conclusion of the informal conference that the pharmacy is in violation of the laws and regulations of the Board of Pharmacy, the permit holder

may be subject to disciplinary sanctions by the Board in addition to the penalty listed above. If you have any questions, please contact the Board office.

Consent Order

The Virginia Board of Pharmacy ("Board") and KabaFusion VA, LLC ("Pharmacy") enter into the following Consent Order as evidenced by the signature of the Pharmacist-in-Charge [or the Owner if no PIC] hereto. The deficiencies cited in the Notice above and the inspection summary that was provided to the facility constitute violations of the statutes and regulations as cited above in the Notice. These violations were identified during an inspection conducted on March 9, 2023

DO NOT MAKE ANY CHANGES TO THIS DOCUMENT:

Pharmacy, by affixing the signature of the Pharmacist-in-Charge (or Owner if no PIC) hereon, agrees to the following:

1. The Pharmacist-in-Charge (or Owner if no PIC) has the right to seek advice of counsel prior to signing this document;
2. The Pharmacist-in-Charge (or Owner if no PIC) acknowledges that without his consent, no legal action can be taken against the Pharmacy except pursuant to the Virginia Administrative Process Act, § 2.2-4000 *et seq.* of the Code of Virginia;
3. The Pharmacist-in-Charge (or Owner if no PIC) acknowledges that he has the following rights, among others: the right to an informal fact finding conference before the Board, the right to reasonable notice of said hearing, the right to representation by counsel, and the right to cross-examine witnesses;
4. The Pharmacist-in-Charge (or Owner if no PIC) waives all such right to an informal conference;
5. The Pharmacist-in-Charge (or Owner if no PIC) admits to the violations cited herein and waives his right to contest such violations in any subsequent proceeding before the Board;
6. The Pharmacist-in-Charge (or Owner if no PIC) consents to the entry of the following Order affecting the permit of the Pharmacy in Virginia.

WHEREFORE, on the basis of the foregoing, the Board, effective upon entry of this Order, and in lieu of further proceedings, hereby ORDERS as follows:

1. Pharmacy shall pay a monetary penalty of $2,250 to the Board within 30 days of the date of the Notice.

2. Pharmacy shall submit documentation of immediate action taken to correct all violations.

3. Any violation of the terms and conditions of this Order or of any law or regulation affecting the conduct of Pharmacy in the Commonwealth of Virginia shall constitute grounds for the suspension or revocation of the permit of Pharmacy, and an administrative proceeding shall be convened to determine whether such permit shall be suspended or revoked.

Pursuant to § 2.2-4023 and § 54.1-2400.2 of the Code of Virginia, the signed original of this Notice and Consent Order shall remain in the custody of the Department of Health Professions as public record and shall be made available for public inspection or copying upon request.

Signature of PIC or Owner

4/6/2023
Date

John Rick Pagaduan
Printed Name of Person Signing

Director of Pharmacy
Position/Title

FOR THE BOARD:

Caroline D. Juran, Executive Director

4/17/23
Entered

0201002838

COMMONWEALTH of VIRGINIA

Arne W. Owens
Director

Department of Health Professions
Perimeter Center
9960 Mayland Drive, Suite 300
Henrico, Virginia 23233-1463
Board of Pharmacy
804/367-4456
804-799-7906 (fax)

www.dhp.virginia.gov
PHONE (804) 367-4400

April 20, 2023

KabaFusion VA, LLC
John Rick S. Pagaduan, Pharmacist-in-Charge
Mailed to the legal address of record
with the Board of Pharmacy

RE: Case #227504

Dear John Rick S. Pagaduan:

Enclosed please find a certified true copy of the Inspection Deficiency Notice and Consent Order that was entered by the Board on April 17, 2023. Further, this confirms receipt of the monetary penalty and the documentation indicating the corrective action taken. As all requirements have been satisfied, the case is now closed.

Sincerely,

Rose E. DeMatteo
Compliance Case Manager

Enclosure

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 5 & 6. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
07/29/2023		New Jersey		
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Inspection No. 8-4129-20-230		New Jersey Board of Pharmacy		
Reason/Charge				
Violation of Federal or State Statutes, Regulations or Rules; Fine Paid				
Plaintiff/Defendant/Claimant/Respondent		**Lawsuit/Arbitration/Bankruptcy**		
Medilink Homecare, Inc. DBA KabaFusion NJ		Inspection		
Name of Business/Industry/Entity				
Medilink Homecare, Inc. DBA KabaFusion NJ				

Provide explanation below: See Attachment.

Aslam Masood
Original Signature (electronic, copies or stamps not accepted)

10/3/25
Date

KabaFusion
Patient-Focused Infusion Therapy

Regarding Disciplinary Action For
Medilink Homecare, Inc. DBA KabaFusion NJ (Hammonton)

Medilink Homecare, Inc. DBA KabaFusion NJ underwent an inspection by the New Jersey Board of Pharmacy from November 17, 2021, through December 2, 2021. On July 29, 2023, the New Jersey Board of Pharmacy issued notice of its determination that KabaFusion NJ had incurred three violations and allowed the opportunity to settle the matter by agreeing to execute a Certification, paying a penalty in the amount of $750.00 and providing a letter of corrective action. KabaFusion NJ agreed to the terms and has settled this matter. Copy enclosed.

CORPORATE (WEST COAST)
17777 Center Court Dr., Ste. 550, Cerritos, CA 90703
P: 800-435-3020 F: 562-860-6017

CORPORATE (EAST COAST)
80 Hayden Ave., Suite 300, Lexington, MA 02421
P: 844-777-4844 F: 781-862-2002

www.kabafusion.com

PHILIP D. MURPHY
Governor

SHEILA Y. OLIVER
Lt. Governor

New Jersey Office of the Attorney General

Division of Consumer Affairs
Board of Pharmacy
124 Halsey Street, 6th Floor, Newark NJ 07102

MATTHEW J. PLATKIN
Attorney General

CARI FAIS
Acting Director

Mailing Address:
P.O. Box 45045
Newark, NJ 07101
(973) 504-6351

Certified Mail: [redacted]3752

July 29, 2023

Caitlin Acord, RPIC
Medilink Homecare, Inc., D/B/A Kabafusion NJ
463 North White Horse Pike
Hammonton, NJ 08037

Re: Inspection #8-4129-20--230
Date of Inspection: 11/17/2021 thru 12/02/2021

Dear Ms. Acord,

This letter is to advise you that the New Jersey State Board of Pharmacy has had an opportunity to review information concerning the above inspection report.

Upon review of all available information, the Board has preliminarily found that you have violated those items listed on Attachment A.

The Board has determined that it will offer you an opportunity to settle this matter and thereby avoid the initiation of further disciplinary proceedings. Should you wish to avail yourself of this opportunity, you **MUST SIGN THE ATTACHED CERTIFICATION** and agree to the following:

PAY A PENALTY IN THE AMOUNT OF $750.00 and PROVIDE TO THE BOARD A LETTER OF CORRECTIVE ACTION. (To be paid immediately upon your signing of the attached acknowledgment.)

Alternatively you may waive your right to a hearing and submit a written statement or explanation to the Board. The Board will then consider your submission and render a final decision, which may include any of the terms set forth above. This disposition will be a public record. Please take notice that if the Board determines that the initial inspection findings require a re-inspection to ensure that cited deficiencies have been properly addressed, you may be subject to any costs associated with the re-inspection.

If you do not wish to settle this matter, you may request a hearing. In that event, this letter will serve as notice of the charges against you and a hearing will be scheduled before the Board. At that hearing you may, either personally or with the assistance of an attorney, submit determination concerning the charges of unlawful activity. You should be aware that in making

its final decision, the Board may, if unlawful activity has been proven, assess civil penalties in an amount greater than that herein offered in this letter. Additionally, the Board may, if the facts are found to so warrant, enter an order, requiring you to reimburse certain monies, direction you to cease and desist from engaging in unlawful acts and/or requiring you to pay costs incurred by the Board. Should you have any questions concerning this letter or the settlement offer herein, I suggest that you contact the Board at (973) 504-6450.

The enclosed Certification **MUST** be completed and returned to the Board within fifteen (15) days following your receipt of this letter. In the event that the Board receives no response from you within this time, the Board's settlement offer will be withdrawn, and the allegations contained herein shall be deemed admitted, and the Board will proceed to finally review that matter and enter an appropriate order.

NEW JERSEY STATE BOARD OF PHARMACY

By: _____
Anthony Rubinaccio, RPh
Executive Director

AR/em
(06/23)

CERTIFICATION

I, Caitlin Acord, hereby acknowledge that I have read and reviewed the Board's letter dated July 29, 2023 regarding allegations of violations of the Board's enabling act and/or regulations.

Please Check One:

[X] I acknowledge the conduct which has been charged and agree to:

1. **Cease and desist from engaging in the conduct alleged and pay a penalty in the amount of $750.00** (to be paid upon signing of this Certification).

2. **Send a Letter of Corrective Action,** as requested by the Board, with this Certification.

I am also aware that the action taken against me by the Board herein is a matter of public record, and that the Board's letter and this Certification are public documents.

[ ] I hereby waive any rights I may have to a hearing in this matter and defend myself against any charges, but ask the Board to consider my explanation before rendering its final decisions. I understand that the Board may order any of the terms specified in its letter and that the Certification are public documents.

[ ] I request a formal administrative hearing to contest the charges specified by the Board. I understand that I will be advised of the time, date and place for that hearing at another time. I am aware that I may be represented by an attorney and that at the time of the hearing I may submit to the Board testimony and documentation relevant to the charges. I understand that in making its final decision, the Board may, if unlawful activity has been proven, assess civil penalties in an amount greater than that herein offered in its letter and may order such other remedies as it may deem appropriate. I am also aware that this proceeding is a matter of public record and that the Board's letter and this Certification are public documents.

Caitlin Acord
(Signature)

Dated: 8/29/23

Caitlin Acord
(Print Name)

Ref: Caitlin Acord, RPIC
Medilink Homecare, Inc., D/B/A Kabafusion NJ
(28RS00502800)
463 North White Horse Pike
Hammonton, NJ 08037
Inspection # 8-4129-20--230

AR/em
(06/23)

ATTACHMENT A

Medilink Homecare, Inc., D/B/A Kabafusion NJ, Permit # 28RS00502800 – 463 North White Horse Pike Hammonton, NJ 08037
Pharmacist-In-Charge: Caitlin Acord
Bureau File # 8-4129-20–230, **Period:** 11/17/2021 thru 12/02/2021
Reference: Board of Pharmacy inspection activity conducted pursuant to N.J.S.A. 45:1-18 and N.J.S.A. 45:14-48(a) ll&12.

Details

CITE	DESCRIPTION	FINE
N.J.A.C. 13:39-6.7(b)	Sydney Rutter (28RW03019200) failed to have her current biennial technician registration conspicuously displayed. Ms. Rutter had it stored in her desk drawer.	$50.00
N.J.A.C. 13:39-5.8(a)(1)	The SUBJECT pharmacy failed to have satisfactory references in the following categories: General Practice of Pharmacy and Drug Interactions.	$200.00
N.J.A.C. 13:39-11.13(a)	Pharmacists failed to provide immediate personal supervision to technicians engaged in sterile compounding in the cleanroom. This Investigator observed pharmacy technicians Ashley Hill (28RW02873800) and Enrico Campanile (28RW00383600) compounding sterile preparations in the cleanroom without being under the immediate personal supervision of a pharmacist. A pharmacist was not present in the cleanroom nor was a pharmacist present in the area of the window which allows a view within the cleanroom. Ms. McCloy was asked who was responsible for supervising the technicians in the cleanroom. She replied that Tyler Nelson (28RI03370300) was the pharmacist responsible for supervising the technicians in the cleanroom. Ms. Nelson was not observed to be in the vicinity of the cleanroom. Reema Malkani (28RI03446900) was observed checking prescriptions in the dispensing area but did not have a view of the technicians compounding in the cleanroom. There was not a pharmacist physically present in the cleanroom during the duration of my visit to the SUBJECT pharmacy.	$500.00
TOTAL:		$750.00

KabaFusion
Patient-Focused Infusion Therapy

August 30, 2023

Sent Via USPS, and Via E-Mail to RubinaccioA@dca.lps.state.nj.us

New Jersey Office of the Attorney General
Division of Consumer Affairs
Board of Pharmacy
P. O. Box 45045
Newark, NJ 07101

Attention: Anthony Rubinaccio, RPh, Executive Director

RE: **Medilink Homecare, Inc. DBA KabaFusion NJ (Hammonton)**
FEIN: 22-3308333; NPI: 1356445845; License #: 28RS00502800
Letter of Corrective Action and Certification Statement Regarding Inspection
#8-4129-20—230, dated 11/17/2021-12/02/2021

Dear Executive Director Rubinaccio,

In response to your letter dated July 29, 2023, Medilink Homecare, Inc. DBA KabaFusion NJ has decided to sign the Certification Statement and pay the amount of $750.00. A signed statement and check are enclosed. The following corrective actions have been made:

1. N.J.A.C. 13:39-6.7(b) – Sydney Rutter is no longer an employee of Medilink Homecare, Inc. DBA KabaFusion NJ; all pharmacy technician licenses are conspiculpusly displayed at the pharmacy, See Photo #1
2. N.J.A.C. 13:39-5.8(a)(1) – References for General Practice of Pharmacy and Drug Interations are available on site: (i) Lexicomp Adult Drug Information Handbook, 30th Edition [regarding Drug Interations], and (ii) McGraw Hill Pharmacotherapy, A Pathophysiologic Approach, 11th Edition [regarding General Practice of Pharmacy], See Photo #2
3. N.J.A.C. 13:39-11.13(a) – I, Caitlin Acord, Pharm. D., BCSCP, Pharmacist in Charge, have rearranged my desk to face the cleanroom to facilitate immediate personal supervision to technicians engaged in sterile compounding, See Photo #3

If you have any questions regarding the Certification Statement or corrective actions made, you may reach out to Smita Njeru, RPh, VP Regulatory Compliance, via email at KabaFusionLicensing@KabaFusion.com.

Sincerely,

Caitlin Acord

Caitlin Acord, Pharm. D., BCSCP
Director of Pharmacy and Pharmacist in Charge

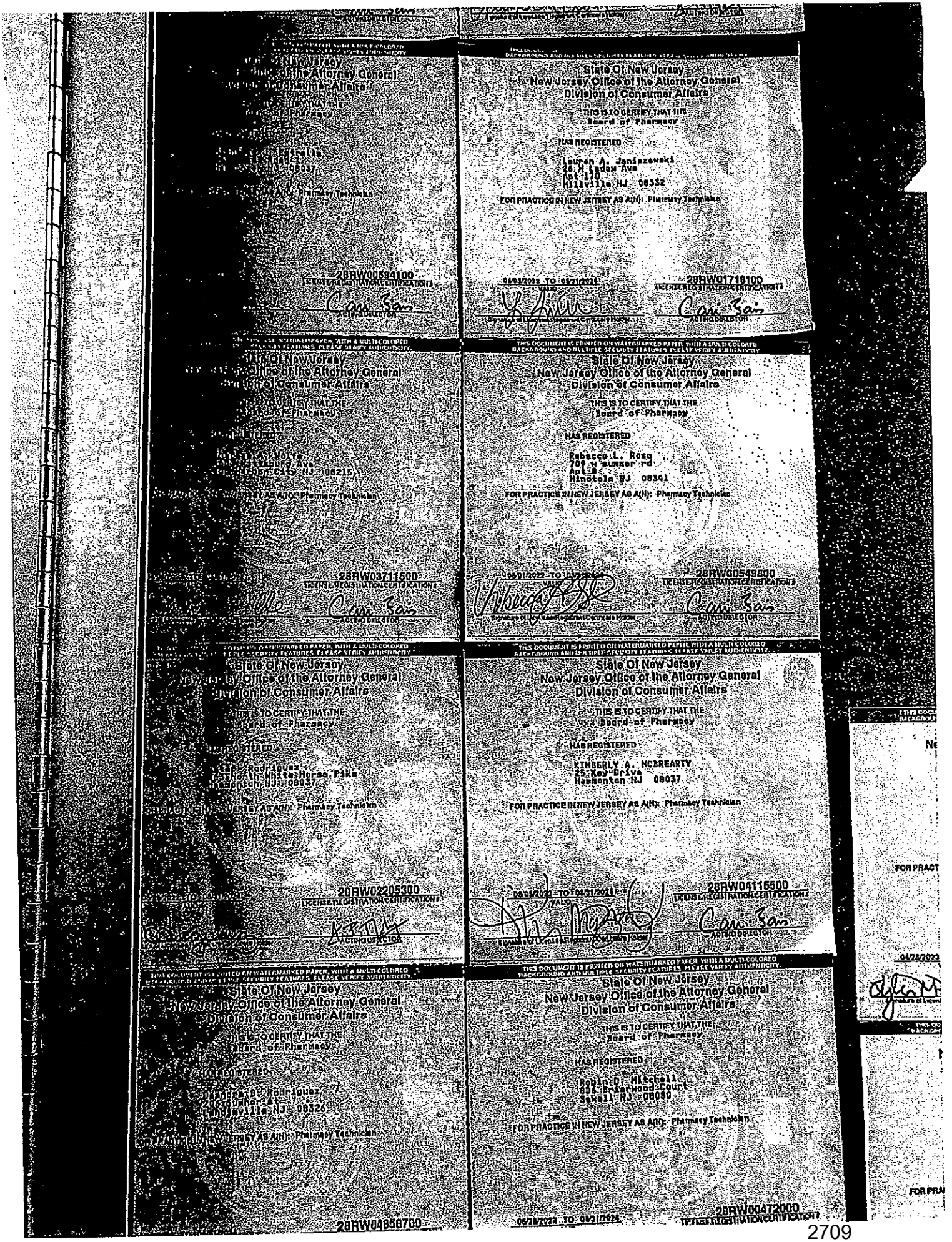
SEP 11 2023

Enclosures: New Jersey Board of Pharmacy Letter Dated July 29, 2023
Certification Statement, signed by Pharmacist in Charge, Caitlin Acord, Pharm. D., BCSCP
Check # 0387 in the amount of $750.00
Photos #1, 2, and 3 as Evidence of Corrective Action

CORPORATE (WEST COAST)
17777 Center Court Dr., Ste. 550, Cerritos, CA 90703
P: 800-435-3020 F: 562-860-6017

CORPORATE (EAST COAST)
80 Hayden Ave., Suite 300, Lexington, MA 02421
P: 844-777-4844 F: 781-862-2002

www.kabafusion.com



State Of New Jersey
New Jersey Office of the Attorney General
Division of Consumer Affairs

THIS IS TO CERTIFY THAT THE
Board of Pharmacy

HAS REGISTERED

Lauren A. Janiszewski
25 N Ladoix Ave
Apt 170
Millville NJ 08332

FOR PRACTICE IN NEW JERSEY AS A(N): Pharmacy Technician

08/01/2022 TO 08/31/2024
VALID

28RW01718100
LICENSE/REGISTRATION/CERTIFICATION #

ACTING DIRECTOR

State Of New Jersey
New Jersey Office of the Attorney General
Division of Consumer Affairs

THIS IS TO CERTIFY THAT THE
Board of Pharmacy

HAS REGISTERED

Rebecca L. Rosa
707 w sumner rd
Apt 3
Hinotola NJ 08341

FOR PRACTICE IN NEW JERSEY AS A(N): Pharmacy Technician

08/01/2022 TO 08/31/2024
VALID

28RW00548800
LICENSE/REGISTRATION/CERTIFICATION #

ACTING DIRECTOR

State Of New Jersey
New Jersey Office of the Attorney General
Division of Consumer Affairs

THIS IS TO CERTIFY THAT THE
Board of Pharmacy

HAS REGISTERED

KIMBERLY A. MCBREARTY
25 Key Drive
Hammonton NJ 08037

FOR PRACTICE IN NEW JERSEY AS A(N): Pharmacy Technician

08/05/2022 TO 08/31/2024
VALID

28RW04116500
LICENSE/REGISTRATION/CERTIFICATION #

ACTING DIRECTOR

State Of New Jersey
New Jersey Office of the Attorney General
Division of Consumer Affairs

THIS IS TO CERTIFY THAT THE
Board of Pharmacy

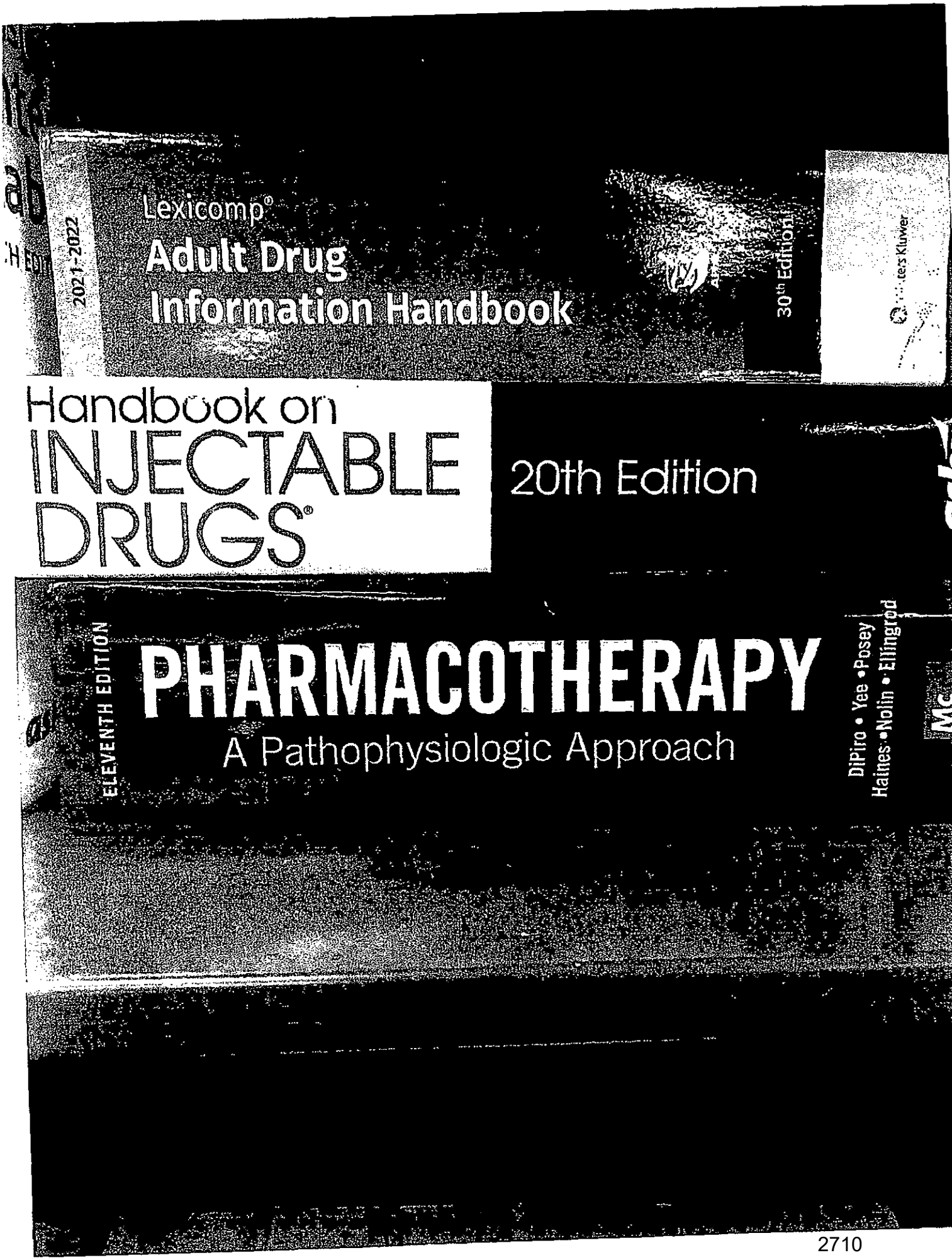
HAS REGISTERED

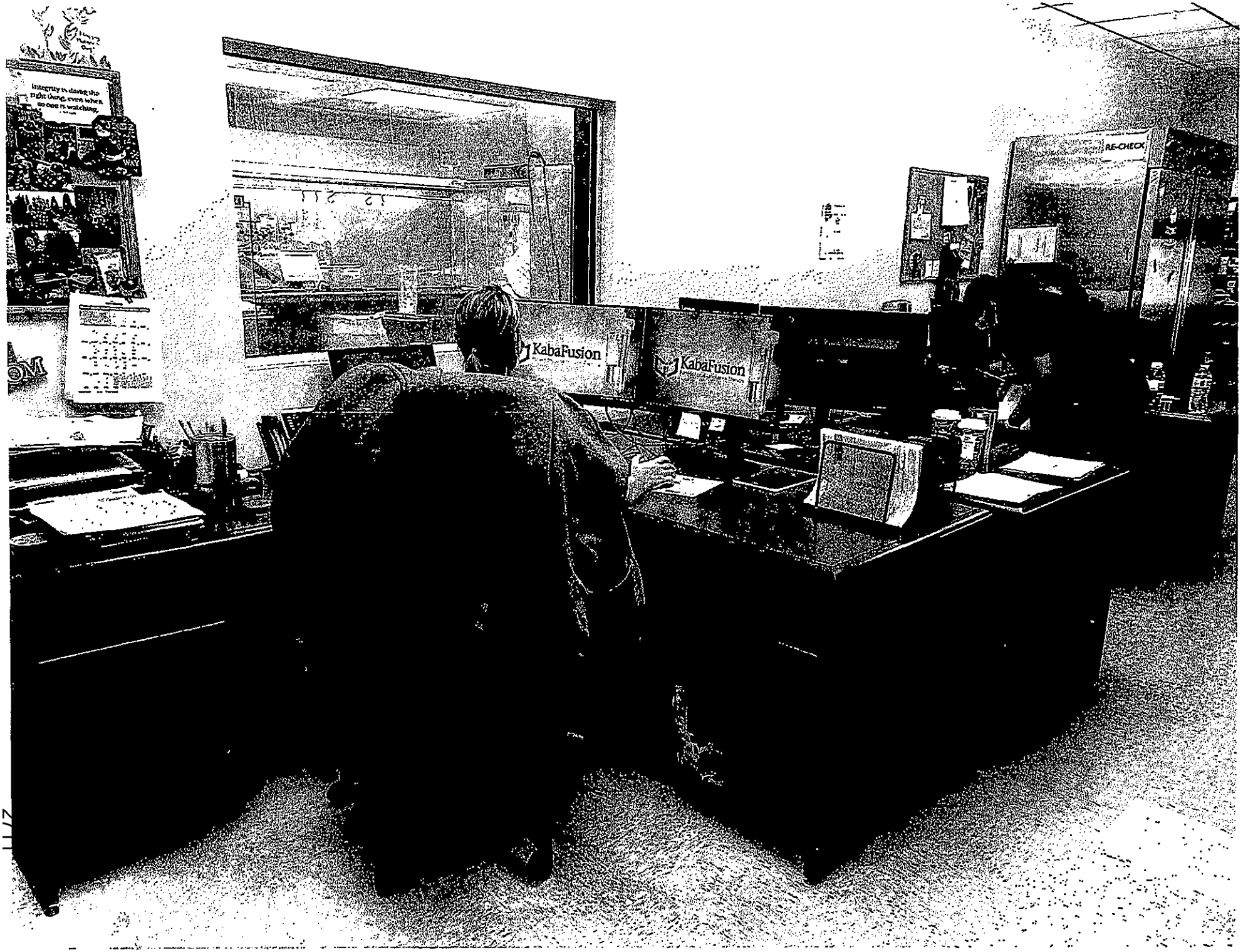
Robin D. Mitchell
806 Briarwood Court
Sewell NJ 08080

FOR PRACTICE IN NEW JERSEY AS A(N): Pharmacy Technician

08/18/2022 TO 08/31/2024

28RW00472000
LICENSE/REGISTRATION/CERTIFICATION #


Lexicomp®
Adult Drug
Information Handbook
2021-2022
30th Edition
Handbook on
INJECTABLE
DRUGS®
20th Edition
ELEVENTH EDITION
PHARMACOTHERAPY
A Pathophysiologic Approach
DiPiro • Yee • Posey
Haines • Nolin • Ellingrod


Integrity is doing the right thing, even when no one is watching.
KabaFusion
KabaFusion
RE-CHECK

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 5 & 6 . Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
10/26/2023		New Jersey		
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Inspection No. 8-4129-23-742		New Jersey State Board of Pharmacy		
Reason/Charge				
Violation of Federal or State Statutes, Regulations or Rules; Mitigated and Removed				
Plaintiff/Defendant/Claimant/Respondent		**Lawsuit/Arbitration/Bankruptcy**		
Medilink Homecare, Inc.		Appearance, Inspection		
Name of Business/Industry/Entity				
Medilink Homecare, Inc.				

Provide explanation below: See Attachment.

Aslam Masood
Original Signature (electronic, copies or stamps not accepted)

10/3/25
Date

KabaFusion
Patient-Focused Infusion Therapy

Regarding Disciplinary Action For
Medilink Homecare, Inc. DBA KabaFusion NJ (Hammonton)

Medilink Homecare, Inc. DBA KabaFusion NJ (Permit 28RS00502800) received correspondence dated October 26, 2023, from the New Jersey Board of Pharmacy related to an inspection conducted June 26, 2023. The New Jersey Board cited two deficiencies and requested payment of a fine of $1,600.

KabaFusion NJ retained counsel in connection with this matter, which was discussed at the New Jersey Board of Pharmacy ("Board") meeting on March 27, 2024. The Board moved to mitigate and remove both citations as this was a pre-opening inspection. The motion passed 8-0; a copy of the minutes are enclosed. The Board further issued a letter dated April 4, 2024, confirming the same, copy enclosed.

CORPORATE (WEST COAST)
17777 Center Court Dr., Ste. 550, Cerritos, CA 90703
P: 800-435-3020 F: 562-860-6017

CORPORATE (EAST COAST)
80 Hayden Ave., Suite 300, Lexington, MA 02421
P: 844-777-4844 F: 781-862-2002

www.kabafusion.com

PHILIP D. MURPHY
Governor

TAHESHA L. WAY
Lt. Governor

New Jersey Office of the Attorney General

Division of Consumer Affairs
Board of Pharmacy
124 Halsey Street, 6th Floor, Newark NJ 07102

MATTHEW J. PLATKIN
Attorney General

CARI FAIS
Acting Director

Mailing Address:
P.O. Box 45013
Newark, NJ 07101
(973) 504-6450

CERTIFIED MAIL: 7020 1810 0001 5643 5687

April 4, 2024

Caitlin Acord, RPIC
Medilink Homecare, Inc., D/B/A Kabafusion NJ
129 North White Horse Pike, Unit 1
Hammonton, New Jersey 08037

Re: Inspection # 8-4129-23-742
Date of Inspection: 06/26/2023

Dear Ms. Acord,

At the March 27, 2024 meeting, the New Jersey State Board of Pharmacy, reviewed correspondence submitted requesting mitigation related to the above-referenced inspection.

The Board moved to approve your request to mitigate and remove N.J.A.C. 13:39-11.5(h) N.J.A.C. 13:39-11.23(b)(15) and N.J.A.C. 13:39- 11.13(a).

No further action is required at this matter.

NEW JERSEY STATE BOARD OF PHARMACY

By: _____
Anthony Rubinaccio, RPh
Executive Director

AR/em
(03/24)

PHILIP D. MURPHY
Governor

SHEILA Y. OLIVER
Lt. Governor

New Jersey Office of the Attorney General

Division of Consumer Affairs
Board of Pharmacy
124 Halsey Street, 6th Floor, Newark NJ 07102

MATTHEW J. PLATKIN
Attorney General

CARI FAIS
Acting Director

Mailing Address:
P.O. Box 45045
Newark, NJ 07101
(973) 504-6351

Certified Mail: 7020 1810 0001 5642 5199

October 26, 2023

Caitlin Acord, RPIC
Medilink Homecare, Inc., D/B/A Kabafusion NJ
129 North White Horse Pike, Unit 1
Hammonton, New Jersey 08037

Re: Inspection # 8-4129-23--742
Date of Inspection: 06/26/2023

Dear Ms. Acord,

This letter is to advise you that the New Jersey State Board of Pharmacy has had an opportunity to review information concerning the above inspection report.

Upon review of all available information, the Board has preliminarily found that you have violated those items listed on Attachment A.

The Board has determined that it will offer you an opportunity to settle this matter and thereby avoid the initiation of further disciplinary proceedings. Should you wish to avail yourself of this opportunity, you **MUST SIGN THE ATTACHED CERTIFICATION** and agree to the following:

> **PAY A PENALTY IN THE AMOUNT OF $1,600.00** and **PROVIDE TO THE BOARD A LETTER OF CORRECTIVE ACTION.** (To be paid immediately upon your signing of the attached acknowledgment).

Alternatively you may waive your right to a hearing and submit a written statement or explanation to the Board. The Board will then consider your submission and render a final decision, which may include any of the terms set forth above. This disposition will be a public record. Please take notice that if the Board determines that the initial inspection findings require a re-inspection to ensure that cited deficiencies have been properly addressed, you may be subject to any costs associated with the re-inspection.

If you do not wish to settle this matter, you may request a hearing. In that event, this letter will serve as notice of the charges against you and a hearing will be scheduled before the Board. At that hearing you may, either personally or with the assistance of an attorney, submit determination concerning the charges of unlawful activity. You should be aware that in making

its final decision, the Board may, if unlawful activity has been proven, assess civil penalties in an amount greater than that herein offered in this letter. Additionally, the Board may, if the facts are found to so warrant, enter an order, requiring you to reimburse certain monies, direction you to cease and desist from engaging in unlawful acts and/or requiring you to pay costs incurred by the Board. Should you have any questions concerning this letter or the settlement offer herein, I suggest that you contact the Board at (973) 504-6450.

The enclosed Certification MUST be completed and returned to the Board within fifteen (15) days following your receipt of this letter. In the event that the Board receives no response from you within this time, the Board's settlement offer will be withdrawn, and the allegations contained herein shall be deemed admitted, and the Board will proceed to finally review that matter and enter an appropriate order.

NEW JERSEY STATE BOARD OF PHARMACY

By: _____
Anthony Rubinaccio, RPh
Executive Director

AR/em
(09/23)

CERTIFICATION

I, Caitlin Acord, hereby acknowledge that I have read and reviewed the Board's letter dated October 26, 2023 regarding allegations of violations of the Board's enabling act and/or regulations.

Please Check One:

[ ] I acknowledge the conduct which has been charged and agree to:

1. **Cease and desist from engaging in the conduct alleged and pay a penalty in the amount of $1,600.00** (to be paid upon signing of this Certification).
2. **Send a Letter of Corrective Action,** as requested by the Board, with this Certification.
3. Return this letter with the Certification page signed and the selected box checked.

I am also aware that the action taken against me by the Board herein is a matter of public record, and that the Board's letter and this Certification are public documents.

[X] I hereby waive any rights I may have to a hearing in this matter and defend myself against any charges, but ask the Board to consider my explanation before rendering its final decisions. I understand that the Board may order any of the terms specified in its letter and that the Certification are public documents.

[ ] I request a formal administrative hearing to contest the charges specified by the Board. I understand that I will be advised of the time, date and place for that hearing at another time. I am aware that I may be represented by an attorney and that at the time of the hearing I may submit to the Board testimony and documentation relevant to the charges. I understand that in making its final decision, the Board may, if unlawful activity has been proven, assess civil penalties in an amount greater than that herein offered in its letter and may order such other remedies as it may deem appropriate. I am also aware that this proceeding is a matter of public record and that the Board's letter and this Certification are public documents.

Caitlin Acord
(Signature)

Caitlin Acord
(Print Name)

Dated: 11/16/23

Ref: Caitlin Acord, RPIC
Medilink Homecare, Inc., D/B/A Kabafusion NJ
(28RS00502800)
490 Broadway
Bayonne, New Jersey 07002
Inspection # 8-4129-23--742

AR/em
(09/23)

ATTACHMENT A
Medilink Homecare, Inc., D/B/A Kabafusion NJ, Permit # 28RS00502800 – 129 North White Horse Pike, Unit 1
Hammonton, New Jersey 08037 - **Pharmacist-In-Charge:** Caitlin Acord
Bureau File # 8-4129-23--742, **Period:** 06/26/2023
Reference: Board of Pharmacy inspection conducted per N.J.S.A. 45:1-18, and an assignment dated May 16, 2023, from Tony H. Qi, Supervising Investigator, Enforcement Bureau, requesting an inspection of the SUBJECT pharmacy in connection with an application for a CHANGE OF LOCATION.

Details

CITE	DESCRIPTION	FINE
N.J.A.C. 13:39-11.5(h)	Ceiling light fixtures in the ante area were not air tight. Gaps were observed between the light fixtures and the ceiling. Ms. Acord and Ms. McCloy were informed that the gaps between the light fixtures and ceiling had to be sealed so that microorganisms and other contaminants could not accumulate in the spaces. They verbalized an understanding of such. Ms. Acord notified this Investigator, via email, on June 26, 2023, that the gaps between the light fixtures and ceiling had been remediated. They had been sealed so that microorganisms and other contaminants could not accumulate in the spaces.	$1,000.00
N.J.A.C. 13:39-11.23(b)(15) N.J.A.C. 13:39- 11.13(a)	Policies and procedures pertaining to supervision of personnel engaged in compounding sterile preparations by a pharmacist were vague. The supervising pharmacist was responsible to "provide direct supervision for dispensing and preparing medication". The policies and procedures failed to address that a pharmacist be physically present in the cleanroom to provide immediate personal supervision to pharmacy technicians engaged in compounding sterile preparations. Please note that on the occasion of this inspection activity, this Investigator did not observe any compounding taking place. The Pharmacist-In-Charge verbalized that a very low volume of compounding occurred on Mondays.	$100.00 $500.00
TOTAL:		$1,600.00

PHILIP D. MURPHY
Governor

TAHESHA L. WAY
Lt. Governor

New Jersey Office of the Attorney General

Division of Consumer Affairs
Board of Pharmacy
124 Halsey Street, 6th Floor, Newark NJ 07102

MATTHEW J. PLATKIN
ATTORNEY GENERAL

CARI FAIS
ACTING DIRECTOR

MAILING ADDRESS:
P.O. BOX 45013
NEWARK, NJ 07101
(973) 504-6450

BOARD OF PHARMACY
PUBLIC SESSION MINUTES
MARCH 27, 2024

I. CALL TO ORDER

The Public Session of the New Jersey Board of Pharmacy was called to order by the Board President, Mitch Sobel on March 27, 2024 at 9:04 a.m. The meeting was not held at 124 Halsey Street, Newark, NJ, but remotely by Zoom meetings. All members were duly notified of the time, place and all pertinent materials were provided to the members.

II. SUNSHINE LAW ANNOUNCEMENT

President Mitch Sobel read a statement that in compliance with the Open Public Meetings Act, the requirements for the notice of this meeting were transmitted by mail and by e-mail to the Secretary of State, the Atlantic City Press, the Courier-Post and the Trenton Times, in the Board's written annual notice of its meeting schedule, all on the 28th day of December, 2023 and by posting electronic notice of the meeting on the Board's website on the 20th day of March, 2024. The meeting is being held virtually as permitted by the OPMA and is scheduled to begin at 9:00 am. Formal action may be taken at the meeting. Any member of the public wishing to attend the public session of this meeting may do so by clicking the link provided on the Board of Pharmacy website.

III. ROLL CALL

Mitch Sobel, R.Ph.	President
Jabeen Ahmed, R.Ph.	Vice President – Excused absence
Eileen Kean, ESQ	
John Colaizzi, R.Ph	
Trushar Sheth, R.Ph.	
Craig Leivent, R.Ph.	
Stephen Lieberman, R.Ph.	Excused absence
William O'Connor Jr., ESQ	
Jeffrey Sinko R.Ph.	
Linda Witzal, R.Ph.	

OTHERS IN ATTENDANCE

Anthony Rubinaccio, R.Ph.	Executive Director
Jodi Krugman	Deputy Attorney General
Siobhan Krier	Deputy Attorney General
Nishi Begum	Board Staff
Jennifer Wasiewicz	Board Staff

IV. UPDATES BY EXECUTIVE DIRECTOR

Board Report

For the month of **February,** the Board:

- Registered **290** pharmacy technicians
- Licensed **40** pharmacists
- Licensed **3** interns
- Issued permits to **7** in-state pharmacies, and **12** out-of-state pharmacies
- Issued Immunization Approval to **18** pharmacists
- Issued Immunization Approval to **0** Intern
- Issued Immunization Approval to **16** Pharmacy Technicians

As of **03/25/2024**: a total of ***677*** **pharmacies** are participating in the Narcan365 Pilot Program. This number includes:

- ***249*** Independent pharmacies ***(increase in the number of participating pharmacies)***
- **22** Acme and **25** Sav-On pharmacies *(owned by Albertsons)*
- ***72*** Rite Aid ***(decrease in number of pharmacies due to store closures)***
- ***96*** Shoprite ***(increase in the number of participating pharmacies)***
- **61** Walmart
- ***7*** Sam's Club
- **34** Stop & Shop
- **61** Walgreens
- **12** Genoa Healthcare
- **9** Wegmans
- **29** CVS

A total of **78,202** prescriptions for naloxone have been dispensed anonymously through this pilot program.

Please be aware that all Pharmacy Technicians currently approved to immunize have had their expiration dates extended until May 31, 2024. An alert has been placed on the Board's homepage with this information and the website license verification function can be used to confirm this extension for an individual. Permit holders are reminded to ensure those individuals also have an "active" pharmacy technician registration in place.

During the state of emergency resulting from the COVID-19 pandemic, pharmacists may fill prescriptions written by Advanced Practice Nurses (APNs), to include prescriptions that do not include the name of a collaborating physician. Pursuant to Governor Murphy's Executive Order 112 and pursuant to the Division of Consumer Affairs' Administrative Order 2020-02 , statutory and regulatory requirements that would otherwise mandate that an APN maintain a joint protocol with a collaborating physician, and that the collaborating physician's name, address and telephone number be included on prescriptions written by the APN, have been waived. Although the public health emergency originally declared in Executive Order 112 has ended, the state of emergency remains in effect. Additionally, pursuant to Executive Order 292, the cited provisions of both EO 112 and AO 2020-02 remain in full force and effect presently.

The Board offered congratulations to Board President Mitch Sobel on winning the Beverly Wilt Service Award. The nominee must be an active member of NJSHP with at

least 10 years of membership and embodies the following core values:

- Practice Excellence – Nominee demonstrates sustained active involvement in the promotion, progression, and implementation of pharmaceutical care programs, missions, initiatives, and performance improvement at his/her professional practice site;
- Organizational involvement – Nominee has participated in some area of NJSHP leadership or government affairs representation such as: State Board Officer, Chapter Officer, NJSHP Delegate of AHSP, or any sustained participation with appointed or elected NJSHP position(s)
- Professional contributions - Nominee has demonstrated active professional and educational contributions such as: participation with academia, professional presentations, teaching, mentorship, and community outreach.

Mr. Sobel is a role model for advancing the profession through practice excellence.

V. OLD BUSINESS

1) **Public Orders Filed**
   a) **Christine McLaughlin** – 28RW00961900 – Summary Order of Suspension filed 2/5/2024
   b) **Kayla Fentress** – 28RW02787400 - Summary Order of Suspension filed 2/5/2024
   c) **Amanda Cudd** – 28RW02032800 – Summary Order of Suspension filed 2/5/2024
   d) **Christine Chai** – 28RI03236100 - Summary Order of Suspension filed 2/5/2024

VI. NEW BUSINESS

1) **Donna Feudo** - Request for a reasonable accommodation

Donna Feudo was present to represent this request.

Trushar Sheth moved, seconded by Craig Leivent to table this item until the Board is in receipt of a waiver request submitted by the preceptor seeking the waiver. Mitch Sobel was recused due to a business affiliation. **Motion passed 7-0-1.**

The Board authorized Vice President Jabeen Ahmed to handle this matter in the event the waiver request is not submitted by the time of the April 24, 2024 Board meeting.

2) **Hongzhuo Lin – 2783775** – requesting waiver – NAPLEX score is over 5 years old

Mitch Sobel moved, seconded by John Colaizzi to grant the waiver of N.J.A.C.13:39-2.2(c) and allow the NAPLEX score to be transfer beyond the

period of 5 years. Jeffrey Sinko was recused due to affiliation with CVS. **Motion passed 7-0-1**

3) **John Magdy Tanyous - 2684435** –Pharmacist application – request to retake NAPLEX for 6th attempt

Eileen Kean moved, seconded by Trushar Sheth to grant the request allowing the applicant to retake the NAPLEX examination for the 6th attempt. John Colaizzi was recused due to affiliation with Walgreens. **Motion passed 7-0-1.**

4) **Alpeshkumar Parmar - 2781622-** Pharmacist application – review of application and work history

Mitch Sobel moved, seconded by Trushar Sheth to require the completion of a full internship. Upon completion of the internship, applicant may proceed to take the MPJE and NAPLEX examinations. Jeffrey Sinko and Eileen Kean were opposed. **Motion passed 6-2.**

5) **Peter Abraham – 2792399** – Pharmacist application – review of application and work history

This item has been moved to the Executive Session.

6) **Arti Maher – 2793612** – Pharmacist reciprocity application – review of application (Jeffrey Sinko recused)

This item was tabled to request a detailed CV and current practice standards.

7) **Thomas Alan Corwin – 2797603** - Pharmacist reciprocity application with discipline

Mitch Sobel moved, seconded by John Colaizzi to allow the reciprocity application to proceed. **Motion passed 8-0.**

8) **Georgina A. Hanna-Ghattas - 28RI03269200** - Pharmacist reactivation application – review of work history

This item was tabled to request a detailed CV and work history since last practice of pharmacy.

9) **Jude L. Pierre-Louis - 28RI02007100** – Pharmacist reinstatement application – review of work history (John Colaizzi recused)

Linda Witzal moved, seconded by Jeffrey Sinko to reinstate the license upon successful passing of the MPJE examination. John Colaizzi was recused due to affiliation with Walgreens. **Motion passed 7-0-1.**

10) **Patricia Anne Carta - 28RI02488700** – Pharmacist reinstatement application – review of work history

Linda Witzal moved, seconded by Trushar Sheth to allow to reinstate upon completion of 500 internship hours and successfully passing the MPJE examination. **Motion passed 8-0.**

11) **Anna Rose LaSala - 28RW04590400** – response to Provisional Order of Discipline (John Colaizzi recused)

Linda Witzal moved, seconded by Trushar Sheth to finalize the POD with modification to remove the suspension but to impose the $250 fine for failure to respond. John Colaizzi was recused due to affiliation with Walgreens. **Motion passed 7-0-1.**

12) **Jason Hernandez - 28RW04363400** - response to Provisional Order of Discipline (John Colaizzi recused)

Mitch Sobel moved, seconded by Trushar Sheth to finalize the POD with modification to remove the suspension but to impose the $250 fine for failure to respond. John Colaizzi was recused due to affiliation with Walgreens. **Motion passed 7-0-1.**

13) **Encompass Health Rehab. Hosp. of Vineland - 28RS00682900** - requesting a waiver of N.J.A.C 13:39-5.3

Mitch Sobel moved, seconded by Jeffrey Sinko to deny the request for the waiver of N.J.A.C. 13:39-5.3 due to lack of information. **Motion passed 8-0.**

14) **Ahoy Drugs, LLC – 2795713** - Out of State pharmacy application – review of inspection report

Trushar Sheth moved, seconded by Linda Witzal to request a corrective action plan. If the corrective action plan is acceptable, approve the application. **Motion passed 8-0.**

VII. MITIGATION REQUEST

1. **First Aid Rx – 28RS00748200**

Linda Witzal moved, seconded by Mitch Sobel to move into executive session at 11:00 a.m. for advice of counsel. **Motion passed 8-0.**

The Board returned to the Public Session at 11:15 a.m.

Mitch Sobel moved, seconded by Linda Witzal to deny the mitigation request for the following citations and also to refer this matter to Rules and Regulation for consideration of rule making. **Motion passed 7-0.**

- N.J.A.C. 13:39-4.15
- N.J.A.C.13:39-5.11(a)
- N.J.A.C. 13:39-4.10(b)
- N.J.A.C. 13:39-6.15(d)

John Colaizzi moved, seconded by Jeffrey Sinko to mitigate and remove N.J.A.C. 13:39-4.10(b). **Motion passed 8-0.**

Eileen Kean left the meeting at 10:45 a.m. and returned at 11:21 a.m.

2. **Lyons Pharmacy – 28RS00751500**

Trushar Sheth moved, seconded by Jeffrey Sinko to mitigate and remove the fine of $4,500 for in violation of N.J.A.C. 13:39-4.21(i) and N.J.A.C. 13:39-7.22 and to deny all other mitigation requests as they were corrective in nature. The request to remove violations for temperature monitoring was considered because electronic logs with alarms were present in the pharmacy but the pharmacist was unaware of the electronic monitor so the citation was issued for paper monitoring. **Motion passed 8-0.**

3. **Medilink Homecare, Inc., DBA Kabafusion NJ - 28RS00502800**

John Colaizzi moved, seconded by Trushar Sheth to mitigate and remove both citations as this is a pre-opening inspection. **Motion passed 8-0.**

4. **St. Barnabas Health Behavioral Health Center - 28RS00469900**

Henry Leach and Kim Walsh were present to represent the pharmacy.

Chair direct: Request proof of electronic recording for temperature logs related to N.J.A.C. 13:39-5.11(a)(1) between January - September 2023.

5. **Walgreens Pharmacy Dept. # 12441 - 28RS00727400** (John Colaizzi recused)

Mitch Sobel moved, seconded by Linda Witzal to mitigate and remove the fine of $200 fine for in violation of N.J.A.C. 13:39-5.8(a)(1) and to deny all other mitigation requests as they were corrective in nature. John Colaizzi was recused due to affiliation with Walgreens. **Motion passed 8-0.**

2023 Pharmacist Renewal – Continuing Education Credits UPL – Mitigations:

6. **Devang Pandit - 28RI03259500**

Mitch Sobel moved, seconded by Trushar Sheth to deny the mitigation request and to maintain the $2,300 fine. **Motion passed 8-0.**

7. **Joshua Suri - 28RI01746300**

Mitch Sobel moved, seconded by William O'Connor Jr. to deny the mitigation request and to maintain the $3,000 fine. **Motion passed 8-0.**

8. **Robert Annicharico - 28RI02364600**

Chair Direct: Table this item to request individual certificates of completion for each CE course or supply the Board with a CPE Monitor report for these completed Florida credits.

VIII. INFORMATIONAL

1. **NABP Memo** – NABP Treasurer Candidate

The Board took this as informational.

2. **NABP Memo** – Well Being Index - February

The Board took this as informational.

3. **NABP Memo** – DEA Supply Chain Conference

The Board took this as informational.

4. **NABP Memo** - Submissions for 2024-2025 Committees and Task Forces

The Board took this as informational.

IX. COMMITTEE REPORTS

N/A

X. APPROVAL OF MINUTES

Public Session minutes for February 28, 2024

Trushar Sheth moved, seconded by Linda Witzal to accept the minutes as submitted. **Motion passed 8-0.**

XI. ADJOURNMENT

Trushar Sheth moved, seconded by Eileen Kean to go into Executive Session pursuant to

N.J.S.A.10:4-12(b) at 12:45 p.m. to discuss matters under investigation, applications containing confidential materials, disciplinary matters pending before the Board and matters requiring advice of counsel. The substance of these matters shall remain confidential until disclosure is permitted by law. Board action arising from such discussions will be made public at such time as official action is taken on these matters, if permitted by law. **Motion passed 8-0.**

Jeffrey Sinko moved, seconded by John Colaizzi to adjourn the Public Session at 12:24 p.m. **Motion passed 8-0.**

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 8. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
01/09/2023		New York		
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
License No. 9338L001		New York State Department of Health		
Reason/Charge				
License Denial; Later Approved				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Lincare of New York, Inc.			Order	
Name of Business/Industry/Entity				
Lincare of New York, Inc.				

Provide explanation below: See Attachment.

Aslam Masood
Original Signature (electronic, copies or stamps not accepted)

10/3/25
Date

KabaFusion
Patient-Focused Infusion Therapy

Licensure Denial for Additional Location of Lincare of New York, Inc. (Newburgh)

Lincare of New York, Inc. (a KabaFusion company) submitted an application for an additional location in Newburgh to be added to its master license to expand its operations within the state of New York. In a letter dated 1/09/2023, the New York Department of Health initially denied the additional location in Newburgh due to a review that was being conducted regarding another separate location of Lincare of New York, Inc.

After further follow up between Lincare of New York, Inc. and the New York Department of Health, a letter dated 3/23/2023 confirmed that the Newburgh location was successfully added to the master license with a retroactive effective date of 8/29/2022.

A copy of the referenced letters and the license that was issued are enclosed.

CORPORATE (WEST COAST)
17777 Center Court Dr., Ste. 550, Cerritos, CA 90703
P: 800-435-3020 F: 562-860-6017

CORPORATE (EAST COAST)
80 Hayden Ave., Suite 300, Lexington, MA 02421
P: 844-777-4844 F: 781-862-2002

www.KabaFusion.com

NEW YORK STATE OF OPPORTUNITY. Department of Health

KATHY HOCHUL
Governor

JAMES V. McDONALD, M.D., M.P.H.
Acting Commissioner

MEGAN E. BALDWIN
Acting Executive Deputy Commissioner

01/09/2023

Lincare of New York, Inc.
Karen Kaczmarek, President
57 Karner Road, Suite B
Albany, New York, 12205

Re: Agency Name: Lincare of New York, Inc.
License Number: 9338L001
Type of Request- Denial

Dear Karen Kaczmarek:

Please be advised that your request for an additional site is denied at this time based on a review conducted by the Department. The following were identified as factors in the denial determination:

Surveillance history including results of the re-licensure survey conducted on 7/20/2020, 6/07/2021 and enforcement action.

If you require any interpretation of this report, please do not hesitate to contact our office at (212) 417-4921.

Sincerely,

Mikhail Pankov
Regional Program Manager
Office of Aging and Long-Term Care
Home and Community Based Services
Metropolitan Area Regional Office
jv

cc: Bureau of Home Care Licensure and Certification

NEW YORK STATE OF OPPORTUNITY. | Department of Health

KATHY HOCHUL
Governor

JAMES V. McDONALD, M.D., M.P.H.
Acting Commissioner

MEGAN E. BALDWIN
Acting Executive Deputy Commissioner

03/23/2023

Lincare of New York, Inc.
Karen Kaczmarek, President
57 Karner Road
Albany, NY 12205

Re: Agency Name: Lincare of New York, Inc.
License Number: 9338L005
Request for Additional Site

Dear Karen Kaczmarek:

Please be advised that based on your request, a transaction notice has been forwarded to the Bureau of Home Care Licensure and Certification.

Approval is granted, effective August 29th 2022, to add an additional site at 356 Meadow Avenue, Suite 203, Newburgh, New York, 12550 to provide Nursing, Infusion Services, Medical Supplies Equipment and Appliances in Dutchess, Orange, Putnam, Rockland, Sullivan, Ulster, and Westchester counties. Pending receipt of a license, this letter authorizes your agency to provide the services as listed above in the counties as listed above at the new site location.

Please note that a separate Health Commerce System (HCS) account is required for this new site location. Please call 518-408-1638 for assistance in establishing the HCS account.

If you require any interpretation of this report, please do not hesitate to contact our office at (212) 417-4921.

Sincerely,

Jeaneva Orgill, LMSW
Health Systems Specialist 3
Office of Aging and Long-Term Care
Home and Community Based Services
Metropolitan Area Regional Office
jv

cc: Bureau of Home Care Licensure and Certification

Facility Id. 15440
License No. 9338L006

State of New York
Department of Health
Office of Aging and Long Term Care

LICENSE

Effective Date: 08/29/2022
Expiration Date: NONE

Licensed Home Care Services Agency

Lincare of New York Inc
356 Meadow Avenue Suite 203
Newburgh, New York 12550
Orange County

Operator: Lincare Of New York, Inc.
Operator Class: Proprietary Business Corporation
Operator Address: 57 Karner Road
Albany, New York 12205

Has been granted this License pursuant to Article 36 of the Public Health Law for the service(s) specified.

Medical Supplies Equipment and Appliances — Nursing

Geographic Service Area Counties Served - 7

Dutchess	Orange	Putnam	Rockland	Sullivan
Ulster	Westchester			

20230721

Deputy Commissioner, Office of Aging and Long Term Care

This license must be conspicuously displayed on the premises.

Commissioner

2731

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 6 Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
03/27/2024		Connecticut		
Case # Massachusetts Board of Pharmacy Meeting Agenda dated 03/27/2024 and Minutes		**Governing, licensing, Arresting Presiding Body/Agency/Court** Connecticut Commission of Pharmacy		
Reason/Charge Appearance Regarding Request to add Sterile Compounding				
Plaintiff/Defendant/Claimant/Respondent KabaFusion, Inc.		**Lawsuit/Arbitration/Bankruptcy** Appearance		
Name of Business/Industry/Entity KabaFusion, Inc.				

Provide explanation below: See Attachment.

Aslam Masood
Original Signature (electronic, copies or stamps not accepted)

10/3/25
Date

KabaFusion
Patient-Focused Infusion Therapy

Regarding Appearance Before the Connecticut Board of Pharmacy For KabaFusion, Inc. (Shrewsbury)

On March 27, 2024, KabaFusion, Inc., appeared to discuss it's change of licensure type regarding sterile compounding. Copies of the minutes are attached.

CORPORATE (WEST COAST)
17777 Center Court Dr., Ste. 550, Cerritos, CA 90703
P: 800-435-3020 F: 562-860-6017

CORPORATE (EAST COAST)
80 Hayden Ave., Suite 300, Lexington, MA 02421
P: 844-777-4844 F: 781-862-2002

www.kabafusion.com

Commission of Pharmacy Meeting Agenda

March 27, 2024

10:00 a.m. **Meeting Called to Order**

10:10 a.m. **Request (s) for Continuing Education Program Approval**

Health Assistance Intervention Education Network in Connecticut
Mariella LaRosa, Chief Executive Officer of HAVEN
1.0 CEU Live
March 27, 2024, 8:30 – 9:30 a.m. Presentation 450 Columbus Blvd., Hartford

New Pharmacy Application (s)

CVS Pharmacy #17910
7 Backus Avenue
Danbury, CT 06810
Aaron Wang, Pharmacy Manager

Fair Haven Community Health Care dba Grand Pharmacy
111 Grand Avenue
New Haven, CT 06513
Dave Manan, Pharmacy Manager

Belltown Pharmacy Corp
39 Belltown Road
Avon, CT 06001
Waseem Sarwar, Pharmacy Manager

Newtown Health Pharmacy
255 S. Main Street
Newtown, CT 06470
Linda Doyon, Pharmacy Manager

Pharmacy Relocation (s)

Genoa Healthcare LLC
From:
883 Paddock Avenue
Meriden, CT 06450
Matthew Jenings, Pharmacy Manager

Genoa Healthcare LLC
To:
883 Paddock Avenue, Suite S131
Meriden, CT 06450

Pharmacy Remodel (s)

BIG Y Pharmacy #56
1 Kent Road
New Milford, CT 06776
Nicole Lefevre, Representative

CVS Pharmacy #294
177 Columbus Blvd.
New Britain, CT 06051
Ana Gomes, Representative

CVS Pharmacy #1153
1875 Boston Avenue
Bridgeport, CT 06610
Pralok Trivedi, Representative

Mohegan Pharmacy
67 Sandy Desert Road
Uncasville, CT 06382
Khristine Lariviere, Pharmacy Manager

Nutmeg Pharmacy
23 Killingworth Road
Higganum, CT 06441
Gregory McKenna, Pharmacy Manager

MPJE Law Exam Request (s)

Mahmoud Hanaif

CE Waiver Request (s)

Ambimbola Aladesuru

Hinali Amin

Mergima Al Arnaout

Annie Krawiec

Shirley Lai

David Lavimoniere

Kim V Nguyen

Megan Porta

Tayyaba Saeed

'First Time' Pharmacy Manager(s)

Jennifer Cabral
CVS Pharmacy – Gales Ferry

Adam D Dinitto
Greenville Drug – Norwich

Nataly Domitrz
Walgreens Pharmacy – Cromwell

Abdelrahman Hassaan
Seven Pharmacy – Norwalk

Mahria J Ibanez
CVS Pharmacy – Wilton

Michael A Mastroianni
Stolls Pharmacy – Waterbury

Andrea Reid
Big Y Pharmacy #34 – Mansfield

Camila Gonzalez-Ribadeneira
Walgreens Pharmacy – Glastonbury

Reciprocity Interview Candidate(s)

Sohee Ahn
Reciprocity from California

Daisy O Antwi
Reciprocity from Texas

Jennifer G Cabral
Reciprocity from Massachusetts

Samantha W Debiasio
Reciprocity from Massachusetts

Adam D Dinitto
Reciprocity from Rhode Island

Katrina N Jeanneau
Reciprocity from Alabama

Ruchira M Kasbekar
Reciprocity from New Jersey

Jasmine S Lee
Reciprocity from Maryland

Reciprocity Interview Candidate(s) Cont.

Jennie L McNellis
Reciprocity from Missouri

Beatrice H Menjor
Reciprocity from Georgia

Wycliffe Mugoya
Reciprocity from New Jersey

Mike Obeng
Reciprocity from Indiana

Vidhi H Patel
Reciprocity from Missouri

Christina Patlias
Reciprocity from New York

Ileana Pohner
Reciprocity from Massachusetts

Shannon S Ramdeen
Reciprocity from New York

Moqadam S Rhamatzada
Reciprocity from New York

Jared D Stratman
Reciprocity from Indiana

Magdaline D Victorin
Reciprocity from Florida

Kelsea S Woolfolk
Reciprocity from Tennessee

Philip Lin Yaun
Reciprocity from Indiana

Request(s) for Non-Resident Pharmacy Approval

Bayviro Pharmacy LLC – Tampa, FL

Innovative RX LLC – Nobelsville, NC

NPS Pharmacy Direct – Nashville, TN

Request(s) for Non-Resident Pharmacy Approval Cont.

Formulation Compounding Center dba Pharma Labs LLC – Lewisville, TX

Pharmalogic Colorado LLC – Aurora, CO

Pharmalogic New York City LLC – Bronx, NY

Tremont RX Pharmacy dba Best Pharmacy – Bronx, NY

Undefined Pharmacy LLC – Warren, NJ

WP Pharma Labs INC – Dallas, TX

Request (s) Increase Pharmacy Technician Ratio

Cardinal Health Nuclear & Precision Health Solutions
Request to Increase Pharmacy Technician Ratio
Locations: East Hartford and Stamford CT
Joshua Pruitt, Pharmacy Manager
Anthony Colangelo, Pharmacy Area Manager

Request(s) for Non-Resident Sterile Compounding Services

Kabafusion INC – Shrewsbury, MA
Request to Add Sterile Compounding Services

Approval to Accept Commission of Pharmacy Meeting Minute(s)

January 31, 2024

STATE OF CONNECTICUT
DEPARTMENT OF CONSUMER PROTECTION
COMMISSION OF PHARMACY
March 27, 2024

10:00 a.m. The regular meeting of the Commission of Pharmacy was called to order by Commissioner DeFazio. The meeting was conducted by physical attendance and virtually on TEAMS.

Commissioners Present: Angelo DeFazio, Chairperson

Richard Carbray
Debbie Chisolm
Mary Inguanti
Ann Taylor
Kristin Linder

Staff Present: Gina Samples, Board Administrator

Request (s) for Continuing Education Program Approval

Health Assistance Intervention Education Network in Connecticut
Marinella LaRosa, Chief Executive Officer of HAVEN
1.0 CEU Live Law / March 27, 2023

Commission Action: Commissioner DeFazio moved, seconded by Commissioner Inguanti and passed by a vote of 6-0 to approve the continuing education program credit.

New Pharmacy Application (s)

CVS Pharmacy #17910
7 Backus Avenue
Danbury, CT 06810
Aaron Wang, Pharmacy Manager

Commission Action: Commissioner DeFazio moved, seconded by Commissioner Taylor and passed by a vote of 6-0, to approve the above request represented by Robert George for a new pharmacy premise provided all the requirements set forth in the Connecticut Pharmacy and Drug Laws as enforced by the Commission of Pharmacy are met.

New Pharmacy Application (s) Cont.

Fair Haven Community Health Care dba Grand Pharmacy
111 Grand Avenue
New Haven, CT 06513
Dave Manan, Pharmacy Manager

Commission Action: Commissioner DeFazio moved, seconded by Commissioner Taylor and passed by a vote of 6-0, to approve the above request for a new pharmacy premise provided all the requirements set forth in the Connecticut Pharmacy and Drug Laws as enforced by the Commission of Pharmacy are met.

Belltown Pharmacy Corp
39 Belltown Road
Stamford, CT 06905
Waseem Sarwar, Pharmacy Manager

Commission Action: Commissioner Chisolm moved, seconded by Commissioner Taylor, and passed by a vote of 6-0, to approve the above request for a new pharmacy premise provided all the requirements set forth in the Connecticut Pharmacy and Drug Laws as enforced by the Commission of Pharmacy are met.

Newtown Health Pharmacy
255 S. Main Street
Newtown, CT 06470
Linda Doyon, Pharmacy Manager

Commission Action: Commissioner DeFazio moved, seconded by Commissioner Inguanti and passed by a vote of 6-0, to approve the above request for a new pharmacy premise provided all the requirements set forth in the Connecticut Pharmacy and Drug Laws as enforced by the Commission of Pharmacy are met.

Pharmacy Relocation (s)

Genoa Healthcare LLC
From:
883 Paddock Avenue
Meriden, CT 06450

Genoa Healthcare LLC
To:
883 Paddock Avenue, Suite S131
Meriden, CT 06450

Matthew Jenings, Pharmacy Manager

Commission Action: Commissioner DeFazio moved, seconded by Commissioner Taylor the above relocation request, passed by a vote of 6-0 to and provided all the requirements set forth in the Connecticut Pharmacy and Drug Laws as enforced by the Commission of Pharmacy are met.

Pharmacy Remodel (s)

Big Y Pharmacy, #56
1 Kent Road
New Milford, CT 06776
Nicole Lefevre, Representative

Commission Action: Commissioner DeFazio moved, seconded by Commissioner Taylor to approve the above remodel request passed, by a vote of 6-0 to and provided all the requirements set forth in the Connecticut Pharmacy and Drug Laws as enforced by the Commission of Pharmacy are met.

CVS Pharmacy #294
177 Columbus Blvd.
New Britain, CT 06051
Ana Gomes, Representative

Commission Action: Commissioner Chisolm moved, seconded by Commissioner Taylor to approve the above remodel request passed, by a vote of 6-0 to and provided all the requirements set forth in the Connecticut Pharmacy and Drug Laws as enforced by the Commission of Pharmacy are met.

CVS Pharmacy #1153
1875 Boston Avenue
Bridgeport, CT 06110
Pralok Trivedi, Representative

Commission Action: Commissioner Chisolm moved, seconded by Commissioner Taylor to approve the above remodel request passed, by a vote of 6-0 to and provided all the requirements set forth in the Connecticut Pharmacy and Drug Laws as enforced by the Commission of Pharmacy are met.

Mohegan Pharmacy
67 Sandy Desert Road
Uncasville, CT 06382
Khristine Lariviere, Pharmacy Manager

Commission Action: Commissioner Chisolm moved, seconded by Commissioner Taylor the above remodel request passed, by a vote of 6-0 to and provided all the requirements set forth in the Connecticut Pharmacy and Drug Laws as enforced by the Commission of Pharmacy are met.

Pharmacy Remodel (s) Cont.

Nutmeg Pharmacy
23 Killingworth Road
Higganum, CT 06441
Gregory McKenna, Pharmacy Manager

Commission Action: Commissioner DeFazio tabled the matter to next months meeting, as no representative attended for pharmacy remodel request.

MPJE Law Exam Request (s)

Mahmoud Hanif requested a final attempt to take the MPJE Law Exam

Commission Action: Commissioner DeFazio motion to accept, Commissioner Chisolm moved and seconded by Commissioner Inguanti passed by a vote of 6-0 to accept.

CE Waiver Request (s)

Ambimbola Aladesuru upon the 2024 pharmacist license renewal a CE Waiver extension was requested. Ms. Aladesuru did not complete the continuing education requirement for the 2023 calendar year.

Commission Action: Commissioner DeFazio moved, seconded by Commissioner Taylor and passed by a vote of 6-0 to grant an extension to complete continuing education requirements that are missing in the 2023 calendar year to be in compliance for the 2024 license renewal. If the CE credits are not completed a case will be opened with the Drug Control Division and needs to be verified by the Commission of Pharmacy continuing education has been completed by May 1, 2024.

Hinali Amin upon the 2024 pharmacist license renewal a CE Waiver extension was requested. Ms. Amin did not complete continuing education requirements for the 2022 and 2023 calendar year(s).

Commission Action: Commissioner DeFazio moved, seconded by Commissioner Inguanti and passed by a vote of 6-0 to grant an extension to complete continuing education requirements that are missing in the 2023 calendar year to be in compliance for the 2024 license renewal. If the CE credits are not completed a case will be opened with the Drug Control Division and needs to be verified by the Commission of Pharmacy continuing education has been completed by May1, 2024.

CE Waiver Request (s) Cont.

Mergima Al Arnaout upon the 2024 pharmacist license renewal a CE Waiver extension was requested. Ms. Arnaout did not complete continuing education requirements for the 2023 calendar year(s).

Commission Action: Commissioner DeFazio moved, seconded by Commissioner Tayor and passed by a vote of 6-0 to grant an extension to complete continuing education requirements that are missing in the 2023 calendar year to be in compliance for the 2024 license renewal. It was confirmed with Board Administrator, Samples that Ms. Arnaout has completed her 2023 CE Credits for the 2024 license renewal and is in compliance as of this commission meeting date.

Annie Krawiec upon the 2024 pharmacist license renewal a CE Waiver extension was requested. Ms. Krawiec did not complete continuing education requirements for the 2022 and 2023 calendar year(s).

Commission Action: Commissioner DeFazio moved, seconded by Commissioner Tayor and passed by a vote of 6-0 to grant an extension to complete continuing education requirements that are missing in the 2022 and 2023 calendar years, to be in compliance for the 2024 license renewal. If the CE credits are not completed a case will be opened with the Drug Control Division and needs to be verified by the Commission of Pharmacy continuing education has been completed by May1, 2024.

Shirley Lai upon the 2024 pharmacist license renewal a CE Waiver extension was requested. Ms. Lai did not complete continuing education requirements for the 2022 and 2023 calendar year(s).

Commission Action: Commissioner DeFazio tabled the matter, as Ms. Lai did not attend the Commission Meeting the CE waiver extension was not granted, she will need to appear at next meeting to request a CE waiver extension.

David Lavimoniere upon the 2024 pharmacist license renewal a CE Waiver extension was requested. Mr. Lavimoniere did not complete continuing education requirements for the 2022 and 2023 calendar year(s).

Commission Action: Commissioner DeFazio moved, seconded by Commissioner Inguanti and passed by a vote of 6-0 to grant an extension to complete continuing education requirements that are missing in the 2022-2023 calendar year(s) and the 2020-2021 calendar year(s) to be in compliance for the 2024 and 2022 license renewals If the CE credits are not completed a case will be opened with the Drug Control Division and needs to be verified by the Commission of Pharmacy continuing education has been completed by July1, 2024.

CE Waiver Request (s) Cont.

Kim Nguyen upon the 2024 pharmacist license renewal a CE Waiver extension was requested. Ms. Nguyen did not complete continuing education requirements for the 2022 and 2023 calendar year(s).

Commission Action: Commissioner DeFazio moved, seconded by Commissioner Inguanti and passed by a vote of 6-0 to grant an extension to complete continuing education requirements that are missing in the 2022 and 2023 calendar year(s), to be in compliance for the 2024 license renewal. If the CE credits are not completed a case will be opened with the Drug Control Division and needs to be verified by the Commission of Pharmacy continuing education has been completed by July 1, 2024.

Megan Porta upon the 2024 pharmacist license renewal a CE Waiver extension was requested. Ms. Porta did not complete continuing education requirements for the 2023 calendar year.

Commission Action: Commissioner DeFazio moved, seconded by Commissioner Inguanti and passed by a vote of 6-0 to grant an extension to complete continuing education requirements that are missing in the 2023 calendar year, to be in compliance for the 2024 license renewal. It was confirmed with Board Administrator, Samples that Ms. Porta has completed her 2023 CE Credits for the 2024 license renewal and is in compliance as of this commission meeting date.

Tayyaba Saeed upon the 2024 pharmacist license renewal a CE Waiver extension was requested. Ms. Saeed did not complete continuing education requirements for the 2022 and 2023 calendar year(s).

Commission Action: Commissioner DeFazio moved, seconded by Commissioner Taylor and passed by a vote of 6-0 to grant an extension to complete continuing education requirements that are missing in the 2022 -2023 and 2021 calendar year(s) to be in compliance for the 2024 and 2022 license renewals. If the CE credits are not completed a case will be opened with the Drug Control Division and needs to be verified by the Commission of Pharmacy continuing education has been completed by July 1, 2024.

'First Time' Pharmacy Manager (s)

The following pharmacists presented themselves to the Commission of Pharmacy as 'first time' pharmacy managers in the State of Connecticut:
Commissioner DeFazio provided a summary of the responsibilities that a first-time pharmacy manager has and appreciated their appearance before the Commission. Commissioner DeFazio emphasized the importance of the pharmacy manager's role in contrast to the front-store manager (in many retail settings). Some responsibilities include leadership, technician registration, license renewals, reporting pharmacy operation hours, and prescription error reporting. Provided Information on utilization of the Med-watch Program.

Jennifer Cabral	CVSPharmacy – Gales Ferry
Adam D Dinitto	Greenville Drug – Norwich
Nataly Domitrz	Walgreens Pharmacy – Cromwell
Dominique Gelineau	CVS Pharmacy – Norwalk
Abdlrahman Hassaan	Seven Pharmacy –Norwalk
Mahria J Ibanez	CVS Pharmacy – Wilton
Michael A Mastroianni	Stolls Pharmacy – Waterbury
Andrea Reid	Big Y Pharmacy #34 – Mansfield
Camila Gonzalez-Ribadeneira	Walgreens Pharmacy – Glastonbury
Waseem Sarwar	Belltown Pharmacy – Stamford

Reciprocity Interview Candidate (s)

The following candidates(s) were interviewed over the telephone and attested that the information provided was true and accurate to the best of their belief and understood that any misrepresentation of the fact could result in a fine and/or denial of pharmacist licensure in Connecticut.

Sohee Ahn	Reciprocity from California
Daisy O Antwi	Reciprocity from Texas
Jennifer G Cabral	Reciprocity from Massachusetts
Samantha W Debiasio	Reciprocity from Massachusetts
Adam D Dinitto	Reciprocity from Rhode Island
Katrina N Jeanneau	Reciprocity from Alabama
Ruchira M Kasbekar	Reciprocity from New Jersey
Jasmine S Lee	Reciprocity from Maryland
Jennie L McNellis	Reciprocity from Missouri
Beatrice H Menjor	Reciprocity from Georgia
Wycliffe Mugoya	Reciprocity from New Jersey
Mike Obeng	Reciprocity from Indiana
Vidhi H Patel	Reciprocity from Missouri
Christina Patlias	Reciprocity from New York
Ileana Pohner	Reciprocity from Massachusetts

Reciprocity Interview Candidate (s) Cont.

Shannon S Ramdeen	Reciprocity from New York
Moqadam S Rhamatzada	Reciprocity from New York
Jared D Stratman	Reciprocity from Indiana
Magdaline D Victorin	Reciprocity from Florida
Kelsea S Woolfolk	Reciprocity from Tennessee
Philip Lin Yaun	Reciprocity from Indiana

Commission Action: Commissioner Taylor moved, seconded by Commissioner Inguanti and passed by a vote of 6-0 to accept the above application(s) for licensure by reciprocity.

Request (s) for Non-Resident Pharmacy Approval

Bayviro Pharmacy LLC – Tampa, FL
Innovative RX LLC – Nobelsville, NC
NPS Pharmacy Direct – Nashville, TN

Commission Action: Commissioner Chisolm moved Commissioner Taylor seconded passed by a vote of 6-0 to accept the above non-resident pharmacy applications.

Non-resident Applications – Approved with Additional Information

Formulation Compounding Center dba Pharma Labs LLC – Lewisville, TX
Pharmalogic Colorado LLC – Aurora, CO
Pharmalogic New York City LLC – Bronx, NY
Tremont RX Pharmacy dba Best Pharmacy – Bronx, NY
Undefined Pharmacy LLC – Warren, NJ
WP Pharma Labs INC – Dallas, TX

Commission Action: Commissioner Chisolm moved Commissioner Taylor seconded passed by a vote of 6-0 to accept the above non-resident pharmacy applications.

Request (s) for Non-Resident Pharmacy Approval Cont.

Adiakha Investments INC dba Grand Ave. Pharmacy – Pflugerville, TX
AHMA RX – Garfield, NJ
JKR Pharmacy Ventures, LLC dba Doc Lane's Veterinary Pharmacy – Lexington, KY
Little Neck RX Corp dba Phamaconic – Little Neck, NY
MWI Veterinary Supply Co. dba Animal RX Pharmacy – Lebanon, IN
Pharmacy Alternatives LLC – Christiansburg, VA
Pharmacy Express – Paterson, NJ
RLS (USA) INC – Livingston, NJ
RLS (USA) INC – Cincinnati, OH

Commission Action: Commissioner Inguanti is requesting additional documents for the above non-resident pharmacy applications for further review.

Request (s) Increase Pharmacy Technician Ratio

Cardinal Health Nuclear & Precision Health Solutions
Locations: East Hartford and Stamford, CT
Joshua Pruitt, Pharmacy Manager
Anthony Colangelo, Pharmacy Area Manager
The Request is to increase the Pharmacy Technician Ratio 5:1 We are requesting this extended ratio to improve the safety of pharmacy staff. A robust pharmacy operating system which includes patient safety features such as bar code inventory verification, integration of radioactivity measurement devices, and pharmacist/technician task authorization is in place.

Commission Action: Commissioner DeFazio made a motion to accept, the request to increase the Pharmacy Technician Ratio 5:1. In hearing no motions the request is denied.

Request (s) for Non-Resident Sterile Compounding Services

Kabafusion INC – Shrewsbury, MA
Request to Add Sterile Compounding Services

Commission Action: Commissioner DeFazio moved Commissioner Taylor seconded passed by a vote of 6-0 to accept the request to add sterile compounding services.

Approval to Accept Commission of Pharmacy Meeting Minute(s)
January 31, 2024

Commission Action: Commissioner DeFazio motion to accept, Commissioner Chisolm moved and seconded by Commissioner Linder passed by a vote of 6-0 to accept.

There being no further business, Commissioner DeFazio adjourned the meeting.

Commission Action: Commissioner DeFazio motion to accept, Commissioner Taylor moved, seconded by Commissioner Inguanti seconded, and passed by a vote of 6-0 to adjourn.

Respectively Submitted,

Angelo DeFazio
Angelo DeFazio, Chairperson

Prepared by

Gina Samples
Gina Samples, Board Administrator

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 6 Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
10/23/2024		Tennessee		
Case # Certificate of Need Application No. CN2405-012 and CN2405-021		**Governing, licensing, Arresting Presiding Body/Agency/Court** Tennessee Health Facilities Commission		
Reason/Charge Certificate of Need Application Agenda and Minutes; Approval Letters				
Plaintiff/Defendant/Claimant/Respondent KabaFusion TN, LLC		**Lawsuit/Arbitration/Bankruptcy** Appearance		
Name of Business/Industry/Entity KabaFusion TN, LLC				

Provide explanation below: See Attachment.

Aslam Masood
Original Signature (electronic, copies or stamps not accepted)

10/3/25
Date

KabaFusion
Patient-Focused Infusion Therapy

Regarding Appearance Before the Tennessee Health Facilities Commission For KabaFusion TN, LLC (Nashville)

On October 23, 2024, KabaFusion TN, LLC, appeared to discuss obtaining a Certificate of Need for a Home Health Agency application. While we were listed on the agenda, our item was tabled to the next meeting. Copies of the agenda and minutes are attached.

CORPORATE (WEST COAST)
17777 Center Court Dr., Ste. 550, Cerritos, CA 90703
P: 800-435-3020 F: 562-860-6017

CORPORATE (EAST COAST)
80 Hayden Ave., Suite 300, Lexington, MA 02421
P: 844-777-4844 F: 781-862-2002

www.kabafusion.com

State of Tennessee
Health Facilities Commission
502 Deaderick Street, 9th Floor, Nashville, TN 37243
www.tn.gov/hfc Phone: 615-741-2364

Health Facilities Commission
Iris Hearing Room, 1st Floor
665 Mainstream Drive
Nashville, TN

Wednesday, October 23, 2024
9:00 a.m. CST

I. CALL TO ORDER

II. ROLL CALL

III. SEPTEMBER 25, 2024 MINUTES APPROVAL

IV. HEALTHCARE FACILITIES LICENSURE AND DISCIPLINARY CONSENT CALENDAR

A. License Status Requests (Inactive Status)

1. **Whitehaven Community Living Center, Memphis – NH #258**
This ninety-two (92) bed nursing home is requesting an extension of their inactive status for a period of twelve (12) months until October 2025. This facility is in the process of identifying viable options in relation to repairs and renovation and evaluating possible other strategic steps for this nursing home.

2. **Sapling Grove ASC. Bristol -ASTC #116**
This ambulatory surgical treatment center is requesting an extension of their license to remain on inactive status for a period of one (1) year until October 2025. Sapling Grove continues to evaluate potential new surgical partners options, but it has not yet reached a definitive agreement with any group.

3. **Summit View of Farragut, Knoxville – NH #142**
This one hundred thirteen (113) nursing home facility is requesting an extension of their license to remain on inactive status for an additional twelve (12) months until October 2025. Summit View is working on a plan to ensure these skilled nursing beds will be reopened in Knox County.

4. **Douglas Health and Rehabilitation Center, Milan – NH #85**
This seventy-two (72) skilled bed facility is requesting an extension of their license to remain on inactive status for an additional six (6) months until April 2025. Douglas Health and Rehabilitation Center is diligently working to meet the necessary requirements and standards for re-certification and reopening.

5. **Copper Basin Medical Center, Copperhill – Hospital #94**
This twenty-five (25) bed hospital facility is requesting an extension of their license to remain on inactive status for an additional two (2) years until October 2026. Copper Basin Medical Center is working on finding a potential buyer and have lease the medical building to a couple of doctors and physical therapy group and building C to an ambulance service which help retain some health services to the community.

6. **Hospice of Chattanooga, Inc., Chattanooga – Residential Hospice #9**
This ten (10) bed residential hospice facility is requesting an extension of their license to remain on inactive status.

7. **Christian Care Center of Washington County, Limestone – NH #293**
This sixty-three (63) bed skilled nursing home facility is requesting an extension of their license to remain on inactive status for an additional two (2) years to match the CON extension of October 1, 2026. This facility has purchased the land necessary to contract a new facility pre-COVID. Unfortunately, COVID has impacted our timely construction due contractor access and material costs.

8. **Unicoi County Hospital, Erwin – Hospital #119**
Ballad Health is seeking approval to place Unicoi County Hospital on inactive status due to the flooding of the Nolichucky River in East Tennessee almost submerged the entire hospital in water. Placing this facility on inactive status will provide Ballad an opportunity to determine the full extent of damage to the hospital and develop a plan to renovate or rebuild Unicoi County Hospital to restore operations.

9. **Jamestown Medical Center, Inc., Jamestown – Hospital #48**
This eighty-five (85) hospital bed facility is requesting an extension of their license to remain on inactive status for one (1) additional year until October 2025. The parent company has finalized a transaction in September that will facilitate the access to capital required for strategic planning efforts regarding the facility and the current community needs.

10. **Hancock County Home Health and Hospice Agency, Sneedville – Hospice #610**
This hospice facility is requesting an extension of their license to remain on inactive status for one (1) additional year until October 2025.

11. **Eye Care Surgery Center of Memphis, Memphis – ASTC #167**
This ambulatory surgical treatment center is requesting an extension of their license to remain on inactive status for an additional one (1) year until October 2025. Eye Care Surgery Center of Memphis remains closed and hope to reopen it at a later time.

12. **Leconte Health and Rehabilitation Center, Sevierville – NH #226**
This fifty-four (54) bed skilled nursing home is requesting an extension of their license to remain on inactive status for an additional twelve (12) months until October 2025.

13. **Kingsport Ambulatory Surgery Center, Kingsport – ASTC #113**
This ambulatory surgical treatment center is requesting an extension of their license to remain on inactive status for an additional two (2) year until October 2026.

B. **Board Policy(ies)**

1. **THE FOLLOWING NURSING HOME(s) ARE REQUESTING TO WAIVE NURSING HOME REGULATIONS 0720-18-.04(1) FOR TENNESSEE REPLACEMENT IS HIRED OR RECEIVES HIS/HER LICENSE IN TENNESSEE BY BOARD POLICY #81:**

    1. Southern Tennessee Regional Health System Winchester, Winchester – NH #84
    Diane M. Brown, Administrator

2. **Board Policy #89 – Acute Hospital Care at Home Initiative and Tennessee Comp. R & Regs 0720-14-06(3)(m) & (n) [Housekeeping]; 0720-14-06(4)(a) [Nursing Services]; and 0720-14-06(9) [Food and Dietetic Services]**

a. **Covenant Health Hospitals – Fort Loudoun Medical Center, Hospital #84 and Morristown-Hamblen Healthcare System, Hospital #73 Acute Hospital-At-Home Services.**
Covenant Health Hospitals is requesting an extension of the waiver permitting its operation of hospital at home be extended through the end of 2024.

C. Consideration and Ratification Licensure Applications – Change of Ownership (CHOW) and Initials

1. Qualifying Applications (Initials)

a. Ambulatory Surgical Treatment Center
Knoxville Spine Surgery, LLC, Knoxville – File #262

b. Home Medical Equipment
365 DME, Pittsford, MI – File #1444
ABC Home Medical Supply, Inc., Richardson, TX – File #1448
DJO, LLC, Hixson, TN – File #1440
Kestra Medical Technology Services, Inc., Kikland, WA – File #1427
Omnis Medical Services, LLC., Jersey City, NJ – File #1456
Wellspect, Inc., Braselton, GA – File #1457

c. Hospice
Pruitt Health Hospice and Palliative Care-Western Tennessee – File #628

d. Professional Support Services
Serenity Living Homecare, LLC., Jackson – File #449

2. Qualifying Applications - CHOWS

a. Nursing Homes
Creekview Health and Rehabilitation, Knoxville – License #148

D. License Status Updates

1. September Closed Facility Listing

E. Disciplinary Orders and Orders of Compliance

1. Claiborne and Hughes Health Center, Franklin – NH #294 - Order of Compliance

2. Heritage Assisted Living Home for the Aged – RHA #288 - Order of Compliance

3. Smoky Mountain Post-Acute and Rehabilitation Center – SNF #228, Case Nos. 2024016051, 2024022791

Commission surveyors conducted an investigation survey dated April 5, 2024, and found the following:
a. Failure to maintain sufficient nurse staffing staff during the night shift.
b. Failure to follow Respondent's "Nursing Services and Sufficient Staff" policy which resulted in the Respondent being unable to provide safety, care, and respond to resident needs appropriately.
c. Resident #1 suffered harm as a result of Respondent's lack of staffing when they fell out of their bed causing lacerations and bruising.
d. 911 was called by a friend of Resident #1 and police arrived to assist Resident #3. Facility staff did not respond to Resident #1's emergency until after police arrived.
e. Police bodycam footage verified blood all over the room from Resident #1's injuries.

f. Multiple staff at Respondent's facility admitted that there were understaffing problems that had not been addressed by the Respondent.
g. Respondent failed to update the Plan of Care to include fall interventions for Resident #1 after their fall on February 17, 2024, and the resident fell again on February 27, 2024 causing serious injuries.
h. From June 1, 2024, through June 13, 2024, there were multiple instances of resident-to-resident abuse and harm at Respondent's facility.
i. Respondent's staff admitted that the altercations between Resident #12 and Resident #3 as well as Resident #14 and Resident #7 were harm and abuse.

The agreed upon settlement, subject to Commission approval is the following:
a. Respondent is hereby assessed one (1) Type B Civil Monetary Penalty in the amount of one thousand five hundred dollars ($1,500.00) for a violation of Tenn. Comp. R. and Regs. 0720-18-.06(4)(d) [Basic Services] – failure to provide adequate nursing staff.
b. Respondent is hereby assessed one (1) Type B Civil Monetary Penalty in the amount of one thousand five hundred dollars ($1,500.00) for a violation of Tenn. Comp. R. and Regs. 0720-18-.12(1)(g) [Resident Rights] – freedom from mental and physical abuse.
c. If within the next twelve (12) months the following violations are found, Respondent will be assessed TYPE C Civil Monetary Penalties:
    1) Tenn. Comp. R. and Regs. 0720-18-.03(1)(b) [Disciplinary Procedures] – failure to follow prior Plan of Correction, leading to further injury of residents.
    2) The assessment of such penalties will result in monetary fines from two hundred fifty ($250.00) dollars up to four hundred ($400.00) dollars per violation.

The total assessed CMP amount is three thousand dollars ($3,000.00).

4. Orchard View Post-Acute and Rehabilitation Center – SNF #261, Case No. 2024019961
    a. Respondent's Nursing Notes for Resident #1 verified that on or about April 6, 2024, Resident #1 was administered medication prescribed for Resident #2.
    b. Respondent's failure to follow physician's orders resulted in resident #1 becoming severely lethargic, vital signs decreased, and transported to the Emergency Room (ER). Resident #1 was subsequently admitted to the ICU for a higher level of care due to complications from receiving the wrong medication.
    c. On or about May 9, 2024, Respondent's Director of Nursing admitted that LPN "A" had not followed the "Five Rights of Medication Administration", which resulted in Resident #1 receiving the medication of Resident #2 in error.

The agreed upon settlement, subject to Commission approval is the following:
a. Respondent is hereby assessed one (1) Type "B" Civil Monetary Penalty in the amount of one thousand five hundred dollars ($1,500.00) for violating Tenn. Comp. R. and Regs. 0720-18-06(4)(m) [Basic Services] for failure to carry out physician orders as prescribed.

The total assessed CMP amount is one thousand five hundred dollars ($1,500.00).

V. HEALTHCARE FACILITIES LICENSE REGULAR CALENDAR

A. **Facility Waiver Requests**

1. Vanderbilt University Medical Center (VUMC), Nashville – Hospital #27

The waiver request is for a 2-year period, during which additional space in The Vanderbilt Clinic (TVC) will be fully renovated to support the long-term plans for expansion of the

ED. The waivers VUMC seek relate to certain sections of the 2018 FGI Guidelines for Design and Construction of Hospitals as follows:

Section 2.1-3.2.1.3 (3) Table 2.1-3 Station outlets for oxygen, vacuum, medical air systems in hospitals, (1) Oxygen/room (1) Vacuum/room. Six of the proposed treatment rooms will not have piped oxygen. Portable oxygen tanks will be utilized in these rooms. Two of the proposed rooms will not have piped vacuum. Portable suction will be utilized in these rooms. Waiver is requested for piped oxygen and vacuum to these rooms.

REPRESENTATIVE(S): Travis Swearingen, Attorney

B. Discussion(s)

1. Presentation of the Business model of Premier Dialysis

   REPRESENTATIVE(S): Joshua Dipzinski, CEO, Premier Dialysis Services

2. Green Hills Center for Rehabilitation and Healing, LLC., Nashville – NH #52(3rd Report)
   Green Hills Center for rehabilitation and healing, LLC., Nashville, is to provide a report on how the facility is implementing the actions identified in its plan of correction. Ms. Tracy Branham, administrator for green hills has submitted an updated written report to the Commission.

   REPRESENTATIVE(S): Tracy Branham, Administrator

3. Stone Creek Memory Care, Hendersonville – ACLF #432
   Stone Creek Memory Care, Hendersonville, to provide a report on how the facility is implementing the action identified in its plan of correction during their probationary period.

   REPRESENTATIVE(S): Kelly Stagg, Administrator

4. Commission Policy #100 - 1135 Waiver PHE Governor's Executive Order – Hurricane Helene

5. Rulemaking – 0720-14

C. Applications - Change of Ownership (Chows and Initials)

1. Special Consideration

   Initials – N/A

2. Chows

D. Nursing Home
(Recommendation for Denial)

1. The Waters of Maryville, Maryville – License #10

   Representative(s): Camella Osterman, Attorney

E. Reports

1. Trauma

   a. Summit Medical Center – Provisional Level III Trauma Center Designation

b. Horizon Medical Center - Provisional Level III Trauma Center Designation

2. Nurse Aide/Abuse Registry

VI. CERTIFICATE OF NEED APPLICATIONS

A. Baptist Memorial Hospital-Carroll County Outpatient Cardiac Catheterization Lab, Jackson (Madison County), TN CN2408-023
For the initiation of hospital-based outpatient diagnostic cardiac catheterization services located at 155 Innovation Dr., Jackson (Madison County), Tennessee 38305. The service area for the project is Madison, Gibson, Carroll, Henderson, Chester, Crockett, Hardeman and McNairy Counties. The applicant is owned by Baptist Memorial Hospital-Huntingdon d/b/a Baptist Memorial Hospital-Carroll County. Estimated project cost: $736,119.

B. KabaFusion TN, LLC, Nashville (Davidson County), TN CN2405-012
For the establishment of a home care organization and the initiation of home health services with a parent office located at 2970 Sidco Drive, Nashville (Davidson County), Tennessee 37204. The proposed project will be limited to providing and administering home infusion and injection products to pharmacy patients of pharmacies which are subsidiaries of KabaFusion Holdings LLC. The project's proposed service area will consist of 67 Tennessee counties. Lake and Perry Counties are both CON exempt under the economically distressed designation. The applicant is owned by KabaFusion Holdings, LLC. Estimated project cost: $116,393.

C. KabaFusion TN, LLC, Nashville (Davidson County), TN CN2408-021
For the establishment of a home care organization and the initiation of home health services with a home office located at 2970 Sidco Drive, Nashville (Davidson County), TN 37204. The application is limited to providing and administering home infusion and injection products to patients of pharmacies which are subsidiaries of KabaFusion Holdings, LLC. The proposed 28-county service area will consist of Anderson, Blount, Campbell, Cheatham, Claiborne, Cocke, Cumberland, Davidson, Dickson, Fayette, Grainger, Hamblen, Jefferson, Knox, Loudon, Madison, Monroe, Montgomery, Morgan, Roane, Robertson, Rutherford, Scott, Sevier, Sumner, Tipton, Williamson, and Wilson Counties. This application, together with CN2405-012 for 65 counties in Tennessee, which was deemed complete in July 2024, will serve 93 counties of Tennessee. Lake and Perry Counties are currently exempt from the CON process. The applicant is owned by KabaFusion Holdings, LLC. Estimated project cost: $116,393.

(+ The following two applications will be heard under Simultaneous Review procedures.)

D. +Sumner Regional Medical Center, White House (Robertson County), TN CN2407-019
For the establishment of a freestanding emergency department (FSED) located at an unaddressed site at the intersection of North Sage Road and Maiden Road, north of Maiden Road and west of North Sage Road, White House (Robertson County), Tennessee 37188. The service area for the project includes the following nine ZIP Codes: 37075 - Hendersonville (Sumner County); 37048 - Cottontown (Sumner County); 37049 - Cross Plains (Robertson County); 37072 - Goodlettsville (Sumner and Davidson Counties); 37073 - Greenbrier (Robertson County); 37141 - Orlinda (Robertson County); 37148 - Portland (Sumner County); 37172 Springfield (Robertson County); and 37188 - White House (Robertson County). The applicant is owned by Sumner Regional Medical Center, LLC. Estimated project cost: $20,630,528.

OPPOSITION: TriStar Hendersonville Medical Center

E. +TriStar Hendersonville Medical Group, White House (Robertson County), TN CN2407-020
For the establishment of a freestanding emergency department (FSED) located at an unaddressed site on an approximate three (3) +/- acre tract of vacant land on the north side of TN-258/Raymond Hirsch Parkway, located approximately 650 +/- feet west of the intersection of Raymond Hirsch Parkway and Highway 31W, White House, (Robertson County) Tennessee, 37188. The proposed FSED will consist of approximately 13,087 square feet with 11 exam rooms, including 1 trauma

room, a lab, imaging department, a nurse station, and associated support spaces located on a portion (Lot 8) of the property identified as Parcel 0741071 B 07700. The service area is defined by the ZIP codes of White House (37188), Greenbrier (37073), Cross Plains (37049), and Cottontown (37048). Zip codes 37188 (White House), 37073 (Greenbrier), and 37049 (Cross Plains) primarily in Robertson County, and Cottontown (37048) primarily in Sumner County. The applicant is owned by Hendersonville Hospital Corporation and whose ultimate parent company is HCA Healthcare, Inc. Estimated project cost: $17,832,032.

OPPOSITION: Sumner Regional Medical Center

F. **Quality Hospice, Jamestown (Fentress County), TN CN2408-022**
For the addition of Anderson, Campbell, Cumberland, Putnam, and Roane Counties to its service area (License #621). The address of the project will be 341 West Central Avenue, Suite B, Jamestown (Fentress County), Tennessee 38556. The applicant is owned by All Care Plus, Inc. Estimated project cost: $46,000.

OPPOSITION: Hospice Of Cumberland County; Covenant Homecare; Gentiva Hospice; and Hospice of Chattanooga Holdings

(DEFERRED to December 11, 2024, due to quorum requirements)

VII. OTHER BUSINESS

VIII. ADJOURNMENT

HEALTH FACILITIES COMMISSION

Certificate of Need

MEETING MINUTES

October 23, 2024

LOCATION: Iris Hearing Room, 1st Floor, 665 Mainstream Drive, Nashville, TN 37228

COMMISSION MEMBERS PRESENT

Rick Chinn, Chairman
Melanie Keller, Vice-Chairman
Tim Evans
James Wright
Barbara Brennan
Michael Denney
Jeremy Biggs
Johnny Lai, Designee for TennCare
Nicole Sweitzer, Designee for Comptroller

COMMISSION MEMBERS ABSENT

Lauren Legate

COMMISSION STAFF PRESENT

Logan Grant, Executive Director
Phillip Earhart, Deputy Director
Jim Christoffersen, General Counsel
Alecia Craighead, Data and Analysis Administrator
Lowavia Eden-Hoback, Office and Resource Manager
Thomas Pitt, HFC Examiner
Ann R. Reed, Deputy Director of Licensure & Regulation
Joel Clinton, Statistical Research Specialist
Caroline Tippens, Director of Licensure & Regulation

COURT REPORTER

April Daniel

CALL TO ORDER:

The meeting was called to order at 9:00 a.m. by Mr. Logan Grant with the following members present: Sweitzer, Keller, Evans, Wright, Brennan, Denney, Biggs, Lai, and Chinn. A quorum was established with Nine members present.

DIRECTOR'S ANNOUNCEMENTS

The December 11, 2024, meeting will be held at the Cordell Hull State Legislative Office Bldg., Senate Hearing Room 1, Nashville TN.

APPROVAL OF MINUTES

Mr. Chinn presented the September 25, 2024, minutes for approval.

Mr. Wright moved for approval with Ms. Brennan providing the second.

The motion CARRIED [9-0-0] unanimously by voice vote. **APPROVED.**

CERTIFICATE OF NEED APPLICATIONS

PC 557 eliminated TCA § 68-11-1616, which had provided that "each decision rendered by the Health Facilities Commission shall include written documentation and explanation of the factual and legal basis upon which the commission grants or denies the Certificate of Need." PC 557 only requires this for applications that are denied.

Therefore, for applications filed on or after the effective date of the relevant portions of PC 557 (10/1/2021), a simple motion to approve an application will suffice, and a motion to deny must include an explanation of the factual and legal basis as to why one or more of the criteria have not been met.

Three of the six Certificate of Need applications were considered under the regular CON agenda.

Phillip Earhart introduced the following three applications that were under consideration and with three (3) being approved.

1. **Baptist Memorial Hospital-Carroll County Outpatient Cardiac Catheterization Lab, Jackson (Madison County), TN – CN2408-01323**

Request: For the initiation of hospital-based outpatient diagnostic cardiac catheterization services located at 155 Innovation Dr., Jackson (Madison County), Tennessee 38305. The service area for the project is Madison, Gibson, Carroll, Henderson, Chester, Crockett, Hardeman, and McNairy Counties. The applicant is owned by Baptist Memorial Hospital-Huntingdon d/b/a Baptist Memorial Hospital-Carroll County. Estimated project cost: $736,119.

Ms. Brennan moved for approval with Ms. Keller providing the second.

Eight members voted to approve the application— Sweitzer, Lai, Keller, Wright, Brennan, Denney, Evans, and Biggs. The motion CARRIED [8-0-0].

(+ The following two applications will be heard under Simultaneous Review procedures.)

2. +Sumner Regional Medical Center, White House (Robertson County), TN – CN2407-019

Request For the establishment of a freestanding emergency department (FSED) located at an unaddressed site at the intersection of North Sage Road and Maiden Road, north of Maiden Road and west of North Sage Road, White House (Robertson County), Tennessee 37188. The service area for the project includes the following nine ZIP Codes: 37075 - Hendersonville (Sumner County); 37048 - Cottontown (Sumner County); 37049 - Cross Plains (Robertson County); 37072 - Goodlettsville (Sumner and Davidson Counties); 37073 - Greenbrier (Robertson County); 37141 - Orlinda (Robertson County); 37148 - Portland (Sumner County); 37172 Springfield (Robertson County); and 37188 - White House (Robertson County). The applicant is owned by Sumner Regional Medical Center, LLC. Estimated project cost: $20,630,528.

RECUSED: Evans, Brennan, Lai

OPPOSITION: TriStar Hendersonville Medical Center

Ms. Keller moved for approval with Mr. Wright providing the second.

Five members voted to approve the application— Sweitzer, Denney, Keller, Wright, and Biggs. The motion CARRIED [5-0-0].

3. +TriStar Hendersonville Medical Group, White House (Robertson County), TN – CN2407-020

Request For the establishment of a freestanding emergency department (FSED) located at an unaddressed site on an approximate three (3) +/- acre tract of vacant land on the north side of TN-258/Raymond Hirsch Parkway, located approximately 650 +/- feet west of the intersection of Raymond Hirsch Parkway and Highway 31W, White House, (Robertson County) Tennessee, 37188. The proposed FSED will consist of approximately 13,087 square feet with 11 exam rooms, including 1 trauma room, a lab, imaging department, a nurse station, and associated support spaces located on a portion (Lot 8) of the property identified as Parcel 074107I B 07700. The service area is defined by the ZIP codes of White House (37188), Greenbrier (37073), Cross Plains (37049), and Cottontown (37048). Zip codes 37188 (White House), 37073 (Greenbrier), and 37049 (Cross Plains) primarily in Robertson County, and Cottontown (37048) primarily in Sumner County. The applicant is owned by Hendersonville Hospital Corporation and whose ultimate parent company is HCA Healthcare, Inc. Estimated project cost: $17,832,032.

RECUSED: Evans, Brennan, Lai

OPPOSITION: Sumner Regional Medical Center

Ms. Keller moved for approval with Mr. Sweitzer providing the second.

Five members voted to approve the application— Sweitzer, Denney, Keller, Wright, and Biggs. The motion CARRIED [5-0-0].

The following three applications were deferred to the December 11, 2024, Commission meeting:

4. KabaFusion TN, LLC, Nashville (Davidson County), TN – CN2405-012

Request: For the establishment of a home care organization and the initiation of home health services with a parent office located at 2970 Sidco Drive, Nashville (Davidson County), Tennessee 37204. The proposed project will be limited to providing and administering home infusion and injection products to pharmacy patients of pharmacies which are subsidiaries of KabaFusion Holdings, LLC. The project's proposed service area will consist of 67 Tennessee counties. Lake and Perry Counties are both CON exempt under the economically distressed designation. The applicant is owned by KabaFusion Holdings, LLC. Estimated project cost: $116,393.

5. KabaFusion TN, LLC, Nashville (Davidson County), TN – CN2408-021

Request: For the establishment of a home care organization and the initiation of home health services with a home office located at 2970 Sidco Drive, Nashville (Davidson County), TN 37204. The application is limited to providing and administering home infusion and injection products to patients of pharmacies which are subsidiaries of KabaFusion Holdings, LLC. The proposed 28-county service area will consist of Anderson, Blount, Campbell, Cheatham, Claiborne, Cocke, Cumberland, Davidson, Dickson, Fayette, Grainger, Hamblen, Jefferson, Knox, Loudon, Madison, Monroe, Montgomery, Morgan, Roane, Robertson, Rutherford, Scott, Sevier, Sumner, Tipton, Williamson, and Wilson Counties. This application, together with CN2405-012 for 65 counties in Tennessee, which was deemed complete in July 2024, will serve 93 counties of Tennessee. Lake and Perry Counties are currently exempt from the CON process. The applicant is owned by KabaFusion Holdings, LLC. Estimated project cost: $116,393.

6. Quality Hospice, Jamestown (Fentress County), TN – CN2408-022

Request: For the addition of Anderson, Campbell, Cumberland, Putnam, and Roane Counties to its service area (License #621). The address of the project will be 341 West Central Avenue, Suite B, Jamestown (Fentress County), Tennessee 38556. The applicant is owned by All Care Plus, Inc. Estimated project cost: $46,000.

OPPOSITION: Hospice of Cumberland County; Covenant Homecare; Gentiva Hospice; and Hospice of Chattanooga Holdings

GENERAL COUNSEL REPORT

OTHER BUSINESS – Not Applicable

ADJOURNMENT
There being no further business, the meeting adjourned.

Logan Grant, Executive Director

HFC Minutes provide a brief summary of commission actions. A detailed record of each meeting (recording and transcript) is available upon request by contacting the HFC office.

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 6 **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
12/11/2024		Tennessee		
Case # Certificate of Need Application No. CN2405-012 and CN2405-021		**Governing, licensing, Arresting Presiding Body/Agency/Court** Tennessee Health Facilities Commission		
Reason/Charge Certificate of Need Application Agenda and Minutes; Approval Letters				
Plaintiff/Defendant/Claimant/Respondent KabaFusion TN, LLC		**Lawsuit/Arbitration/Bankruptcy** Appearance		
Name of Business/Industry/Entity KabaFusion TN, LLC				

Provide explanation below: See Attachment.

Aslam Masood
Original Signature (electronic, copies or stamps not accepted)

10/2/25
Date

KabaFusion
Patient-Focused Infusion Therapy

Regarding Appearance Before the Tennessee Health Facilities Commission For KabaFusion TN, LLC (Nashville)

On December 11, 2024, KabaFusion TN, LLC, appeared to discuss obtaining a Certificate of Need for a Home Health Agency application. Copies of the agenda, minutes and letters of approval are attached.

CORPORATE (WEST COAST)
17777 Center Court Dr., Ste. 550, Cerritos, CA 90703
P: 800-435-3020 F: 562-860-6017

CORPORATE (EAST COAST)
80 Hayden Ave., Suite 300, Lexington, MA 02421
P: 844-777-4844 F: 781-862-2002

www.kabafusion.com

State of Tennessee
Health Facilities Commission
Andrew Jackson Building
502 Deaderick Street, 9th Floor, Nashville, TN 37243
www.tn.gov/hfc Phone: 615-741-2364

December 11, 2024

Kim Looney, Attorney
K & L Gates LLP
501 Commerce Street, Suite 1500
Nashville, TN 37203

RE: Certificate of Need Application – KabaFusion TN, LLC – CN2405-012A

Dear Ms. Looney,

On December 11, 2024, the Tennessee Health Facilities Commission met in regular session to consider your application. The application proposed the following:

> **For the establishment of a home care organization and the initiation of home health services with a parent office located at 2970 Sidco Drive, Nashville (Davidson County), Tennessee 37204. The proposed project will be limited to providing and administering home infusion and injection products to pharmacy patients of pharmacies which are subsidiaries of KabaFusion Holdings LLC. The project's proposed service area will consist of 67 Tennessee counties. Lake and Perry Counties are both CON exempt under the economically distressed designation. The applicant is owned by KabaFusion Holdings, LLC. Estimated project cost: $116,393.**

This letter is to advise you that the Commission voted to ***approve*** the Certificate of Need for the referenced project.

Per TCA § 68-11-1609(b) the Commission found the application should be approved because the action proposed in the application is necessary to provide needed health care in the area to be served, *will provide health care that meets appropriate quality standards*, and the effects attributed to competition or duplication would be positive for consumers. Please note consumer advantage language was added as the third criterion necessary for a Certificate of Need to be granted, effective October 1, 2021.

Commission members made this decision after full consideration of all the information provided to them including but not limited to the original application and supplemental responses; staff summary and licensing Commission comments, if applicable; support and opposition letters, if applicable; consideration of the criteria and standards. Commission Rules; and all additional evidence gathered during the presentation of the application. The HFC maintains a publicly available detailed written record that fully documents the factual and legal basis for this decision.

In accordance with T.C.A. § 68-11-1609(g)(1) (as amended by Public Chapter 780, Acts of 2002), the applicant may petition the Commission in writing for a hearing. To be timely filed, the petition must be filed within fifteen (15) days from the date of the Commission's meeting at which the challenged action was taken. You are encouraged to review T.C.A. § 68-11-1610(a) and the Commission Rules so that you may fully understand your rights.

State of Tennessee
Health Facilities Commission
Andrew Jackson Building
502 Deaderick Street, 9th Floor, Nashville, TN 37243
www.tn.gov/hfc Phone: 615-741-2364

Your Certificate of Need will be issued to you within the next sixty (60) days and transmitted under separate letter. Please note that the Certificate of Need has an expiration date on its face, after which time the Certificate is null and void. The expiration date is strictly enforced, and the certification period can only be extended by the Commission upon written application and for good cause shown, as defined by Commission Rules.

T.C.A. § 68-11-1611 requires that the Commission review annual progress of each project. Commission Rules require that within ninety (90) days after completion of a project that a Final Project Form be submitted to this office. The Annual Progress Report form is available on the Commission website at http://www.tn.gov/hsda/article/con-forms. The Final Project Form, which shall include completion date, final costs, and other relevant information, is also available on the Commission website at http://www.tn.gov/hsda/article/con-forms. These forms may be filled-in, printed, and submitted with any applicable supporting documentation. These forms may also be obtained by contacting us at the phone number or address listed above.

Please note an additional requirement was added per PC 1043, effective July 1, 2016. It is codified at TCA § 68-11-1609 (h) and it directs the Health Facilities Commission to maintain continuing oversight of certificates of need approved after July 1, 2016 by requiring applicants to submit annual reports concerning continued need and appropriate quality measures as determined by the Commission. The Commission may impose conditions that require the demonstration of compliance with continued need and quality measures; provided, that the conditions for quality measures may not be more stringent than those measures identified in the applicant's submitted application. **Continuing oversight of this project will begin one year after project completion and will continue each year thereafter. The Annual Reporting Form will be available on the Commission's website.** The form may be filled-in, printed, and submitted with any applicable supporting documentation. It may also be obtained by contacting us at the phone number or address listed above.

If you have questions or require additional information, please feel free to contact this office.

Sincerely,

Logan Grant/JC

Logan Grant
Executive Director

cc: Trent Sansing, TDH/Health Statistics, PPA
Ann R. Reed, HFC

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December 11, 2024

Kim Looney, Attorney
K & L Gates LLP
501 Commerce Street, Suite 1500
Nashville, TN 37203

RE: Certificate of Need Application – KabaFusion TN, LLC – CN2408-021A

Dear Ms. Looney,

On December 11, 2024, the Tennessee Health Facilities Commission met in regular session to consider your application. The application proposed the following:

> **For the establishment of a home care organization and the initiation of home health services with a home office located at 2970 Sidco Drive, Nashville (Davidson County), TN 37204. The application is limited to providing and administering home infusion and injection products to patients of pharmacies which are subsidiaries of KabaFusion Holdings, LLC. The proposed 28-county service area will consist of Anderson, Blount, Campbell, Cheatham, Claiborne, Cocke, Cumberland, Davidson, Dickson, Fayette, Grainger, Hamblen, Jefferson, Knox, Loudon, Madison, Monroe, Montgomery, Morgan, Roane, Robertson, Rutherford, Scott, Sevier, Sumner, Tipton, Williamson, and Wilson Counties. This application, together with CN2405-012 for 65 counties in Tennessee, which was deemed complete in July 2024, will serve 93 counties of Tennessee. Lake and Perry Counties are currently exempt from the CON process. The applicant is owned by KabaFusion Holdings, LLC. Estimated project cost: $116,393.**

This letter is to advise you that the Commission voted to ***approve*** the Certificate of Need for the referenced project.

Per TCA § 68-11-1609(b) the Commission found the application should be approved because the action proposed in the application is necessary to provide needed health care in the area to be served, *will provide health care that meets appropriate quality standards*, and the effects attributed to competition or duplication would be positive for consumers. Please note consumer advantage language was added as the third criterion necessary for a Certificate of Need to be granted, effective October 1, 2021.

Commission members made this decision after full consideration of all the information provided to them including but not limited to the original application and supplemental responses; staff summary and licensing Commission comments, if applicable; support and opposition letters, if applicable; consideration of the criteria and standards. Commission Rules; and all additional evidence gathered during the presentation of the application. The HFC maintains a publicly available detailed written record that fully documents the factual and legal basis for this decision.

In accordance with T.C.A. § 68-11-1609(g)(1) (as amended by Public Chapter 780, Acts of 2002), the applicant may petition the Commission in writing for a hearing. To be timely filed, the petition must be filed within fifteen (15) days from the date of the Commission's meeting at which the challenged action was taken. You are encouraged to review T.C.A. § 68-11-1610(a) and the Commission Rules so that you may fully understand your rights.

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Your Certificate of Need will be issued to you within the next sixty (60) days and transmitted under separate letter. Please note that the Certificate of Need has an expiration date on its face, after which time the Certificate is null and void. The expiration date is strictly enforced, and the certification period can only be extended by the Commission upon written application and for good cause shown, as defined by Commission Rules.

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If you have questions or require additional information, please feel free to contact this office.

Sincerely,

Logan Grant JC

Logan Grant
Executive Director

cc: Trent Sansing, TDH/Health Statistics, PPA
Ann R. Reed, HFC

State of Tennessee
Health Facilities Commission
502 Deaderick Street, 9th Floor, Nashville, TN 37243
www.tn.gov/hfc Phone: 615-741-2364

Health Facilities Commission
Senate Hearing Room 1
425 Rep. John Lewis Way N.
Nashville, TN

Wednesday, December 11, 2024
9:00 a.m. CST

I. CALL TO ORDER

II. ROLL CALL

III. OCTOBER 23, 2024 MINUTES APPROVAL

IV. AUDIT COMMITTEE DISCUSSION

V. HEALTHCARE FACILITIES LICENSURE AND DISCIPLINARY CONSENT CALENDAR

A. License Status Requests (Inactive Status)

1. **Signature Healthcare of Madison, Madison – NH #54**
These one hundred and two (102) beds nursing home is requesting an extension of their inactive status for a period of one (1) year until the December 2025. As a result of COVID and the downturn in the long-term care industry additional time is needed to identify options for the future use of the facility.

B. Board Policy(ies)

1. **THE FOLLOWING NURSING HOME(s) ARE REQUESTING TO WAIVE NURSING HOME REGULATIONS 0720-18-.04(1) FOR TENNESSEE REPLACEMENT IS HIRED OR RECEIVES HIS/HER LICENSE IN TENNESSEE BY BOARD POLICY #81:**

1. Signature HealthCare of Clarksville, Clarksville – NH #191
Fred Rowe, Interim Administrator

2. Church Hill Post-Acute & Rehabilitation Center, Church Hill – NH#125
Melissa Davidson, RN, Executive DON, Interim Administrator

C. Consideration and Ratification Licensure Applications – Change of Ownership (CHOW) and Initials

1. **Qualifying Applications (Initials)**

a. Ambulatory Surgical Treatment Center
APEX Vascular Outpatient Center, LLC, Lenoir City – File #272
IPC Surgery Center, Cleveland – File #267

DRAFT

b. Home for the Aged
Tomahawk Care Home, LLC., Murfreesboro – File #660
Willows of Jackson, Jackson - File #654

c. Home Health Agencies
Harmony Wellness Home Health, Knoxville – File #677
Truth Home Care, PLLC, Knoxville – File #679

d. Home Medical Equipment
American Wound Care Pros, Fort Worth, TX – File #1452
First Source Catheter, Inc, Cumming, GA – File #1460
Horizon Wound Care, Inc., Fort Worth, TX – File #1449
Lincare Powered Mobility, Inc., Daytona Beach, FL – File #1399
Lincare, Inc., Boone, NC- File #1411
Synapse Health, Inc., Skokie, IL – File #1445
Synergy DMEPOS, Fremont, CA – File #1429
The Diabetic Shoppe, Charleston, MS – File #1441
Dusara Corporation dba Universalmed Supply, Irving, TX – File #1458

e. Hospice
Heart'n Soul Hospice of Memphis, LLC, Memphis – File #631

f. Outpatient Diagnostic Center
Diagnostic Radiology Consultants, PA dba Prime Imaging Hixson, Hixson – File #80

2. Qualifying Applications - CHOWS

a. Assisted Care Living Facilities
Brookdale Goodlettsville, Goodlettsville – License #178
Clarendale at Indian Lake, Hendersonville – License #472
Commonwealth Senior Living at Oak Ridge, Oak Ridge dba Viva Senior Living at Oak Ridge – License #14
Franklin Manor, an Inspirit Senior Living Community, Winchester dba Viva Senior Living at Franklin Manor – License #191
Lincoln Manor, an Inspirit Senior Living Community, Fayetteville dba Viva Senior Living at Lincoln Manor – License #215
Wilson Manor, an Inspirit Senior Living Community, Lebanon dba Viva Senior Living @ Wilson Manor – License #158

b. Home Medical Equipment
Hospice Source, LLC dba StateServ Medical of Tennessee, LLC, Chattanooga– License #1042

D. License Status Updates

1. October and November Closed Facility Listing

E. Disciplinary Orders and Orders of Compliance

1. Stone Creek Memory Care f/k/a Hickory Hills Alzheimer's Special Care Center - ACLF #432 - Order of Compliance
2. Asbury Place at Steadman Hill – ACLF #33
    a. Respondent's Incident Report dated November 5, 2022, verified that Resident #9 climbed on top of Resident #8 pinning them by their wrists to the bed.
    b. On or about August 28, 2024, Respondent's Nursing Supervisor and Executive Director admitted that the Respondent failed to provide Protective Care to Resident #8.

c. Respondent's Facility Incident Report dated February 21, 2023, confirmed that Resident #7 fell out of their bed, hit their head, and suffered external bleeding. Resident #7 fell out of bed again at approximately 2:30 p.m. and was complaining of their head hurting when staff arrived.
d. On or about August 27, 2024, Respondent's Nursing Supervisor and Executive Director admitted that the Respondent's facility failed to provide safety for Resident #7.
e. Respondent's Incident Report dated November 30, 2023, verified that CNA "A" noticed Resident #6 was outside the building alone. Resident #6 was then brought back inside the facility by staff.
f. On or about August 27, 2024, Respondent's Executive Director admitted that the Respondent's facility failed to maintain awareness of the whereabouts of Resident #6.
g. On or about August 26, 2024, Respondent's Maintenance Director and Executive Director admitted that the space heater was located in the Respondent's kitchen.

The agreed upon settlement, subject to Commission approval is the following:

a. Respondent is hereby assessed one (1) Civil Monetary Penalty in the amount of two thousand dollars ($2,000.00). This CMP is issued for a violation of Tenn. Comp. R. and Regs. 0720-26-.07 (7)(a)(1) [Services Provided] – Protective Care.
b. Respondent is hereby assessed one (1) Civil Monetary Penalty in the amount of three thousand dollars ($3,000.00). This CMP is issued for a violation of Tenn. Comp. R. and Regs. 0720-26-.07 (7)(a)(2) [Services Provided] – Safety while in the ACLF.
c. Respondent is hereby assessed one (1) Civil Monetary Penalty in the amount of one thousand dollars ($1,000.00). This CMP is issued for a violation of Tenn. Comp. R. and Regs. 0720-26-.07 (7)(a)(3) [Services Provided] – Maintaining awareness of whereabouts.
d. Respondent is hereby assessed one (1) Civil Monetary Penalty in the amount of two thousand dollars ($2,000.00). This CMP is issued for a violation of Tenn. Comp. R. and Regs. 0720-26-.10 (2)(h) [Life Safety] – Prohibit open flame and space heaters.

The total assessed CMP amount is eight thousand dollars ($8,00.00).

3. Brookdale Belle Meade – ACLF #199
   a. On or about July 22, 2024, Respondent's kitchen was observed to have black residue on the ceiling tiles, visible black residue and dust accumulation in the vent system over the food prep and counter area, black residue on the floors, baseboards, doors, and around cooking appliances and counter areas.
   b. On or about July 22, 2024, Respondent's Dietary Manager admitted that the vents had black residue and dust around them, the floors, baseboards, doors, and areas around the cooking appliances and counters were all contaminated with dirty, black residue.
   c. On or about July 23, 2024, Respondent's fire drill log verified that fire drills were not performed during sleeping hours during the second, third, and fourth quarter of 2023 and during the first and second quarter of 2024.
   d. On or about July 23, 2024, Respondent's Maintenance Director and Administrator admitted that the fire drills during sleeping hours were not performed as required.

The agreed upon settlement, subject to Commission approval is the following:

a. Respondent is hereby assessed one (1) Civil Monetary Penalty in the amount of two thousand five hundred dollars ($2,500.00). This CMP is issued for a violation of Tenn. Comp. R. and Regs. 0720-26-.07(7)(c)(5) [Services Provided] – failure to maintain a clean and sanitary kitchen.

b. Respondent is hereby assessed one (1) Civil Monetary Penalty in the amount of one thousand dollars ($1,000.00). This CMP is issued for a violation of Tenn. Comp. R. and Regs. 0720-26- 10 (3)(b) [Life Safety] – failure to conduct fire drills during sleeping hours.

c. Respondent must submit proof of completion of fire drills to the Commission.

The total assessed CMP amount is three thousand five hundred dollars ($3,500.00).

4. Brookdale Colonial Heights – ACLF #148
   a. Respondent failed to prevent portable space heaters in the facility.
   b. On or about August 27, 2024, Respondent's Administrator was present when a space heater was discovered in the Marketing office.
   c. Respondent's Administrator admitted the presence of the space heater constituted a deficiency.

   The agreed upon settlement, subject to Commission approval is the following:
   a. Respondent is hereby assessed one (1) Civil Monetary Penalty in the amount of two thousand dollars ($2,000.00). This CMP is issued for a violation of Tenn. Comp. R. and Regs. 0720-26-.10 (2)(h) [Life Safety] – failure to prevent portable space heaters.

   The total assessed CMP amount is two thousand dollars ($2,000.00).

5. Carrick Glen Senior Living – ACLF #347
   a. On or about August 21, 2024, Respondent failed to produce documentation to show that fire drills had been performed during sleeping for the 1st, 2nd, and 3rd quarters of 2023, and for the 1st and 2nd quarters of 2024.
   b. On or about August 21, Respondent's Maintenance Director and CEO both admitted that there was no documentation for the above listed times to show that fire drills had been performed during sleeping hours, and that the drills had not been done as required.

   The agreed upon settlement, subject to Commission approval is the following:
   a. Respondent is hereby assessed one (1) Civil Monetary Penalty in the amount of two thousand dollars ($2,000.00). This CMP is issued for a violation of Tenn. Comp. R. and Regs. 0720-26-.10 (3)(b) [Life Safety] – failure to conduct fire drills each quarter during sleeping hours.

   The total assessed CMP amount is two thousand dollars ($2,000.00).

6. Great Southern Senior Living, LLC. – HFTA #634
   a. Respondent had requested and submitted plans to the Commission to increase capacity from eight (8) beds to ten (10) beds.
   b. Respondent's conversion of existing facility rooms was not complete at the time Commission Life Safety surveyors inspected the facility.
   c. Respondent used and housed residents in unapproved areas for between seven and eight weeks without a proper occupancy permit.
   d. On or about July 8, 2024, during an interview, Respondent's Administrator admitted that the renovations had not been completed and that residents were housed in unapproved areas.

   The agreed upon settlement, subject to Commission approval is the following:
   a. Respondent is hereby assessed one (1) Civil Monetary Penalty in the amount of three thousand five hundred dollars ($3,500.00). This CMP is issued for a violation of Tenn. Comp. R. and Regs. 0720-21-.07(5) [Building Standards], constituting a total of three (3) weeks of use of areas not approved for occupancy and in consideration of

Respondent's prior disciplinary history with the Commission which led to the issuance of a conditional licensure order.

The total assessed CMP amount is three thousand five hundred dollars ($3,500.00).

7. Greystone Healthcare Center – SNH #263
   a. Respondent failed to follow its policy on "Abuse Neglect, and Exploitation", revised January 10, 2024, for four residents, resulting in physical and sexual abuse of the residents.
   b. Resident #9 was observed by Respondent's staff touching Resident #11 inappropriately in their groin area.
   c. Resident #18 came into the room of Resident #17 and grabbed their hand and twisted it, causing a skin tear on Resident #17's finger. Resident #17 then scratched Resident #18 on the face.
   d. Resident #6 was observed by staff to hit Resident #5 in the chest with a soda can.

   The agreed upon settlement, subject to Commission approval is the following:

   a. Respondent is hereby assessed one (1) Civil Monetary Penalty in the amount of one thousand five hundred dollars ($1,500.00) for a violation of Tenn. Comp. R. and Regs. 0720-18-.12(1)(g) [Resident Rights] for failure to prevent abuse.

   The total assessed CMP amount is one thousand five hundred dollars ($1,500.00).

8. Harmony Hill – ACLF #107
   a. Respondent failed to conduct fire drills during the third shift for the 4th quarter of 2023, and the third shift of the 1st quarter of 2024.
   b. Respondent's Administrator admitted that the fire drills were not conducted as required.

   The agreed upon settlement, subject to Commission approval is the following:
   a. Respondent is hereby assessed one (1) Civil Monetary Penalty in the amount of two thousand dollars ($2,000.00). This CMP is issued for a violation of Tenn. Comp. R. and Regs. 0720-26-.10 (3)(a) [Life Safety] – failure to conduct fire drills for each shift of each quarter.

   The total assessed CMP amount is two thousand dollars ($2,000.00).

9. Hearthside Senior Living at Collierville – ACLF #383
   a. The Respondent failed to conduct fire drills as required by law and regulation for the first shift and second shift of 2024.
   b. Respondent's Maintenance Director and Administrator admitted the fire drill records were accurate.

   The agreed upon settlement, subject to Commission approval is the following:
   a. Respondent is hereby assessed one (1) Civil Monetary Penalty in the amount of two thousand dollars ($2,000.00). This CMP is issued for a violation of Tenn. Comp. R. and Regs. 0720-26-.10 (3)(a) [Life Safety] for failure to conduct fire drills as required by law and regulation.

   The total assessed CMP amount is two thousand dollars ($2,000.00).

10. Life Care Center of Blount County – SNH #408
    a. Respondent's facility investigation report dated August 21, 2023, confirmed that Resident #15 was found by facility staff standing beside the bed of Resident #14. Resident #15 was observed by staff to be disrobing and pulling the sheets back on the bed of Resident #14.

b. On or about July 10, 2023, Respondent's Executive Director (ED) admitted that a staff member observed Resident #15 with their brief off and attempting to remove the cover off of Resident #14.
c. Respondent's Executive Director further admitted that the incident between Resident #14 and #15 constituted the potential for abuse.

The agreed upon settlement, subject to Commission approval is the following:
a. Respondent is hereby assessed one (1) Civil Monetary Penalty in the amount of one thousand five hundred dollars ($1,500.00) for violating 0720-18-.12(1)(g) [Resident Rights].
b. Respondent will provide training to staff regarding its abuse policy and ways to prevent future abuse of residents. Proof of the training must be submitted to the Commission within thirty (30) calendar days of the effective date of this Order.
c. Respondent will provide to the Commission a written explanation addressing changes to the Plan of Care and increased supervision for residents with incidents of abuse. The written explanation must be submitted to the Commission within thirty (30) calendar days of the effective date of this Order.

The total assessed CMP amount is one thousand five hundred dollars ($1,500.00).

11. Lincoln Manor, an Inspirit Senior Living Community – ACLF #215
a. Respondent failed to ensure that Licensed Practical Nurse (LPN #1) had an updated nursing license and allowed LPN #1 to continue to work and administer medications to residents after her license had expired.
b. Respondent failed to maintain a clean and sanitary kitchen.
c. Respondent failed to update the Plan of Care for Resident #1.

The agreed upon settlement, subject to Commission approval is the following:
a. Respondent is hereby assessed one (1) Civil Monetary Penalty in the amount of one thousand dollars ($1,000.00) for violating Tenn. Comp. R. and Regs. 0720-26-.07(5)(b) [Services-Provided] for failure to ensure medication is administered by a properly licensed professional.
b. Respondent is hereby assessed one (1) Civil Monetary Penalty in the amount of five hundred dollars ($500.00) for violating Tenn. Comp. R. and Regs. 0720-26-.07(7)(c)(5) [Services Provided] for failure to maintain a clean and sanitary kitchen.
c. Respondent is hereby assessed one (1) Civil Monetary Penalty in the amount of one thousand five hundred dollars ($1,500.00) for violating Tenn. Comp. R. and Regs. 0720-26-.12 (5)(a) [Resident Records] for failure to update the Plan of Care.

The total assessed CMP amount is three thousand dollars ($3,000.00).

12. Laughlin Healthcare Center, - SNF #96

13. Oneida Nursing & Rehab Center, - SNF #224

14. Remember Me Senior Care at Wind Creek, - ACLF #515

15. The Bridge at Hickory Woods, - ACLF #360

F. HEALTHCARE FACILITIES LICENSE REGULAR CALENDAR

A. Facility Waiver Requests

1. N/A

B. Discussion(s)

1. Green Hills Center for Rehabilitation and Healing, LLC., Nashville -NH #52 (4th Report) Green Hills Center for Rehabilitation and Healing, LLC is to provide a report on how the facility is implementing the actions identified in its plan of correction. Ms. Tracy Branham, Administrator has submitted their 4th updated written report to the Commission.

2. Report from Vanderbilt University Medical Center, Nashville-Hospital #27 regarding services for its Hospital Care at Home Program.

   REPRESENTATIVE(S): Travis Swearingen, Counsel

3. Revision to Initial Home for the Aged Application Instruction Sheet - T.C.A. Reference

4. Rulemaking and Policy Amendment

C. Applications - Change of Ownership (Chows and Initials)

1. Special Consideration

   Initials – N/A

2. Chows –
   Parkwest Surgery Center, Lp, Knoxville – ASTC #136

D. Reports

1. Trauma

   Maury Regional Medical Center, Columbia – Level IV Trauma Center Full Designation

2. Nurse Aide/Abuse Registry

VI. CERTIFICATE OF NEED APPLICATIONS

A. Quality Hospice, Jamestown (Fentress County), TN CN2408-022
For the addition of Anderson, Campbell, Cumberland, Putnam, and Roane Counties to its service area (License #621). The address of the project will be 341 West Central Avenue, Suite B, Jamestown (Fentress County), Tennessee 38556. The applicant is owned by All Care Plus, Inc. Estimated project cost: $46,000.

OPPOSITION: Hospice Of Cumberland County; Covenant Homecare; Gentiva Hospice; and Hospice of Chattanooga Holdings

B. KabaFusion TN, LLC, Nashville (Davidson County), TN CN2405-012
For the establishment of a home care organization and the initiation of home health services with a parent office located at 2970 Sidco Drive, Nashville (Davidson County), Tennessee 37204. The proposed project will be limited to providing and administering home infusion and injection products to pharmacy patients of pharmacies which are subsidiaries of KabaFusion Holdings LLC. The project's proposed service area will consist of 67 Tennessee counties. Lake and Perry Counties are both CON exempt under the economically distressed designation. The applicant is owned by KabaFusion Holdings, LLC. Estimated project cost: $116,393.

C. KabaFusion TN, LLC, Nashville (Davidson County), TN CN2408-021
For the establishment of a home care organization and the initiation of home health services with a home office located at 2970 Sidco Drive, Nashville (Davidson County), TN 37204. The application is limited to providing and administering home infusion and injection products to patients of pharmacies which are subsidiaries of KabaFusion Holdings, LLC. The proposed 28-county service area will consist of Anderson, Blount, Campbell, Cheatham, Claiborne, Cocke,

Cumberland, Davidson, Dickson, Fayette, Grainger, Hamblen, Jefferson, Knox, Loudon, Madison, Monroe, Montgomery, Morgan, Roane, Robertson, Rutherford, Scott, Sevier, Sumner, Tipton, Williamson, and Wilson Counties. This application, together with CN2405-012 for 65 counties in Tennessee, which was deemed complete in July 2024, will serve 93 counties of Tennessee. Lake and Perry Counties are currently exempt from the CON process. The applicant is owned by KabaFusion Holdings, LLC. Estimated project cost: $116,393.

D. TriState Infusion, LLC., Memphis (Shelby County), TN CN2409-024

For the addition of 36 counties that include Bedford, Bledsoe, Bradley, Cannon, Cheatham, Clay, Coffee, Cumberland, Davidson, DeKalb, Franklin, Giles, Grundy, Hamilton, Jackson, Lincoln, Macon, Marion, Marshall, Maury, Meigs, Moore, Overton, Pickett, Putnam, Rhea, Robertson, Rutherford, Sequatchie, Smith, Sumner, Trousdale, Van Buren, Warren, White, Williamson, and Wilson to an existing licensed service area that includes 28 counties in Middle and West Tennessee (license #675). Home health services will be limited to infusion therapy nursing. The address of the project will be 1680 Century Center Parkway, Suite 10, Memphis, Shelby County, Tennessee, 38134. Tristate Infusion is owned by PRMc Holdings (90%) and LWS Holdings, LLC (10%), which are each 100% owned by Dr. Ryan McFerrin and Dr. Leah Simmons, respectively. Estimated project cost: $52,200.

E. MGA Home Healthcare Tennessee, LLC., Memphis (Shelby County), TN CN2409-025

To remove the age limitation (currently limited to pediatric patients under Certificate of Need exemption pursuant to TCA 68-11-1607 (s) (1)) from its current Home Health Agency license (#0000000640), so that the agency can initiate full service home health services in Bedford, Cheatham, Davidson, Dickson, Fayette, Rutherford, Shelby, Sumner, Tipton and Williamson Counties. The parent office is currently located at 1669 Kirby Parkway, Suite 100, Memphis (Shelby County), TN 38120 and its branch office is located at 3310 West End Avenue, Suite 500, Nashville (Davidson County), TN 37203. The applicant is owned by MGA Home Healthcare Tennessee Holdings, LLC. Estimated project cost: $1,402,000.

F. PruittHealth - Nashville, LLC., Nashville (Davidson County), TN CN2409-026

For the relocation and replacement of a 111-bed nursing facility formerly known as Crestview Care and Rehabilitation Center located at 2030 25th Avenue North, Nashville (Davidson County), TN 37208 to 1511 Bell Road, Nashville (Davidson County), Tennessee 37211. The service area for the project is Davidson County. The applicant is ultimately owned by United Health Services, Inc. Estimated project cost: $36,276,888.

G. CSH/LP Behavioral Health and Rehabilitation Tennessee, LLC., Ooltewah (Hamilton County), TN CN2409-027

For the establishment of a 40-bed rehabilitation facility located at an unaddressed site on Mountain View Road, Ooltewah (Hamilton County), Tennessee 37363. The service area for the project consists of seven counties from the State of Tennessee: Bradley, Hamilton, McMinn, Meigs, Monroe, Polk and Rhea as well as four additional Georgia counties: Catoosa, Murray, Walker and Whitfield. The applicant is owned by owned by CSH/LP Rehabilitation Holdings, LLC and LPNT IRF Development 76, LLC with an ownership type of Joint Venture and to be managed by CHC Management Services, LLC. Estimated project cost: $79,986,079.

VII. OTHER BUSINESS

VIII. ADJOURNMENT

HEALTH FACILITIES COMMISSION

Certificate of Need

MEETING MINUTES

December 11, 2024

LOCATION: Cordell Hull Senate Hearing Room 1, 425 Rep. John Lewis Way N., Nashville, TN 37243

COMMISSION MEMBERS PRESENT

Melanie Keller, Vice-Chairman
Tim Evans
James Wright
Barbara Brennan
Michael Denney
Jeremy Biggs
Johnny Lai, Designee for TennCare
Nicole Sweitzer, Designee for Comptroller

COMMISSION MEMBERS ABSENT

Lauren Legate
Rick Chinn, Chairman
Mike Ussery

COMMISSION STAFF PRESENT

Phillip Earhart, Deputy Director
Jim Christoffersen, General Counsel
Alecia Craighead, Data and Analysis Administrator
Lowavia Eden-Hoback, Office and Resource Manager
Thomas Pitt, HFC Examiner
Ann R. Reed, Deputy Director of Licensure & Regulation
Joel Clinton, Statistical Research Specialist
Caroline Tippens, Director of Licensure & Regulation

COURT REPORTER

April Daniel

CALL TO ORDER:

The meeting was called to order at 9:00 a.m. by Ms. Melanie Keller with the following members present: Sweitzer, Keller, Evans, Wright, Brennan, Denney, Biggs, and Lai. A quorum was established with Eight members present.

DIRECTOR'S ANNOUNCEMENTS

The January 22, 2025, meeting will be held at the TN Tower, Nashville Hearing Room, 3rd Floor, Nashville TN.

APPROVAL OF MINUTES

Ms. Keller presented the October 23, 2024, minutes for approval.

Ms. Sweitzer moved for approval with Mr. Evans providing the second.

The motion CARRIED [8-0-0] unanimously by voice vote. **APPROVED.**

CERTIFICATE OF NEED APPLICATIONS

PC 557 eliminated TCA § 68-11-1616, which had provided that "each decision rendered by the Health Facilities Commission shall include written documentation and explanation of the factual and legal basis upon which the commission grants or denies the Certificate of Need." PC 557 only requires this for applications that are denied.

Therefore, for applications filed on or after the effective date of the relevant portions of PC 557 (10/1/2021), a simple motion to approve an application will suffice, and a motion to deny must include an explanation of the factual and legal basis as to why one or more of the criteria have not been met.

Five Certificate of Need applications were considered under the regular CON agenda.

Phillip Earhart introduced the following four applications that were under consideration and with four (4) being approved.

1. **KabaFusion TN, LLC, Nashville (Davidson County), TN – CN2405-012**

Request: **For the establishment of a home care organization and the initiation of home health services with a parent office located at 2970 Sidco Drive, Nashville (Davidson County), Tennessee 37204. The proposed project will be limited to providing and administering home infusion and injection products to pharmacy patients of pharmacies which are subsidiaries of KabaFusion Holdings LLC. The project's proposed service area will consist of 67 Tennessee counties. Lake and Perry Counties are both CON exempt under the economically distressed designation. The applicant is owned by KabaFusion Holdings, LLC. Estimated project cost: $116,393.**

RECUSED: Wright, Keller

Limitation: Limited to providing and administering home infusion and injection products to pharmacy patients of pharmacies which are subsidiaries of KabaFusion Holdings, LLC.

Ms. Brennan moved for approval with Mr. Lai providing the second.

Five members voted to approve the application—Lai, Brennan, Denney, Evans, and Biggs. The motion CARRIED [5-0-0].

2. KabaFusion TN, LLC, Nashville (Davidson County), TN – CN2408-021

Request For the establishment of a home care organization and the initiation of home health services with a home office located at 2970 Sidco Drive, Nashville (Davidson County), TN 37204. The application is limited to providing and administering home infusion and injection products to patients of pharmacies which are subsidiaries of KabaFusion Holdings, LLC. The proposed 28-county service area will consist of Anderson, Blount, Campbell, Cheatham, Claiborne, Cocke, Cumberland, Davidson, Dickson, Fayette, Grainger, Hamblen, Jefferson, Knox, Loudon, Madison, Monroe, Montgomery, Morgan, Roane, Robertson, Rutherford, Scott, Sevier, Sumner, Tipton, Williamson, and Wilson Counties. This application, together with CN2405-012 for 65 counties in Tennessee, which was deemed complete in July 2024, will serve 93 counties of Tennessee. Lake and Perry Counties are currently exempt from the CON process. The applicant is owned by KabaFusion Holdings, LLC. Estimated project cost: $116,393.

RECUSED: Wright, Keller

Limitation: Limited to providing and administering home infusion and injection products to pharmacy patients of pharmacies which are subsidiaries of KabaFusion Holdings, LLC.

Mr. Lai moved for approval with Mr. Evans providing the second.

Five members voted to approve the application— Lai, Denney, Evans, Brennan, and Biggs. The motion CARRIED [5-0-0].

3. TriState Infusion, LLC, Memphis (Shelby County), TN – CN2409-024

Request For the addition of 37 counties that include Bedford, Bledsoe, Bradley, Cannon, Cheatham, Clay, Coffee, Cumberland, Davidson, DeKalb, Franklin, Giles, Grundy, Hamilton, Jackson, Lincoln, Macon, Marion, Marshall, Maury, Meigs, Moore, Overton, Pickett, Putnam, Rhea, Robertson, Rutherford, Sequatchie, Smith, Sumner, Trousdale, Van Buren, Warren, White, Williamson, and Wilson to an existing licensed service area that includes 28 counties in Middle and West Tennessee (license #675). Home health services will be limited to infusion therapy nursing. The address of the project will be 1680 Century Center Parkway, Suite 10, Memphis, Shelby County, Tennessee, 38134. Tristate Infusion is owned by PRMc Holdings (90%) and LWS Holdings, LLC (10%), which are each 100% owned by Dr. Ryan McFerrin and Dr. Leah Simmons, respectively. Estimated project cost: $52,200.

LIMITATION: Limited to infusion therapy nursing.

RECUSED: Keller

Ms. Brennan moved for approval with Mr. Evans providing the second.

Six members voted to approve the application— Evans, Denney, Wright, Brennan, Lai, and Biggs. The motion CARRIED [6-0-0].

4. CSH/LO Behavioral Health and Rehabilitation Tennessee, LLC, Ooltewah (Hamilton County), TN – CN2409-027

Request For the establishment of a 40-bed rehabilitation facility located at an unaddressed site on Mountain View Road, Ooltewah (Hamilton County), Tennessee 37363. The service area for the project consists of seven counties from the State of Tennessee: Bradley, Hamilton, McMinn, Meigs, Monroe, Polk and Rhea as well as four additional Georgia counties: Catoosa, Murray, Walker and Whitfield. The applicant is owned by owned by CSH/LP Rehabilitation Holdings, LLC and LPNT IRF Development 76, LLC with an ownership type of Joint Venture and to be managed by CHC Management Services, LLC. Estimated project cost: $79,986,079.

RECUSED: Evans

Ms. Sweitzer moved for approval with Mr. Biggs providing the second.

Six members voted to approve the application— Sweitzer, Denney, Wright, Brennan, Lai, and Biggs. The motion CARRIED [6-0-0].

The following three applications were deferred to the January 22, 2025, Commission meeting:

1. Quality Hospice, Jamestown (Fentress County), TN – CN2408-022

Request: For the addition of Anderson, Campbell, Cumberland, Putnam, and Roane Counties to its service area (License #621). The address of the project will be 341 West Central Avenue, Suite B, Jamestown (Fentress County), Tennessee 38556. The applicant is owned by All Care Plus, Inc. Estimated project cost: $46,000.

(DEFERRED TO JANUARY 2025 DUE TO QUORUM REQUIREMENTS)

2. MGA Home Healthcare Tennessee, LLC, Memphis (Shelby County), TN – CN2409-025

Request: To remove the age limitation (currently limited to pediatric patients under Certificate of Need exemption pursuant to TCA 68-11-1607 (s) (1)) from its current Home Health Agency license (#0000000640), so that the agency can initiate full-service home health services in Bedford, Cheatham, Davidson, Dickson, Fayette, Rutherford, Shelby, Sumner, Tipton and Williamson Counties. The parent office is currently located at 1669 Kirby Parkway, Suite 100, Memphis (Shelby County), TN 38120 and its branch office is located at 3310 West End Avenue, Suite 500,

Nashville (Davidson County), TN 37203. The applicant is owned by MGA Home Healthcare Tennessee Holdings, LLC. Estimated project cost: $1,402,000.

(DEFERRED TO JANUARY 2025 DUE TO QUORUM REQUIREMENTS)

3. Pruitthealth – Nashville, LLC, Nashville (Davidson County), TN – CN2409-026

Request: For the relocation and replacement of a 111-bed nursing facility formerly known as Crestview Care and Rehabilitation Center located at 2030 25th Avenue North, Nashville (Davidson County), TN 37208 to 1511 Bell Road, Nashville (Davidson County), Tennessee 37211. The service area for the project is Davidson County. The applicant is ultimately owned by United Health Services, Inc. Estimated project cost: $36,276,888.

(DEFERRED TO FEBRUARY 28, 2025 (As of 12/6/2024)

OTHER BUSINESS – Not Applicable

ADJOURNMENT
There being no further business, the meeting adjourned.

Logan Grant, Executive Director

HFC Minutes provide a brief summary of commission actions. A detailed record of each meeting (recording and transcript) is available upon request by contacting the HFC office.

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 6 **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
09/07/2022 - 09/08/2022		Nevada		
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Not assigned		Nevada State Board of Pharmacy		
Reason/Charge				
Appearance Regarding Compounding Pharmacy License Application; Agenda and Minutes				
Plaintiff/Defendant/Claimant/Respondent		**Lawsuit/Arbitration/Bankruptcy**		
KabaFusion NV		Appearance		
Name of Business/Industry/Entity				
KabaFusion NV				

Provide explanation below: See Attachment.

Aslam Masood
Original Signature (electronic, copies or stamps not accepted)

10/3/25
Date

KabaFusion
Patient-Focused Infusion Therapy

Regarding Appearance Before the Nevada State Board of Pharmacy For GTMI Corporation DBA KabaFusion NV (Henderson)

On September 8, 2022, GTMI Corporation DBA KabaFusion NV, appeared to discuss its change of ownership application.

CORPORATE (WEST COAST)
17777 Center Court Dr., Ste. 550, Cerritos, CA 90703
P: 800-435-3020 F: 562-860-6017

CORPORATE (EAST COAST)
80 Hayden Ave., Suite 300, Lexington, MA 02421
P: 844-777-4844 F: 781-862-2002

www.kabafusion.com

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (05/18/2023)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler/Dispensing Site: GTMI Corporation dba KabaFusion NV

Pharmacy/MDEG/Wholesaler/Dispensing Practitioner License # (if applicable): PH03434

Physical Address: 1510 W. Sunset Road, Suite 120

City: Henderson State: NV Zip: 89014

Mailing Address (if different from physical address): 17777 Center Court Drive N, Suite 550

City: Cerritos State: CA Zip: 90703

Telephone: 702-476-6996 Website: www.kabafusion.com

Licensing Company Email: kabafusionlicensing@kabafusion.com

Section 2: Personal Information

First: Sohail Middle: Last: Masood

Alias(es, nicknames, name changes, etc.):

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☑ M ☐ F ☐ X

Mailing Address: [redacted]

City: [redacted] State: CA Zip: 90703

Telephone: [redacted] Email: [redacted]

Are you a citizen of the United States? ☑ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (05/18/2023)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler/Dispensing Site: Home Care Services, Inc. dba KabaFusion NJ

Pharmacy/MDEG/Wholesaler/Dispensing Practitioner License # (if applicable): PH02686

Physical Address: 160 Raritan Center Pkwy, Suite 18

City: Edison State: NJ Zip: 08837

Mailing Address (if different from physical address): 17777 Center Court Drive N, Suite 550

City: Cerritos State: CA Zip: 90703

Telephone: 800-383-8393 Website: www.kabafusion.com

Licensing Company Email: kabafusionlicensing@kabafusion.com

Section 2: Personal Information

First: Sohail Middle: Last: Masood

Alias(es, nicknames, name changes, etc.):

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☑ M ☐ F ☐ X

Mailing Address: [redacted]

City: [redacted] State: [redacted] Zip: [redacted]

Telephone: [redacted] Email: [redacted]

Are you a citizen of the United States? ☑ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (05/18/2023)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler/Dispensing Site: KabaFusion, LLC

Pharmacy/MDEG/Wholesaler/Dispensing Practitioner License # (if applicable): PH02917

Physical Address: 17777 Center Court Drive, Suite 175

City: Cerritos State: CA Zip: 90703

Mailing Address (if different from physical address): 17777 Center Court Drive N, Suite 550

City: Cerritos State: CA Zip: 90703

Telephone: 877-577-4844 Website: www.kabafusion.com

Licensing Company Email: kabafusionlicensing@kabafusion.com

Section 2: Personal Information

First: Sohail Middle: Last: Masood

Alias(es, nicknames, name changes, etc.):

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☑ M ☐ F ☐ X

Mailing Address: [redacted]

City: [redacted] State: [redacted] Zip: [redacted]

Telephone: [redacted] Email: [redacted]

Are you a citizen of the United States? ☑ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name			From - To (MM/YY – MM/YY)	
Harvard Business School			06/18-12/18	
Address		City	State	Zip
117 Western Avenue		Boston	MA	02163
Diploma/Degree obtained, if any				
HBX Certificate in Negotiation Mastery Business/Commerce				

School Name			From - To (MM/YY – MM/YY)	
University of Southern California			09/84-05/88	
Address		City	State	Zip
3551 Trousdale Parkway		Los Angeles	CA	90089
Diploma/Degree obtained, if any				
Doctor of Pharmacy				

School Name			From - To (MM/YY – MM/YY)	
University of Southern California			01/83-09/84	
Address		City	State	Zip
3551 Trousdale Parkway		Los Angeles	CA	90089
Diploma/Degree obtained, if any				
Biology/ Biological Science				

School Name			From - To (MM/YY – MM/YY)	
Saint Andrews High School			04/76-03/80	
Address		City	State	Zip
Garhi, Shahu, Lahore, Pakistan		Lahore, Pakistan		
Diploma/Degree obtained, if any				
High School Certificate				

School Name			From - To (MM/YY – MM/YY	
Address		City	State	Zip
Diploma/Degree obtained, if any				

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
09/19- Present	[redacted]			
11/06- 09/19	[redacted]			
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name			From - To (MM/YY – MM/YY)
KabaFusion Holdings, LLC			10/09-President
Business Address	**City**	**State**	**Zip**
17777 Center Court Drive, Suite 550	Cerritos	CA	90703
Phone	**Title**		
800-435-3020	CEO		

Description of Duties

Create, communicate, and implement the organization's vision, mission, and overall direction; lead, guide, direct, and evaluate employees and ensure the daily operations of the company are carried out.

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		

Description of Duties

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		

Description of Duties

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		

Description of Duties

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		

Description of Duties

Continue on next page if additional space is needed.

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?	✓	
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?	✓	
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.	✓	
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Sohail Masood

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

9/29/25

Date

Please have this section completed in the presence of a Notary Public.

State of Massachusetts, ss. County of Middlesex

I, Sohail Masood, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

9/29/25

Date

Subscribed and Sworn to before me this 29 day of Sept., 2025

Notary Public Signature

ELLEN A PARAS
Notary Public
Commonwealth of Massachusetts
My Commission Expires
May 15, 2031

(Seal)

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 5 &6 . Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
12/22/2010		New Jersey		
Case # Inspection Report No. 8-5108-10-1445		**Governing, licensing, Arresting Presiding Body/Agency/Court** NJ Division of Consumer Affairs, Board of Pharmacy		
Reason/Charge Violation of Federal or Statute or Statutes, Regulations or Rules; Fine Paid				
Plaintiff/Defendant/Claimant/Respondent Home Care Services, Inc.		**Lawsuit/Arbitration/Bankruptcy** Complaint		
Name of Business/Industry/Entity Home Care Services, Inc.				

Provide explanation below: See Attachment.

Original Signature (electronic, copies or stamps not accepted)

9-29-25
Date

KabaFusion
Patient-Focused Infusion Therapy

Regarding Disiplinary Action for Home Care Services, Inc. DBA KabaFusion NJ (Edison)

In October 2010 Home Care Services, Inc. was acquired by KabaFusion and began undergoing operational and leadership transitions. The minor violation and fine imposed occurred soon after the acquisition of the pharmacy, copy enclosed.

CORPORATE (WEST COAST)
17777 Center Court Dr., Ste. 550, Cerritos, CA 90703
P: 800-435-3020 F: 562-860-6017

CORPORATE (EAST COAST)
80 Hayden Ave., Suite 300, Lexington, MA 02421
P: 844-777-4844 F: 781-862-2002

www.kabafusion.com

28R S0066 9700 74328

CHRIS CHRISTIE
Governor

KIM GUADAGNO
Lt. Governor

New Jersey Office of the Attorney General

Division of Consumer Affairs
Board of Pharmacy
124 Halsey Street, 6th Floor, Newark, NJ 07102

PAULA T. DOW
Attorney General

THOMAS R. CALCAGNI
Acting Director

Mailing Address:
P.O. Box 45013
Newark, NJ 07101
(973) 504-6450

December 22, 2010

By Certified and Regular Mail

Walter Molokie, RPIC
Home Care Services, Inc
55 Liberty Street
Metuchen, NJ 08840

Re: Inspection Report # **8-5108-10-1445**

Dear Mr. Molokie:

This letter is to advise you that the New Jersey State Board of Pharmacy (the "Board") has had an opportunity to review information concerning the above inspection report.

Upon review of all available information, the board has preliminarily found that you are responsible for the violations noted on **Attachment A.**

The Board has determined that it will first offer you an opportunity to settle this matter and thereby avoid the initiation of formal disciplinary proceedings. Should you wish to avail yourself of this opportunity, you should sign the acknowledgment below and agree to the following:

1. **Cease and desist** in engaging in the conduct alleged and pay a penalty in the amount of **$60.00** (to be paid upon signing of this certification).
2. Provide to the Board a **Letter of Correction.**

Alternatively you may waive your right to a hearing and submit a written statement or explanation to the Board. The Board will then consider your submission and render a final decision, which may include any of the terms set forth above. Any disposition by way of a settlement will be a public record, and will have the same effect as an order of the Board. Any failure to comply with the terms to which you agree will be deemed a violation.

If you do not wish to settle this matter, you may request a hearing. In that event, this letter will serve as notice of the charges against you and a hearing will be scheduled before the Board. At that hearing you either personally or with the assistance of an attorney will have an opportunity to respond to the charges and submit evidence and present testimony as may be necessary in order for the Board to make a final determination concerning the charges of unlawful activity.

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DIVISION OF CONSUMER AFFAIRS
BOARD OF PHARMACY
124 HALSEY ST., 6TH FL., P.O. BOX 45013
NEWARK, NJ 07101

You should be aware that in making its final decision, the Board may, if unlawful activity has been proven, assess civil penalties in an amount greater than that offered in this letter. Additionally, the Board may, if the facts are found to so warrant, enter an order requiring you to reimburse certain monies, directing you to cease and desist from engaging in unlawful acts and/or requiring you to pay costs incurred in the matter.

Should you have any questions concerning this letter or the settlement offer herein, I suggest that you contact The Board of Pharmacy, at (973) 504-6450.

The enclosed certification should be completed and returned to the Board within fifteen (15) days following your receipt of this letter. In the event that the Board receives no response from you within fifteen (15) days, the Board's settlement offer will be withdrawn, and you will be deemed in default. The allegations against you will be deemed uncontested. The Board will then proceed to schedule the matter for final review and will enter an appropriate order. Once an order has been entered, your failure to pay any penalties may result in further action to suspend or revoke your license.

NEW JERSEY STATE
BOARD OF Pharmacy

By: Joanne Boyer
Joanne Boyer, RPh
Executive Director

cc: Sohail Masood, Owner

JB/sk

DIVISION OF CONSUMER AFFAIRS
BOARD OF PHARMACY
124 HALSEY ST., 6TH FL., P.O. BOX 45013
NEWARK, NJ 07101

CERTIFICATION

I, Walter M. Molokie, hereby acknowledge that I have read and reviewed the Board's letter regarding allegations of violations of the Board's enabling act and/or regulations.

Please check one:

X I acknowledge the conduct which has been charged and agree to:

1. **Cease and desist** in engaging in the conduct alleged and pay a penalty in the amount of **$50.00** *(to be paid upon signing of this certification)*.
2. Provide to the Board a **Letter of Correction.**

I am also aware that the action taken against me by the Board here is a matter of public record, and that the Board's letter and this certification are public documents.

_____ I hereby waive any rights I may have to a hearing in this matter in order to defend myself against any charges, but ask the Board to consider my explanation before rendering its final decision. I understand that the Board may order any of the terms specified in its letter and that if it does so I will be obligated to comply. I am also aware that the action taken against me by the Board herein is a matter of public record, and that the Board's letter and this certification are public documents. Failure to comply may subject me to further disciplinary action and any failure to make a required payment will result in the filing of a certificate of debt.

_____ I request a formal administrative hearing to contest the charges specified in the UPL. I understand that I will be advised of the time, date and place for that hearing at another time. I am aware that I may be represented by an attorney and that at the time of the hearing I may submit to the Board testimony and documentation relevant to the charges. I understand that in making its final decision, the Board may, if unlawful activity has been proven, assess civil penalties in an amount greater than that herein offered in its letter and may order such other remedies as it may deem appropriate. I am also aware that this proceeding is a matter of public record and that the Board's letter and this certification are public documents.

Walter M. R
(Signature)

1/20/2011
(Dated)

Walter Molokie
(Print Name)

Dated:

Ref: Walter Molokie, RPIC
Home Care Services, Inc
65 Liberty Street
Metuchen, NJ 08840
License# 28RS00859700

Inspection Report #8-6106-10-1445
Letter of Correction
12-8-10
Complaint
74328

JB/ak

PAID
2-10-11

DIVISION OF CONSUMER AFFAIRS
BOARD OF PHARMACY
124 HALSEY ST., 6TH FL., P.O. BOX 45013
NEWARK, NJ 07101

Attachment A

HOME CARE SERVICES, INC, 55 Liberty Street, Metuchen, NJ 08840, Walter Molokie, RPIC. Bureau File# 8-6106-10-1445. Period 11-12-10.

REFERENCE: Transfer of Ownership

DETAILS:

Cite	Fine	Description
[13:39-3.6]	$50.00	A copy of the biennial license belonging to Dipali Trivedi, 28RI02390000, was posted on display.
	$50.00	

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BOARD OF PHARMACY
124 HALSEY ST., 6TH FL., P.O. BOX 45013
NEWARK, NJ 07101

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 5 & 6. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
12/03/2020		Florida		
Case # Florida Board of Pharmacy Meeting Agenda dated 12/03/2020 and Minutes		**Governing, licensing, Arresting Presiding Body/Agency/Court** Florida Board of Pharmacy		
Reason/Charge Appearance Regarding Acceptance of License				
Plaintiff/Defendant/Claimant/Respondent At Home Infusion Services LLC		**Lawsuit/Arbitration/Bankruptcy** Appearance via Telephone Conference Call		
Name of Business/Industry/Entity At Home Infusion Services LLC				

Provide explanation below: See Attachment.

Original Signature (electronic, copies or stamps not accepted)

9-29-25
Date

KabaFusion
Patient-Focused Infusion Therapy

Appearance Regarding Acceptance of License Application for
At Home Infusion Services LLC DBA KabaFusion FL (Orlando)

On December 3, 2020 At Home Infusion Services LLC DBA KabaFusion FL appeared at the Florida Board of Pharmacy meeting, via telephone conference call, regarding its Community Pharmacy License Application. After brief discussion, the Florida Board of Pharmacy moved to accept the application. A copy of the December 3, 2020 Florida Board of Pharmacy Meeting Agenda and Minutes are enclosed.

CORPORATE (WEST COAST)
17777 Center Court Dr., Ste. 550, Cerritos, CA 90703
P: 800-435-3020 F: 562-860-6017

CORPORATE (EAST COAST)
80 Hayden Ave., Suite 300, Lexington, MA 02421
P: 844-777-4844 F: 781-862-2002

BOARD OF PHARMACY
GENERAL BUSINESS MEETING AGENDA
TELEPHONE CONFERENCE CALL
December 3, 2020
1:00 p.m. ET
Call In Number: (888) 585-9008
Conference Code: 599-196-982(#)

Participants in this public meeting should be aware that these proceedings are being recorded and that an audio file of the meeting will be posted to the board's website.

I. **CALL TO ORDER/ROLL CALL**

II. **APPLICATIONS FOR REVIEW – David Wright, BPharm**

A. **Pharmacists**
   i. Sanjeev Seenath
   ii. Theresa Ballington

B. **Registered Pharmacy Technician**
   i. James Morrell
   ii. Jessica Leavesley
   iii. Malinda Barconey
   iv. Zadella Thompson
   v. Joshua Camesa
   vi. Jarvis Manns
   vii. Mark Stevenson

C. **Pharmacy Permits**
   i. Total Vein Pharmacy, LLC.
   ii. Maple Rose Enterprises, Inc.
   iii. At Home Infusion Services, LLC.

III. **PETITION FOR VARIANCE OR WAIVER**

A. Mirlande Pierre, 64B16-26.300, F.A.C., Consultant Pharmacist Licensure
B. Mounica Jammu, 64B16-26.300, F.A.C., Consultant Pharmacist Licensure
C. Jelisabel Irizarry-Gonzalez, 64B16-26.300, F.A.C., Consultant Pharmacist Licensure
D. Stellar Pharmacy Services, Inc.

IV. **PETITION TO INITIATE RULEMAKING**

A. RxSafe, LLC., Panama Pharmacy, and Pine Brook Pharmacy, 64B16-28.108, F.A.C., All Permits – Labels and Labeling of Medicinal Drugs

V. **RULE DISCUSSION**

A. Consultant Pharmacist of Record, Emergency Rule
B. Application Redesign
   i. 64B16-26.2032, F.A.C., Application for Pharmacy Intern Registration
   ii. 64B16-26.303, F.A.C., Nuclear Pharmacist Licensure
   iii. 64B16-26.350, F.A.C., Requirements for Pharmacy Technician Registration

iv. 64B16-300, F.A.C., Consultant Pharmacist for Licensure

VI. **REPORTS – Rich Montgomery, BPharm, MBA, Chair**

A. Board Chair

B. Executive Director's Report – Jessica Sapp, Executive Director

i. Financial Reports
ii. 2021 Probable Cause Panel Dates
iii. Human Trafficking CE Requirement
iv. Virtual Chat Agent: ELI
v. Staff Recognition

C. Board Counsel Report – Christopher Dierlam, Assistant Attorney General

i. Rules Status Report

D. Investigative Services Report – Robert Difiore, Pharmaceutical Program Manager

VII. **NEW BUSINESS – Rich Montgomery, BPharm, MBA, Chair**

A. 2021 Election of Officers

B. Ratification of Issued Licenses/Certificates

i. Pharmacist (Licensure) – 250
ii. Pharmacist (Exam Eligibility) – 330
iii. Pharmacist Interns – 384
iv. Consultant Pharmacist – 46
v. Pharmacy/Facilities – 108
vi. Registered Pharmacy Technicians – 1085
vii. Registered Pharmacy Technician Training Program – 16
viii. Nonresident Sterile Compounding – 3
ix. Approved CE Courses – 45
x. Individual Pharmacist Request for Approval of CE - 6

VIII. **OLD BUSINESS – Rich Montgomery, BPharm, MBA, Chair**

A. Review and Approval of Meeting Minutes

i. October 13, 2020 Rules Committee Minutes
ii. October 13, 2020 General Board Meeting Minutes
iii. October 14, 2020 General Board Meeting Minutes

IX. **FOR YOUR INFORMATION**

A. Sophic Medical Presentation

X. **ADJOURNMENT**

Draft Minutes

December 3, 2020
TELEPHONE CONFERENCE CALL
1:00 p.m. ET
Call In Number: (888) 585-9008
Conference Code: 599-196-982(#)

Jonathan Hickman, PharmD
Chair

Jessica Sapp, Executive Director

BOARD OF PHARMACY
GENERAL BUSINESS MEETING AGENDA
TELEPHONE CONFERENCE CALL
DRAFT MINUTES
October 14, 2020
8:00 a.m. ET
Call In Number: (888) 585-9008
Conference Code: 599-196-982(#)

Participants in this public meeting should be aware that these proceedings are being recorded and that an audio file of the meeting will be posted to the board's website.

I. CALL TO ORDER/ROLL CALL

Call to Order - The meeting was called to order by Board Chair, Dr. Hickman, at 1:00 p.m. ET.

Those present during the meeting included the following:

MEMBERS PRESENT:
Jonathan Hickman, PharmD, Chair
David Wright, BPharm
Jeenu Philip, BPharm
Jeffrey J. Mesaros, PharmD, JD
Gavin Meshad, Consumer Member
Patty Ghazvini, PharmD, BCGP
Dorinda Segovia, PharmD
Maja Gift, BPharm, MHA, CPH

STAFF PRESENT:
Jessica Sapp, Executive Director
Traci Zeh, Program Administrator

BOARD COUNSEL:
Christopher Dierlam, Assistant Attorney General

PROSECUTION ATTORNEY:
Andrew Pietrylo, DOH Prosecution Services
Alejandro Camacho, DOH Prosecution Services

COURT REPORTER:
For the Record
150 Mahan Drive, Suite 140
Tallahassee, FL 32308
(850) 222-5491
(850) 224-5316 (Fax)

II. APPLICATIONS FOR REVIEW – David Wright, BPharm

A. Pharmacists

i. Sanjeev Seenath

The applicant was present and represented by Edwin Bayo, Esq.

The applicant applied for a pharmacist license and answered yes to criminal history questions on his application.

After further discussion the Board took the following action:

Motion: by Mr. Philip to accept the application.
Second: by Mr. Meshad
Vote: 4/1. Dr. Hickman opposed.

ii. Theresa Ballington

The applicant was present.

The applicant applied for a pharmacist license and answered yes to criminal history questions on her application.

After further discussion the Board took the following action:

Ms. Ballington requested to waive the 90-day requirement of her application to allow her time to supply the Board with a copy of her evaluation completed in the state of Illinois.

Motion: by Dr. Hickman to approve the request to continue her the application and to delegate Mr. Wright to review the evaluation to determine if Ms. Ballington is sufficiently safe to practice.
Second: by Dr. Mesaros
Vote: Unanimous

B. Registered Pharmacy Technician

i. James Morrell

The applicant was present.

The applicant applied for a registered pharmacy technician license and answered yes to criminal history questions on his application.

After further discussion the Board took the following action:

Motion: by Dr. Hickman to accept the application.
Second: by Dr. Mesaros
Vote: Unanimous

ii. Jessica Leavesley

Mr. Wright stated for the record he is professionally associated with the applicant. Due to his recusal, the application was tabled to the December 16, 2020 meeting due to lack of quorum.

iii. Malinda Barconey

The applicant was present.

The applicant applied for a registered pharmacy technician license and answered yes to health history questions on her application.

Mr. Philip stated that even though Ms. Barconey completed her training through Walgreens, he

has no professional association with Ms. Barconey and would not need to recuse himself.

After further discussion the Board took the following action:

Ms. Barconey requested to waive the 90-day requirement of her application to allow her time to receive an evaluation from Professional Resources Network (PRN).

Motion: by Dr. Hickman to approve the request to continue her the application for six months and to delegate Mr. Wright to review the evaluation to determine if Ms. Barconey is sufficiently safe to practice.
Second: by Dr. Mesaros
Vote: Unanimous

iv. Zabella Thompson

The applicant was present.

The applicant applied for a registered pharmacy technician license and answered yes to criminal history questions on her application.

After further discussion the Board took the following action:

Motion: by Mr. Philip to accept the application.
Second: by Dr. Mesaros
Vote: Unanimous

v. Joshua Camesa

The applicant was present.

The applicant applied for a registered pharmacy technician license and answered yes to health history questions on his application.

After further discussion the Board took the following action:

Mr. Camesa requested to waive the 90-day requirement of his application to allow him time to receive an evaluation from Professional Resources Network (PRN).

Motion: by Mr. Meshad to approve the request to continue the application for six months and to delegate Mr. Wright to review the evaluation to determine if Mr. Camesa is sufficiently safe to practice.
Second: by Dr. Hickman
Vote: Unanimous

vi. Jarvis Manns

The applicant was present.

The applicant applied for a registered pharmacy technician license and answered yes to criminal history questions on his application.

After further discussion the Board took the following action:

Mr. Manns requested to waive the 90-day requirement of his application.

Motion: by Mr. Meshad to approve the request to continue the application for six months to allow time to retrieve additional criminal documentation.
Second: by Dr. Hickman
Vote: Unanimous

vii. Mark Stevenson

The applicant was present.

Mr. Philip stated that even though Mr. Stevenson completed his training through Walgreens, he has no professional association with Mr. Stevenson and would not need to recuse himself.

The applicant applied for a registered pharmacy technician license and answered yes to criminal and health history questions on his application.

After further discussion the Board took the following action:

Mr. Stevenson requested to waive the 90-day requirement of his application to allow him time to receive an evaluation from Professional Resources Network (PRN).

Motion: by Dr. Hickman to approve the request to continue the application for six months and to delegate Mr. Wright to review the evaluation to determine if Mr. Stevenson is sufficiently safe to practice.
Second: by Mr. Meshad
Vote: Unanimous

C. Pharmacy Permits

i. Total Veins Pharmacy, LLC.

The applicant was present.

The applicant applied for a Nonresident Sterile Compounding Permit. The applicant answered yes to disciplinary questions on the application.

After further discussion the Board took the following action:

Motion: by Dr. Hickman to accept the application.
Second: by Mr. Philip
Vote: Unanimous

ii. Maple Rose Enterprises, Inc.

The applicant was present.

The applicant applied for a Nonresident Pharmacy Permit. The applicant answered yes to disciplinary questions on the application.

During the August Board Meeting, it was requested that Maple Rose Enterprises, Inc. reappear before the Board in December with a new inspection report.

After further discussion the Board took the following action:

Motion: by Mr. Philip to accept the application.
Second: by Dr. Hickman
Vote: Unanimous

iii. At Home Infusion Services, Inc.

The applicant was present.

The applicant applied for a Community Pharmacy Permit. The applicant answered yes to disciplinary questions on the application.

After further discussion the Board took the following action:

Motion: by Dr. Hickman to accept the application.
Second: by Mr. Meshad
Vote: Unanimous

III. PETITION FOR VARIANCE OR WAIVER

A. Mirlande Pierre, 64B16-26.300, F.A.C., Consultant Pharmacist Licensure

The petitioner was present.

Pursuant to Rule 64B16-26.300(3)(c), F.A.C., a pharmacist wishing to become licensed as a consultant pharmacist must "successfully complete a period of assessment and evaluation under the supervision of a preceptor within one (1) year of completion of the course set forth in paragraph (b), above. This period of assessment and evaluation shall be completed over no more than three (3) consecutive months and shall include at least 40 hours of training in the following practice areas, 60% of which shall occur on-site at an institution that holds a pharmacy permit.

Ms. Pierre requested the rule be temporarily waived as she is unable to complete the on-site requirement at an institution due to restrictions of entering facilities during COVID-19.

After further discussion the Board took the following action:

Motion: by Dr. Hickman to grant the petition contingent upon the completion of an additional eight (8) hours of Consultant Pharmacist continuing education within six (6) months.
Second: by Dr. Mesaros
Vote: Unanimous

B. Mounica Jammu, 64B16-26.300, F.A.C., Consultant Pharmacist Licensure

The petitioner was present.

Pursuant to Rule 64B16-26.300(3)(c), F.A.C., a pharmacist wishing to become licensed as a consultant pharmacist must "successfully complete a period of assessment and evaluation under the supervision of a preceptor within one (1) year of completion of the course set forth in paragraph (b), above. This period of assessment and evaluation shall be completed over no more than three (3) consecutive months and shall include at least 40 hours of training in the following practice areas, 60% of which shall occur on-site at an institution that holds a pharmacy permit.

Ms. Jammu was seeking a waiver of Rule 64B16-26.300(3)(c), F.A.C, as she is unable to locate a preceptor during the current COVID-19 climate.

After further discussion the Board took the following action:

Motion: by Mr. Wright to grant the petition contingent upon the completion of an additional eight (8) hours of Consultant Pharmacist continuing education within six (6) months.
Second: by Dr. Mesaros
Vote: Unanimous

C. Jelisabel Irizarry-Gonzalez, 64B16-26.300, F.A.C., Consultant Pharmacist Licensure

The petitioner was present.

Pursuant to Rule 64B16-26.300(3)(c), F.A.C., a pharmacist wishing to become licensed as a consultant pharmacist must "successfully complete a period of assessment and evaluation under the supervision of a preceptor within one (1) year of completion of the course set forth in paragraph (b), above. This period of assessment and evaluation shall be completed over no more than three (3) consecutive months and shall include at least 40 hours of training in the following practice areas, 60% of which shall occur on-site at an institution that holds a pharmacy permit.

Ms. Irizarry Gonzalez was seeking a waiver of Rule 64B16-26.300(3)(c), F.A.C, as she is unable to locate a preceptor during the current COVID-19 climate.

After further discussion the Board took the following action:

Motion: by Mr. Wright to grant the petition contingent upon the completion of an additional eight (8) hours of Consultant Pharmacist continuing education within six (6) months.
Second: by Dr. Mesaros
Vote: Unanimous

D. Stellar Pharmacy Services, Inc.

The petitioner was present.

The Petitioner was seeking a variance from 465.0235, Florida Statutes, Automated pharmacy

systems used by long-term care facilities, hospices, or state correctional institutions, or for outpatient dispensing. The petitioner was seeking guidance regarding allowing a Florida licensed Non-Resident Pharmacy be substituted for a Community Pharmacy, a medical provider deliver patient counseling, and for the allowance of an out of state licensed pharmacist supervise an automated pharmacy system.

The Petitioner withdrew the petition.

IV. PETITION TO INITIATE RULEMAKING

A. RxSafe, LLC., Panama Pharmacy, and Pine Brook Pharmacy, 64B16-28.108, F.A.C., All Permits – Labels and Labeling of Medicinal Drugs

The Petitioner was present and represented by Edwin Bayo, Esp.

RxSafe, LLC., Panama Pharmacy, and Pine Brook Pharmacy petitioned the Board to initiate rulemaking for the purpose of amending Rule 64B16-28.108, F.A.C., to reflect a "beyond use date" that would be consistent to allow a pharmacy that provides customized patient medication packaging to dispense a ninety day supply.

64B16-28.108 All Permits – Labels and Labeling of Medicinal Drugs.

(6) A customized patient medication package may be utilized if:
(a) The consent of the patient or the patient's agent has been secured; and,
(b) The label includes:
1. Name, address and telephone number of the pharmacy.
2. Serial number for the customized medication package and a separate serial number for each medicinal drug dispensed.
3. Date of preparation of the customized patient medication package.
4. Patient's name.
5. Name of each prescriber.
6. Directions for use and any cautionary statements required for each medicinal drug.
7. Storage instructions.
8. Name, strength, quantity and physical description of each drug product.
9. A beyond use date that is not more than ~~60~~ 120 days from the date of preparation of the customized patient medication package but shall not be later than any appropriate beyond use date for any medicinal drug included in the customized patient medication package.

Motion: by Dr. Mesaros to table this discussion to be considered at a Rules Committee Meeting and requested the Petitioner to provide data from other states on how many times they have to rework the packaging of the medications.
Second: by Dr. Hickman
Vote: Unanimous

V. RULE DISCUSSION

A. Consultant Pharmacist of Record, Emergency Rule

Due to the concerns surrounding the spread of COVID-19, the Board held an Emergency Rule Hearing to address the obligations of Consultant Pharmacists under 64B16-28, F.A.C. Emergency Rule 64B16ER20-21 was effective March 19, 2020 through June 19, 2020 which suspended the

requirement of a Consultant Pharmacist completing their required inspections "on-site".

This was placed on the agenda for further Board discussion.

During the October meeting the Board directed Board Counsel to provide language for another emergency rule. The Following language was provided for the Board's review.

64B16ER20-42 (64B16-28.501) Consultant Pharmacist of Record; Initial Designation; Change.
(1) through (4) No change.
(5) Off-site consultant pharmacists of record shall not be required to perform inspections and on-site consultations at permitted institutional pharmacies as referenced in Rules 64B16-28.501(3), F.A.C.; Rules 64B16-28.702(2)(b), (c), and (d) F.A.C.; Rule 64B16-28.850(16), F.A.C., and Rules 64B16-28.870(3)(c) and (d), F.A.C., when the consultant pharmacist of record is not regularly present at the location and the permit holder refuses to grant access due to COVID-19 concerns. This rule shall in no way modify any obligations stemming from State or Federal laws requiring drug regimen reviews.

Motion: by Mr. Wright to approve the proposed emergency rule language.
Second: by Dr. Hickman
Vote: Unanimous

The Board opened the floor for public comment.

Kathy Baldwin addressed the Board.

Motion: by Mr. Wright to find that there would be no economic impact on small businesses.
Second: by Mr. Philip
Vote: Unanimous

Motion: by Mr. Wright to find that the proposed rule would not likely directly or indirectly increase regulatory costs to any entity (including government) in excess of $200,000 within 1 year after the implementation of the rule.
Second: by Dr. Hickman
Vote: Unanimous

Motion: by Mr. Wright to find that no part of the rule should be designated as a minor violation.
Second: by Dr. Hickman
Vote: Unanimous

B. Application Redesign
- i. 64B16-26.2032, F.A.C., Application for Pharmacy Intern Registration
- ii. 64B16-26.303, F.A.C., Nuclear Pharmacist Licensure
- iii. 64B16-26.350, F.A.C., Requirements for Pharmacy Technician Registration
- iv. 64B16-300, F.A.C., Consultant Pharmacist for Licensure

Ms. Sapp provided the Board with a summary of the application revisions.

Motion: by Mr. Wright to approve the application revisions and open the applicable rules open for development.
Second: by Mr. Philip
Vote: Unanimous

Motion: by Mr. Wright to find that there would be no economic impact on small businesses.
Second: by Dr. Hickman
Vote: Unanimous

Motion: by Dr. Hickman to find that the proposed rule would not likely directly or indirectly increase regulatory costs to any entity (including government) in excess of $200,000 within 1 year after the implementation of the rule.
Second: by Mr. Wright
Vote: Unanimous

Motion: by Dr. Hickman to find that no part of the rule should be designated as a minor violation.
Second: by Mr. Wright
Vote: Unanimous

Motion: by Mr. Wright to find that this rule shall not include a sunset provision.
Second: by Dr. Hickman
Vote: Unanimous

VI. REPORTS – Jonathan Hickman, PharmD, Chair

A. Board Chair

Dr. Hickman addressed the Board and recognized the outgoing Members. Mr. Richard Montgomery, Dr. Mark Mikhael, and Dr. Blanca Rivera for their years of service on the Board. He also welcomed the new Members, Dr. Patty Ghazvini, Dr. Dorinda Segovia, and Ms. Maja Gift to the Board.

B. Executive Director's Report – Jessica Sapp, Executive Director

Ms. Sapp provided an overview of 2021 legislation.

HB29, Dispensing Medicinal Drugs, was recently filed. This bill authorizes a prescribing health care practitioner to dispense up to a 48-hour supply of a medicinal drug to an inpatient upon discharge or to a patient discharged from an emergency department of a hospital that operates a Class II or Class III Institutional pharmacy. It also allows up to a 72-hour supply when a state of emergency has been declared for an area in the state pursuant to section 252.36, Florida Statutes (F.S.). Ms. Sapp will provide updates at each meeting with the status of the bill and any other bills filed throughout the 2021 legislative season.

i. Financial Reports

These reports were provided for informational purposes only.

ii. 2021 Probable Cause Panel Dates

The 2021 PCP dates were provided for the Board's review.

Board staff will make updates to the PCP schedule and bring back to a future meeting for review.

iii. Human Trafficking CE Requirement

Ms. Sapp reminded Board Members and others present at the meeting that all currently licensed pharmacists and registered pharmacy technicians are required to complete the one-time, one-hour course on Human Trafficking by January 1, 2021 and provided information on where licensees can find approved courses.

iv. Virtual Chat Agent: ELI

Ms. Sapp provided an overview of virtual chat agenda, ELI that launched on the Board of Pharmacy's website on October 28, 2020.

ELI (Enforcement – Licensure – Information) is MQA's new artificial intelligence system that is transforming the customer service MQA provides by enabling the workforce to deliver exceptional service to our customers through online chat.

ELI is designed to answer common questions in a variety of different areas. Some areas include: licensure requirements, renewal requirements, fees, contact information, background screening, public records, and more.

v. Staff Recognition

This was provided for informational purposes only.

C. Board Counsel Report – Christopher Dierlam, Assistant Attorney General

i. Rules Status Report

Mr. Dierlam provided an overview of the rules report.

D. Committee Report

i. Rules Committee – Jeffery J. Mesaros, PharmD, JD

a. Rules Committee Update

No report was provided at this time.

E. Investigative Services Report – Robert Difiore, Pharmaceutical Program Manager

Mr. Dilworth provided a brief update on the inspection results as of October 2020.

As of December 2020 - Non-Sterile Pharmacy inspections, currently 883 inspections have been completed; Sterile Compounding Pharmacy inspections are currently at 33 inspections completed.

VII. NEW BUSINESS – Rich Montgomery, BPharm, MBA, Chair

A. 2021 Election of Officers

This item was tabled to the December 16, 2020 meeting.

B. Ratification of Issued Licenses/Certificates

i. Pharmacist (Licensure) – 250
ii. Pharmacist (Exam Eligibility) – 330
iii. Pharmacist Interns – 384
iv. Consultant Pharmacist – 46
v. Pharmacy/Facilities – 108
vi. Registered Pharmacy Technicians – 1085
vii. Registered Pharmacy Technician Training Program – 16
viii. Nonresident Sterile Compounding – 3
ix. Approved CE Courses – 45
x. Individual Pharmacist Request for Approval of CE – 6

Motion: by Mr. Philip to accept the ratification lists.
Second: by Mr. Meshad
Vote: Unanimous

VIII. OLD BUSINESS – Rich Montgomery, BPharm, MBA, Chair

A. Review and Approval of Meeting Minutes

i. October 13, 2020 Rules Committee Minutes
ii. October 13, 2020 General Board Meeting Minutes
iii. October 14, 2020 General Board Meeting Minutes

Motion: by Mr. Wright to accept the meeting minutes.
Second: by Mr. Meshad
Vote: Unanimous

IX. FOR YOUR INFORMATION

A. Sophic Medical Presentation

Mr. Bob Parrado addressed the Board.

X. ADJOURNMENT

There being no further business the meeting adjourned at 5:30 p.m. ET.

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 5 & 6 . Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Spring 2019		Texas		
Case # SOAH Docket No. 515-19-2304 Agreed Board Order #K-18-018		Governing, licensing, Arresting Presiding Body/Agency/Court State Office of Administrative Hearings; Texas State Board of Pharmacy		
Reason/Charge Appearance / Board Order				
Plaintiff/Defendant/Claimant/Respondent Home Care Services, Inc. DBA KabaFusion NJ		Lawsuit/Arbitration/Bankruptcy Appearance / Board Order		
Name of Business/Industry/Entity Home Care Services, Inc. DBA KabaFusion NJ				

Provide explanation below: See Attachment.

Original Signature (electronic, copies or stamps not accepted)

9-29-25
Date

KabaFusion
Patient-Focused Infusion Therapy

Regarding Disciplinary Action for Home Care Services, Inc. DBA KabaFusion NJ (Edison)

In 2019 Home Care Services, Inc. DBA KabaFusion NJ and the Texas State Board of Pharmacy met and discussed a matter that was non-suited.

CORPORATE (WEST COAST)
17777 Center Court Dr., Ste. 550, Cerritos, CA 90703
P: 800-435-3020 F: 562-860-6017

CORPORATE (EAST COAST)
80 Hayden Ave., Suite 300, Lexington, MA 02421
P: 844-777-4844 F: 781-862-2002

www.kabafusion.com

TEXAS STATE BOARD OF PHARMACY

Re:	KabaFusion NJ
Address:	160 Raritan Center Parkway, Suite 18 Edison, New Jersey 08837
License No.:	27408
Date Issued:	March 7, 2011
Licensure Status:	Closed-approved to close on or about July 16, 2019
Type of Pharmacy:	Community Sterile Compounding
Prior Disciplinary Orders:	No

The Texas State Board of Pharmacy maintains records regarding licensure and disciplinary action against a licensee. KabaFusion NJ (former Texas Pharmacy License #27408) has not been subject to disciplinary action by the Texas State Board of Pharmacy.

Form Completed by:

Eamon D. Briggs
Assistant General Counsel
Texas State Board of Pharmacy

June 2, 2022
Date

The Texas Department of State Health Services, Drugs and Medical Devices Division, Wholesaler Registration, 1100 W. 49th Street, Austin, TX 78756, is responsible for issuing registrations to wholesale drug distributors and drug manufacturers in Texas.

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This is in response to Question # 5 & 6 . Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
05/07/2020		Illinois		
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Case No. 218-05913		Division of Professional Regulation of the Illinois Department of Financial and Professional Regulation		
Reason/Charge				
Violation of Federal or State Statutes, Regulations or Rules				
Plaintiff/Defendant/Claimant/Respondent		**Lawsuit/Arbitration/Bankruptcy**		
KabaFusion, Inc.		Complaint & Non-Disciplinary Consent Order		
Name of Business/Industry/Entity				
KabaFusion, Inc.				

Provide explanation below: See Attachment.

Original Signature (electronic, copies or stamps not accepted)

9-29-25
Date

KabaFusion
Patient-Focused Infusion Therapy

Regarding Disiplinary Action for KabaFusion, Inc. (Shrewsbury)

Illinois Board of Pharmacy

KabaFusion, Inc. was party to a Non-Disciplinary Consent Order dated 5/07/2020 with the Illinois Board of Pharmacy regarding the Maine Board of Pharmacy Consent Agreement involving disciplinary action for submission of a late change of pharmacist in charge application.

KabaFusion now has improved policies and procedures and a dedicated team to manage reporting these operational changes to regulators.

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P: 844-777-4844 F: 781-862-2002

www.kabafusion.com

STATE OF ILLINOIS
DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION
DIVISION OF PROFESSIONAL REGULATION

DIVISION OF PROFESSIONAL REGULATION OF THE ILLINOIS DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION,	Complainant,	)	
v.		)	Case No. 2018-05913
KABAFUSION, INC., License No. 054.018814,	Respondent.	)	

NON-DISCIPLINARY CONSENT ORDER

The Division of Professional Regulation of the Illinois Department of Financial and Professional Regulation ("Department"), by attorney Paula McGee, and Respondent Kabafusion, Inc., ("Respondent"), by attorney Alex Cooper of Quarles & Brady, LLP, agree to the following:

STIPULATIONS

Respondent holds Illinois pharmacy license no. 054.018814 pursuant to the Pharmacy Practice Act, 225 ILCS 85/et seq. ("Act"), which is presently in active status. On or about April 2, 2018, the Maine State Board of Pharmacy issued a public Consent Agreement whereby Respondent agreed to pay an administrative fine of one thousand five hundred dollars ($1,500.00) due to Respondent's failure to file a change of pharmacist-in-charge ("PIC") application with the Maine Board of Pharmacy by registered mail within seven (7) days after a change of PIC. Respondent filed its PIC application with the Maine Board of Pharmacy approximately nine (9) months after a change of PIC. For the purposes of this Non-Disciplinary Consent Order, Respondent admits that an adverse action was taken against Respondent in the State of Maine. Respondent's actions and/or omissions constitute grounds for discipline under the Act, 225 ILCS 85/30(a)(8).

At all times material to the matter set forth in this Non-Disciplinary Consent Order, the Department had jurisdiction over the subject matter and the parties herein. Respondent has been advised of the right to have any allegation(s) reduced to written charges, to a hearing where the Department bears the burden to prove its allegations by clear and convincing evidence, the right to contest any charges brought and present mitigating evidence, and the right to administrative review of any order resulting from a hearing. Respondent knowingly waives each of these rights, as well as any right to administrative review of this Non-Disciplinary Consent Order.

Such waiver ceases if this Non-Disciplinary Consent Order is rejected by the Board of Pharmacy ("Board") or Director. Respondent acknowledges that Respondent has entered into this Non-Disciplinary Consent Order freely and of Respondent's own will without threat or coercion by the Department or any person and has not relied upon any representation made by or on behalf of the Department other than those specifically included herein. Respondent acknowledges that the Department attorney may be requested to communicate with the Board or Director in furtherance of the approval of this Non-Disciplinary Consent Order. Respondent has been informed that this Non-Disciplinary Consent Order will be presented to the Director. If this Non-Disciplinary Consent Order is not approved, Respondent waives any right to raise any prejudice resulting from the Director's consideration of this Non-Disciplinary Consent Order. Respondent understands that this Non-Disciplinary Consent Order is not effective unless and until it is adopted by the Director. A copy of any original signature(s) shall be given the full force and effect of an original signature(s) affixed to this Non-Disciplinary Consent Order.

Respondent and the Department agree, in order to resolve this matter, that Respondent be permitted to enter into a Non-Disciplinary Consent Order with the Department, providing for the imposition of measures which are fair and equitable in the circumstances and which are consistent with the best interests of the people of the State of Illinois.

CONDITIONS

Wherefore, the Department, by attorney Paula McGee, and Respondent, by attorney Alex Cooper of Quarles & Brady, LLP, agree:

A. Respondent shall permanently voluntarily surrender Respondent's Illinois pharmacy license no. 054.018814 to the Department.

B. This Non-Disciplinary Consent Order shall become effective upon the Director's signature, as dated below.

Signatures on the following page.

4/29/2020
Date

Respondent Kabafusion, Inc.

5/5/2020
Date

Alex Couper, Quarles & Brady, LLP
Attorney for Respondent

5/6/2020
Date

Department Attorney Paula McGee

5/7/2020
Date

Board of Pharmacy Member

The foregoing Non-Disciplinary Consent Order is approved in full.

Dated this 7th day of May, 2020.

ILLINOIS DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION
SECRETARY DEBORAH HAGAN

Acting Director Cecilia Abundis
Division of Professional Regulation

Case No. 2018-05913
License No. 054.118814

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This is in response to Question # 6 Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
07/17/2020		Massachusetts		
Case # Massachusetts Board of Pharmacy Meeting Agenda dated 07/07/2020 and Minutes		**Governing, licensing, Arresting Presiding Body/Agency/Court** Commonwealth of Massachusetts, Board of Registration in Pharmacy		
Reason/Charge Appearance Regarding Relocation Application				
Plaintiff/Defendant/Claimant/Respondent KabaFusion, Inc.			**Lawsuit/Arbitration/Bankruptcy** Appearance	
Name of Business/Industry/Entity KabaFusion, Inc.				

Provide explanation below: See Attachment.

Original Signature (electronic, copies or stamps not accepted)

9-29-25
Date

KabaFusion
Patient-Focused Infusion Therapy

Regarding Massachusetts Board of Pharmacy Appearance for KabaFusion, Inc. (Shrewsbury)

KabaFusion, Inc. attended the Massachusetts Board of Pharmacy meeting on 7/17/2020 to discuss a relocation from Shrewsbury, MA to Lexington, MA. A copy of the agenda and minuites are enclosed. The pharmacy did not relocate and still operates in Shrewsbury, MA.

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P: 844-777-4844 F: 781-862-2002

COMMONWEALTH OF MASSACHUSETTS
Board of Registration in Pharmacy

NOTICE OF THE REGULARLY SCHEDULED MEETING OF THE BOARD OF REGISTRATION IN PHARMACY

July 17, 2020

Webex Information

Call in Number: 1-203-607-0564 or toll free 1-866-692-3580

Access Code: 161 759 5995

Attendee: #

If you need reasonable accommodations in order to participate in the meeting, contact the DPH ADA Coordinator Yulanda Kiner, Phone: 617-624-5848 in advance of the meeting. While the Board will do its best to accommodate you, certain accommodations may require distinctive requests or the hiring of outside contractors and may not be available if requested immediately before the meeting.

Agenda

Time	#	Item	Page	Contact
8:00	I	**CALL TO ORDER**		K. Tanzer
	II	**APPROVAL OF AGENDA**		
8:05	III	**APPROVAL OF BOARD MINUTES** • Draft of July 10, 2020 Regular Session Minutes		
8:10	IV	**APPLICATIONS** • Kabafusion-DS89700 – Relocation • St. Mary's Pharmacy – New Community Pharmacy • BIDMC Pharmacy – New Community Pharmacy • Anchor Home Medical & Pharmacy – New Community Pharmayc • Baker Pharmacy; DS12518- Transfer of Ownership		

8:55	V	**FLEX** • Pharmacy issues related to Covid-19 and the state of emergency		
9:00	VI	**M.G.L. c. 112, § 65C SESSION**		CLOSED SESSION
10:15	VII	**ADJUDICATORY SESSION (M.G.L. ch. 30A, §18)**		CLOSED SESSION
10:30	VIII	**ADJOURNMENT**		

COMMONWEALTH OF MASSACHUSETTS
BOARD OF REGISTRATION IN PHARMACY

MINUTES OF THE GENERAL SESSION
Meeting held via WEBEX remotely
Boston, Massachusetts, 02114
July 17, 2020

Board Members Present

Kim Tanzer, PharmD, RPh. President
Julie Lanza, CPhT, President Elect
Leah Giambarresi, Pharm D, RPh, Secretary
Sebastian Hamilton, Pharm D, RPh
Dr. Richard Lopez, MD
Timothy Fensky, RPh (leaves at 10:30 AM)
Patrick Gannon, RPh (leave 9:30-10:30 AM; back 10:30 AM-11:00AM)
Susan Cornacchio JD, RN
Katie Thornell, RPh
Dawn Perry, JD (Leave at 10:22 AM)
Carly Jean-Francois, RN, NP (leave at 10:10 AM)
Andrew Stein, Pharm D (leaves at 9:11 AM)
Stephanie Hernandez, Pharm D, BCGP, RPh (leave at 10:30 AM)

Board Members Not Present

Board Staff Present

David Sencabaugh, Executive Director
Monica Botto, Assistant Executive Director
Heather Engman, JD, Board Counsel
William Frisch, RPh Director of Pharmacy Compliance (not present for 65C)
Michelle Chan, RPh Quality Assurance Pharmacist
Julienne Tran, PharmD RPh, Investigator
Gregory Melton, Pharm D, JD, RPh Investigator
Christina Mogni, RPh Investigator
John Murray, RPh Investigator
Nathan VanAllen, PharmD, RPh Investigator
Michael Brosnan, PharmD, RPh, Investigator
Ed Taglieri, MSM, NHA, RPh, PSUD Supervisor
Joanna Chow, Office Support Specialist
Richard Harris, Program Analyst

TOPIC I. Attendance by roll call:
CALL TO ORDER 8:02 AM
A quorum of the Board was present, established by roll call. President K. Tanzer chaired the meeting. She explained that the Board of Pharmacy was recording the meeting.

Roll call attendance: K. Tanzer, yes; J. Lanza, yes; L. Giambarresi, yes; D. Perry, yes; P. Gannon, yes; C. Jean-Francois, yes; S. Hamilton, yes; S. Cornacchio, yes, Dr. Lopez, yes; T. Fensky, yes; K. Thornell; S. Hernandez, yes; Andy Stein, yes.

Topic II. **Approval of Agenda** **TIME 8:03 AM**

Agenda July 17, 2020

DISCUSSION:
Change to Agenda:

1. Defer application Anchor Home Medical and Pharmacy
2. Defer application Baker Pharmacy DS12518

ACTION:
Motion by L. Lanza, seconded by C. Jean Francois and voted unanimously by those present by roll call vote to approve the agenda with no changes.

Kim asks Michelle to introduce the APPE Pharmacy students Cara O'Toole From WNE and Kyle Blomster from URI.

Topic III **Approval of Board Minutes** **TIME: 8:04 AM**

Minutes
1. Draft 7/10/20 General Session Minutes

No noted Changes.

Action:
Motion by L. Giambarresi, seconded by S. Hamilton and voted unanimously by roll call vote to approve the regular session minutes of 7/10/20 with no noted changes; A. Stein abstains.

Topic IV **Applications:**
1. Kabafusion DS89700 **Relocation** **Time: 8:06 AM**

Represented by: John Leary MOR, Attorney Paul Garbarini

Recusal: None

Discussion: Pharmacy desires to relocate from Shrewsbury to Lexington. It is a 7,000 sq. ft. design, with 400 sq. ft. for the clean room. This is a home infusion pharmacy that specializes in IG therapy. Mr. Leary has had MOR experience at several other pharmacies, but he started with Kabafusion in April, 2020. Leary has limited experience with sterile compounding, as he has more regulatory background. Kabafusion has a robust training program including videos, online courses and modules, and didactic learning. On his own, Leary has also been taking courses through ASHP and on USP. Fran McAteer has

had a role in training on environmental monitoring. Leary and the previous MOR, Fidelis Fynn did a self-inspection together. Now, Mr. Fynn has passed the MOR role onto Leary, and Fynn has become the director of operations for Kabafusion. Kabafusion is open Monday – Friday. They plan to be moving everything on the weekend, although all the new equipment will be already in the Lexington location. When they are closed, Kabafusion has 24-hour access to an on call pharmacist and nurse, and other facilities as backup.

Action: Motion by L. GIAMBARRESI, seconded by S. HAMILTON, and voted unanimously by roll call by those present to approve the relocation pending successful inspection.

---

2. St. Mary's Pharmacy **New Community Pharmacy** **Time: 8:15 AM**

Represented by: Bakheet Shenoda, MOR

Recusal: None

Discussion: Bakheet and the owner will open a new retail pharmacy in North Andover. It is located in a plaza on the end, with one neighbor to the left, a beauty salon. There is no access from the neighboring store and no access from above tenants. Points of entry are limited to a front door and back door, but Bakheet assured the back door will always be closed. Bakheet was previously MOR at NPH Pharmacare pharmacy for 4 months in Whitinsville and was a floater pharmacist for CVS. This pharmacy will be providing vaccinations, with a privacy room area surrounded by curtains. They will be reaching out to nearby nursing homes to assess the need for compliance packaging. They will perform simple compounding, such as oral suspensions. Staffing will be 1 pharmacist and 1 technician to start. They have an after-hours voicemail with access to a pharmacist on call. Training for non-sterile compounding for the pharmacist will be reassessed every 6 months, to inspect compounding area and add safety precautions.

Action: Motion by L. GIAMBARRESI, seconded by S. HAMILTON, and voted unanimously by roll call by those present to approve the relocation pending successful inspection.

---

3. BIDMC Pharmacy **New Community Pharmacy/Relocation Time: 8:29 AM**

Represented by: David Young, Luca Cattaneo, Kim Nguyen

Recusal: J. LANZA and H. ENGMAN recused and were not present for the discussion or vote in this matter.

Discussion: Beth Israel Deaconess Medical Center (BIDMC) is looking to operate 2 separate, licensed pharmacies without a physical barrier and with a shared production area. One pharmacy will be designated as a specialty pharmacy while the other will be a retail pharmacy focusing on central fill for their Boston location. There will be designated areas with signage specific to each pickup. The representatives answered questions from the Board members regarding security measures, including that there will be 73 security cameras in use and 37 of those cameras focused on the production area. Each pharmacy will have its own inventory, physically separated by lines of demarcation and routinely

reconciled. Specifically, cycle counts will occur every Friday for the specialty pharmacy. They do not plan to have any of the same medications in each pharmacy. The specialty side will just keep specialty medications. Each pharmacy will have its own phone number, labels, and signage. There will be 2 DEA numbers and 2 separate MORs. The representatives assured members of the Board that they will not be sharing staff between the 2 spaces. Concerns were raised about accountability and who would be held responsible for this pilot project because this model is unprecedented. Pharmacists Chirag, David Young, and Luca Cattaneo will all be responsible and dedicated to running this project, rather than BIDMC. This facility allows them to expand services and provide a high touch with patients. They can enhance patient management by focusing more efforts on high risk patients. Separate licenses operating in the same pharmacy space is requested because accreditation efforts and costs for the specialty pharmacy are labor intensive, as well as creating opportunity for contracts that are typically restricted to specialty pharmacies.

Action: Motion by L. GIAMBARRESI, seconded by K. THORNELL, and voted unanimously by roll call by those present to approve the central fill petition.

Action: Motion by L. GIAMBARRESI, seconded by P. GANNON, and voted unanimously by roll call by those present to approve the pilot project contingent upon the following conditions:

- Approval of the DEA
- Specific metrics and reporting schedule to be determined in conjunction with Board staff
- Pilot project to begin 6 months from the date both pharmacies are open and operational

Action: Motion by L. GIAMBARRESI, seconded by P. GANNON, and voted unanimously by roll call by those present to approve the relocation of BIDMC Specialty Pharmacy pending a successful inspection.

Action: Motion by L. GIAMBARRESI, seconded by P. GANNON, and voted unanimously by roll call by those present to approve a new retail license for BILH Pharmacy Direct pending a successful inspection.

TOPIC V **Flex:** **Time: 9:11 AM**

Pharmacy Issues related to COVID-19 and the state of emergency:
Presented by: D. Sencabaugh

Dave notes no updates this week.

Kim Tanzer announces the general session will be ending and the Board will be going into private session. The Board will not cover any other general session items today.

Andrew Stein, Pharm D (leaves at 9:11 AM)

Topic VI: **M.G.L. 65 C #1** **Time: 9:15 AM**

DISCUSSION: None
ACTION: President elect K. Tanzer request a motion to enter M.G.L 65 c Session.

At 9:15 AM L. Giambarresi, seconded by J. Lanza and voted unanimously by roll call vote of all those present to enter M.G.L. chapter 65 c Session:

Carly Jean-Francois, RN, NP (leave at 10:10 AM)
Dawn Perry, JD (Leave at 10:22 AM)
Timothy Fensky, RPh (leaves at 10:30 AM)
Patrick Gannon, RPh (leave 9:30-10:30 AM; back 10:30 am to 11:00 AM)
Stephanie Hernandez, Pharm D, BCGP, RPh (leave at 10:27 AM)

Topic VII: **Adjudicatory Session** **Time: 10:51 AM**

DISCUSSION: None
ACTION: President elect K. Tanzer request a motion to enter Adjudicatory Session.

At 10:51 AM S. Hamilton, seconded by L. Giambarresi and voted unanimously by roll call vote of all those present to enter M.G.L. chapter 65 c Session:

Topic VII **ADJOURMENT OF MEETING** **TIME: 10:54 AM**

ACTION: Motion by S. Hamilton seconded by L. Giambarresi and voted unanimously by roll call vote by those present, to adjourn from General Session.

EXHIBITS USED DURING THE OPEN SESSION OF THE MEETING

1. Draft Agenda of the 7/17/20 General Session
2. Draft Minutes of the 7/10/20 Meeting
3. Applications Kabafusion DS89700 Relocation
4. St. Mary's Pharmacy New Community Pharmacy
5. BIDMC Pharmacy New Community Pharmacy

Respectfully Submitted,
Leah Giambarresi, PharmD, RPh, Secretary

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This is in response to Question # 5 & 6. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
08/12/2020		Massachusetts		
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
PHA-2019-0071		Commonwealth of Massachusetts, Board of Registration in Pharmacy		
Reason/Charge				
Complaint; Non-Disciplinary Consent Agreement for Stayed Probation				
Plaintiff/Defendant/Claimant/Respondent		**Lawsuit/Arbitration/Bankruptcy**		
KabaFusion, Inc.		Complaint; Non-Disciplinary Consent Agreement for Stayed Probation		
Name of Business/Industry/Entity				
KabaFusion, Inc.				

Provide explanation below: See Attachment.

Original Signature (electronic, copies or stamps not accepted)

9-29-25
Date

KabaFusion
Patient-Focused Infusion Therapy

Regarding Massachusetts Board of Pharmacy Complaint No. PHA-2019-0071 and Non-Disiplinary Consent Agreement for Stayed Probation for KabaFusion, Inc. (Shrewsbury)

Complaint No. PHA-2019-0071 was regarding a failure to report an above action level regarding the 2/20/2019 environmental monitoring.

KabaFusion, Inc. was party to a non-disciplinary condition agreement dated 8/12/2020 with the Massachusetts Board of Pharmacy. The pharmacy was inspected on 6/20/2019 and passed the inspection. After the inspection, KabaFusion and the Massachusetts Board of Pharmacy continued to review and discuss the pharmacy's environmental monitoring procedures and determined that monthly samples would receive routine testing and reporting by a third-party lab. A new pharmacist-in-charge/manager of record took over day to day management of the pharmacy on 6/22/2020 and KabaFusion also completed and passed additional routine inspections by the Board on 12/09/2019, 12/04/2020, 2/24/2021 and 11/10/2021.

On 10/01/2021 the pharmacy received notice from the Massachusetts Board of Pharmacy that all requirements of the agreement were satisfied.

A copy of the Non-Disiplinary Consent Agreement and Notice of Restoration are enclosed.

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www.kabafusion.com

The Commonwealth of Massachusetts
Executive Office of Health and Human Services
Department of Public Health
Bureau of Health Professions Licensure
239 Causeway Street, Suite 500, Boston, MA 02114

CHARLES D. BAKER
Governor

KARYN E. POLITO
Lieutenant Governor

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MARYLOU SUDDERS
Secretary

MARGRET R. COOKE
Acting Commissioner

October 1, 2021

Manager of Record
Kabafusion, Inc.
159 Memorial Drive, Unit E
Shrewsbury MA 01545

RE: In the Matter of Kabafusion, Inc., Board of Registration in Pharmacy, PHA-2019-0071; License No. DS89700

NOTICE OF RESTORATION OF UNRESTRICTED LICENSURE (SUCCESSFUL COMPLETION OF PROBATION)

Dear Manager of Record:

As you know, the pharmacy entered into a Consent Agreement for Probation, ("Agreement"), effective August 12, 2020 with the Board of Registration in Pharmacy ("Board").

Please be advised that after review and as authorized by Division Policy 15-01, the Board's Executive Director and I determined that the pharmacy has now complied in full with all requirements of the Agreement and that the minimum monitoring period has been satisfied. Accordingly, I am restoring the drug store's license to full, unrestricted status, effective September 22, 2021. Please allow for up to five (5) business days from the date of this letter until the updated license status appears on the "Check a License" website.

Sincerely,

Karen L. Fishman
Probation Department Coordinator

Enclosure
KLF/rf

Cc: Paul M. Garbarini, P.C.
Attorney at Law
PO Box 1551
Northampton, MA 01601

COMMONWEALTH OF MASSACHUSETTS

SUFFOLK COUNTY

BOARD OF REGISTRATION IN PHARMACY

In the Matter of	)	
Kabafusion	)	PHA-2019-0071
DS89700	)	

NON-DISCIPLINARY
CONSENT AGREEMENT FOR STAYED PROBATION

The Massachusetts Board of Registration in Pharmacy ("Board") and Kabafusion ("Licensee" or "Pharmacy"), a pharmacy licensed by the Board, DS89700, 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 pharmacy license related to the conduct set forth in Paragraph 2, identified as Docket No. PHA-2019-0071 ("the Complaint").[1]

2. The Board and the Pharmacy acknowledge and agree to the following facts:

   a. Board investigators inspected the Pharmacy on or about June 20, 2019 and observed the Pharmacy failed to properly respond to above action level environmental monitoring results in February 2019 and March 2019.

   b. Specifically, on or about February 20, 2019, a third party performed viable surface sampling at the pharmacy. One surface sample grew two colony forming units (CFUs) of a gram negative, rod-shaped bacteria identified as Serratia macescens, which is a highly pathogenic microorganism. As such, this sample was above USP 797 action levels.

   c. The Pharmacy failed to immediately remedy the February 20, 2019 above action level environmental monitoring result, in violation of USP 797 and 247 CMR 9.01(3).

[1] The term "License" applies to both a current license and the right to renew an expired license.

d. The Pharmacy failed to report the February 20, 2019 above action level environmental monitoring result to the Board, in violation of 247 CMR 6.15(7).

e. Another environmental monitoring sample taken on or about March 18, 2019 contained microbial growth. This sample was not sent to a credentialed laboratory for identification, in violation of in violation of USP 797 and 247 CMR 9.01(3).

f. During the June 20, 2019 inspection, Board investigators also observed the following violations of USP 797 and 247 CMR 9.01(3):

   i. fungal media plates incubated at incorrect temperatures;

   ii. use of expired sterile isopropyl alcohol; and

   iii. unsealed ceiling tiles.

g. The foregoing facts warrant action by the Board under M.G.L. c. 112, §§ 42A and 61 and 247 CMR 10.03(1)(a), (v), and (bb).

3. The Pharmacy agrees that its pharmacy license shall be placed on PROBATION for one (1) year, and that the probation shall be STAYED for no more than one (1) year ("Stayed Probationary Period"), commencing with the date on which the Board signs this Agreement ("Effective Date"). The Agreement shall be non-disciplinary until and unless the Board takes action pursuant to Paragraph 7 of the Agreement.

4. During the Stayed Probationary Period, the Pharmacy further agrees that it shall comply with all of the following requirements to the Board's satisfaction:

a. Comply with all laws and regulations governing the practice of pharmacy.

b. Submit documentation demonstrating the pharmacy performed environmental monitoring at least once per month during the Stayed Probationary Period. The environmental monitoring must be performed by trained staff or a qualified third party vendor. Any growth must be sent to a credentialed laboratory for identification.

5. The Board agrees that in return for the Pharmacy's execution and its successful compliance with all the requirements of this Agreement, the Board will not prosecute the Complaint.

6. If and when the Board determines that the Pharmacy has complied to the Board's satisfaction with all the requirements contained in this Agreement, the Stayed Probationary Period will terminate no sooner than one (1) business day after the Effective Date upon written notice to the Licensee from the Board, and the Licensee shall have no history of discipline upon its record related to this Agreement or the Complaint.[2]

7. If the Pharmacy does not materially comply with each requirement of this Agreement, or if the Board opens a Subsequent Complaint[3] during the Probationary Period, the Pharmacy agrees to the following:

   a. The Board may upon written notice to the Pharmacy, as warranted to protect the public health, safety, or welfare:

      i. EXTEND the Probationary Period;

      ii. MODIFY the Probation Agreement requirements; or

      iii. IMMEDIATELY SUSPEND the Pharmacy's license.

   b. If the Board suspends the Pharmacy's license pursuant to Paragraph 7(a)(iii), the suspension shall remain in effect until:

      i. the Board provides the Pharmacy written notice that the Probationary Period is to be resumed and under what terms;

      ii. the Board and the Pharmacy sign a subsequent agreement; or

---

[2] In all instances where this Agreement specifies written notice to the Licensee from the Board, such notice shall be sent to the Licensee's address of record.

[3] The term "Subsequent Complaint" applies to a complaint opened after the Effective Date concerning acts, omissions, or events occurring after the Effective Date, which (1) alleges that the Pharmacy engaged in conduct that violates Board statutes or regulations, and (2) is substantiated by evidence, as determined following the complaint investigation during which the Pharmacy shall have an opportunity to respond.

iii. the Board issues a written final decision and order following adjudication of the allegations (1) of noncompliance with this Agreement, and/or (2) contained in the Subsequent Complaint.

8. The Pharmacy agrees that if the Board suspends its license in accordance with Paragraph 7, it will immediately return its current Massachusetts license to the Board, by hand or certified mail. The Pharmacy further agrees that upon said suspension, it will no longer be authorized to operate as a pharmacy in the Commonwealth of Massachusetts and shall not in any way represent itself as a pharmacy until such time as the Board reinstates license or right to renew such license.

9. The Pharmacy understands that it has a right to formal adjudicatory hearing concerning the Complaint and that during said adjudication it 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 it is knowingly and voluntarily waiving its right to a formal adjudication of the Complaints.

10. 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.

11. The Pharmacy acknowledges that after the Effective Date, the Agreement constitutes a public record. 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.

12. 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.

13. 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.

Charlene Rigas 6/24/2020 Michell Rigas 6/24/2020

Witness (sign and date) (sign and date)

Michell Rigas, Pharm.D

(print name) Chief Clinical officer

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

8-12-20

Effective Date

Fully Signed Agreement Sent to Licensee on 8/13/2020 by

Certified Mail No. 7019 0700 0000 1846 1978

Kabafusion
DS89700
PHA-2019-0071

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 5. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
04/02/2018		Maine		
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Complaint No. 2017-PHA-13810		State of Maine, Board of Pharmacy		
Reason/Charge				
Violation of Federal or State Statutes, Regulations or Rules; Fine Paid				
Plaintiff/Defendant/Claimant/Respondent		**Lawsuit/Arbitration/Bankruptcy**		
KabaFusion, Inc.		Complaint & Consent Agreement		
Name of Business/Industry/Entity				
KabaFusion, Inc.				

Provide explanation below: See Attachment.

Original Signature (electronic, copies or stamps not accepted)

9-29-25
Date

KabaFusion
Patient-Focused Infusion Therapy

Regarding Disiplinary Action for KabaFusion, Inc. (Shrewsbury)

Maine Board of Pharmacy

KabaFusion, Inc. was party to a Consent Agreement dated 4/02/2018 with the Maine Board of Pharmacy regarding disciplinary action for submission of a late change of pharmacist in charge application, copy enclosed. A $1,500.00 fine was paid.

KabaFusion now has improved policies and procedures and a dedicated team to manage reporting these operational changes to regulators.

CORPORATE (WEST COAST)
17777 Center Court Dr., Ste. 550, Cerritos, CA 90703
P: 800-435-3020 F: 562-860-6017

CORPORATE (EAST COAST)
80 Hayden Ave., Suite 300, Lexington, MA 02421
P: 844-777-4844 F: 781-862-2002

www.kabafusion.com

STATE OF MAINE
BOARD OF PHARMACY

IN RE:	)	
	)	
KABAFUSION, INC.	)	CONSENT AGREEMENT
	)	
Complaint No. 2017-PHA-13810	)	

PARTIES

This document is a Consent Agreement regarding disciplinary action against the mail order pharmacy license of KabaFusion, Inc. in the State of Maine. The parties to this Consent Agreement are: KabaFusion, Inc. ("KabaFusion"), the Maine Board of Pharmacy ("the Board"), and the Maine Office of the Attorney General ("the Attorney General"). This Consent Agreement is entered into pursuant to 10 M.R.S. § 8003(5-A).

FACTS

1. At all times relevant to this matter, KabaFusion was licensed by the Board as a mail order pharmacy, license no. MO40001760, located at 159 Memorial Drive, Unit E, Shrewsbury, Massachusetts.
2. On March 21, 2016, Fidelis Fynn replaced Eve Loppiore as the pharmacist in charge ("PIC") of KabaFusion, thereby requiring KabaFusion to submit a Change of PIC application to the Board within 7 days after the PIC change.
3. KabaFusion, submitted a change of PIC application with the Board on December 27, 2016.
4. On December 29, 2017, Senior Consumer Assistant Specialist Meagan Damon, filed an administrative complaint with the Board alleging that KabaFusion had not filed a timely change of PIC application.

5. This administrative complaint was docketed as complaint no. 2017-PHA-13810.

6. Under Board Rules Chapter 11, § 3, upon a change of PIC, a mail order pharmacy must file a new application with the Board by registered mail no later than seven (7) days after the change.

7. Pursuant to the Board's general delegation of authority dated October 6, 2016, which authorizes Board Staff to offer prescribed consent agreements to resolve first-time violations of PIC change notification requirements, this Consent Agreement is being offered to resolve Complaint No. 2017-PHA-13810.

8. Absent acceptance of this Consent Agreement by signing and dating it and returning it to Maine Board of Pharmacy, Complaints Division, Department of Professional and Financial Regulation, 35 State House Station, Augusta, Maine 04333-0035 by March 20, 2018, the Board will resolve this matter by holding an adjudicatory hearing.

COVENANTS

9. KabaFusion admits to the facts as stated above and admits that such conduct constitutes grounds for discipline pursuant to 10 M.R.S. § 8003(5-A)(A)(5) for violating a rule of the Board, specifically Board Rules Chapter 11, § 3, by failing to file a change of PIC application with the Board by registered mail no later than 7 days after a change of PIC.

10. As DISCIPLINE for the violation admitted to in paragraph 9 above, KabaFusion agrees to accept the imposition of:

    a. A WARNING; and

    b. A CIVIL PENALTY in the amount of one thousand five hundred dollars ($1500.00). Payment of the civil penalty shall be made by check or money order payable to the "Treasurer, State of Maine" and delivered to the Complaints

Division, Department of Professional and Financial Regulation, 35 State House Station, Augusta, Maine 04333, and must be submitted with the signed Consent Agreement.

11. This Consent Agreement is not appealable and is effective until modified or terminated by the parties hereto.

12. Violation of any of the terms or conditions of this Consent Agreement by KabaFusion shall constitute grounds for discipline, including but not limited to modification, suspension, or revocation of licensure or the denial of licensure or re-licensure.

13. The Board and the Office of the Attorney General may communicate and cooperate regarding any matter related to this Consent Agreement.

14. This Consent Agreement is a public record within the meaning of 1 M.R.S. § 402 and will be available for inspection and copying by the public pursuant to 1 M.R.S. § 408-A.

15. Nothing in this Consent Agreement shall be construed to affect any right or interest of any person not a party hereto.

16. The Board and KabaFusion agree that no further agency action will be initiated against KabaFusion's license by the Board based upon the specific violations admitted to herein, except or unless KabaFusion fails to comply with the terms and conditions of this Consent Agreement. The Board may however consider the conduct described above as evidence of a pattern of misconduct in the event that other allegations are brought against KabaFusion. The Board may also consider the fact that discipline was imposed by this Consent Agreement in determining discipline in any further complaints against KabaFusion.

17. KabaFusion acknowledges by its duly authorized representative's signature hereto that it has had an opportunity to consult with an attorney before executing this Consent Agreement, that it executes this Consent Agreement voluntarily, and that it agrees to abide by all terms and conditions set forth herein.

KABAFUSION, INC..

DATED: 3/16/18

BY: _____
Authorized Representative

Michael Rigas, Pharm.D., Chief Clinical Officer
Printed Name

DATED: 3/24/2018

JOSEPH BRUNO, R.Ph., President
MAINE BOARD OF PHARMACY

DATED: 4/2/2018

ANDREW L. BLACK
Assistant Attorney General

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 5 & 6 . Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
05/18/2021		Virginia		
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Reference Permit No. 0201002838		VA Board of Pharmacy		
Reason/Charge				
Violation of Federal or State Statutes, Regulations or Rules; Fine Paid				
Plaintiff/Defendant/Claimant/Respondent		**Lawsuit/Arbitration/Bankruptcy**		
KabaFusion VA, LLC		Consent Order		
Name of Business/Industry/Entity				
KabaFusion VA, LLC				

Provide explanation below: See Attachment.

Original Signature (electronic, copies or stamps not accepted)

9-29-25
Date

KabaFusion
Patient-Focused Infusion Therapy

Regarding Disciplinary Action For KabaFusion VA, LLC (Chesapeake)

The Virginia Board of Pharmacy inspected KabaFusion VA, LLC on April 21, 2021 and found that bulk IV solutions were in the warehouse space. The bulk IV solutions have been relocated to the licensed pharmacy space and the deficiency correction and payment of monetary penalty are noted in the May 27, 2021 letter from the Virginia Board of Pharmacy, copy enclosed.

CORPORATE (WEST COAST)
17777 Center Court Dr., Ste. 550, Cerritos, CA 90703
P: 800-435-3020 F: 562-860-6017

CORPORATE (EAST COAST)
80 Hayden Ave., Suite 300, Lexington, MA 02421
P: 844-777-4844 F: 781-862-2002

www.kabafusion.com

0201002838

COMMONWEALTH of VIRGINIA

David E. Brown, D.C.
Director

Department of Health Professions
Perimeter Center
9960 Mayland Drive, Suite 300
Henrico, Virginia 23233-1463

www.dhp.virginia.gov
TEL (804) 367-4400
FAX (804) 527-4475

Board of Pharmacy
804/367-4456
804-799-7906 (fax)

May 27, 2021

KabaFusion VA, LLC
Traci M. Johns, Pharmacist-in-Charge
Mailed to the legal address of record with the Board of Pharmacy

RE: Case #211691

Dear Ms. Johns:

Enclosed please find a certified true copy of the Inspection Deficiency Notice and Consent Order that was entered by the Board on May 18, 2021. Further, this confirms receipt of the monetary penalty and the documentation indicating the corrective action taken. As all requirements have been satisfied, the case is now closed.

Sincerely,

Rose E. DeMatteo
Compliance Case Manager

Enclosure

Virginia Board of Pharmacy
9960 Mayland Drive, Suite 300
Henrico, VA 23233
804-367-4456
804-527-4472 (Fax)
pharmbd@dhp.virginia.gov
April 21, 2021

KabaFusion VA, LLC
Permit Number: 0201002838

Notice

After an inspection conducted on April 21, 2021 at KabaFusion VA, LLC, the deficiencies identified in the inspection summary that was provided to the facility were found. Those deficiencies constitute violations of the statutes and regulations cited below:

1. ($500) Deficiency 12: Storage of prescription drugs not in the prescription department; 18 VAC 110-20-190

If you wish to contest the violations cited above and in the inspection summary that was provided to the facility, you may submit documentation for the Board's consideration within 14 days of the date of this notice. In the alternative, you may request, in writing, an informal conference to further discuss this matter before a committee of the Board within 30 days of the date of this notice. Documents for consideration or a request for an informal conference should be mailed to:

Virginia Board of Pharmacy
9960 Mayland Drive
Suite 300
Henrico, Virginia 23233

If you do not want to contest the cited violations, in lieu of proceeding to an informal conference, you may sign the Consent Order below, submit a total penalty of $500 by check or money order, made payable to the Treasurer of Virginia, and provide documentation of corrective action taken to remedy all of the cited violations. The Consent Order, the penalty, and documentation of corrective action should be sent in one mailing to the address provided above within 30 days of the date of this Notice.

Failure to respond to this document within thirty (30) days of the date of this Notice will result in an informal conference being scheduled to determine whether violations of the statutes and regulations of the Board of Pharmacy have occurred. A notice of the informal conference will be mailed to the attention of the facility's Pharmacist-in-Charge [or the Owner if no PIC] with the scheduled date and time. If it is determined at the conclusion of the informal conference that the pharmacy is in violation of the laws and regulations of the Board of Pharmacy, the permit holder may be subject to disciplinary sanctions by the Board in addition to the penalty listed above. If you have any questions, please contact the Board office.

Consent Order

The Virginia Board of Pharmacy ("Board") and KabaFusion VA, LLC ("Pharmacy") enter into the following Consent Order as evidenced by the signature of the Pharmacist-in-Charge [or the Owner if no PIC] hereto. The deficiencies cited in the Notice above and the inspection summary that was provided to the facility constitute violations of the statutes and regulations as cited above in the Notice. These violations were identified during an inspection conducted on April 21, 2021.

DO NOT MAKE ANY CHANGES TO THIS DOCUMENT:

Pharmacy, by affixing the signature of the Pharmacist-in-Charge (or Owner if no PIC) hereon, agrees to the following:

1. The Pharmacist-in-Charge (or Owner if no PIC) has the right to seek advice of counsel prior to signing this document;
2. The Pharmacist-in-Charge (or Owner if no PIC) acknowledges that without his consent, no legal action can be taken against the Pharmacy except pursuant to the Virginia Administrative Process Act, § 2.2-4000 *et seq.* of the Code of Virginia;
3. The Pharmacist-in-Charge (or Owner if no PIC) acknowledges that he has the following rights, among others: the right to an informal fact finding conference before the Board, the right to reasonable notice of said hearing, the right to representation by counsel, and the right to cross-examine witnesses;
4. The Pharmacist-in-Charge (or Owner if no PIC) waives all such right to an informal conference;
5. The Pharmacist-in-Charge (or Owner if no PIC) admits to the violations cited herein and waives his right to contest such violations in any subsequent proceeding before the Board;
6. The Pharmacist-in-Charge (or Owner if no PIC) consents to the entry of the following Order affecting the permit of the Pharmacy in Virginia.

WHEREFORE, on the basis of the foregoing, the Board, effective upon entry of this Order, and in lieu of further proceedings, hereby ORDERS as follows:

1. Pharmacy shall pay a monetary penalty of $500 to the Board within 30 days of the date of the Notice.

2. Pharmacy shall submit documentation of immediate action taken to correct all violations.

3. Any violation of the terms and conditions of this Order or of any law or regulation affecting the conduct of Pharmacy in the Commonwealth of Virginia shall constitute grounds for the suspension or revocation of the permit of Pharmacy, and an administrative proceeding shall be convened to determine whether such permit shall be suspended or revoked.

Pursuant to § 2.2-4023 and § 54.1-2400.2 of the Code of Virginia, the signed original of this Notice and Consent Order shall remain in the custody of the Department of Health Professions as public record and shall be made available for public inspection or copying upon request.

Traci Johns RPh — 4/29/2021
Signature of PIC or Owner — Date

Traci Johns — Pharmacist in Charge
Printed Name of Person Signing — Position/Title

FOR THE BOARD:

Caroline D. Juran, Executive Director — 5/18/2021 Entered

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 5 & 6. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
02/25/2021		New York		
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Not Listed		New York State Department of Health		
Reason/Charge				
Violation of Federal or State Statutes, Regulations or Rules; Fine Paid				
Plaintiff/Defendant/Claimant/Respondent		**Lawsuit/Arbitration/Bankruptcy**		
Lincare of New York, Inc.		Citation; Stipulation and Order		
Name of Business/Industry/Entity				
Lincare of New York, Inc.				

Provide explanation below: See Attachment.

Original Signature (electronic, copies or stamps not accepted)

9-29-25
Date

KabaFusion
Patient-Focused Infusion Therapy

Citation, Stipulation and Order for Lincare of New York, Inc. (Clinton)

Lincare of New York, Inc. was aquired in May 2020 and inspected by the New York Department of Health in September 2020. All findings have been corrected, and the fine was paid. A copy of the Citation, Stipulation and Order is enclosed.

CORPORATE (WEST COAST)
17777 Center Court Dr., Ste. 550, Cerritos, CA 90703
P: 800-435-3020 F: 562-860-6017

CORPORATE (EAST COAST)
80 Hayden Ave., Suite 300, Lexington, MA 02421
P: 844-777-4844 F: 781-862-2002

www.kabafusion.com

STATE OF NEW YORK : DEPARTMENT OF HEALTH

IN THE MATTER

OF

HOWARD A. ZUCKER, M.D., J.D., as Commissioner of Health of the State of New York, to determine the action to be taken with respect to:

LINCARE OF NEW YORK INC.

Respondent

as operator of

Lincare of New York Inc. - Clinton
8181 Seneca Turnpike Suite 2
Clinton New York, 13323

arising out of alleged violations of Article 36 of the Public Health Law of the State of New York and Title 10 (Health) of the Official Compilation of Codes, Rules and Regulations of the State of New York (NYCRR)

STIPULATION

AND

ORDER

WHEREAS, the New York State Department of Health (the "Department") has investigated the operations of LINCARE OF NEW YORK INC. as operator of Lincare of New York Inc. – Clinton, a Home Care Service provider relating to alleged violations of Article 36 of the Public Health Law and Part 700 of Title 10 (Health) of the Official Compilation of the Codes, Rules and Regulations of the State of New York (NYCRR), as detailed in the Department survey dated September 15, 2020; and

WHEREAS, prior to commencement of administrative enforcement action based upon the alleged violations by service of a Notice of Hearing and Statement of Charges, the Department and the Respondent engaged in settlement discussions; and

WHEREAS, the parties wish to resolve this matter by means of a settlement

instead of an administrative hearing.

NOW, THEREFORE, IT IS STIPULATED AND AGREED AS FOLLOWS:

1. This matter is settled and discontinued with prejudice. The Department shall not pursue further administrative enforcement action against the Respondent pursuant to Article 36 of the Public Health Law and Title 10 NYCRR in connection with the Department survey dated September 15, 2020 and alleged violations of 10 NYCRR §§ 765 – 2.2(b), 766.2(a)(1), 766.3(a), 766.3(b), 766.3(d), 766.4(d), 766.5(b) (3), 766.9(c), 766.9(k), 766.9(l), 766.11(d)(1), 766.11(d)(2), 766.11(d)(4), 766.11 (f)(i), 766.11(l)(1), 766.11(l)(2), 766.12(a)(1), and 766.12(c).

2. The Respondent admits to the existence of substantial evidence of violations of the regulations listed in paragraph #1 above, as detailed in the Department survey dated September 15, 2020. The foregoing admission is without prejudice to the Respondent's rights, defenses, and claims in any other matter, proceeding, action, hearing, or litigation not involving the Department or any of its boards or councils authorized by the Public Health Law, including but not limited to those involving medical malpractice, personal injury, and/or negligence that may be made in a civil action for monetary damages.

3. Pursuant to PHL §§ 12(1)(a) and 206 of the Public Health Law, the Respondent is assessed a civil penalty of Twenty-Five Thousand Five Hundred dollars ($25,500.00). Twelve Thousand Five Hundred dollars ($12,500.00) of this civil penalty will be paid to the Department within thirty (30) days after the effective date of this Stipulation and Order. Thirteen Thousand dollars ($13,000.00) of this civil penalty will be suspended for a further period of 90 days and waived upon the Respondent demonstrating compliance

with the regulatory requirements of 10 NYCRR §§ 765 – 2.2(b), 766.2(a)(1), 766.9(c), 766.9(k), 766.9(l), 766.9(o), 766.11 (d)(1), 766.11 (d)(2), 766.11 (d)(4), 766.11 (f)(i), 766.11(l)(1), 766.11(l) (2), 766.12 (a)(1), 766.12(c).

4. Payments shall be made payable by certified check to the New York State Department of Health and forwarded to the New York State Department of Health, Bureau of Accounts Management, Room 2748, Corning Tower, Empire State Plaza, Albany, New York 12237-0016. Any civil penalty not paid by the date prescribed herein shall be subject to all provisions of law relating to debt collection by the State of New York. This includes, but is not limited to, the imposition of interest, late payment charges and collection fees; referral to the New York State Department of Taxation and Finance for collection, and non-renewal of permits or licenses [Tax Law Section 171(27); State Finance Law Section 18; CPLR Section 5001; Executive Law Section 32].

5. It is further stipulated and agreed by the Respondent and the Department that there exist valid and sufficient grounds, as a matter of fact and law, for the issuance of this Stipulation and Order under the Public Health Law, and the Respondent consents to its issuance, accepts its terms and conditions and waives any right to challenge this Stipulation and Order in a proceeding pursuant to Article 78 of the Civil Practice Law and Rules or in any other action or proceeding.

6. This Stipulation and Order shall be effective upon service on the Respondent or the Respondent's attorney or representative of a copy by personal service or by certified or registered mail.

DATED: Albany , New York
February 25 , 2021

LINCARE of NEW YORK, INC.

BY: Karen Kaczmarek

Karen Kaczmarek
President

AGREED AND SO ORDERED:

DATED: Albany, New York
May 4 , 2021

NEW YORK STATE DEPARTMENT OF HEALTH

HOWARD A. ZUCKER, M.D., J.D.
Commissioner of Health

Inquiries to: Michael John Phillips, Senior Attorney
Bureau of Administrative Hearings
Phone: (518) 474 1902 – office 518 935 0533 - mobile
Email: michael.phillips@health.ny.gov

Mail Stipulation and Order to:

Michael John Phillips, Senior Attorney
New York State Department of Health
Corning Tower Building, Room 2412
Empire State Plaza
Albany, New York 12237-0029

Mail Payment to:

New York State Department of Health
Bureau of Accounts Management
Corning Tower, Room 2748
Empire State Plaza
Albany, New York 12237-0016

ADDENDUM

Lincare of NY, Inc. – Clinton			
Date of Survey	Violation	Description of Applicable Citations	Type and amount of Fine
9/15/2020	10 NYCRR §§ 765 2.2(b), 766.2(a)(1), 766.3(a), 766.3(b), 766.3(d), 766.4(d), 766.5(b) (3), 766.9(c), 766.9(k), 766.9(l), 766.11 (d) (1), 766.11 (d) (2), 766.11 (d) (4), 766.11 (f) (i), 766.11l(1), 766.11(i) (2), 766 .12 (a) (1), and 766.12(c).	Failure to maintain licensing and administrative requirements, Failure to properly administer multiple Plans of Care, Failure to maintain proper personnel records, Failure to maintain required records and reports.	PHL §§ 12(1)(a) and 206. $25,500 civil penalty. $12,500 paid within 30 Days of effective date. $13,000.00 suspended for 90 days to comply with Department administrative requirements.

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 5 & 6 . Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
04/17/2023		Virginia		
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Case No. 227504		VA Board of Pharmacy		
Reason/Charge				
Violation of Federal or State Statutes, Regulations or Rules; Fine Paid				
Plaintiff/Defendant/Claimant/Respondent		**Lawsuit/Arbitration/Bankruptcy**		
KabaFusion VA, LLC		Consent Order		
Name of Business/Industry/Entity				
KabaFusion VA, LLC				

Provide explanation below: See Attachment.

Original Signature (electronic, copies or stamps not accepted)

9-29-25
Date

KabaFusion
Patient-Focused Infusion Therapy

Regarding Disciplinary Action For
KabaFusion VA, LLC (Chesapeake)

The Virginia Board of Pharmacy inspected KabaFusion VA, LLC on March 9, 2023, and found deficiencies with the alarm system and cleanroom. The deficiency corrections and payment of monetary penalty are noted in the April 20,2023 letter from the Virginia Board of Pharmacy, copy enclosed.

CORPORATE (WEST COAST)
17777 Center Court Dr., Ste. 550, Cerritos, CA 90703
P: 800-435-3020 F: 562-860-6017

CORPORATE (EAST COAST)
80 Hayden Ave., Suite 300, Lexington, MA 02421
P: 844-777-4844 F: 781-862-2002

www.kabafusion.com

DHP – MAILROOM
APR 07 2023
Received
VA Board of Pharmacy
APR 11 2023

Virginia Board of Pharmacy
9960 Mayland Drive, Suite 300
Henrico, VA 23233
804-367-4456
804-527-4472 (Fax)
pharmbd@dhp.virginia.gov
March 11, 2023

KabaFusion VA, LLC
Permit Number: 0201002838

Notice

After an inspection conducted on March 9, 2023 at KabaFusion VA, LLC, the deficiencies identified in the inspection summary that was provided to the facility were found. Those deficiencies constitute violations of the statutes and regulations cited below:

1. ($250) Deficiency 9a: Alarm is operational but does not fully protect the prescription department; 18 VAC 110-20-180
2. ($2,000) Deficiency 32: Have clean room, but not all physical standards in compliance; § 54.1-3410.2

If you wish to contest the violations cited above and in the inspection summary that was provided to the facility, you may submit documentation for the Board's consideration within 14 days of the date of this notice. In the alternative, you may request, in writing, an informal conference to further discuss this matter before a committee of the Board within 30 days of the date of this notice. Documents for consideration or a request for an informal conference should be mailed to:

Virginia Board of Pharmacy
9960 Mayland Drive
Suite 300
Henrico, Virginia 23233

If you do not want to contest the cited violations, in lieu of proceeding to an informal conference, you may sign the Consent Order below, submit a total penalty of $2,250 by check or money order, made payable to the Treasurer of Virginia, and provide documentation of corrective action taken to remedy all of the cited violations. The Consent Order, the penalty, and documentation of corrective action should be sent in one mailing to the address provided above within 30 days of the date of this Notice.

Failure to respond to this document within thirty (30) days of the date of this Notice will result in an informal conference being scheduled to determine whether violations of the statutes and regulations of the Board of Pharmacy have occurred. A notice of the informal conference will be mailed to the attention of the facility's Pharmacist-in-Charge [or the Owner if no PIC] with the scheduled date and time. If it is determined at the conclusion of the informal conference that the pharmacy is in violation of the laws and regulations of the Board of Pharmacy, the permit holder

may be subject to disciplinary sanctions by the Board in addition to the penalty listed above. If you have any questions, please contact the Board office.

Consent Order

The Virginia Board of Pharmacy ("Board") and KabaFusion VA, LLC ("Pharmacy") enter into the following Consent Order as evidenced by the signature of the Pharmacist-in-Charge [or the Owner if no PIC] hereto. The deficiencies cited in the Notice above and the inspection summary that was provided to the facility constitute violations of the statutes and regulations as cited above in the Notice. These violations were identified during an inspection conducted on March 9, 2023

DO NOT MAKE ANY CHANGES TO THIS DOCUMENT:

Pharmacy, by affixing the signature of the Pharmacist-in-Charge (or Owner if no PIC) hereon, agrees to the following:

1. The Pharmacist-in-Charge (or Owner if no PIC) has the right to seek advice of counsel prior to signing this document;
2. The Pharmacist-in-Charge (or Owner if no PIC) acknowledges that without his consent, no legal action can be taken against the Pharmacy except pursuant to the Virginia Administrative Process Act, § 2.2-4000 *et seq.* of the Code of Virginia;
3. The Pharmacist-in-Charge (or Owner if no PIC) acknowledges that he has the following rights, among others: the right to an informal fact finding conference before the Board, the right to reasonable notice of said hearing, the right to representation by counsel, and the right to cross-examine witnesses;
4. The Pharmacist-in-Charge (or Owner if no PIC) waives all such right to an informal conference;
5. The Pharmacist-in-Charge (or Owner if no PIC) admits to the violations cited herein and waives his right to contest such violations in any subsequent proceeding before the Board;
6. The Pharmacist-in-Charge (or Owner if no PIC) consents to the entry of the following Order affecting the permit of the Pharmacy in Virginia.

WHEREFORE, on the basis of the foregoing, the Board, effective upon entry of this Order, and in lieu of further proceedings, hereby ORDERS as follows:

1. Pharmacy shall pay a monetary penalty of $2,250 to the Board within 30 days of the date of the Notice.

2. Pharmacy shall submit documentation of immediate action taken to correct all violations.

3. Any violation of the terms and conditions of this Order or of any law or regulation affecting the conduct of Pharmacy in the Commonwealth of Virginia shall constitute grounds for the suspension or revocation of the permit of Pharmacy, and an administrative proceeding shall be convened to determine whether such permit shall be suspended or revoked.

Pursuant to § 2.2-4023 and § 54.1-2400.2 of the Code of Virginia, the signed original of this Notice and Consent Order shall remain in the custody of the Department of Health Professions as public record and shall be made available for public inspection or copying upon request.

Signature of PIC or Owner — Date: 4/6/2023

John Rick Pagaduan — Printed Name of Person Signing

Director of Pharmacy — Position/Title

FOR THE BOARD:

Caroline D. Juran, Executive Director — Entered: 4/17/23

0201002838

COMMONWEALTH of VIRGINIA

Arne W. Owens
Director

Department of Health Professions
Perimeter Center
9960 Mayland Drive, Suite 300
Henrico, Virginia 23233-1463
Board of Pharmacy
804/367-4456
804-799-7906 (fax)

www.dhp.virginia.gov
PHONE (804) 367- 4400

April 20, 2023

KabaFusion VA, LLC
John Rick S. Pagaduan, Pharmacist-in-Charge
Mailed to the legal address of record
with the Board of Pharmacy

RE: Case #227504

Dear John Rick S. Pagaduan:

Enclosed please find a certified true copy of the Inspection Deficiency Notice and Consent Order that was entered by the Board on April 17, 2023. Further, this confirms receipt of the monetary penalty and the documentation indicating the corrective action taken. As all requirements have been satisfied, the case is now closed.

Sincerely,

Rose E. DeMatteo
Compliance Case Manager

Enclosure

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 5 & 6 . Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
07/29/2023		New Jersey		
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Inspection No. 8-4129-20-230		New Jersey Board of Pharmacy		
Reason/Charge				
Violation of Federal or State Statutes, Regulations or Rules; Fine Paid				
Plaintiff/Defendant/Claimant/Respondent		**Lawsuit/Arbitration/Bankruptcy**		
Medilink Homecare, Inc. DBA KabaFusion NJ		Inspection		
Name of Business/Industry/Entity				
Medilink Homecare, Inc. DBA KabaFusion NJ				

Provide explanation below: See Attachment.

Original Signature (electronic, copies or stamps not accepted)

9-29-25
Date

KabaFusion
Patient-Focused Infusion Therapy

Regarding Disciplinary Action For
Medilink Homecare, Inc. DBA KabaFusion NJ (Hammonton)

Medilink Homecare, Inc. DBA KabaFusion NJ underwent an inspection by the New Jersey Board of Pharmacy from November 17, 2021, through December 2, 2021. On July 29, 2023, the New Jersey Board of Pharmacy issued notice of its determination that KabaFusion NJ had incurred three violations and allowed the opportunity to settle the matter by agreeing to execute a Certification, paying a penalty in the amount of $750.00 and providing a letter of corrective action. KabaFusion NJ agreed to the terms and has settled this matter. Copy enclosed.

CORPORATE (WEST COAST)
17777 Center Court Dr., Ste. 550, Cerritos, CA 90703
P: 800-435-3020 F: 562-860-6017

CORPORATE (EAST COAST)
80 Hayden Ave., Suite 300, Lexington, MA 02421
P: 844-777-4844 F: 781-862-2002

www.kabafusion.com

PHILIP D. MURPHY
Governor

SHEILA Y. OLIVER
Lt. Governor

New Jersey Office of the Attorney General

Division of Consumer Affairs
Board of Pharmacy
124 Halsey Street, 6th Floor, Newark NJ 07102

MATTHEW J. PLATKIN
Attorney General

CARI FAIS
Acting Director

Mailing Address:
P.O. Box 45046
Newark, NJ 07101
(973) 504-6351

Certified Mail: [redacted]**3752**

July 29, 2023

Caitlin Acord, RPIC
Medilink Homecare, Inc., D/B/A Kabafusion NJ
463 North White Horse Pike
Hammonton, NJ 08037

Re: Inspection #8-4129-20--230
Date of Inspection: 11/17/2021 thru 12/02/2021

Dear Ms. Acord,

This letter is to advise you that the New Jersey State Board of Pharmacy has had an opportunity to review information concerning the above inspection report.

Upon review of all available information, the Board has preliminarily found that you have violated those items listed on Attachment A.

The Board has determined that it will offer you an opportunity to settle this matter and thereby avoid the initiation of further disciplinary proceedings. Should you wish to avail yourself of this opportunity, you **MUST SIGN THE ATTACHED CERTIFICATION** and agree to the following:

> **PAY A PENALTY IN THE AMOUNT OF $750.00 and PROVIDE TO THE BOARD A LETTER OF CORRECTIVE ACTION.** (To be paid immediately upon your signing of the attached acknowledgment.)

Alternatively you may waive your right to a hearing and submit a written statement or explanation to the Board. The Board will then consider your submission and render a final decision, which may include any of the terms set forth above. This disposition will be a public record. Please take notice that if the Board determines that the initial inspection findings require a re-inspection to ensure that cited deficiencies have been properly addressed, you may be subject to any costs associated with the re-inspection.

If you do not wish to settle this matter, you may request a hearing. In that event, this letter will serve as notice of the charges against you and a hearing will be scheduled before the Board. At that hearing you may, either personally or with the assistance of an attorney, submit determination concerning the charges of unlawful activity. You should be aware that in making

its final decision, the Board may, if unlawful activity has been proven, assess civil penalties in an amount greater than that herein offered in this letter. Additionally, the Board may, if the facts are found to so warrant, enter an order, requiring you to reimburse certain monies, direction you to cease and desist from engaging in unlawful acts and/or requiring you to pay costs incurred by the Board. Should you have any questions concerning this letter or the settlement offer herein, I suggest that you contact the Board at (973) 504-6450.

The enclosed Certification **MUST** be completed and returned to the Board within fifteen (15) days following your receipt of this letter. In the event that the Board receives no response from you within this time, the Board's settlement offer will be withdrawn, and the allegations contained herein shall be deemed admitted, and the Board will proceed to finally review that matter and enter an appropriate order.

NEW JERSEY STATE BOARD OF PHARMACY

By: _____
Anthony Rubinaccio, RPh
Executive Director

AR/em
(06/23)

CERTIFICATION

I, Caitlin Acord, hereby acknowledge that I have read and reviewed the Board's letter dated July 29, 2023 regarding allegations of violations of the Board's enabling act and/or regulations.

Please Check One:

[X] I acknowledge the conduct which has been charged and agree to:

1. **Cease and desist from engaging in the conduct alleged and pay a penalty in the amount of $750.00** (to be paid upon signing of this Certification).

2. **Send a Letter of Corrective Action,** as requested by the Board, with this Certification.

I am also aware that the action taken against me by the Board herein is a matter of public record, and that the Board's letter and this Certification are public documents.

[ ] I hereby waive any rights I may have to a hearing in this matter and defend myself against any charges, but ask the Board to consider my explanation before rendering its final decisions. I understand that the Board may order any of the terms specified in its letter and that the Certification are public documents.

[ ] I request a formal administrative hearing to contest the charges specified by the Board. I understand that I will be advised of the time, date and place for that hearing at another time. I am aware that I may be represented by an attorney and that at the time of the hearing I may submit to the Board testimony and documentation relevant to the charges. I understand that in making its final decision, the Board may, if unlawful activity has been proven, assess civil penalties in an amount greater than that herein offered in its letter and may order such other remedies as it may deem appropriate. I am also aware that this proceeding is a matter of public record and that the Board's letter and this Certification are public documents.

Caitlin Acord
(Signature)

Dated: 8/29/23

Caitlin Acord
(Print Name)

Ref: Caitlin Acord, RPIC
Medilink Homecare, Inc., D/B/A Kabafusion NJ
(28RS00502800)
463 North White Horse Pike
Hammonton, NJ 08037
Inspection # 8-4129-20--230

AR/em
(06/23)

ATTACHMENT A

Medilink Homecare, Inc., D/B/A Kabafusion NJ, Permit # 28RS00502800 - 463 North White Horse Pike Hammonton, NJ 08037
Pharmacist-In-Charge: Caitlin Acord
Bureau File # 8-4129-20--230, **Period:** 11/17/2021 thru 12/02/2021
Reference: Board of Pharmacy inspection activity conducted pursuant to N.J.S.A. 45:1-18 and N.J.S.A. 45:14-48(a) ll&12.

Details

CITE	DESCRIPTION	FINE
N.J.A.C. 13:39-6.7(b)	Sydney Rutter (28RW03019200) failed to have her current biennial technician registration conspicuously displayed. Ms. Rutter had it stored in her desk drawer.	$50.00
N.J.A.C. 13:39-5.8(a)(1)	The SUBJECT pharmacy failed to have satisfactory references in the following categories: General Practice of Pharmacy and Drug Interactions.	$200.00
N.J.A.C. 13:39-11.13(a)	Pharmacists failed to provide immediate personal supervision to technicians engaged in sterile compounding in the cleanroom. This Investigator observed pharmacy technicians Ashley Hill (28RW02873800) and Enrico Campanile (28RW00383600) compounding sterile preparations in the cleanroom without being under the immediate personal supervision of a pharmacist. A pharmacist was not present in the cleanroom nor was a pharmacist present in the area of the window which allows a view within the cleanroom. Ms. McCloy was asked who was responsible for supervising the technicians in the cleanroom. She replied that Tyler Nelson (28RI03370300) was the pharmacist responsible for supervising the technicians in the cleanroom. Ms. Nelson was not observed to be in the vicinity of the cleanroom. Reema Malkani (28RI03446900) was observed checking prescriptions in the dispensing area but did not have a view of the technicians compounding in the cleanroom. There was not a pharmacist physically present in the cleanroom during the duration of my visit to the SUBJECT pharmacy.	$500.00
TOTAL:		$750.00

KabaFusion
Patient-Focused Infusion Therapy

August 30, 2023

Sent Via USPS, and Via E-Mail to RubinaccioA@dca.lps.state.nj.us

New Jersey Office of the Attorney General
Division of Consumer Affairs
Board of Pharmacy
P. O. Box 45045
Newark, NJ 07101

Attention: Anthony Rubinaccio, RPh, Executive Director

RE: Medilink Homecare, Inc. DBA KabaFusion NJ (Hammonton)
FEIN: 22-3308333; NPI: 1356445845; License #: 28RS00502800
Letter of Corrective Action and Certification Statement Regarding Inspection
#8-4129-20—230, dated 11/17/2021-12/02/2021

Dear Executive Director Rubinaccio,

In response to your letter dated July 29, 2023, Medilink Homecare, Inc. DBA KabaFusion NJ has decided to sign the Certification Statement and pay the amount of $750.00. A signed statement and check are enclosed. The following corrective actions have been made:

1. N.J.A.C. 13:39-6.7(b) – Sydney Rutter is no longer an employee of Medilink Homecare, Inc. DBA KabaFusion NJ; all pharmacy technician licenses are conspicuipusly displayed at the pharmacy, See Photo #1
2. N.J.A.C. 13:39-5.8(a)(1) – References for General Practice of Pharmacy and Drug Interations are available on site: (i) Lexicomp Adult Drug Information Handbook, 30th Edition [regarding Drug Interations], and (ii) McGraw Hill Pharmacotherapy, A Pathophysiologic Approach, 11th Edition [regarding General Practice of Pharmacy], See Photo #2
3. N.J.A.C. 13:39-11.13(a)—I, Caitlin Acord, Pharm. D., BCSCP, Pharmacist in Charge, have rearranged my desk to face the cleanroom to facilitate immediate personal supervision to technicians engaged in sterile compounding, See Photo #3

If you have any questions regarding the Certification Statement or corrective actions made, you may reach out to Smita Njeru, RPh, VP Regulatory Compliance, via email at KabaFusionLicensing@KabaFusion.com.

Sincerely,

Caitlin Acord

Caitlin Acord, Pharm. D., BCSCP
Director of Pharmacy and Pharmacist in Charge

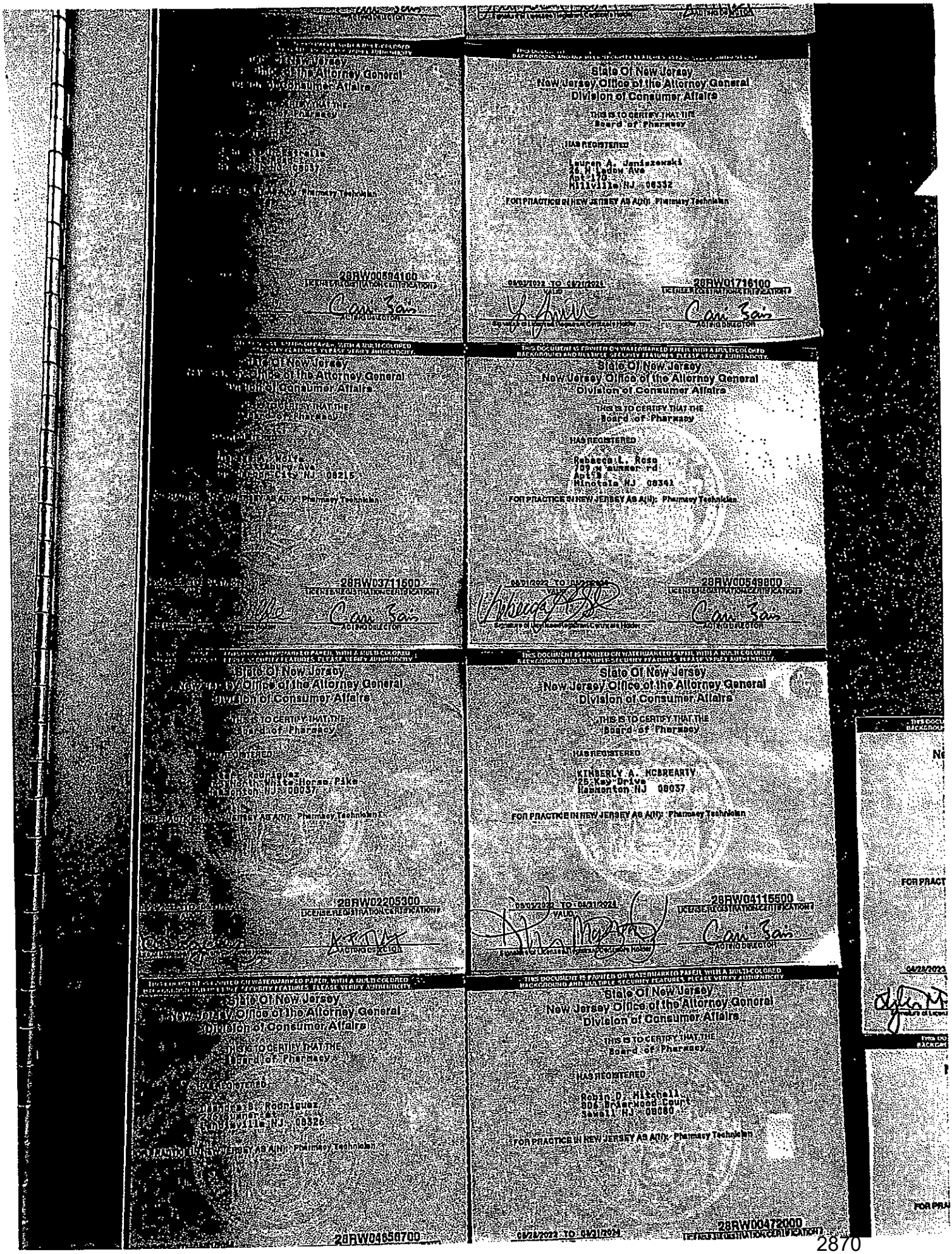
SEP 11 2023

Enclosures:
New Jersey Board of Pharmacy Letter Dated July 29, 2023
Certification Statement, signed by Pharmacist in Charge, Caitlin Acord, Pharm. D., BCSCP
Check # 0387 in the amount of $750.00
Photos #1, 2, and 3 as Evidence of Corrective Action

CORPORATE (WEST COAST)
17777 Center Court Dr., Ste. 550, Cerritos, CA 90703
P: 800-435-3020 F: 562-860-6017

CORPORATE (EAST COAST)
80 Hayden Ave., Suite 300, Lexington, MA 02421
P: 844-777-4844 F: 781-862-2002

www.kabafusion.com



State Of New Jersey
New Jersey Office of the Attorney General
Division of Consumer Affairs

THIS IS TO CERTIFY THAT THE
Board of Pharmacy

HAS REGISTERED

Lauren A. Jandzewski
26 H Landow Ave
Apt 170
Millville NJ 08332

FOR PRACTICE IN NEW JERSEY AS A(n): Pharmacy Technician

28RW01716100
LICENSE/REGISTRATION/CERTIFICATION #

Cari Sais
ACTING DIRECTOR

State Of New Jersey
New Jersey Office of the Attorney General
Division of Consumer Affairs

THIS IS TO CERTIFY THAT THE
Board of Pharmacy

HAS REGISTERED

Rebecca L. Rosa
709 Summer Rd
Apt 9 S
Hinotala NJ 08341

FOR PRACTICE IN NEW JERSEY AS A(n): Pharmacy Technician

28RW00549800
LICENSE/REGISTRATION/CERTIFICATION #

Cari Sais
ACTING DIRECTOR

State Of New Jersey
New Jersey Office of the Attorney General
Division of Consumer Affairs

THIS IS TO CERTIFY THAT THE
Board of Pharmacy

HAS REGISTERED

KIMBERLY A. MCBREARTY
25 Kay Drive
Rahnanton NJ 08037

FOR PRACTICE IN NEW JERSEY AS A(n): Pharmacy Technician

28RW04115500
LICENSE/REGISTRATION/CERTIFICATION #

Cari Sais
ACTING DIRECTOR

State Of New Jersey
New Jersey Office of the Attorney General
Division of Consumer Affairs

THIS IS TO CERTIFY THAT THE
Board of Pharmacy

HAS REGISTERED

Robin D. Mitchell
804 Briarwood Court
Sewell NJ 08080

FOR PRACTICE IN NEW JERSEY AS A(n): Pharmacy Technician

28RW00472000
LICENSE/REGISTRATION/CERTIFICATION #

Lexicomp®

Adult Drug Information Handbook

2021 - 2022

30th Edition

Wolters Kluwer

Handbook on INJECTABLE DRUGS®

20th Edition

PHARMACOTHERAPY

A Pathophysiologic Approach

ELEVENTH EDITION

DiPiro • Yee • Posey
Haines • Nolin • Ellingrod

Mc


KabaFusion
KabaFusion
RE-CHECK

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 5 & 6 **. Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
10/26/2023		New Jersey		
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Inspection No. 8-4129-23-742		New Jersey State Board of Pharmacy		
Reason/Charge				
Violation of Federal or State Statutes, Regulations or Rules; Mitigated and Removed				
Plaintiff/Defendant/Claimant/Respondent		**Lawsuit/Arbitration/Bankruptcy**		
Medilink Homecare, Inc.		Appearance, Inspection		
Name of Business/Industry/Entity				
Medilink Homecare, Inc.				

Provide explanation below: See Attachment.

Original Signature (electronic, copies or stamps not accepted)

9-29-25
Date

KabaFusion
Patient-Focused Infusion Therapy

Regarding Disciplinary Action For
Medilink Homecare, Inc. DBA KabaFusion NJ (Hammonton)

Medilink Homecare, Inc. DBA KabaFusion NJ (Permit 28RS00502800) received correspondence dated October 26, 2023, from the New Jersey Board of Pharmacy related to an inspection conducted June 26, 2023. The New Jersey Board cited two deficiencies and requested payment of a fine of $1,600.

KabaFusion NJ retained counsel in connection with this matter, which was discussed at the New Jersey Board of Pharmacy ("Board") meeting on March 27, 2024. The Board moved to mitigate and remove both citations as this was a pre-opening inspection. The motion passed 8-0; a copy of the minutes are enclosed. The Board further issued a letter dated April 4, 2024, confirming the same, copy enclosed.

CORPORATE (WEST COAST)
17777 Center Court Dr., Ste. 550, Cerritos, CA 90703
P: 800-435-3020 F: 562-860-6017

CORPORATE (EAST COAST)
80 Hayden Ave., Suite 300, Lexington, MA 02421
P: 844-777-4844 F: 781-862-2002

www.kabafusion.com

PHILIP D. MURPHY
Governor

TAHESHA L. WAY
Lt. Governor

New Jersey Office of the Attorney General

Division of Consumer Affairs
Board of Pharmacy
124 Halsey Street, 6th Floor, Newark NJ 07102

MATTHEW J. PLATKIN
Attorney General

CARI FAIS
Acting Director

Mailing Address:
P.O. Box 45013
Newark, NJ 07101
(973) 504-6450

CERTIFIED MAIL: 7020 1810 0001 5643 5687

April 4, 2024

Caitlin Acord, RPIC
Medilink Homecare, Inc., D/B/A Kabafusion NJ
129 North White Horse Pike, Unit 1
Hammonton, New Jersey 08037

Re: Inspection # 8-4129-23-742
Date of Inspection: 06/26/2023

Dear Ms. Acord,

At the March 27, 2024 meeting, the New Jersey State Board of Pharmacy, reviewed correspondence submitted requesting mitigation related to the above-referenced inspection.

The Board moved to approve your request to mitigate and remove N.J.A.C. 13:39-11.5(h) N.J.A.C. 13:39-11.23(b)(15) and N.J.A.C. 13:39- 11.13(a).

No further action is required at this matter.

NEW JERSEY STATE BOARD OF PHARMACY

By: _____
Anthony Rubinaccio, RPh
Executive Director

AR/em
(03/24)

PHILIP D. MURPHY
Governor

SHEILA Y. OLIVER
Lt. Governor

New Jersey Office of the Attorney General

Division of Consumer Affairs
Board of Pharmacy
124 Halsey Street, 6th Floor, Newark NJ 07102

MATTHEW J. PLATKIN
Attorney General

CARI FAIS
Acting Director

Mailing Address:
P.O. Box 45045
Newark, NJ 07101
(973) 504-6351

Certified Mail: 7020 1810 0001 5642 5199

October 26, 2023

Caitlin Acord, RPIC
Medilink Homecare, Inc., D/B/A Kabafusion NJ
129 North White Horse Pike, Unit 1
Hammonton, New Jersey 08037

Re: Inspection # 8-4129-23--742
Date of Inspection: 06/26/2023

Dear Ms. Acord,

This letter is to advise you that the New Jersey State Board of Pharmacy has had an opportunity to review information concerning the above inspection report.

Upon review of all available information, the Board has preliminarily found that you have violated those items listed on Attachment A.

The Board has determined that it will offer you an opportunity to settle this matter and thereby avoid the initiation of further disciplinary proceedings. Should you wish to avail yourself of this opportunity, you **MUST SIGN THE ATTACHED CERTIFICATION** and agree to the following:

PAY A PENALTY IN THE AMOUNT OF $1,600.00 and **PROVIDE TO THE BOARD A LETTER OF CORRECTIVE ACTION.** (To be paid immediately upon your signing of the attached acknowledgment).

Alternatively you may waive your right to a hearing and submit a written statement or explanation to the Board. The Board will then consider your submission and render a final decision, which may include any of the terms set forth above. This disposition will be a public record. Please take notice that if the Board determines that the initial inspection findings require a re-inspection to ensure that cited deficiencies have been properly addressed, you may be subject to any costs associated with the re-inspection.

If you do not wish to settle this matter, you may request a hearing. In that event, this letter will serve as notice of the charges against you and a hearing will be scheduled before the Board. At that hearing you may, either personally or with the assistance of an attorney, submit determination concerning the charges of unlawful activity. You should be aware that in making

its final decision, the Board may, if unlawful activity has been proven, assess civil penalties in an amount greater than that herein offered in this letter. Additionally, the Board may, if the facts are found to so warrant, enter an order, requiring you to reimburse certain monies, direction you to cease and desist from engaging in unlawful acts and/or requiring you to pay costs incurred by the Board. Should you have any questions concerning this letter or the settlement offer herein, I suggest that you contact the Board at (973) 504-6450.

The enclosed Certification MUST be completed and returned to the Board within fifteen (15) days following your receipt of this letter. In the event that the Board receives no response from you within this time, the Board's settlement offer will be withdrawn, and the allegations contained herein shall be deemed admitted, and the Board will proceed to finally review that matter and enter an appropriate order.

NEW JERSEY STATE BOARD OF PHARMACY

By: _____
Anthony Rubinaccio, RPh
Executive Director

AR/em
(09/23)

CERTIFICATION

I, Caitlin Acord, hereby acknowledge that I have read and reviewed the Board's letter dated October 26, 2023 regarding allegations of violations of the Board's enabling act and/or regulations.

Please Check One:

[ ] I acknowledge the conduct which has been charged and agree to:

1. **Cease and desist from engaging in the conduct alleged and pay a penalty in the amount of $1,600.00** (to be paid upon signing of this Certification).
2. **Send a Letter of Corrective Action,** as requested by the Board, with this Certification.
3. Return this letter with the Certification page signed and the selected box checked.

I am also aware that the action taken against me by the Board herein is a matter of public record, and that the Board's letter and this Certification are public documents.

[X] I hereby waive any rights I may have to a hearing in this matter and defend myself against any charges, but ask the Board to consider my explanation before rendering its final decisions. I understand that the Board may order any of the terms specified in its letter and that the Certification are public documents.

[ ] I request a formal administrative hearing to contest the charges specified by the Board. I understand that I will be advised of the time, date and place for that hearing at another time. I am aware that I may be represented by an attorney and that at the time of the hearing I may submit to the Board testimony and documentation relevant to the charges. I understand that in making its final decision, the Board may, if unlawful activity has been proven, assess civil penalties in an amount greater than that herein offered in its letter and may order such other remedies as it may deem appropriate. I am also aware that this proceeding is a matter of public record and that the Board's letter and this Certification are public documents.

Caitlin Acord
(Signature)

Caitlin Acord
(Print Name)

Dated: 11/16/23

Ref: Caitlin Acord, RPIC
Medilink Homecare, Inc., D/B/A Kabafusion NJ
(28RS00502800)
490 Broadway
Bayonne, New Jersey 07002
Inspection # 8-4129-23--742

AR/em
(09/23)

ATTACHMENT A
Medilink Homecare, Inc., D/B/A Kabafusion NJ, Permit # 28RS00502800 – 129 North White Horse Pike, Unit 1 Hammonton, New Jersey 08037 - **Pharmacist-In-Charge:** Caitlin Acord
Bureau File # 8-4129-23--742, **Period:** 06/26/2023
Reference: Board of Pharmacy inspection conducted per N.J.S.A. 45:1-18, and an assignment dated May 16, 2023, from Tony H. Qi, Supervising Investigator, Enforcement Bureau, requesting an inspection of the SUBJECT pharmacy in connection with an application for a CHANGE OF LOCATION.

Details

CITE	DESCRIPTION	FINE
N.J.A.C. 13:39-11.5(h)	Ceiling light fixtures in the ante area were not air tight. Gaps were observed between the light fixtures and the ceiling. Ms. Acord and Ms. McCloy were informed that the gaps between the light fixtures and ceiling had to be sealed so that microorganisms and other contaminants could not accumulate in the spaces. They verbalized an understanding of such.	$1,000.00
	Ms. Acord notified this Investigator, via email, on June 26, 2023, that the gaps between the light fixtures and ceiling had been remediated. They had been sealed so that microorganisms and other contaminants could not accumulate in the spaces.	
N.J.A.C. 13:39-11.23(b)(15) N.J.A.C. 13:39- 11.13(a)	Policies and procedures pertaining to supervision of personnel engaged in compounding sterile preparations by a pharmacist were vague. The supervising pharmacist was responsible to "provide direct supervision for dispensing and preparing medication". The policies and procedures failed to address that a pharmacist be physically present in the cleanroom to provide immediate personal supervision to pharmacy technicians engaged in compounding sterile preparations. Please note that on the occasion of this inspection activity, this Investigator did not observe any compounding taking place. The Pharmacist-In-Charge verbalized that a very low volume of compounding occurred on Mondays.	$100.00 $500.00
TOTAL:		$1,600.00

PHILIP D. MURPHY
Governor

TAHESHA L. WAY
Lt. Governor

New Jersey Office of the Attorney General

Division of Consumer Affairs
Board of Pharmacy
124 Halsey Street, 6th Floor, Newark NJ 07102

MATTHEW J. PLATKIN
ATTORNEY GENERAL

CARI FAIS
ACTING DIRECTOR

MAILING ADDRESS:
P.O. BOX 45013
NEWARK, NJ 07101
(973) 504-6450

BOARD OF PHARMACY
PUBLIC SESSION MINUTES
MARCH 27, 2024

I. CALL TO ORDER

The Public Session of the New Jersey Board of Pharmacy was called to order by the Board President, Mitch Sobel on March 27, 2024 at 9:04 a.m. The meeting was not held at 124 Halsey Street, Newark, NJ, but remotely by Zoom meetings. All members were duly notified of the time, place and all pertinent materials were provided to the members.

II. SUNSHINE LAW ANNOUNCEMENT

President Mitch Sobel read a statement that in compliance with the Open Public Meetings Act, the requirements for the notice of this meeting were transmitted by mail and by e-mail to the Secretary of State, the Atlantic City Press, the Courier-Post and the Trenton Times, in the Board's written annual notice of its meeting schedule, all on the 28th day of December, 2023 and by posting electronic notice of the meeting on the Board's website on the 20th day of March, 2024. The meeting is being held virtually as permitted by the OPMA and is scheduled to begin at 9:00 am. Formal action may be taken at the meeting. Any member of the public wishing to attend the public session of this meeting may do so by clicking the link provided on the Board of Pharmacy website.

III. ROLL CALL

Mitch Sobel, R.Ph.	President
Jabeen Ahmed, R.Ph.	Vice President – Excused absence
Eileen Kean, ESQ	
John Colaizzi, R.Ph	
Trushar Sheth, R.Ph.	
Craig Leivent, R.Ph.	
Stephen Lieberman, R.Ph.	Excused absence
William O'Connor Jr., ESQ	
Jeffrey Sinko R.Ph.	
Linda Witzal, R.Ph.	

OTHERS IN ATTENDANCE

Anthony Rubinaccio, R.Ph.	Executive Director
Jodi Krugman	Deputy Attorney General
Siobhan Krier	Deputy Attorney General
Nishi Begum	Board Staff
Jennifer Wasiewicz	Board Staff

IV. UPDATES BY EXECUTIVE DIRECTOR

Board Report

For the month of **February,** the Board:

- Registered **290** pharmacy technicians
- Licensed **40** pharmacists
- Licensed **3** interns
- Issued permits to **7** in-state pharmacies, and **12** out-of-state pharmacies
- Issued Immunization Approval to **18** pharmacists
- Issued Immunization Approval to **0** Intern
- Issued Immunization Approval to **16** Pharmacy Technicians

As of **03/25/2024**: a total of *677* **pharmacies** are participating in the Narcan365 Pilot Program. This number includes:

- *249* Independent pharmacies ***(increase in the number of participating pharmacies)***
- **22** Acme and **25** Sav-On pharmacies *(owned by Albertsons)*
- *72* Rite Aid ***(decrease in number of pharmacies due to store closures)***
- *96* Shoprite ***(increase in the number of participating pharmacies)***
- **61** Walmart
- *7* Sam's Club
- **34** Stop & Shop
- **61** Walgreens
- **12** Genoa Healthcare
- **9** Wegmans
- **29** CVS

A total of **78,202** prescriptions for naloxone have been dispensed anonymously through this pilot program.

Please be aware that all Pharmacy Technicians currently approved to immunize have had their expiration dates extended until May 31, 2024. An alert has been placed on the Board's homepage with this information and the website license verification function can be used to confirm this extension for an individual. Permit holders are reminded to ensure those individuals also have an "active" pharmacy technician registration in place.

During the state of emergency resulting from the COVID-19 pandemic, pharmacists may fill prescriptions written by Advanced Practice Nurses (APNs), to include prescriptions that do not include the name of a collaborating physician. Pursuant to Governor Murphy's Executive Order 112 and pursuant to the Division of Consumer Affairs' Administrative Order 2020-02 , statutory and regulatory requirements that would otherwise mandate that an APN maintain a joint protocol with a collaborating physician, and that the collaborating physician's name, address and telephone number be included on prescriptions written by the APN, have been waived. Although the public health emergency originally declared in Executive Order 112 has ended, the state of emergency remains in effect. Additionally, pursuant to Executive Order 292, the cited provisions of both EO 112 and AO 2020-02 remain in full force and effect presently.

The Board offered congratulations to Board President Mitch Sobel on winning the Beverly Wilt Service Award. The nominee must be an active member of NJSHP with at

least 10 years of membership and embodies the following core values:

- Practice Excellence – Nominee demonstrates sustained active involvement in the promotion, progression, and implementation of pharmaceutical care programs, missions, initiatives, and performance improvement at his/her professional practice site;
- Organizational involvement – Nominee has participated in some area of NJSHP leadership or government affairs representation such as: State Board Officer, Chapter Officer, NJSHP Delegate of AHSP, or any sustained participation with appointed or elected NJSHP position(s)
- Professional contributions - Nominee has demonstrated active professional and educational contributions such as: participation with academia, professional presentations, teaching, mentorship, and community outreach.

Mr. Sobel is a role model for advancing the profession through practice excellence.

V. OLD BUSINESS

1) **Public Orders Filed**
   a) **Christine McLaughlin** – 28RW00961900 – Summary Order of Suspension filed 2/5/2024
   b) **Kayla Fentress** – 28RW02787400 - Summary Order of Suspension filed 2/5/2024
   c) **Amanda Cudd** – 28RW02032800 – Summary Order of Suspension filed 2/5/2024
   d) **Christine Chai** – 28RI03236100 - Summary Order of Suspension filed 2/5/2024

VI. NEW BUSINESS

1) **Donna Feudo** - Request for a reasonable accommodation

Donna Feudo was present to represent this request.

Trushar Sheth moved, seconded by Craig Leivent to table this item until the Board is in receipt of a waiver request submitted by the preceptor seeking the waiver. Mitch Sobel was recused due to a business affiliation. **Motion passed 7-0-1.**

The Board authorized Vice President Jabeen Ahmed to handle this matter in the event the waiver request is not submitted by the time of the April 24, 2024 Board meeting.

2) **Hongzhuo Lin – 2783775** – requesting waiver – NAPLEX score is over 5 years old

Mitch Sobel moved, seconded by John Colaizzi to grant the waiver of N.J.A.C.13:39-2.2(c) and allow the NAPLEX score to be transfer beyond the

period of 5 years. Jeffrey Sinko was recused due to affiliation with CVS. **Motion passed 7-0-1**

3) **John Magdy Tanyous - 2684435** –Pharmacist application – request to retake NAPLEX for 6th attempt

Eileen Kean moved, seconded by Trushar Sheth to grant the request allowing the applicant to retake the NAPLEX examination for the 6th attempt. John Colaizzi was recused due to affiliation with Walgreens. **Motion passed 7-0-1.**

4) **Alpeshkumar Parmar - 2781622-** Pharmacist application – review of application and work history

Mitch Sobel moved, seconded by Trushar Sheth to require the completion of a full internship. Upon completion of the internship, applicant may proceed to take the MPJE and NAPLEX examinations. Jeffrey Sinko and Eileen Kean were opposed. **Motion passed 6-2.**

5) **Peter Abraham – 2792399** – Pharmacist application – review of application and work history

This item has been moved to the Executive Session.

6) **Arti Maher – 2793612** – Pharmacist reciprocity application – review of application (Jeffrey Sinko recused)

This item was tabled to request a detailed CV and current practice standards.

7) **Thomas Alan Corwin – 2797603 -** Pharmacist reciprocity application with discipline

Mitch Sobel moved, seconded by John Colaizzi to allow the reciprocity application to proceed. **Motion passed 8-0.**

8) **Georgina A. Hanna-Ghattas - 28RI03269200 -** Pharmacist reactivation application – review of work history

This item was tabled to request a detailed CV and work history since last practice of pharmacy.

9) **Jude L. Pierre-Louis - 28RI02007100** – Pharmacist reinstatement application – review of work history (John Colaizzi recused)

Linda Witzal moved, seconded by Jeffrey Sinko to reinstate the license upon successful passing of the MPJE examination. John Colaizzi was recused due to affiliation with Walgreens. **Motion passed 7-0-1.**

10) **Patricia Anne Carta - 28RI02488700** – Pharmacist reinstatement application – review of work history

Linda Witzal moved, seconded by Trushar Sheth to allow to reinstate upon completion of 500 internship hours and successfully passing the MPJE examination. **Motion passed 8-0.**

11) **Anna Rose LaSala - 28RW04590400** – response to Provisional Order of Discipline (John Colaizzi recused)

Linda Witzal moved, seconded by Trushar Sheth to finalize the POD with modification to remove the suspension but to impose the $250 fine for failure to respond. John Colaizzi was recused due to affiliation with Walgreens. **Motion passed 7-0-1.**

12) **Jason Hernandez - 28RW04363400** - response to Provisional Order of Discipline (John Colaizzi recused)

Mitch Sobel moved, seconded by Trushar Sheth to finalize the POD with modification to remove the suspension but to impose the $250 fine for failure to respond. John Colaizzi was recused due to affiliation with Walgreens. **Motion passed 7-0-1.**

13) **Encompass Health Rehab. Hosp. of Vineland - 28RS00682900** - requesting a waiver of N.J.A.C 13:39-5.3

Mitch Sobel moved, seconded by Jeffrey Sinko to deny the request for the waiver of N.J.A.C. 13:39-5.3 due to lack of information. **Motion passed 8-0.**

14) **Ahoy Drugs, LLC – 2795713** - Out of State pharmacy application – review of inspection report

Trushar Sheth moved, seconded by Linda Witzal to request a corrective action plan. If the corrective action plan is acceptable, approve the application. **Motion passed 8-0.**

VII. MITIGATION REQUEST

1. **First Aid Rx – 28RS00748200**

Linda Witzal moved, seconded by Mitch Sobel to move into executive session at 11:00 a.m. for advice of counsel. **Motion passed 8-0.**

The Board returned to the Public Session at 11:15 a.m.

Mitch Sobel moved, seconded by Linda Witzal to deny the mitigation request for the following citations and also to refer this matter to Rules and Regulation for consideration of rule making. **Motion passed 7-0.**

- N.J.A.C. 13:39-4.15
- N.J.A.C.13:39-5.11(a)
- N.J.A.C. 13:39-4.10(b)
- N.J.A.C. 13:39-6.15(d)

John Colaizzi moved, seconded by Jeffrey Sinko to mitigate and remove N.J.A.C. 13:39-4.10(b). **Motion passed 8-0.**

Eileen Kean left the meeting at 10:45 a.m. and returned at 11:21 a.m.

2. **Lyons Pharmacy – 28RS00751500**

Trushar Sheth moved, seconded by Jeffrey Sinko to mitigate and remove the fine of $4,500 for in violation of N.J.A.C. 13:39-4.21(i) and N.J.A.C. 13:39-7.22 and to deny all other mitigation requests as they were corrective in nature. The request to remove violations for temperature monitoring was considered because electronic logs with alarms were present in the pharmacy but the pharmacist was unaware of the electronic monitor so the citation was issued for paper monitoring. **Motion passed 8-0.**

3. **Medilink Homecare, Inc., DBA Kabafusion NJ - 28RS00502800**

John Colaizzi moved, seconded by Trushar Sheth to mitigate and remove both citations as this is a pre-opening inspection. **Motion passed 8-0.**

4. **St. Barnabas Health Behavioral Health Center - 28RS00469900**

Henry Leach and Kim Walsh were present to represent the pharmacy.

Chair direct: Request proof of electronic recording for temperature logs related to N.J.A.C. 13:39-5.11(a)(1) between January - September 2023.

5. **Walgreens Pharmacy Dept. # 12441 - 28RS00727400** (John Colaizzi recused)

Mitch Sobel moved, seconded by Linda Witzal to mitigate and remove the fine of $200 fine for in violation of N.J.A.C. 13:39-5.8(a)(1) and to deny all other mitigation requests as they were corrective in nature. John Colaizzi was recused due to affiliation with Walgreens. **Motion passed 8-0.**

2023 Pharmacist Renewal – Continuing Education Credits UPL – Mitigations:

6. **Devang Pandit - 28RI03259500**

Mitch Sobel moved, seconded by Trushar Sheth to deny the mitigation request and to maintain the $2,300 fine. **Motion passed 8-0.**

7. **Joshua Suri - 28RI01746300**

Mitch Sobel moved, seconded by William O'Connor Jr. to deny the mitigation request and to maintain the $3,000 fine. **Motion passed 8-0.**

8. **Robert Annicharico - 28RI02364600**

Chair Direct: Table this item to request individual certificates of completion for each CE course or supply the Board with a CPE Monitor report for these completed Florida credits.

VIII. INFORMATIONAL

1. **NABP Memo** – NABP Treasurer Candidate

The Board took this as informational.

2. **NABP Memo** – Well Being Index - February

The Board took this as informational.

3. **NABP Memo** – DEA Supply Chain Conference

The Board took this as informational.

4. **NABP Memo** - Submissions for 2024-2025 Committees and Task Forces

The Board took this as informational.

IX. COMMITTEE REPORTS

N/A

X. APPROVAL OF MINUTES

Public Session minutes for February 28, 2024

Trushar Sheth moved, seconded by Linda Witzal to accept the minutes as submitted. **Motion passed 8-0.**

XI. ADJOURNMENT

Trushar Sheth moved, seconded by Eileen Kean to go into Executive Session pursuant to

N.J.S.A.10:4-12(b) at 12:45 p.m. to discuss matters under investigation, applications containing confidential materials, disciplinary matters pending before the Board and matters requiring advice of counsel. The substance of these matters shall remain confidential until disclosure is permitted by law. Board action arising from such discussions will be made public at such time as official action is taken on these matters, if permitted by law. **Motion passed 8-0.**

Jeffrey Sinko moved, seconded by John Colaizzi to adjourn the Public Session at 12:24 p.m. **Motion passed 8-0.**

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 8. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
01/09/2023		New York		

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court
License No. 9338L001	New York State Department of Health

Reason/Charge
License Denial; Later Approved

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy
Lincare of New York, Inc.	Order

Name of Business/Industry/Entity
Lincare of New York, Inc.

Provide explanation below: See Attachment.

Original Signature (electronic, copies or stamps not accepted)

9-29-25
Date

KabaFusion
Patient-Focused Infusion Therapy

Licensure Denial for Additional Location of Lincare of New York, Inc. (Newburgh)

Lincare of New York, Inc. (a KabaFusion company) submitted an application for an additional location in Newburgh to be added to its master license to expand its operations within the state of New York. In a letter dated 1/09/2023, the New York Department of Health initially denied the additional location in Newburgh due to a review that was being conducted regarding another separate location of Lincare of New York, Inc.

After further follow up between Lincare of New York, Inc. and the New York Department of Health, a letter dated 3/23/2023 confirmed that the Newburgh location was successfully added to the master license with a retroactive effective date of 8/29/2022.

A copy of the referenced letters and the license that was issued are enclosed.

CORPORATE (WEST COAST)
17777 Center Court Dr., Ste. 550, Cerritos, CA 90703
P: 800-435-3020 F: 562-860-6017

CORPORATE (EAST COAST)
80 Hayden Ave., Suite 300, Lexington, MA 02421
P: 844-777-4844 F: 781-862-2002

www.KabaFusion.com

NEW YORK STATE OF OPPORTUNITY | Department of Health

KATHY HOCHUL
Governor

JAMES V. McDONALD, M.D., M.P.H.
Acting Commissioner

MEGAN E. BALDWIN
Acting Executive Deputy Commissioner

01/09/2023

Lincare of New York, Inc.
Karen Kaczmarek, President
57 Karner Road, Suite B
Albany, New York, 12205

Re: Agency Name: Lincare of New York, Inc.
License Number: 9338L001
Type of Request- Denial

Dear Karen Kaczmarek:

Please be advised that your request for an additional site is denied at this time based on a review conducted by the Department. The following were identified as factors in the denial determination:

Surveillance history including results of the re-licensure survey conducted on 7/20/2020, 6/07/2021 and enforcement action.

If you require any interpretation of this report, please do not hesitate to contact our office at (212) 417-4921.

Sincerely,

Mikhail Pankov
Regional Program Manager
Office of Aging and Long-Term Care
Home and Community Based Services
Metropolitan Area Regional Office
jv

cc: Bureau of Home Care Licensure and Certification

NEW YORK STATE OF OPPORTUNITY. | Department of Health

KATHY HOCHUL
Governor

JAMES V. McDONALD, M.D., M.P.H.
Acting Commissioner

MEGAN E. BALDWIN
Acting Executive Deputy Commissioner

03/23/2023

Lincare of New York, Inc.
Karen Kaczmarek, President
57 Karner Road
Albany, NY 12205

Re: Agency Name: Lincare of New York, Inc.
License Number: 9338L005
Request for Additional Site

Dear Karen Kaczmarek:

Please be advised that based on your request, a transaction notice has been forwarded to the Bureau of Home Care Licensure and Certification.

Approval is granted, effective August 29th 2022, to add an additional site at 356 Meadow Avenue, Suite 203, Newburgh, New York, 12550 to provide Nursing, Infusion Services, Medical Supplies Equipment and Appliances in Dutchess, Orange, Putnam, Rockland, Sullivan, Ulster, and Westchester counties. Pending receipt of a license, this letter authorizes your agency to provide the services as listed above in the counties as listed above at the new site location.

Please note that a separate Health Commerce System (HCS) account is required for this new site location. Please call 518-408-1638 for assistance in establishing the HCS account.

If you require any interpretation of this report, please do not hesitate to contact our office at (212) 417-4921.

Sincerely,

Jeaneva Orgill, LMSW
Health Systems Specialist 3
Office of Aging and Long-Term Care
Home and Community Based Services
Metropolitan Area Regional Office
jv

cc: Bureau of Home Care Licensure and Certification

Facility Id. 15440
License No. 9338L006

State of New York
Department of Health
Office of Aging and Long Term Care

LICENSE

Effective Date: 08/29/2022
Expiration Date: NONE

Licensed Home Care Services Agency

Lincare of New York Inc
356 Meadow Avenue Suite 203
Newburgh, New York 12550
Orange County

Operator: Lincare Of New York, Inc.
Operator Class: Proprietary Business Corporation
Operator Address: 57 Karner Road
Albany, New York 12205

Has been granted this License pursuant to Article 36 of the Public Health Law for the service(s) specified.

Medical Supplies Equipment and Appliances — Nursing

Geographic Service Area Counties Served - 7

Dutchess	Orange	Putnam	Rockland	Sullivan
Ulster	Westchester			

20230721

Deputy Commissioner, Office of Aging and Long Term Care

This license must be conspicuously displayed on the premises.

Commissioner

2892

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 6 Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
03/27/2024		Connecticut		
Case # Massachusetts Board of Pharmacy Meeting Agenda dated 03/27/2024 and Minutes		**Governing, licensing, Arresting Presiding Body/Agency/Court** Connecticut Commission of Pharmacy		
Reason/Charge Appearance Regarding Request to add Sterile Compounding				
Plaintiff/Defendant/Claimant/Respondent KabaFusion, Inc.		**Lawsuit/Arbitration/Bankruptcy** Appearance		
Name of Business/Industry/Entity KabaFusion, Inc.				

Provide explanation below: See Attachment.

Original Signature (electronic, copies or stamps not accepted)

9-29-25
Date

KabaFusion
Patient-Focused Infusion Therapy

Regarding Appearance Before the Connecticut Board of Pharmacy For KabaFusion, Inc. (Shrewsbury)

On March 27, 2024, KabaFusion, Inc., appeared to discuss it's change of licensure type regarding sterile compounding. Copies of the minutes are attached.

CORPORATE (WEST COAST)
17777 Center Court Dr., Ste. 550, Cerritos, CA 90703
P: 800-435-3020 F: 562-860-6017

CORPORATE (EAST COAST)
80 Hayden Ave., Suite 300, Lexington, MA 02421
P: 844-777-4844 F: 781-862-2002

www.kabafusion.com

Commission of Pharmacy Meeting Agenda

March 27, 2024

10:00 a.m. **Meeting Called to Order**

10:10 a.m. **Request (s) for Continuing Education Program Approval**

Health Assistance Intervention Education Network in Connecticut
Mariella LaRosa, Chief Executive Officer of HAVEN
1.0 CEU Live
March 27, 2024, 8:30 – 9:30 a.m. Presentation 450 Columbus Blvd., Hartford

New Pharmacy Application (s)

CVS Pharmacy #17910
7 Backus Avenue
Danbury, CT 06810
Aaron Wang, Pharmacy Manager

Fair Haven Community Health Care dba Grand Pharmacy
111 Grand Avenue
New Haven, CT 06513
Dave Manan, Pharmacy Manager

Belltown Pharmacy Corp
39 Belltown Road
Avon, CT 06001
Waseem Sarwar, Pharmacy Manager

Newtown Health Pharmacy
255 S. Main Street
Newtown, CT 06470
Linda Doyon, Pharmacy Manager

Pharmacy Relocation (s)

Genoa Healthcare LLC
From:
883 Paddock Avenue
Meriden, CT 06450
Matthew Jenings, Pharmacy Manager

Genoa Healthcare LLC
To:
883 Paddock Avenue, Suite S131
Meriden, CT 06450

Pharmacy Remodel (s)

BIG Y Pharmacy #56
1 Kent Road
New Milford, CT 06776
Nicole Lefevre, Representative

CVS Pharmacy #294
177 Columbus Blvd.
New Britain, CT 06051
Ana Gomes, Representative

CVS Pharmacy #1153
1875 Boston Avenue
Bridgeport, CT 06610
Pralok Trivedi, Representative

Mohegan Pharmacy
67 Sandy Desert Road
Uncasville, CT 06382
Khristine Lariviere, Pharmacy Manager

Nutmeg Pharmacy
23 Killingworth Road
Higganum, CT 06441
Gregory McKenna, Pharmacy Manager

MPJE Law Exam Request (s)

Mahmoud Hanaif

CE Waiver Request (s)

Ambimbola Aladesuru

Hinali Amin

Mergima Al Arnaout

Annie Krawiec

Shirley Lai

David Lavimoniere

Kim V Nguyen

Megan Porta

Tayyaba Saeed

'First Time' Pharmacy Manager(s)

Jennifer Cabral
CVS Pharmacy – Gales Ferry

Adam D Dinitto
Greenville Drug – Norwich

Nataly Domitrz
Walgreens Pharmacy – Cromwell

Abdelrahman Hassaan
Seven Pharmacy – Norwalk

Mahria J Ibanez
CVS Pharmacy – Wilton

Michael A Mastroianni
Stolls Pharmacy – Waterbury

Andrea Reid
Big Y Pharmacy #34 – Mansfield

Camila Gonzalez-Ribadeneira
Walgreens Pharmacy – Glastonbury

Reciprocity Interview Candidate(s)

Sohee Ahn
Reciprocity from California

Daisy O Antwi
Reciprocity from Texas

Jennifer G Cabral
Reciprocity from Massachusetts

Samantha W Debiasio
Reciprocity from Massachusetts

Adam D Dinitto
Reciprocity from Rhode Island

Katrina N Jeanneau
Reciprocity from Alabama

Ruchira M Kasbekar
Reciprocity from New Jersey

Jasmine S Lee
Reciprocity from Maryland

Reciprocity Interview Candidate(s) Cont.

Jennie L McNellis
Reciprocity from Missouri

Beatrice H Menjor
Reciprocity from Georgia

Wycliffe Mugoya
Reciprocity from New Jersey

Mike Obeng
Reciprocity from Indiana

Vidhi H Patel
Reciprocity from Missouri

Christina Patlias
Reciprocity from New York

Ileana Pohner
Reciprocity from Massachusetts

Shannon S Ramdeen
Reciprocity from New York

Moqadam S Rhamatzada
Reciprocity from New York

Jared D Stratman
Reciprocity from Indiana

Magdaline D Victorin
Reciprocity from Florida

Kelsea S Woolfolk
Reciprocity from Tennessee

Philip Lin Yaun
Reciprocity from Indiana

Request(s) for Non-Resident Pharmacy Approval

Bayviro Pharmacy LLC – Tampa, FL

Innovative RX LLC – Nobelsville, NC

NPS Pharmacy Direct – Nashville, TN

Request(s) for Non-Resident Pharmacy Approval Cont.

Formulation Compounding Center dba Pharma Labs LLC – Lewisville, TX

Pharmalogic Colorado LLC – Aurora, CO

Pharmalogic New York City LLC – Bronx, NY

Tremont RX Pharmacy dba Best Pharmacy – Bronx, NY

Undefined Pharmacy LLC – Warren, NJ

WP Pharma Labs INC – Dallas, TX

Request (s) Increase Pharmacy Technician Ratio

Cardinal Health Nuclear & Precision Health Solutions
Request to Increase Pharmacy Technician Ratio
Locations: East Hartford and Stamford CT
Joshua Pruitt, Pharmacy Manager
Anthony Colangelo, Pharmacy Area Manager

Request(s) for Non-Resident Sterile Compounding Services

Kabafusion INC – Shrewsbury, MA
Request to Add Sterile Compounding Services

Approval to Accept Commission of Pharmacy Meeting Minute(s)

January 31, 2024

STATE OF CONNECTICUT
DEPARTMENT OF CONSUMER PROTECTION
COMMISSION OF PHARMACY
March 27, 2024

10:00 a.m. The regular meeting of the Commission of Pharmacy was called to order by Commissioner DeFazio. The meeting was conducted by physical attendance and virtually on TEAMS.

Commissioners Present: Angelo DeFazio, Chairperson

Richard Carbray
Debbie Chisolm
Mary Inguanti
Ann Taylor
Kristin Linder

Staff Present: Gina Samples, Board Administrator

Request (s) for Continuing Education Program Approval

Health Assistance Intervention Education Network in Connecticut
Marinella LaRosa, Chief Executive Officer of HAVEN
1.0 CEU Live Law / March 27, 2023

Commission Action: Commissioner DeFazio moved, seconded by Commissioner Inguanti and passed by a vote of 6-0 to approve the continuing education program credit.

New Pharmacy Application (s)

CVS Pharmacy #17910
7 Backus Avenue
Danbury, CT 06810
Aaron Wang, Pharmacy Manager

Commission Action: Commissioner DeFazio moved, seconded by Commissioner Taylor and passed by a vote of 6-0, to approve the above request represented by Robert George for a new pharmacy premise provided all the requirements set forth in the Connecticut Pharmacy and Drug Laws as enforced by the Commission of Pharmacy are met.

New Pharmacy Application (s) Cont.

Fair Haven Community Health Care dba Grand Pharmacy
111 Grand Avenue
New Haven, CT 06513
Dave Manan, Pharmacy Manager

Commission Action: Commissioner DeFazio moved, seconded by Commissioner Taylor and passed by a vote of 6-0, to approve the above request for a new pharmacy premise provided all the requirements set forth in the Connecticut Pharmacy and Drug Laws as enforced by the Commission of Pharmacy are met.

Belltown Pharmacy Corp
39 Belltown Road
Stamford, CT 06905
Waseem Sarwar, Pharmacy Manager

Commission Action: Commissioner Chisolm moved, seconded by Commissioner Taylor, and passed by a vote of 6-0, to approve the above request for a new pharmacy premise provided all the requirements set forth in the Connecticut Pharmacy and Drug Laws as enforced by the Commission of Pharmacy are met.

Newtown Health Pharmacy
255 S. Main Street
Newtown, CT 06470
Linda Doyon, Pharmacy Manager

Commission Action: Commissioner DeFazio moved, seconded by Commissioner Inguanti and passed by a vote of 6-0, to approve the above request for a new pharmacy premise provided all the requirements set forth in the Connecticut Pharmacy and Drug Laws as enforced by the Commission of Pharmacy are met.

Pharmacy Relocation (s)

Genoa Healthcare LLC
From:
883 Paddock Avenue
Meriden, CT 06450

Genoa Healthcare LLC
To:
883 Paddock Avenue, Suite S131
Meriden, CT 06450

Matthew Jenings, Pharmacy Manager

Commission Action: Commissioner DeFazio moved, seconded by Commissioner Taylor the above relocation request, passed by a vote of 6-0 to and provided all the requirements set forth in the Connecticut Pharmacy and Drug Laws as enforced by the Commission of Pharmacy are met.

Pharmacy Remodel (s)

Big Y Pharmacy, #56
1 Kent Road
New Milford, CT 06776
Nicole Lefevre, Representative

Commission Action: Commissioner DeFazio moved, seconded by Commissioner Taylor to approve the above remodel request passed, by a vote of 6-0 to and provided all the requirements set forth in the Connecticut Pharmacy and Drug Laws as enforced by the Commission of Pharmacy are met.

CVS Pharmacy #294
177 Columbus Blvd.
New Britain, CT 06051
Ana Gomes, Representative

Commission Action: Commissioner Chisolm moved, seconded by Commissioner Taylor to approve the above remodel request passed, by a vote of 6-0 to and provided all the requirements set forth in the Connecticut Pharmacy and Drug Laws as enforced by the Commission of Pharmacy are met.

CVS Pharmacy #1153
1875 Boston Avenue
Bridgeport, CT 06110
Pralok Trivedi, Representative

Commission Action: Commissioner Chisolm moved, seconded by Commissioner Taylor to approve the above remodel request passed, by a vote of 6-0 to and provided all the requirements set forth in the Connecticut Pharmacy and Drug Laws as enforced by the Commission of Pharmacy are met.

Mohegan Pharmacy
67 Sandy Desert Road
Uncasville, CT 06382
Khristine Lariviere, Pharmacy Manager

Commission Action: Commissioner Chisolm moved, seconded by Commissioner Taylor the above remodel request passed, by a vote of 6-0 to and provided all the requirements set forth in the Connecticut Pharmacy and Drug Laws as enforced by the Commission of Pharmacy are met.

Pharmacy Remodel (s) Cont.

Nutmeg Pharmacy
23 Killingworth Road
Higganum, CT 06441
Gregory McKenna, Pharmacy Manager

Commission Action: Commissioner DeFazio tabled the matter to next months meeting, as no representative attended for pharmacy remodel request.

MPJE Law Exam Request (s)

Mahmoud Hanif requested a final attempt to take the MPJE Law Exam

Commission Action: Commissioner DeFazio motion to accept, Commissioner Chisolm moved and seconded by Commissioner Inguanti passed by a vote of 6-0 to accept.

CE Waiver Request (s)

Ambimbola Aladesuru upon the 2024 pharmacist license renewal a CE Waiver extension was requested. Ms. Aladesuru did not complete the continuing education requirement for the 2023 calendar year.

Commission Action: Commissioner DeFazio moved, seconded by Commissioner Taylor and passed by a vote of 6-0 to grant an extension to complete continuing education requirements that are missing in the 2023 calendar year to be in compliance for the 2024 license renewal. If the CE credits are not completed a case will be opened with the Drug Control Division and needs to be verified by the Commission of Pharmacy continuing education has been completed by May 1, 2024.

Hinali Amin upon the 2024 pharmacist license renewal a CE Waiver extension was requested. Ms. Amin did not complete continuing education requirements for the 2022 and 2023 calendar year(s).

Commission Action: Commissioner DeFazio moved, seconded by Commissioner Inguanti and passed by a vote of 6-0 to grant an extension to complete continuing education requirements that are missing in the 2023 calendar year to be in compliance for the 2024 license renewal. If the CE credits are not completed a case will be opened with the Drug Control Division and needs to be verified by the Commission of Pharmacy continuing education has been completed by May1, 2024.

CE Waiver Request (s) Cont.

Mergima Al Arnaout upon the 2024 pharmacist license renewal a CE Waiver extension was requested. Ms. Arnaout did not complete continuing education requirements for the 2023 calendar year(s).

Commission Action: Commissioner DeFazio moved, seconded by Commissioner Tayor and passed by a vote of 6-0 to grant an extension to complete continuing education requirements that are missing in the 2023 calendar year to be in compliance for the 2024 license renewal. It was confirmed with Board Administrator, Samples that Ms. Arnaout has completed her 2023 CE Credits for the 2024 license renewal and is in compliance as of this commission meeting date.

Annie Krawiec upon the 2024 pharmacist license renewal a CE Waiver extension was requested. Ms. Krawiec did not complete continuing education requirements for the 2022 and 2023 calendar year(s).

Commission Action: Commissioner DeFazio moved, seconded by Commissioner Tayor and passed by a vote of 6-0 to grant an extension to complete continuing education requirements that are missing in the 2022 and 2023 calendar years, to be in compliance for the 2024 license renewal. If the CE credits are not completed a case will be opened with the Drug Control Division and needs to be verified by the Commission of Pharmacy continuing education has been completed by May1, 2024.

Shirley Lai upon the 2024 pharmacist license renewal a CE Waiver extension was requested. Ms. Lai did not complete continuing education requirements for the 2022 and 2023 calendar year(s).

Commission Action: Commissioner DeFazio tabled the matter, as Ms. Lai did not attend the Commission Meeting the CE waiver extension was not granted, she will need to appear at next meeting to request a CE waiver extension.

David Lavimoniere upon the 2024 pharmacist license renewal a CE Waiver extension was requested. Mr. Lavimoniere did not complete continuing education requirements for the 2022 and 2023 calendar year(s).

Commission Action: Commissioner DeFazio moved, seconded by Commissioner Inguanti and passed by a vote of 6-0 to grant an extension to complete continuing education requirements that are missing in the 2022-2023 calendar year(s) and the 2020-2021 calendar year(s) to be in compliance for the 2024 and 2022 license renewals If the CE credits are not completed a case will be opened with the Drug Control Division and needs to be verified by the Commission of Pharmacy continuing education has been completed by July1, 2024.

CE Waiver Request (s) Cont.

Kim Nguyen upon the 2024 pharmacist license renewal a CE Waiver extension was requested. Ms. Nguyen did not complete continuing education requirements for the 2022 and 2023 calendar year(s).

Commission Action: Commissioner DeFazio moved, seconded by Commissioner Inguanti and passed by a vote of 6-0 to grant an extension to complete continuing education requirements that are missing in the 2022 and 2023 calendar year(s), to be in compliance for the 2024 license renewal. If the CE credits are not completed a case will be opened with the Drug Control Division and needs to be verified by the Commission of Pharmacy continuing education has been completed by July 1, 2024.

Megan Porta upon the 2024 pharmacist license renewal a CE Waiver extension was requested. Ms. Porta did not complete continuing education requirements for the 2023 calendar year.

Commission Action: Commissioner DeFazio moved, seconded by Commissioner Inguanti and passed by a vote of 6-0 to grant an extension to complete continuing education requirements that are missing in the 2023 calendar year, to be in compliance for the 2024 license renewal. It was confirmed with Board Administrator, Samples that Ms. Porta has completed her 2023 CE Credits for the 2024 license renewal and is in compliance as of this commission meeting date.

Tayyaba Saeed upon the 2024 pharmacist license renewal a CE Waiver extension was requested. Ms. Saeed did not complete continuing education requirements for the 2022 and 2023 calendar year(s).

Commission Action: Commissioner DeFazio moved, seconded by Commissioner Taylor and passed by a vote of 6-0 to grant an extension to complete continuing education requirements that are missing in the 2022 -2023 and 2021 calendar year(s) to be in compliance for the 2024 and 2022 license renewals. If the CE credits are not completed a case will be opened with the Drug Control Division and needs to be verified by the Commission of Pharmacy continuing education has been completed by July 1, 2024.

'First Time' Pharmacy Manager (s)

The following pharmacists presented themselves to the Commission of Pharmacy as 'first time' pharmacy managers in the State of Connecticut:
Commissioner DeFazio provided a summary of the responsibilities that a first-time pharmacy manager has and appreciated their appearance before the Commission. Commissioner DeFazio emphasized the importance of the pharmacy manager's role in contrast to the front-store manager (in many retail settings). Some responsibilities include leadership, technician registration, license renewals, reporting pharmacy operation hours, and prescription error reporting. Provided Information on utilization of the Med-watch Program.

Jennifer Cabral	CVSPharmacy – Gales Ferry
Adam D Dinitto	Greenville Drug – Norwich
Nataly Domitrz	Walgreens Pharmacy – Cromwell
Dominique Gelineau	CVS Pharmacy – Norwalk
Abdlrahman Hassaan	Seven Pharmacy –Norwalk
Mahria J Ibanez	CVS Pharmacy – Wilton
Michael A Mastroianni	Stolls Pharmacy – Waterbury
Andrea Reid	Big Y Pharmacy #34 – Mansfield
Camila Gonzalez-Ribadeneira	Walgreens Pharmacy – Glastonbury
Waseem Sarwar	Belltown Pharmacy – Stamford

Reciprocity Interview Candidate (s)

The following candidates(s) were interviewed over the telephone and attested that the information provided was true and accurate to the best of their belief and understood that any misrepresentation of the fact could result in a fine and/or denial of pharmacist licensure in Connecticut.

Sohee Ahn	Reciprocity from California
Daisy O Antwi	Reciprocity from Texas
Jennifer G Cabral	Reciprocity from Massachusetts
Samantha W Debiasio	Reciprocity from Massachusetts
Adam D Dinitto	Reciprocity from Rhode Island
Katrina N Jeanneau	Reciprocity from Alabama
Ruchira M Kasbekar	Reciprocity from New Jersey
Jasmine S Lee	Reciprocity from Maryland
Jennie L McNellis	Reciprocity from Missouri
Beatrice H Menjor	Reciprocity from Georgia
Wycliffe Mugoya	Reciprocity from New Jersey
Mike Obeng	Reciprocity from Indiana
Vidhi H Patel	Reciprocity from Missouri
Christina Patlias	Reciprocity from New York
Ileana Pohner	Reciprocity from Massachusetts

Reciprocity Interview Candidate (s) Cont.

Shannon S Ramdeen	Reciprocity from New York
Moqadam S Rhamatzada	Reciprocity from New York
Jared D Stratman	Reciprocity from Indiana
Magdaline D Victorin	Reciprocity from Florida
Kelsea S Woolfolk	Reciprocity from Tennessee
Philip Lin Yaun	Reciprocity from Indiana

Commission Action: Commissioner Taylor moved, seconded by Commissioner Inguanti and passed by a vote of 6-0 to accept the above application(s) for licensure by reciprocity.

Request (s) for Non-Resident Pharmacy Approval

Bayviro Pharmacy LLC – Tampa, FL
Innovative RX LLC – Nobelsville, NC
NPS Pharmacy Direct – Nashville, TN

Commission Action: Commissioner Chisolm moved Commissioner Taylor seconded passed by a vote of 6-0 to accept the above non-resident pharmacy applications.

Non-resident Applications – Approved with Additional Information

Formulation Compounding Center dba Pharma Labs LLC – Lewisville, TX
Pharmalogic Colorado LLC – Aurora, CO
Pharmalogic New York City LLC – Bronx, NY
Tremont RX Pharmacy dba Best Pharmacy – Bronx, NY
Undefined Pharmacy LLC – Warren, NJ
WP Pharma Labs INC – Dallas, TX

Commission Action: Commissioner Chisolm moved Commissioner Taylor seconded passed by a vote of 6-0 to accept the above non-resident pharmacy applications.

Request (s) for Non-Resident Pharmacy Approval Cont.

Adlakha Investments INC dba Grand Ave. Pharmacy – Pflugerville, TX
AHMA RX – Garfield, NJ
JKR Pharmacy Ventures, LLC dba Doc Lane's Veterinary Pharmacy – Lexington, KY
Little Neck RX Corp dba Phamaconic – Little Neck, NY
MWI Veterinary Supply Co. dba Animal RX Pharmacy – Lebanon, IN
Pharmacy Alternatives LLC – Christiansburg, VA
Pharmacy Express – Paterson, NJ
RLS (USA) INC – Livingston, NJ
RLS (USA) INC – Cincinnati, OH

Commission Action: Commissioner Inguanti is requesting additional documents for the above non-resident pharmacy applications for further review.

Request (s) Increase Pharmacy Technician Ratio

Cardinal Health Nuclear & Precision Health Solutions
Locations: East Hartford and Stamford, CT
Joshua Pruitt, Pharmacy Manager
Anthony Colangelo, Pharmacy Area Manager
The Request is to increase the Pharmacy Technician Ratio 5:1 We are requesting this extended ratio to improve the safety of pharmacy staff. A robust pharmacy operating system which includes patient safety features such as bar code inventory verification, integration of radioactivity measurement devices, and pharmacist/technician task authorization is in place.

Commission Action: Commissioner DeFazio made a motion to accept, the request to increase the Pharmacy Technician Ratio 5:1. In hearing no motions the request is denied.

Request (s) for Non-Resident Sterile Compounding Services

Kabafusion INC – Shrewsbury, MA
Request to Add Sterile Compounding Services

Commission Action: Commissioner DeFazio moved Commissioner Taylor seconded passed by a vote of 6-0 to accept the request to add sterile compounding services.

Approval to Accept Commission of Pharmacy Meeting Minute(s)
January 31, 2024

Commission Action: Commissioner DeFazio motion to accept, Commissioner Chisolm moved and seconded by Commissioner Linder passed by a vote of 6-0 to accept.

There being no further business, Commissioner DeFazio adjourned the meeting.

Commission Action: Commissioner DeFazio motion to accept, Commissioner Taylor moved, seconded by Commissioner Inguanti seconded, and passed by a vote of 6-0 to adjourn.

Respectively Submitted,
Angelo DeFazio
Angelo DeFazio, Chairperson

Prepared by
Gina Samples
Gina Samples, Board Administrator

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 6 Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
10/23/2024		Tennessee		
Case # Certificate of Need Application No. CN2405-012 and CN2405-021		**Governing, licensing, Arresting Presiding Body/Agency/Court** Tennessee Health Facilities Commission		
Reason/Charge Certificate of Need Application Agenda and Minutes; Approval Letters				
Plaintiff/Defendant/Claimant/Respondent KabaFusion TN, LLC		**Lawsuit/Arbitration/Bankruptcy** Appearance		
Name of Business/Industry/Entity KabaFusion TN, LLC				

Provide explanation below: See Attachment.

Original Signature (electronic, copies or stamps not accepted)

9-29-25
Date

KabaFusion
Patient-Focused Infusion Therapy

Regarding Appearance Before the Tennessee Health Facilities Commission For KabaFusion TN, LLC (Nashville)

On October 23, 2024, KabaFusion TN, LLC, appeared to discuss obtaining a Certificate of Need for a Home Health Agency application. While we were listed on the agenda, our item was tabled to the next meeting. Copies of the agenda and minutes are attached.

CORPORATE (WEST COAST)
17777 Center Court Dr., Ste. 550, Cerritos, CA 90703
P: 800-435-3020 F: 562-860-6017

CORPORATE (EAST COAST)
80 Hayden Ave., Suite 300, Lexington, MA 02421
P: 844-777-4844 F: 781-862-2002

www.kabafusion.com

State of Tennessee
Health Facilities Commission
502 Deaderick Street, 9th Floor, Nashville, TN 37243
www.tn.gov/hfc Phone: 615-741-2364

Health Facilities Commission
Iris Hearing Room, 1st Floor
665 Mainstream Drive
Nashville, TN

Wednesday, October 23, 2024
9:00 a.m. CST

I. CALL TO ORDER

II. ROLL CALL

III. SEPTEMBER 25, 2024 MINUTES APPROVAL

IV. HEALTHCARE FACILITIES LICENSURE AND DISCIPLINARY CONSENT CALENDAR

A. **License Status Requests (Inactive Status)**

1. **Whitehaven Community Living Center, Memphis – NH #258**
This ninety-two (92) bed nursing home is requesting an extension of their inactive status for a period of twelve (12) months until October 2025. This facility is in the process of identifying viable options in relation to repairs and renovation and evaluating possible other strategic steps for this nursing home.

2. **Sapling Grove ASC. Bristol -ASTC #116**
This ambulatory surgical treatment center is requesting an extension of their license to remain on inactive status for a period of one (1) year until October 2025. Sapling Grove continues to evaluate potential new surgical partners options, but it has not yet reached a definitive agreement with any group.

3. **Summit View of Farragut, Knoxville – NH #142**
This one hundred thirteen (113) nursing home facility is requesting an extension of their license to remain on inactive status for an additional twelve (12) months until October 2025. Summit View is working on a plan to ensure these skilled nursing beds will be reopened in Knox County.

4. **Douglas Health and Rehabilitation Center, Milan – NH #85**
This seventy-two (72) skilled bed facility is requesting an extension of their license to remain on inactive status for an additional six (6) months until April 2025. Douglas Health and Rehabilitation Center is diligently working to meet the necessary requirements and standards for re-certification and reopening.

5. **Copper Basin Medical Center, Copperhill – Hospital #94**
This twenty-five (25) bed hospital facility is requesting an extension of their license to remain on inactive status for an additional two (2) years until October 2026. Copper Basin Medical Center is working on finding a potential buyer and have lease the medical building to a couple of doctors and physical therapy group and building C to an ambulance service which help retain some health services to the community.

6. **Hospice of Chattanooga, Inc., Chattanooga – Residential Hospice #9**
This ten (10) bed residential hospice facility is requesting an extension of their license to remain on inactive status.

7. **Christian Care Center of Washington County, Limestone – NH #293**
This sixty-three (63) bed skilled nursing home facility is requesting an extension of their license to remain on inactive status for an additional two (2) years to match the CON extension of October 1, 2026. This facility has purchased the land necessary to contract a new facility pre-COVID. Unfortunately, COVID has impacted our timely construction due contractor access and material costs.

8. **Unicoi County Hospital, Erwin – Hospital #119**
Ballad Health is seeking approval to place Unicoi County Hospital on inactive status due to the flooding of the Nolichucky River in East Tennessee almost submerged the entire hospital in water. Placing this facility on inactive status will provide Ballad an opportunity to determine the full extent of damage to the hospital and develop a plan to renovate or rebuild Unicoi County Hospital to restore operations.

9. **Jamestown Medical Center, Inc., Jamestown – Hospital #48**
This eighty-five (85) hospital bed facility is requesting an extension of their license to remain on inactive status for one (1) additional year until October 2025. The parent company has finalized a transaction in September that will facilitate the access to capital required for strategic planning efforts regarding the facility and the current community needs.

10. **Hancock County Home Health and Hospice Agency, Sneedville – Hospice #610**
This hospice facility is requesting an extension of their license to remain on inactive status for one (1) additional year until October 2025.

11. **Eye Care Surgery Center of Memphis, Memphis – ASTC #167**
This ambulatory surgical treatment center is requesting an extension of their license to remain on inactive status for an additional one (1) year until October 2025. Eye Care Surgery Center of Memphis remains closed and hope to reopen it at a later time.

12. **Leconte Health and Rehabilitation Center, Sevierville – NH #226**
This fifty-four (54) bed skilled nursing home is requesting an extension of their license to remain on inactive status for an additional twelve (12) months until October 2025.

13. **Kingsport Ambulatory Surgery Center, Kingsport – ASTC #113**
This ambulatory surgical treatment center is requesting an extension of their license to remain on inactive status for an additional two (2) year until October 2026.

B. Board Policy(ies)

1. **THE FOLLOWING NURSING HOME(s) ARE REQUESTING TO WAIVE NURSING HOME REGULATIONS 0720-18-.04(1) FOR TENNESSEE REPLACEMENT IS HIRED OR RECEIVES HIS/HER LICENSE IN TENNESSEE BY BOARD POLICY #81:**

    1. Southern Tennessee Regional Health System Winchester, Winchester – NH #84
    Diane M. Brown, Administrator

2. **Board Policy #89 – Acute Hospital Care at Home Initiative and Tennessee Comp. R & Regs 0720-14-06(3)(m) & (n) [Housekeeping]; 0720-14-06(4)(a) [Nursing Services]; and 0720-14-06(9) [Food and Dietetic Services]**

a. **Covenant Health Hospitals – Fort Loudoun Medical Center, Hospital #84 and Morristown-Hamblen Healthcare System, Hospital #73 Acute Hospital-At-Home Services.**
Covenant Health Hospitals is requesting an extension of the waiver permitting its operation of hospital at home be extended through the end of 2024.

C. Consideration and Ratification Licensure Applications – Change of Ownership (CHOW) and Initials

1. Qualifying Applications (Initials)

a. Ambulatory Surgical Treatment Center
Knoxville Spine Surgery, LLC, Knoxville – File #262

b. Home Medical Equipment
365 DME, Pittsford, MI – File #1444
ABC Home Medical Supply, Inc., Richardson, TX – File #1448
DJO, LLC, Hixson, TN – File #1440
Kestra Medical Technology Services, Inc., Kikland, WA – File #1427
Omnis Medical Services, LLC., Jersey City, NJ – File #1456
Wellspect, Inc., Braselton, GA – File #1457

c. Hospice
Pruitt Health Hospice and Palliative Care-Western Tennessee – File #628

d. Professional Support Services
Serenity Living Homecare, LLC., Jackson – File #449

2. Qualifying Applications - CHOWS

a. Nursing Homes
Creekview Health and Rehabilitation, Knoxville – License #148

D. License Status Updates

1. September Closed Facility Listing

E. Disciplinary Orders and Orders of Compliance

1. Claiborne and Hughes Health Center, Franklin – NH #294 - Order of Compliance

2. Heritage Assisted Living Home for the Aged – RHA #288 - Order of Compliance

3. Smoky Mountain Post-Acute and Rehabilitation Center – SNF #228, Case Nos. 2024016051, 2024022791

Commission surveyors conducted an investigation survey dated April 5, 2024, and found the following:

a. Failure to maintain sufficient nurse staffing staff during the night shift.
b. Failure to follow Respondent's "Nursing Services and Sufficient Staff" policy which resulted in the Respondent being unable to provide safety, care, and respond to resident needs appropriately.
c. Resident #1 suffered harm as a result of Respondent's lack of staffing when they fell out of their bed causing lacerations and bruising.
d. 911 was called by a friend of Resident #1 and police arrived to assist Resident #3. Facility staff did not respond to Resident #1's emergency until after police arrived.
e. Police bodycam footage verified blood all over the room from Resident #1's injuries.

f. Multiple staff at Respondent's facility admitted that there were understaffing problems that had not been addressed by the Respondent.
g. Respondent failed to update the Plan of Care to include fall interventions for Resident #1 after their fall on February 17, 2024, and the resident fell again on February 27, 2024 causing serious injuries.
h. From June 1, 2024, through June 13, 2024, there were multiple instances of resident-to-resident abuse and harm at Respondent's facility.
i. Respondent's staff admitted that the altercations between Resident #12 and Resident #3 as well as Resident #14 and Resident #7 were harm and abuse.

The agreed upon settlement, subject to Commission approval is the following:
a. Respondent is hereby assessed one (1) Type B Civil Monetary Penalty in the amount of one thousand five hundred dollars ($1,500.00) for a violation of Tenn. Comp. R. and Regs. 0720-18-.06(4)(d) [Basic Services] – failure to provide adequate nursing staff.
b. Respondent is hereby assessed one (1) Type B Civil Monetary Penalty in the amount of one thousand five hundred dollars ($1,500.00) for a violation of Tenn. Comp. R. and Regs. 0720-18-.12(1)(g) [Resident Rights] – freedom from mental and physical abuse.
c. If within the next twelve (12) months the following violations are found, Respondent will be assessed TYPE C Civil Monetary Penalties:
    1) Tenn. Comp. R. and Regs. 0720-18-.03(1)(b) [Disciplinary Procedures] – failure to follow prior Plan of Correction, leading to further injury of residents.
    2) The assessment of such penalties will result in monetary fines from two hundred fifty ($250.00) dollars up to four hundred ($400.00) dollars per violation.

The total assessed CMP amount is three thousand dollars ($3,000.00).

4. Orchard View Post-Acute and Rehabilitation Center – SNF #261, Case No. 2024019961
    a. Respondent's Nursing Notes for Resident #1 verified that on or about April 6, 2024, Resident #1 was administered medication prescribed for Resident #2.
    b. Respondent's failure to follow physician's orders resulted in resident #1 becoming severely lethargic, vital signs decreased, and transported to the Emergency Room (ER). Resident #1 was subsequently admitted to the ICU for a higher level of care due to complications from receiving the wrong medication.
    c. On or about May 9, 2024, Respondent's Director of Nursing admitted that LPN "A" had not followed the "Five Rights of Medication Administration", which resulted in Resident #1 receiving the medication of Resident #2 in error.

The agreed upon settlement, subject to Commission approval is the following:
a. Respondent is hereby assessed one (1) Type "B" Civil Monetary Penalty in the amount of one thousand five hundred dollars ($1,500.00) for violating Tenn. Comp. R. and Regs. 0720-18-06(4)(m) [Basic Services] for failure to carry out physician orders as prescribed.

The total assessed CMP amount is one thousand five hundred dollars ($1,500.00).

V. HEALTHCARE FACILITIES LICENSE REGULAR CALENDAR

A. Facility Waiver Requests

1. Vanderbilt University Medical Center (VUMC), Nashville – Hospital #27

The waiver request is for a 2-year period, during which additional space in The Vanderbilt Clinic (TVC) will be fully renovated to support the long-term plans for expansion of the

ED. The waivers VUMC seek relate to certain sections of the 2018 FGI Guidelines for Design and Construction of Hospitals as follows:

Section 2.1-3.2.1.3 (3) Table 2.1-3 Station outlets for oxygen, vacuum, medical air systems in hospitals, (1) Oxygen/room (1) Vacuum/room. Six of the proposed treatment rooms will not have piped oxygen. Portable oxygen tanks will be utilized in these rooms. Two of the proposed rooms will not have piped vacuum. Portable suction will be utilized in these rooms. Waiver is requested for piped oxygen and vacuum to these rooms.

REPRESENTATIVE(S): Travis Swearingen, Attorney

B. Discussion(s)

1. Presentation of the Business model of Premier Dialysis

   REPRESENTATIVE(S): Joshua Dipzinski, CEO, Premier Dialysis Services

2. Green Hills Center for Rehabilitation and Healing, LLC., Nashville – NH #52(3rd Report)
   Green Hills Center for rehabilitation and healing, LLC., Nashville, is to provide a report on how the facility is implementing the actions identified in its plan of correction. Ms. Tracy Branham, administrator for green hills has submitted an updated written report to the Commission.

   REPRESENTATIVE(S): Tracy Branham, Administrator

3. Stone Creek Memory Care, Hendersonville – ACLF #432
   Stone Creek Memory Care, Hendersonville, to provide a report on how the facility is implementing the action identified in its plan of correction during their probationary period.

   REPRESENTATIVE(S): Kelly Stagg, Administrator

4. Commission Policy #100 - 1135 Waiver PHE Governor's Executive Order – Hurricane Helene

5. Rulemaking – 0720-14

C. Applications - Change of Ownership (Chows and Initials)

1. Special Consideration

   Initials – N/A

2. Chows

D. Nursing Home
(Recommendation for Denial)

1. The Waters of Maryville, Maryville – License #10

   Representative(s): Camella Osterman, Attorney

E. Reports

1. Trauma

   a. Summit Medical Center – Provisional Level III Trauma Center Designation

b. Horizon Medical Center - Provisional Level III Trauma Center Designation

2. Nurse Aide/Abuse Registry

VI. CERTIFICATE OF NEED APPLICATIONS

A. **Baptist Memorial Hospital-Carroll County Outpatient Cardiac Catheterization Lab, Jackson (Madison County), TN CN2408-023**
For the initiation of hospital-based outpatient diagnostic cardiac catheterization services located at 155 Innovation Dr., Jackson (Madison County), Tennessee 38305. The service area for the project is Madison, Gibson, Carroll, Henderson, Chester, Crockett, Hardeman and McNairy Counties. The applicant is owned by Baptist Memorial Hospital-Huntingdon d/b/a Baptist Memorial Hospital-Carroll County. Estimated project cost: $736,119.

B. **KabaFusion TN, LLC, Nashville (Davidson County), TN CN2405-012**
For the establishment of a home care organization and the initiation of home health services with a parent office located at 2970 Sidco Drive, Nashville (Davidson County), Tennessee 37204. The proposed project will be limited to providing and administering home infusion and injection products to pharmacy patients of pharmacies which are subsidiaries of KabaFusion Holdings LLC. The project's proposed service area will consist of 67 Tennessee counties. Lake and Perry Counties are both CON exempt under the economically distressed designation. The applicant is owned by KabaFusion Holdings, LLC. Estimated project cost: $116,393.

C. **KabaFusion TN, LLC, Nashville (Davidson County), TN CN2408-021**
For the establishment of a home care organization and the initiation of home health services with a home office located at 2970 Sidco Drive, Nashville (Davidson County), TN 37204. The application is limited to providing and administering home infusion and injection products to patients of pharmacies which are subsidiaries of KabaFusion Holdings, LLC. The proposed 28-county service area will consist of Anderson, Blount, Campbell, Cheatham, Claiborne, Cocke, Cumberland, Davidson, Dickson, Fayette, Grainger, Hamblen, Jefferson, Knox, Loudon, Madison, Monroe, Montgomery, Morgan, Roane, Robertson, Rutherford, Scott, Sevier, Sumner, Tipton, Williamson, and Wilson Counties. This application, together with CN2405-012 for 65 counties in Tennessee, which was deemed complete in July 2024, will serve 93 counties of Tennessee. Lake and Perry Counties are currently exempt from the CON process. The applicant is owned by KabaFusion Holdings, LLC. Estimated project cost: $116,393.

(+ The following two applications will be heard under Simultaneous Review procedures.)

D. **+Sumner Regional Medical Center, White House (Robertson County), TN CN2407-019**
For the establishment of a freestanding emergency department (FSED) located at an unaddressed site at the intersection of North Sage Road and Maiden Road, north of Maiden Road and west of North Sage Road, White House (Robertson County), Tennessee 37188. The service area for the project includes the following nine ZIP Codes: 37075 - Hendersonville (Sumner County); 37048 - Cottontown (Sumner County); 37049 - Cross Plains (Robertson County); 37072 - Goodlettsville (Sumner and Davidson Counties); 37073 - Greenbrier (Robertson County); 37141 - Orlinda (Robertson County); 37148 - Portland (Sumner County); 37172 Springfield (Robertson County); and 37188 - White House (Robertson County). The applicant is owned by Sumner Regional Medical Center, LLC. Estimated project cost: $20,630,528.

OPPOSITION: TriStar Hendersonville Medical Center

E. **+TriStar Hendersonville Medical Group, White House (Robertson County), TN CN2407-020**
For the establishment of a freestanding emergency department (FSED) located at an unaddressed site on an approximate three (3) +/- acre tract of vacant land on the north side of TN-258/Raymond Hirsch Parkway, located approximately 650 +/- feet west of the intersection of Raymond Hirsch Parkway and Highway 31W, White House, (Robertson County) Tennessee, 37188. The proposed FSED will consist of approximately 13,087 square feet with 11 exam rooms, including 1 trauma

room, a lab, imaging department, a nurse station, and associated support spaces located on a portion (Lot 8) of the property identified as Parcel 074I071 B 07700. The service area is defined by the ZIP codes of White House (37188), Greenbrier (37073), Cross Plains (37049), and Cottontown (37048). Zip codes 37188 (White House), 37073 (Greenbrier), and 37049 (Cross Plains) primarily in Robertson County, and Cottontown (37048) primarily in Sumner County. The applicant is owned by Hendersonville Hospital Corporation and whose ultimate parent company is HCA Healthcare, Inc. Estimated project cost: $17,832,032.

OPPOSITION: Sumner Regional Medical Center

F. Quality Hospice, Jamestown (Fentress County), TN CN2408-022
For the addition of Anderson, Campbell, Cumberland, Putnam, and Roane Counties to its service area (License #621). The address of the project will be 341 West Central Avenue, Suite B, Jamestown (Fentress County), Tennessee 38556. The applicant is owned by All Care Plus, Inc. Estimated project cost: $46,000.

OPPOSITION: Hospice Of Cumberland County; Covenant Homecare; Gentiva Hospice; and Hospice of Chattanooga Holdings

(DEFERRED to December 11, 2024, due to quorum requirements)

VII. OTHER BUSINESS

VIII. ADJOURNMENT

HEALTH FACILITIES COMMISSION

Certificate of Need

MEETING MINUTES

October 23, 2024

LOCATION: Iris Hearing Room, 1st Floor, 665 Mainstream Drive, Nashville, TN 37228

COMMISSION MEMBERS PRESENT

Rick Chinn, Chairman
Melanie Keller, Vice-Chairman
Tim Evans
James Wright
Barbara Brennan
Michael Denney
Jeremy Biggs
Johnny Lai, Designee for TennCare
Nicole Sweitzer, Designee for Comptroller

COMMISSION MEMBERS ABSENT

Lauren Legate

COMMISSION STAFF PRESENT

Logan Grant, Executive Director
Phillip Earhart, Deputy Director
Jim Christoffersen, General Counsel
Alecia Craighead, Data and Analysis Administrator
Lowavia Eden-Hoback, Office and Resource Manager
Thomas Pitt, HFC Examiner
Ann R. Reed, Deputy Director of Licensure & Regulation
Joel Clinton, Statistical Research Specialist
Caroline Tippens, Director of Licensure & Regulation

COURT REPORTER

April Daniel

CALL TO ORDER:

The meeting was called to order at 9:00 a.m. by Mr. Logan Grant with the following members present: Sweitzer, Keller, Evans, Wright, Brennan, Denney, Biggs, Lai, and Chinn. A quorum was established with Nine members present.

DIRECTOR'S ANNOUNCEMENTS

The December 11, 2024, meeting will be held at the Cordell Hull State Legislative Office Bldg., Senate Hearing Room 1, Nashville TN.

APPROVAL OF MINUTES

Mr. Chinn presented the September 25, 2024, minutes for approval.

Mr. Wright moved for approval with Ms. Brennan providing the second.

The motion CARRIED [9-0-0] unanimously by voice vote. **APPROVED.**

CERTIFICATE OF NEED APPLICATIONS

PC 557 eliminated TCA § 68-11-1616, which had provided that "each decision rendered by the Health Facilities Commission shall include written documentation and explanation of the factual and legal basis upon which the commission grants or denies the Certificate of Need." PC 557 only requires this for applications that are denied.

Therefore, for applications filed on or after the effective date of the relevant portions of PC 557 (10/1/2021), a simple motion to approve an application will suffice, and a motion to deny must include an explanation of the factual and legal basis as to why one or more of the criteria have not been met.

Three of the six Certificate of Need applications were considered under the regular CON agenda.

Phillip Earhart introduced the following three applications that were under consideration and with three (3) being approved.

1. **Baptist Memorial Hospital-Carroll County Outpatient Cardiac Catheterization Lab, Jackson (Madison County), TN – CN2408-01323**

Request: For the initiation of hospital-based outpatient diagnostic cardiac catheterization services located at 155 Innovation Dr., Jackson (Madison County), Tennessee 38305. The service area for the project is Madison, Gibson, Carroll, Henderson, Chester, Crockett, Hardeman, and McNairy Counties. The applicant is owned by Baptist Memorial Hospital-Huntingdon d/b/a Baptist Memorial Hospital-Carroll County. Estimated project cost: $736,119.

Ms. Brennan moved for approval with Ms. Keller providing the second.

Eight members voted to approve the application— Sweitzer, Lai, Keller, Wright, Brennan, Denney, Evans, and Biggs. The motion CARRIED [8-0-0].

(+ The following two applications will be heard under Simultaneous Review procedures.)

2. +Sumner Regional Medical Center, White House (Robertson County), TN – CN2407-019

Request For the establishment of a freestanding emergency department (FSED) located at an unaddressed site at the intersection of North Sage Road and Maiden Road, north of Maiden Road and west of North Sage Road, White House (Robertson County), Tennessee 37188. The service area for the project includes the following nine ZIP Codes: 37075 - Hendersonville (Sumner County); 37048 - Cottontown (Sumner County); 37049 - Cross Plains (Robertson County); 37072 - Goodlettsville (Sumner and Davidson Counties); 37073 - Greenbrier (Robertson County); 37141 - Orlinda (Robertson County); 37148 - Portland (Sumner County); 37172 Springfield (Robertson County); and 37188 - White House (Robertson County). The applicant is owned by Sumner Regional Medical Center, LLC. Estimated project cost: $20,630,528.

RECUSED: Evans, Brennan, Lai

OPPOSITION: TriStar Hendersonville Medical Center

Ms. Keller moved for approval with Mr. Wright providing the second.

Five members voted to approve the application— Sweitzer, Denney, Keller, Wright, and Biggs. The motion CARRIED [5-0-0].

3. +TriStar Hendersonville Medical Group, White House (Robertson County), TN – CN2407-020

Request For the establishment of a freestanding emergency department (FSED) located at an unaddressed site on an approximate three (3) +/- acre tract of vacant land on the north side of TN-258/Raymond Hirsch Parkway, located approximately 650 +/- feet west of the intersection of Raymond Hirsch Parkway and Highway 31W, White House, (Robertson County) Tennessee, 37188. The proposed FSED will consist of approximately 13,087 square feet with 11 exam rooms, including 1 trauma room, a lab, imaging department, a nurse station, and associated support spaces located on a portion (Lot 8) of the property identified as Parcel 0741071 B 07700. The service area is defined by the ZIP codes of White House (37188), Greenbrier (37073), Cross Plains (37049), and Cottontown (37048). Zip codes 37188 (White House), 37073 (Greenbrier), and 37049 (Cross Plains) primarily in Robertson County, and Cottontown (37048) primarily in Sumner County. The applicant is owned by Hendersonville Hospital Corporation and whose ultimate parent company is HCA Healthcare, Inc. Estimated project cost: $17,832,032.

RECUSED: Evans, Brennan, Lai

OPPOSITION: Sumner Regional Medical Center

Ms. Keller moved for approval with Mr. Sweitzer providing the second.

Five members voted to approve the application— Sweitzer, Denney, Keller, Wright, and Biggs. The motion CARRIED [5-0-0].

The following three applications were deferred to the December 11, 2024, Commission meeting:

4. **KabaFusion TN, LLC, Nashville (Davidson County), TN – CN2405-012**

Request: **For the establishment of a home care organization and the initiation of home health services with a parent office located at 2970 Sidco Drive, Nashville (Davidson County), Tennessee 37204. The proposed project will be limited to providing and administering home infusion and injection products to pharmacy patients of pharmacies which are subsidiaries of KabaFusion Holdings, LLC. The project's proposed service area will consist of 67 Tennessee counties. Lake and Perry Counties are both CON exempt under the economically distressed designation. The applicant is owned by KabaFusion Holdings, LLC. Estimated project cost: $116,393.**

5. **KabaFusion TN, LLC, Nashville (Davidson County), TN – CN2408-021**

Request: **For the establishment of a home care organization and the initiation of home health services with a home office located at 2970 Sidco Drive, Nashville (Davidson County), TN 37204. The application is limited to providing and administering home infusion and injection products to patients of pharmacies which are subsidiaries of KabaFusion Holdings, LLC. The proposed 28-county service area will consist of Anderson, Blount, Campbell, Cheatham, Claiborne, Cocke, Cumberland, Davidson, Dickson, Fayette, Grainger, Hamblen, Jefferson, Knox, Loudon, Madison, Monroe, Montgomery, Morgan, Roane, Robertson, Rutherford, Scott, Sevier, Sumner, Tipton, Williamson, and Wilson Counties. This application, together with CN2405-012 for 65 counties in Tennessee, which was deemed complete in July 2024, will serve 93 counties of Tennessee. Lake and Perry Counties are currently exempt from the CON process. The applicant is owned by KabaFusion Holdings, LLC. Estimated project cost: $116,393.**

6. **Quality Hospice, Jamestown (Fentress County), TN – CN2408-022**

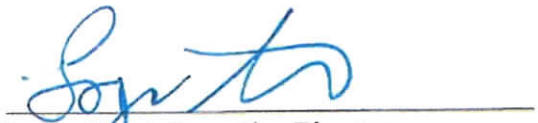
Request: **For the addition of Anderson, Campbell, Cumberland, Putnam, and Roane Counties to its service area (License #621). The address of the project will be 341 West Central Avenue, Suite B, Jamestown (Fentress County), Tennessee 38556. The applicant is owned by All Care Plus, Inc. Estimated project cost: $46,000.**

OPPOSITION: Hospice of Cumberland County; Covenant Homecare; Gentiva Hospice; and Hospice of Chattanooga Holdings

GENERAL COUNSEL REPORT

OTHER BUSINESS – Not Applicable

ADJOURNMENT
There being no further business, the meeting adjourned.



Logan Grant, Executive Director

HFC Minutes provide a brief summary of commission actions. A detailed record of each meeting (recording and transcript) is available upon request by contacting the HFC office.

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 6 Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
12/11/2024		Tennessee		
Case # Certificate of Need Application No. CN2405-012 and CN2405-021		**Governing, licensing, Arresting Presiding Body/Agency/Court** Tennessee Health Facilities Commission		
Reason/Charge Certificate of Need Application Agenda and Minutes; Approval Letters				
Plaintiff/Defendant/Claimant/Respondent KabaFusion TN, LLC		**Lawsuit/Arbitration/Bankruptcy** Appearance		
Name of Business/Industry/Entity KabaFusion TN, LLC				

Provide explanation below: See Attachment.

Original Signature (electronic, copies or stamps not accepted)

9-29-25
Date

KabaFusion
Patient-Focused Infusion Therapy

Regarding Appearance Before the Tennessee Health Facilities Commission For KabaFusion TN, LLC (Nashville)

On December 11, 2024, KabaFusion TN, LLC, appeared to discuss obtaining a Certificate of Need for a Home Health Agency application. Copies of the agenda, minutes and letters of approval are attached.

CORPORATE (WEST COAST)
17777 Center Court Dr., Ste. 550, Cerritos, CA 90703
P: 800-435-3020 F: 562-860-6017

CORPORATE (EAST COAST)
80 Hayden Ave., Suite 300, Lexington, MA 02421
P: 844-777-4844 F: 781-862-2002

www.kabafusion.com

State of Tennessee
Health Facilities Commission
Andrew Jackson Building
502 Deaderick Street, 9th Floor, Nashville, TN 37243
www.tn.gov/hfc Phone: 615-741-2364

December 11, 2024

Kim Looney, Attorney
K & L Gates LLP
501 Commerce Street, Suite 1500
Nashville, TN 37203

RE: Certificate of Need Application – KabaFusion TN, LLC – CN2405-012A

Dear Ms. Looney,

On December 11, 2024, the Tennessee Health Facilities Commission met in regular session to consider your application. The application proposed the following:

> **For the establishment of a home care organization and the initiation of home health services with a parent office located at 2970 Sidco Drive, Nashville (Davidson County), Tennessee 37204. The proposed project will be limited to providing and administering home infusion and injection products to pharmacy patients of pharmacies which are subsidiaries of KabaFusion Holdings LLC. The project's proposed service area will consist of 67 Tennessee counties. Lake and Perry Counties are both CON exempt under the economically distressed designation. The applicant is owned by KabaFusion Holdings, LLC. Estimated project cost: $116,393.**

This letter is to advise you that the Commission voted to ***approve*** the Certificate of Need for the referenced project.

Per TCA § 68-11-1609(b) the Commission found the application should be approved because the action proposed in the application is necessary to provide needed health care in the area to be served, *will provide health care that meets appropriate quality standards*, and the effects attributed to competition or duplication would be positive for consumers. Please note consumer advantage language was added as the third criterion necessary for a Certificate of Need to be granted, effective October 1, 2021.

Commission members made this decision after full consideration of all the information provided to them including but not limited to the original application and supplemental responses; staff summary and licensing Commission comments, if applicable; support and opposition letters, if applicable; consideration of the criteria and standards. Commission Rules; and all additional evidence gathered during the presentation of the application. The HFC maintains a publicly available detailed written record that fully documents the factual and legal basis for this decision.

In accordance with T.C.A. § 68-11-1609(g)(1) (as amended by Public Chapter 780, Acts of 2002), the applicant may petition the Commission in writing for a hearing. To be timely filed, the petition must be filed within fifteen (15) days from the date of the Commission's meeting at which the challenged action was taken. You are encouraged to review T.C.A. § 68-11-1610(a) and the Commission Rules so that you may fully understand your rights.

State of Tennessee
Health Facilities Commission
Andrew Jackson Building
502 Deaderick Street, 9th Floor, Nashville, TN 37243
www.tn.gov/hfc Phone: 615-741-2364

Your Certificate of Need will be issued to you within the next sixty (60) days and transmitted under separate letter. Please note that the Certificate of Need has an expiration date on its face, after which time the Certificate is null and void. The expiration date is strictly enforced, and the certification period can only be extended by the Commission upon written application and for good cause shown, as defined by Commission Rules.

T.C.A. § 68-11-1611 requires that the Commission review annual progress of each project. Commission Rules require that within ninety (90) days after completion of a project that a Final Project Form be submitted to this office. The Annual Progress Report form is available on the Commission website at http://www.tn.gov/hsda/article/con-forms. The Final Project Form, which shall include completion date, final costs, and other relevant information, is also available on the Commission website at http://www.tn.gov/hsda/article/con-forms. These forms may be filled-in, printed, and submitted with any applicable supporting documentation. These forms may also be obtained by contacting us at the phone number or address listed above.

Please note an additional requirement was added per PC 1043, effective July 1, 2016. It is codified at TCA § 68-11-1609 (h) and it directs the Health Facilities Commission to maintain continuing oversight of certificates of need approved after July 1, 2016 by requiring applicants to submit annual reports concerning continued need and appropriate quality measures as determined by the Commission. The Commission may impose conditions that require the demonstration of compliance with continued need and quality measures; provided, that the conditions for quality measures may not be more stringent than those measures identified in the applicant's submitted application. **Continuing oversight of this project will begin one year after project completion and will continue each year thereafter. The Annual Reporting Form will be available on the Commission's website.** The form may be filled-in, printed, and submitted with any applicable supporting documentation. It may also be obtained by contacting us at the phone number or address listed above.

If you have questions or require additional information, please feel free to contact this office.

Sincerely,

Logan Grant JC

Logan Grant
Executive Director

cc: Trent Sansing, TDH/Health Statistics, PPA
Ann R. Reed, HFC

State of Tennessee
Health Facilities Commission
Andrew Jackson Building
502 Deaderick Street, 9th Floor, Nashville, TN 37243
www.tn.gov/hfc Phone: 615-741-2364

December 11, 2024

Kim Looney, Attorney
K & L Gates LLP
501 Commerce Street, Suite 1500
Nashville, TN 37203

RE: Certificate of Need Application – KabaFusion TN, LLC – CN2408-021A

Dear Ms. Looney,

On December 11, 2024, the Tennessee Health Facilities Commission met in regular session to consider your application. The application proposed the following:

> **For the establishment of a home care organization and the initiation of home health services with a home office located at 2970 Sidco Drive, Nashville (Davidson County), TN 37204. The application is limited to providing and administering home infusion and injection products to patients of pharmacies which are subsidiaries of KabaFusion Holdings, LLC. The proposed 28-county service area will consist of Anderson, Blount, Campbell, Cheatham, Claiborne, Cocke, Cumberland, Davidson, Dickson, Fayette, Grainger, Hamblen, Jefferson, Knox, Loudon, Madison, Monroe, Montgomery, Morgan, Roane, Robertson, Rutherford, Scott, Sevier, Sumner, Tipton, Williamson, and Wilson Counties. This application, together with CN2405-012 for 65 counties in Tennessee, which was deemed complete in July 2024, will serve 93 counties of Tennessee. Lake and Perry Counties are currently exempt from the CON process. The applicant is owned by KabaFusion Holdings, LLC. Estimated project cost: $116,393.**

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Commission members made this decision after full consideration of all the information provided to them including but not limited to the original application and supplemental responses; staff summary and licensing Commission comments, if applicable; support and opposition letters, if applicable; consideration of the criteria and standards. Commission Rules; and all additional evidence gathered during the presentation of the application. The HFC maintains a publicly available detailed written record that fully documents the factual and legal basis for this decision.

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If you have questions or require additional information, please feel free to contact this office.

Sincerely,

Logan Grant/JC

Logan Grant
Executive Director

cc: Trent Sansing, TDH/Health Statistics, PPA
Ann R. Reed, HFC

State of Tennessee
Health Facilities Commission
502 Deaderick Street, 9th Floor, Nashville, TN 37243
www.tn.gov/hfc Phone: 615-741-2364

Health Facilities Commission
Senate Hearing Room 1
425 Rep. John Lewis Way N.
Nashville, TN

Wednesday, December 11, 2024
9:00 a.m. CST

I. CALL TO ORDER

II. ROLL CALL

III. OCTOBER 23, 2024 MINUTES APPROVAL

IV. AUDIT COMMITTEE DISCUSSION

V. HEALTHCARE FACILITIES LICENSURE AND DISCIPLINARY CONSENT CALENDAR

A. License Status Requests (Inactive Status)

1. **Signature Healthcare of Madison, Madison – NH #54**
These one hundred and two (102) beds nursing home is requesting an extension of their inactive status for a period of one (1) year until the December 2025. As a result of COVID and the downturn in the long-term care industry additional time is needed to identify options for the future use of the facility.

B. Board Policy(ies)

1. **THE FOLLOWING NURSING HOME(s) ARE REQUESTING TO WAIVE NURSING HOME REGULATIONS 0720-18-.04(1) FOR TENNESSEE REPLACEMENT IS HIRED OR RECEIVES HIS/HER LICENSE IN TENNESSEE BY BOARD POLICY #81:**

1. Signature HealthCare of Clarksville, Clarksville – NH #191
Fred Rowe, Interim Administrator

2. Church Hill Post-Acute & Rehabilitation Center, Church Hill – NH#125
Melissa Davidson, RN, Executive DON, Interim Administrator

C. Consideration and Ratification Licensure Applications – Change of Ownership (CHOW) and Initials

1. **Qualifying Applications (Initials)**

a. Ambulatory Surgical Treatment Center
APEX Vascular Outpatient Center, LLC, Lenoir City – File #272
IPC Surgery Center, Cleveland – File #267

b. Home for the Aged
Tomahawk Care Home, LLC., Murfreesboro – File #660
Willows of Jackson, Jackson - File #654

c. Home Health Agencies
Harmony Wellness Home Health, Knoxville – File #677
Truth Home Care, PLLC, Knoxville – File #679

d. Home Medical Equipment
American Wound Care Pros, Fort Worth, TX – File #1452
First Source Catheter, Inc, Cumming, GA – File #1460
Horizon Wound Care, Inc., Fort Worth, TX – File #1449
Lincare Powered Mobility, Inc., Daytona Beach, FL – File #1399
Lincare, Inc., Boone, NC- File #1411
Synapse Health, Inc., Skokie, IL – File #1445
Synergy DMEPOS, Fremont, CA – File #1429
The Diabetic Shoppe, Charleston, MS – File #1441
Dusara Corporation dba Universalmed Supply, Irving, TX – File #1458

e. Hospice
Heart'n Soul Hospice of Memphis, LLC, Memphis – File #631

f. Outpatient Diagnostic Center
Diagnostic Radiology Consultants, PA dba Prime Imaging Hixson, Hixson – File #80

2. Qualifying Applications - CHOWS

a. Assisted Care Living Facilities
Brookdale Goodlettsville, Goodlettsville – License #178
Clarendale at Indian Lake, Hendersonville – License #472
Commonwealth Senior Living at Oak Ridge, Oak Ridge dba Viva Senior Living at Oak Ridge – License #14
Franklin Manor, an Inspirit Senior Living Community, Winchester dba Viva Senior Living at Franklin Manor – License #191
Lincoln Manor, an Inspirit Senior Living Community, Fayetteville dba Viva Senior Living at Lincoln Manor– License #215
Wilson Manor, an Inspirit Senior Living Community, Lebanon dba Viva Senior Living @ Wilson Manor – License #158

b. Home Medical Equipment
Hospice Source, LLC dba StateServ Medical of Tennessee, LLC, Chattanooga– License #1042

D. License Status Updates

1. October and November Closed Facility Listing

E. Disciplinary Orders and Orders of Compliance

1. Stone Creek Memory Care f/k/a Hickory Hills Alzheimer's Special Care Center - ACLF #432 - Order of Compliance
2. Asbury Place at Steadman Hill – ACLF #33
   a. Respondent's Incident Report dated November 5, 2022, verified that Resident #9 climbed on top of Resident #8 pinning them by their wrists to the bed.
   b. On or about August 28, 2024, Respondent's Nursing Supervisor and Executive Director admitted that the Respondent failed to provide Protective Care to Resident #8.

c. Respondent's Facility Incident Report dated February 21, 2023, confirmed that Resident #7 fell out of their bed, hit their head, and suffered external bleeding. Resident #7 fell out of bed again at approximately 2:30 p.m. and was complaining of their head hurting when staff arrived.
d. On or about August 27, 2024, Respondent's Nursing Supervisor and Executive Director admitted that the Respondent's facility failed to provide safety for Resident #7.
e. Respondent's Incident Report dated November 30, 2023, verified that CNA "A" noticed Resident #6 was outside the building alone. Resident #6 was then brought back inside the facility by staff.
f. On or about August 27, 2024, Respondent's Executive Director admitted that the Respondent's facility failed to maintain awareness of the whereabouts of Resident #6.
g. On or about August 26, 2024, Respondent's Maintenance Director and Executive Director admitted that the space heater was located in the Respondent's kitchen.

The agreed upon settlement, subject to Commission approval is the following:

a. Respondent is hereby assessed one (1) Civil Monetary Penalty in the amount of two thousand dollars ($2,000.00). This CMP is issued for a violation of Tenn. Comp. R. and Regs. 0720-26-.07 (7)(a)(1) [Services Provided] – Protective Care.
b. Respondent is hereby assessed one (1) Civil Monetary Penalty in the amount of three thousand dollars ($3,000.00). This CMP is issued for a violation of Tenn. Comp. R. and Regs. 0720-26-.07 (7)(a)(2) [Services Provided] – Safety while in the ACLF.
c. Respondent is hereby assessed one (1) Civil Monetary Penalty in the amount of one thousand dollars ($1,000.00). This CMP is issued for a violation of Tenn. Comp. R. and Regs. 0720-26-.07 (7)(a)(3) [Services Provided] – Maintaining awareness of whereabouts.
d. Respondent is hereby assessed one (1) Civil Monetary Penalty in the amount of two thousand dollars ($2,000.00). This CMP is issued for a violation of Tenn. Comp. R. and Regs. 0720-26-.10 (2)(h) [Life Safety] – Prohibit open flame and space heaters.

The total assessed CMP amount is eight thousand dollars ($8,00.00).

3. Brookdale Belle Meade – ACLF #199

a. On or about July 22, 2024, Respondent's kitchen was observed to have black residue on the ceiling tiles, visible black residue and dust accumulation in the vent system over the food prep and counter area, black residue on the floors, baseboards, doors, and around cooking appliances and counter areas.
b. On or about July 22, 2024, Respondent's Dietary Manager admitted that the vents had black residue and dust around them, the floors, baseboards, doors, and areas around the cooking appliances and counters were all contaminated with dirty, black residue.
c. On or about July 23, 2024, Respondent's fire drill log verified that fire drills were not performed during sleeping hours during the second, third, and fourth quarter of 2023 and during the first and second quarter of 2024.
d. On or about July 23, 2024, Respondent's Maintenance Director and Administrator admitted that the fire drills during sleeping hours were not performed as required.

The agreed upon settlement, subject to Commission approval is the following:

a. Respondent is hereby assessed one (1) Civil Monetary Penalty in the amount of two thousand five hundred dollars ($2,500.00). This CMP is issued for a violation of Tenn. Comp. R. and Regs. 0720-26-.07(7)(c)(5) [Services Provided] – failure to maintain a clean and sanitary kitchen.

b. Respondent is hereby assessed one (1) Civil Monetary Penalty in the amount of one thousand dollars ($1,000.00). This CMP is issued for a violation of Tenn. Comp. R. and Regs. 0720-26- 10 (3)(b) [Life Safety] – failure to conduct fire drills during sleeping hours.

c. Respondent must submit proof of completion of fire drills to the Commission.

The total assessed CMP amount is three thousand five hundred dollars ($3,500.00).

4. Brookdale Colonial Heights – ACLF #148
   a. Respondent failed to prevent portable space heaters in the facility.
   b. On or about August 27, 2024, Respondent's Administrator was present when a space heater was discovered in the Marketing office.
   c. Respondent's Administrator admitted the presence of the space heater constituted a deficiency.

   The agreed upon settlement, subject to Commission approval is the following:
   a. Respondent is hereby assessed one (1) Civil Monetary Penalty in the amount of two thousand dollars ($2,000.00). This CMP is issued for a violation of Tenn. Comp. R. and Regs. 0720-26-.10 (2)(h) [Life Safety] – failure to prevent portable space heaters.

   The total assessed CMP amount is two thousand dollars ($2,000.00).

5. Carrick Glen Senior Living – ACLF #347
   a. On or about August 21, 2024, Respondent failed to produce documentation to show that fire drills had been performed during sleeping for the 1st, 2nd, and 3rd quarters of 2023, and for the 1st and 2nd quarters of 2024.
   b. On or about August 21, Respondent's Maintenance Director and CEO both admitted that there was no documentation for the above listed times to show that fire drills had been performed during sleeping hours, and that the drills had not been done as required.

   The agreed upon settlement, subject to Commission approval is the following:
   a. Respondent is hereby assessed one (1) Civil Monetary Penalty in the amount of two thousand dollars ($2,000.00). This CMP is issued for a violation of Tenn. Comp. R. and Regs. 0720-26-.10 (3)(b) [Life Safety] – failure to conduct fire drills each quarter during sleeping hours.

   The total assessed CMP amount is two thousand dollars ($2,000.00).

6. Great Southern Senior Living, LLC. – HFTA #634
   a. Respondent had requested and submitted plans to the Commission to increase capacity from eight (8) beds to ten (10) beds.
   b. Respondent's conversion of existing facility rooms was not complete at the time Commission Life Safety surveyors inspected the facility.
   c. Respondent used and housed residents in unapproved areas for between seven and eight weeks without a proper occupancy permit.
   d. On or about July 8, 2024, during an interview, Respondent's Administrator admitted that the renovations had not been completed and that residents were housed in unapproved areas.

   The agreed upon settlement, subject to Commission approval is the following:
   a. Respondent is hereby assessed one (1) Civil Monetary Penalty in the amount of three thousand five hundred dollars ($3,500.00). This CMP is issued for a violation of Tenn. Comp. R. and Regs. 0720-21-.07(5) [Building Standards], constituting a total of three (3) weeks of use of areas not approved for occupancy and in consideration of

Respondent's prior disciplinary history with the Commission which led to the issuance of a conditional licensure order.

The total assessed CMP amount is three thousand five hundred dollars ($3,500.00).

7. Greystone Healthcare Center – SNH #263
   a. Respondent failed to follow its policy on "Abuse Neglect, and Exploitation", revised January 10, 2024, for four residents, resulting in physical and sexual abuse of the residents.
   b. Resident #9 was observed by Respondent's staff touching Resident #11 inappropriately in their groin area.
   c. Resident #18 came into the room of Resident #17 and grabbed their hand and twisted it, causing a skin tear on Resident #17's finger. Resident #17 then scratched Resident #18 on the face.
   d. Resident #6 was observed by staff to hit Resident #5 in the chest with a soda can.

   The agreed upon settlement, subject to Commission approval is the following:

   a. Respondent is hereby assessed one (1) Civil Monetary Penalty in the amount of one thousand five hundred dollars ($1,500.00) for a violation of Tenn. Comp. R. and Regs. 0720-18-.12(1)(g) [Resident Rights] for failure to prevent abuse.

      The total assessed CMP amount is one thousand five hundred dollars ($1,500.00).

8. Harmony Hill – ACLF #107
   a. Respondent failed to conduct fire drills during the third shift for the 4th quarter of 2023, and the third shift of the 1st quarter of 2024.
   b. Respondent's Administrator admitted that the fire drills were not conducted as required.

   The agreed upon settlement, subject to Commission approval is the following:
   a. Respondent is hereby assessed one (1) Civil Monetary Penalty in the amount of two thousand dollars ($2,000.00). This CMP is issued for a violation of Tenn. Comp. R. and Regs. 0720-26-.10 (3)(a) [Life Safety] – failure to conduct fire drills for each shift of each quarter.

   The total assessed CMP amount is two thousand dollars ($2,000.00).

9. Hearthside Senior Living at Collierville – ACLF #383
   a. The Respondent failed to conduct fire drills as required by law and regulation for the first shift and second shift of 2024.
   b. Respondent's Maintenance Director and Administrator admitted the fire drill records were accurate.

   The agreed upon settlement, subject to Commission approval is the following:
   a. Respondent is hereby assessed one (1) Civil Monetary Penalty in the amount of two thousand dollars ($2,000.00). This CMP is issued for a violation of Tenn. Comp. R. and Regs. 0720-26-.10 (3)(a) [Life Safety] for failure to conduct fire drills as required by law and regulation.

   The total assessed CMP amount is two thousand dollars ($2,000.00).

10. Life Care Center of Blount County – SNH #408
    a. Respondent's facility investigation report dated August 21, 2023, confirmed that Resident #15 was found by facility staff standing beside the bed of Resident #14. Resident #15 was observed by staff to be disrobing and pulling the sheets back on the bed of Resident #14.

b. On or about July 10, 2023, Respondent's Executive Director (ED) admitted that a staff member observed Resident #15 with their brief off and attempting to remove the cover off of Resident #14.
c. Respondent's Executive Director further admitted that the incident between Resident #14 and #15 constituted the potential for abuse.

The agreed upon settlement, subject to Commission approval is the following:
a. Respondent is hereby assessed one (1) Civil Monetary Penalty in the amount of one thousand five hundred dollars ($1,500.00) for violating 0720-18-.12(1)(g) [Resident Rights].
b. Respondent will provide training to staff regarding its abuse policy and ways to prevent future abuse of residents. Proof of the training must be submitted to the Commission within thirty (30) calendar days of the effective date of this Order.
c. Respondent will provide to the Commission a written explanation addressing changes to the Plan of Care and increased supervision for residents with incidents of abuse. The written explanation must be submitted to the Commission within thirty (30) calendar days of the effective date of this Order.

The total assessed CMP amount is one thousand five hundred dollars ($1,500.00).

11. Lincoln Manor, an Inspirit Senior Living Community – ACLF #215
a. Respondent failed to ensure that Licensed Practical Nurse (LPN #1) had an updated nursing license and allowed LPN #1 to continue to work and administer medications to residents after her license had expired.
b. Respondent failed to maintain a clean and sanitary kitchen.
c. Respondent failed to update the Plan of Care for Resident #1.

The agreed upon settlement, subject to Commission approval is the following:
a. Respondent is hereby assessed one (1) Civil Monetary Penalty in the amount of one thousand dollars ($1,000.00) for violating Tenn. Comp. R. and Regs. 0720-26-.07(5)(b) [Services-Provided] for failure to ensure medication is administered by a properly licensed professional.
b. Respondent is hereby assessed one (1) Civil Monetary Penalty in the amount of five hundred dollars ($500.00) for violating Tenn. Comp. R. and Regs. 0720-26-.07(7)(c)(5) [Services Provided] for failure to maintain a clean and sanitary kitchen.
c. Respondent is hereby assessed one (1) Civil Monetary Penalty in the amount of one thousand five hundred dollars ($1,500.00) for violating Tenn. Comp. R. and Regs. 0720-26-.12 (5)(a) [Resident Records] for failure to update the Plan of Care.

The total assessed CMP amount is three thousand dollars ($3,000.00).

12. Laughlin Healthcare Center, - SNF #96

13. Oneida Nursing & Rehab Center, - SNF #224

14. Remember Me Senior Care at Wind Creek, - ACLF #515

15. The Bridge at Hickory Woods, - ACLF #360

F. HEALTHCARE FACILITIES LICENSE REGULAR CALENDAR

A. Facility Waiver Requests

1. N/A

B. Discussion(s)

1. Green Hills Center for Rehabilitation and Healing, LLC., Nashville -NH #52 (4th Report) Green Hills Center for Rehabilitation and Healing, LLC is to provide a report on how the facility is implementing the actions identified in its plan of correction. Ms. Tracy Branham, Administrator has submitted their 4th updated written report to the Commission.

2. Report from Vanderbilt University Medical Center, Nashville-Hospital #27 regarding services for its Hospital Care at Home Program.

   REPRESENTATIVE(S): Travis Swearingen, Counsel

3. Revision to Initial Home for the Aged Application Instruction Sheet - T.C.A. Reference

4. Rulemaking and Policy Amendment

C. Applications - Change of Ownership (Chows and Initials)

1. Special Consideration

   Initials – N/A

2. Chows –
   Parkwest Surgery Center, Lp, Knoxville – ASTC #136

D. Reports

1. Trauma

   Maury Regional Medical Center, Columbia – Level IV Trauma Center Full Designation

2. Nurse Aide/Abuse Registry

VI. CERTIFICATE OF NEED APPLICATIONS

A. Quality Hospice, Jamestown (Fentress County), TN CN2408-022
For the addition of Anderson, Campbell, Cumberland, Putnam, and Roane Counties to its service area (License #621). The address of the project will be 341 West Central Avenue, Suite B, Jamestown (Fentress County), Tennessee 38556. The applicant is owned by All Care Plus, Inc. Estimated project cost: $46,000.

OPPOSITION: Hospice Of Cumberland County; Covenant Homecare; Gentiva Hospice; and Hospice of Chattanooga Holdings

B. KabaFusion TN, LLC, Nashville (Davidson County), TN CN2405-012
For the establishment of a home care organization and the initiation of home health services with a parent office located at 2970 Sidco Drive, Nashville (Davidson County), Tennessee 37204. The proposed project will be limited to providing and administering home infusion and injection products to pharmacy patients of pharmacies which are subsidiaries of KabaFusion Holdings LLC. The project's proposed service area will consist of 67 Tennessee counties. Lake and Perry Counties are both CON exempt under the economically distressed designation. The applicant is owned by KabaFusion Holdings, LLC. Estimated project cost: $116,393.

C. KabaFusion TN, LLC, Nashville (Davidson County), TN CN2408-021
For the establishment of a home care organization and the initiation of home health services with a home office located at 2970 Sidco Drive, Nashville (Davidson County), TN 37204. The application is limited to providing and administering home infusion and injection products to patients of pharmacies which are subsidiaries of KabaFusion Holdings, LLC. The proposed 28-county service area will consist of Anderson, Blount, Campbell, Cheatham, Claiborne, Cocke,

Cumberland, Davidson, Dickson, Fayette, Grainger, Hamblen, Jefferson, Knox, Loudon, Madison, Monroe, Montgomery, Morgan, Roane, Robertson, Rutherford, Scott, Sevier, Sumner, Tipton, Williamson, and Wilson Counties. This application, together with CN2405-012 for 65 counties in Tennessee, which was deemed complete in July 2024, will serve 93 counties of Tennessee. Lake and Perry Counties are currently exempt from the CON process. The applicant is owned by KabaFusion Holdings, LLC. Estimated project cost: $116,393.

D. TriState Infusion, LLC., Memphis (Shelby County), TN CN2409-024

For the addition of 36 counties that include Bedford, Bledsoe, Bradley, Cannon, Cheatham, Clay, Coffee, Cumberland, Davidson, DeKalb, Franklin, Giles, Grundy, Hamilton, Jackson, Lincoln, Macon, Marion, Marshall, Maury, Meigs, Moore, Overton, Pickett, Putnam, Rhea, Robertson, Rutherford, Sequatchie, Smith, Sumner, Trousdale, Van Buren, Warren, White, Williamson, and Wilson to an existing licensed service area that includes 28 counties in Middle and West Tennessee (license #675). Home health services will be limited to infusion therapy nursing. The address of the project will be 1680 Century Center Parkway, Suite 10, Memphis, Shelby County, Tennessee, 38134. Tristate Infusion is owned by PRMc Holdings (90%) and LWS Holdings, LLC (10%), which are each 100% owned by Dr. Ryan McFerrin and Dr. Leah Simmons, respectively. Estimated project cost: $52,200.

E. MGA Home Healthcare Tennessee, LLC., Memphis (Shelby County), TN CN2409-025

To remove the age limitation (currently limited to pediatric patients under Certificate of Need exemption pursuant to TCA 68-11-1607 (s) (1)) from its current Home Health Agency license (#0000000640), so that the agency can initiate full service home health services in Bedford, Cheatham, Davidson, Dickson, Fayette, Rutherford, Shelby, Sumner, Tipton and Williamson Counties. The parent office is currently located at 1669 Kirby Parkway, Suite 100, Memphis (Shelby County), TN 38120 and its branch office is located at 3310 West End Avenue, Suite 500, Nashville (Davidson County), TN 37203. The applicant is owned by MGA Home Healthcare Tennessee Holdings, LLC. Estimated project cost: $1,402,000.

F. PruittHealth - Nashville, LLC., Nashville (Davidson County), TN CN2409-026

For the relocation and replacement of a 111-bed nursing facility formerly known as Crestview Care and Rehabilitation Center located at 2030 25th Avenue North, Nashville (Davidson County), TN 37208 to 1511 Bell Road, Nashville (Davidson County), Tennessee 37211. The service area for the project is Davidson County. The applicant is ultimately owned by United Health Services, Inc. Estimated project cost: $36,276,888.

G. CSH/LP Behavioral Health and Rehabilitation Tennessee, LLC., Ooltewah (Hamilton County), TN CN2409-027

For the establishment of a 40-bed rehabilitation facility located at an unaddressed site on Mountain View Road, Ooltewah (Hamilton County), Tennessee 37363. The service area for the project consists of seven counties from the State of Tennessee: Bradley, Hamilton, McMinn, Meigs, Monroe, Polk and Rhea as well as four additional Georgia counties: Catoosa, Murray, Walker and Whitfield. The applicant is owned by owned by CSH/LP Rehabilitation Holdings, LLC and LPNT IRF Development 76, LLC with an ownership type of Joint Venture and to be managed by CHC Management Services, LLC. Estimated project cost: $79,986,079.

VII. OTHER BUSINESS

VIII. ADJOURNMENT

HEALTH FACILITIES COMMISSION

Certificate of Need

MEETING MINUTES

December 11, 2024

LOCATION: Cordell Hull Senate Hearing Room 1, 425 Rep. John Lewis Way N., Nashville, TN 37243

COMMISSION MEMBERS PRESENT

Melanie Keller, Vice-Chairman
Tim Evans
James Wright
Barbara Brennan
Michael Denney
Jeremy Biggs
Johnny Lai, Designee for TennCare
Nicole Sweitzer, Designee for Comptroller

COMMISSION MEMBERS ABSENT

Lauren Legate
Rick Chinn, Chairman
Mike Ussery

COMMISSION STAFF PRESENT

Phillip Earhart, Deputy Director
Jim Christoffersen, General Counsel
Alecia Craighead, Data and Analysis Administrator
Lowavia Eden-Hoback, Office and Resource Manager
Thomas Pitt, HFC Examiner
Ann R. Reed, Deputy Director of Licensure & Regulation
Joel Clinton, Statistical Research Specialist
Caroline Tippens, Director of Licensure & Regulation

COURT REPORTER

April Daniel

CALL TO ORDER:

The meeting was called to order at 9:00 a.m. by Ms. Melanie Keller with the following members present: Sweitzer, Keller, Evans, Wright, Brennan, Denney, Biggs, and Lai. A quorum was established with Eight members present.

DIRECTOR'S ANNOUNCEMENTS

The January 22, 2025, meeting will be held at the TN Tower, Nashville Hearing Room, 3rd Floor, Nashville TN.

APPROVAL OF MINUTES

Ms. Keller presented the October 23, 2024, minutes for approval.

Ms. Sweitzer moved for approval with Mr. Evans providing the second.

The motion CARRIED [8-0-0] unanimously by voice vote. **APPROVED.**

CERTIFICATE OF NEED APPLICATIONS

PC 557 eliminated TCA § 68-11-1616, which had provided that "each decision rendered by the Health Facilities Commission shall include written documentation and explanation of the factual and legal basis upon which the commission grants or denies the Certificate of Need." PC 557 only requires this for applications that are denied.

Therefore, for applications filed on or after the effective date of the relevant portions of PC 557 (10/1/2021), a simple motion to approve an application will suffice, and a motion to deny must include an explanation of the factual and legal basis as to why one or more of the criteria have not been met.

Five Certificate of Need applications were considered under the regular CON agenda.

Phillip Earhart introduced the following four applications that were under consideration and with four (4) being approved.

1. KabaFusion TN, LLC, Nashville (Davidson County), TN – CN2405-012

Request: **For the establishment of a home care organization and the initiation of home health services with a parent office located at 2970 Sidco Drive, Nashville (Davidson County), Tennessee 37204. The proposed project will be limited to providing and administering home infusion and injection products to pharmacy patients of pharmacies which are subsidiaries of KabaFusion Holdings LLC. The project's proposed service area will consist of 67 Tennessee counties. Lake and Perry Counties are both CON exempt under the economically distressed designation. The applicant is owned by KabaFusion Holdings, LLC. Estimated project cost: $116,393.**

RECUSED: Wright, Keller

Limitation: Limited to providing and administering home infusion and injection products to pharmacy patients of pharmacies which are subsidiaries of KabaFusion Holdings, LLC.

Ms. Brennan moved for approval with Mr. Lai providing the second.

Five members voted to approve the application—Lai, Brennan, Denney, Evans, and Biggs. The motion CARRIED [5-0-0].

2. KabaFusion TN, LLC, Nashville (Davidson County), TN – CN2408-021

Request For the establishment of a home care organization and the initiation of home health services with a home office located at 2970 Sidco Drive, Nashville (Davidson County), TN 37204. The application is limited to providing and administering home infusion and injection products to patients of pharmacies which are subsidiaries of KabaFusion Holdings, LLC. The proposed 28-county service area will consist of Anderson, Blount, Campbell, Cheatham, Claiborne, Cocke, Cumberland, Davidson, Dickson, Fayette, Grainger, Hamblen, Jefferson, Knox, Loudon, Madison, Monroe, Montgomery, Morgan, Roane, Robertson, Rutherford, Scott, Sevier, Sumner, Tipton, Williamson, and Wilson Counties. This application, together with CN2405-012 for 65 counties in Tennessee, which was deemed complete in July 2024, will serve 93 counties of Tennessee. Lake and Perry Counties are currently exempt from the CON process. The applicant is owned by KabaFusion Holdings, LLC. Estimated project cost: $116,393.

RECUSED: Wright, Keller

Limitation: Limited to providing and administering home infusion and injection products to pharmacy patients of pharmacies which are subsidiaries of KabaFusion Holdings, LLC.

Mr. Lai moved for approval with Mr. Evans providing the second.

Five members voted to approve the application— Lai, Denney, Evans, Brennan, and Biggs. The motion CARRIED [5-0-0].

3. TriState Infusion, LLC, Memphis (Shelby County), TN – CN2409-024

Request For the addition of 37 counties that include Bedford, Bledsoe, Bradley, Cannon, Cheatham, Clay, Coffee, Cumberland, Davidson, DeKalb, Franklin, Giles, Grundy, Hamilton, Jackson, Lincoln, Macon, Marion, Marshall, Maury, Meigs, Moore, Overton, Pickett, Putnam, Rhea, Robertson, Rutherford, Sequatchie, Smith, Sumner, Trousdale, Van Buren, Warren, White, Williamson, and Wilson to an existing licensed service area that includes 28 counties in Middle and West Tennessee (license #675). Home health services will be limited to infusion therapy nursing. The address of the project will be 1680 Century Center Parkway, Suite 10, Memphis, Shelby County, Tennessee, 38134. Tristate Infusion is owned by PRMc Holdings (90%) and LWS Holdings, LLC (10%), which are each 100% owned by Dr. Ryan McFerrin and Dr. Leah Simmons, respectively. Estimated project cost: $52,200.

LIMITATION: Limited to infusion therapy nursing.

RECUSED: Keller

Ms. Brennan moved for approval with Mr. Evans providing the second.

Six members voted to approve the application— Evans, Denney, Wright, Brennan, Lai, and Biggs. The motion CARRIED [6-0-0].

4. CSH/LO Behavioral Health and Rehabilitation Tennessee, LLC, Ooltewah (Hamilton County), TN – CN2409-027

Request For the establishment of a 40-bed rehabilitation facility located at an unaddressed site on Mountain View Road, Ooltewah (Hamilton County), Tennessee 37363. The service area for the project consists of seven counties from the State of Tennessee: Bradley, Hamilton, McMinn, Meigs, Monroe, Polk and Rhea as well as four additional Georgia counties: Catoosa, Murray, Walker and Whitfield. The applicant is owned by owned by CSH/LP Rehabilitation Holdings, LLC and LPNT IRF Development 76, LLC with an ownership type of Joint Venture and to be managed by CHC Management Services, LLC. Estimated project cost: $79,986,079.

RECUSED: Evans

Ms. Sweitzer moved for approval with Mr. Biggs providing the second.

Six members voted to approve the application— Sweitzer, Denney, Wright, Brennan, Lai, and Biggs. The motion CARRIED [6-0-0].

The following three applications were deferred to the January 22, 2025, Commission meeting:

1. Quality Hospice, Jamestown (Fentress County), TN – CN2408-022

Request: For the addition of Anderson, Campbell, Cumberland, Putnam, and Roane Counties to its service area (License #621). The address of the project will be 341 West Central Avenue, Suite B, Jamestown (Fentress County), Tennessee 38556. The applicant is owned by All Care Plus, Inc. Estimated project cost: $46,000.

(DEFERRED TO JANUARY 2025 DUE TO QUORUM REQUIREMENTS)

2. MGA Home Healthcare Tennessee, LLC, Memphis (Shelby County), TN – CN2409-025

Request: To remove the age limitation (currently limited to pediatric patients under Certificate of Need exemption pursuant to TCA 68-11-1607 (s) (1)) from its current Home Health Agency license (#0000000640), so that the agency can initiate full-service home health services in Bedford, Cheatham, Davidson, Dickson, Fayette, Rutherford, Shelby, Sumner, Tipton and Williamson Counties. The parent office is currently located at 1669 Kirby Parkway, Suite 100, Memphis (Shelby County), TN 38120 and its branch office is located at 3310 West End Avenue, Suite 500,

Nashville (Davidson County), TN 37203. The applicant is owned by MGA Home Healthcare Tennessee Holdings, LLC. Estimated project cost: $1,402,000.

(DEFERRED TO JANUARY 2025 DUE TO QUORUM REQUIREMENTS)

3. Pruitthealth – Nashville, LLC, Nashville (Davidson County), TN – CN2409-026

Request: For the relocation and replacement of a 111-bed nursing facility formerly known as Crestview Care and Rehabilitation Center located at 2030 25th Avenue North, Nashville (Davidson County), TN 37208 to 1511 Bell Road, Nashville (Davidson County), Tennessee 37211. The service area for the project is Davidson County. The applicant is ultimately owned by United Health Services, Inc. Estimated project cost: $36,276,888.

(DEFERRED TO FEBRUARY 28, 2025 (As of 12/6/2024)

OTHER BUSINESS – Not Applicable

ADJOURNMENT
There being no further business, the meeting adjourned.

Logan Grant, Executive Director

HFC Minutes provide a brief summary of commission actions. A detailed record of each meeting (recording and transcript) is available upon request by contacting the HFC office.

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 6 **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
09/07/2022 - 09/08/2022		Nevada		
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Not assigned		Nevada State Board of Pharmacy		
Reason/Charge				
Appearance Regarding Compounding Pharmacy License Application; Agenda and Minutes				
Plaintiff/Defendant/Claimant/Respondent		**Lawsuit/Arbitration/Bankruptcy**		
KabaFusion NV		Appearance		
Name of Business/Industry/Entity				
KabaFusion NV				

Provide explanation below: See Attachment.

Original Signature (electronic, copies or stamps not accepted)

9-29-25
Date

KabaFusion
Patient-Focused Infusion Therapy

Regarding Appearance Before the Nevada State Board of Pharmacy For GTMI Corporation DBA KabaFusion NV (Henderson)

On September 8, 2022, GTMI Corporation DBA KabaFusion NV, appeared to discuss its change of ownership application.

CORPORATE (WEST COAST)
17777 Center Court Dr., Ste. 550, Cerritos, CA 90703
P: 800-435-3020 F: 562-860-6017

CORPORATE (EAST COAST)
80 Hayden Ave., Suite 300, Lexington, MA 02421
P: 844-777-4844 F: 781-862-2002

www.kabafusion.com

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (05/18/2023)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler/Dispensing Site: GTMI Corporation dba KabaFusion NV

Pharmacy/MDEG/Wholesaler/Dispensing Practitioner License # (if applicable): PH03434

Physical Address: 1510 W. Sunset Road, Suite 120

City: Henderson State: NV Zip: 89014

Mailing Address (if different from physical address): 17777 Center Court Drive N, Suite 550

City: Cerritos State: CA Zip: 90703

Telephone: 702-476-6996 Website: www.kabafusion.com

Licensing Company Email: kabafusionlicensing@kabafusion.com

Section 2: Personal Information

First: Sohail Middle: Last: Merchant

Alias(es, nicknames, name changes, etc.):

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☑ M ☐ F ☐ X

Mailing Address: [redacted]

City: [redacted] State: [redacted] Zip: [redacted]

Telephone: [redacted] Email: [redacted]

Are you a citizen of the United States? ☑ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (05/18/2023)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler/Dispensing Site: Home Care Services, Inc. dba KabaFusion NJ

Pharmacy/MDEG/Wholesaler/Dispensing Practitioner License # (if applicable): PH02686

Physical Address: 160 Raritan Center Pkwy, Suite 18

City: Edison State: NJ Zip: 08837

Mailing Address (if different from physical address): 17777 Center Court Drive N, Suite 550

City: Cerritos State: CA Zip: 90703

Telephone: 800-383-8393 Website: www.kabafusion.com

Licensing Company Email: kabafusionlicensing@kabafusion.com

Section 2: Personal Information

First: Sohail Middle: Last: Merchant

Alias(es, nicknames, name changes, etc.):

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☑ M ☐ F ☐ X

Mailing Address: [redacted]

City: [redacted] State: [redacted] Zip: [redacted]

Telephone: [redacted] Email: [redacted]

Are you a citizen of the United States? ☑ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (05/18/2023)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler/Dispensing Site KabaFusion, LLC

Pharmacy/MDEG/Wholesaler/Dispensing Practitioner License # (if applicable) PH02917

Physical Address 17777 Center Court Drive, Suite 175

City Cerritos State CA Zip 90703

Mailing Address (if different from physical address) 17777 Center Court Drive N, Suite 550

City Cerritos State CA Zip 90703

Telephone 877-577-4844 Website www.kabafusion.com

Licensing Company Email kabafusionlicensing@kabafusion.com

Section 2: Personal Information

First Sohail Middle _____ Last Merchant

Alias(es, nicknames, name changes, etc.) _____

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☑ M ☐ F ☐ X

Mailing Address [redacted]

City [redacted] State [redacted] Zip [redacted]

Telephone [redacted] Email [redacted]

Are you a citizen of the United States? ☑ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
California State University, Northridge		08/87-06/94	
Address	**City**	**State**	**Zip**
18111 Nordhoff Street	Northridge	CA	91330
Diploma/Degree obtained, if any			
BS, Business Administration, Accounting Theory and Practice Option			

School Name		From - To (MM/YY – MM/YY)	
Saint Lawrence		01/72-12/86	
Address	**City**	**State**	**Zip**
V2W8+2QF, Manghopir Rd., Pak Colony Asif Colony	Karachi City, Sindh Pakistan		
Diploma/Degree obtained, if any			
Matriculation			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
10/19-Present	[redacted]			
06/12-10/19				
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name			From - To (MM/YY – MM/YY)	
KabaFusion Holdings, LLC			10/09-Present	
Business Address		**City**	**State**	**Zip**
17777 Center Court Drive N, Suite 550		Cerritos	CA	90703
Phone	**Title**			
800-435-3020	Chief Financial Officer			
Description of Duties				
Oversee operations of the company including corporate functions and manage departments and teams with the organization to support business. Responsible for managing the overall financial actives of the company including providing leadership, direction and managements of the finance and accounting team.				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**			
Description of Duties				

Continue on next page if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?	✓	
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?	✓	
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.	✓	
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Sohail Merchant

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

9/22/2025

Date

Please have this section completed in the presence of a Notary Public.

State of _____, ss. County of

_____

I, ___Sohail Merchant_____, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

9/22/2025

Date

Subscribed and Sworn to before me this _____ day of _____

See Attached Certificate

Notary Public Signature

(Seal)

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California
County of LOS ANGELES

Subscribed and sworn to (or affirmed) before me on this 22ND day of SEPTEMBER, 20 25, by SOHAIL MERCHANT,
proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

FELICIA YILMAZ
Notary Public - California
Los Angeles County
Commission # 2516625
My Comm. Expires May 4, 2029

(Seal) Signature Felicia Yilmaz

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 5 &6 . Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
12/22/2010		New Jersey		
Case # Inspection Report No. 8-5108-10-1445		**Governing, licensing, Arresting Presiding Body/Agency/Court** NJ Division of Consumer Affairs, Board of Pharmacy		
Reason/Charge Violation of Federal or Statute or Statutes, Regulations or Rules; Fine Paid				
Plaintiff/Defendant/Claimant/Respondent Home Care Services, Inc.		**Lawsuit/Arbitration/Bankruptcy** Complaint		
Name of Business/Industry/Entity Home Care Services, Inc.				

Provide explanation below: See Attachment.

Original Signature (electronic copies or stamps not accepted)

9/22/2025
Date

KabaFusion
Patient-Focused Infusion Therapy

Regarding Disiplinary Action for Home Care Services, Inc. DBA KabaFusion NJ (Edison)

In October 2010 Home Care Services, Inc. was acquired by KabaFusion and began undergoing operational and leadership transitions. The minor violation and fine imposed occurred soon after the acquisition of the pharmacy, copy enclosed.

CORPORATE (WEST COAST)
17777 Center Court Dr., Ste. 550, Cerritos, CA 90703
P: 800-435-3020 F: 562-860-6017

CORPORATE (EAST COAST)
80 Hayden Ave., Suite 300, Lexington, MA 02421
P: 844-777-4844 F: 781-862-2002

www.kabafusion.com

28R S0066 9700 74328

CHRIS CHRISTIE
Governor

KIM GUADAGNO
Lt. Governor

New Jersey Office of the Attorney General
Division of Consumer Affairs
Board of Pharmacy
124 Halsey Street, 6th Floor, Newark, NJ 07102

PAULA T. DOW
Attorney General

THOMAS R. CALCAGNI
Acting Director

Mailing Address:
P.O. Box 45013
Newark, NJ 07101
(973) 504-6450

December 22, 2010

By Certified and Regular Mail

Walter Molokie, RPIC
Home Care Services, Inc
55 Liberty Street
Metuchen, NJ 08840

Re: Inspection Report # **8-8108-10-1445**

Dear Mr. Molokie:

This letter is to advise you that the New Jersey State Board of Pharmacy (the "Board") has had an opportunity to review information concerning the above inspection report.

Upon review of all available information, the board has preliminarily found that you are responsible for the violations noted on **Attachment A.**

The Board has determined that it will first offer you an opportunity to settle this matter and thereby avoid the initiation of formal disciplinary proceedings. Should you wish to avail yourself of this opportunity, you should sign the acknowledgment below and agree to the following:

1. **Cease and desist** in engaging in the conduct alleged and pay a penalty in the amount of **$50.00** (to be paid upon signing of this certification).
2. Provide to the Board a **Letter of Correction.**

Alternatively you may waive your right to a hearing and submit a written statement or explanation to the Board. The Board will then consider your submission and render a final decision, which may include any of the terms set forth above. Any disposition by way of a settlement will be a public record, and will have the same effect as an order of the Board. Any failure to comply with the terms to which you agree will be deemed a violation.

If you do not wish to settle this matter, you may request a hearing. In that event, this letter will serve as notice of the charges against you and a hearing will be scheduled before the Board. At that hearing you either personally or with the assistance of an attorney will have an opportunity to respond to the charges and submit evidence and present testimony as may be necessary in order for the Board to make a final determination concerning the charges of unlawful activity.

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DIVISION OF CONSUMER AFFAIRS
BOARD OF PHARMACY
124 HALSEY ST., 6TH FL., P.O. BOX 45013
NEWARK, NJ 07101

You should be aware that in making its final decision, the Board may, if unlawful activity has been proven, assess civil penalties in an amount greater than that offered in this letter. Additionally, the Board may, if the facts are found to so warrant, enter an order requiring you to reimburse certain monies, directing you to cease and desist from engaging in unlawful acts and/or requiring you to pay costs incurred in the matter.

Should you have any questions concerning this letter or the settlement offer herein, I suggest that you contact The Board of Pharmacy, at (973) 504-6450.

The enclosed certification should be completed and returned to the Board within fifteen (15) days following your receipt of this letter. In the event that the Board receives no response from you within fifteen (15) days, the Board's settlement offer will be withdrawn, and you will be deemed in default. The allegations against you will be deemed uncontested. The Board will then proceed to schedule the matter for final review and will enter an appropriate order. Once an order has been entered, your failure to pay any penalties may result in further action to suspend or revoke your license.

NEW JERSEY STATE
BOARD OF Pharmacy

By: Joanne Boyer
Joanne Boyer, RPh
Executive Director

cc: Sohail Masood, Owner

JB/sk

DIVISION OF CONSUMER AFFAIRS
BOARD OF PHARMACY
124 HALSEY ST., 6TH FL., P.O. BOX 45013
NEWARK, NJ 07101

CERTIFICATION

I, Walter Mulvihill, hereby acknowledge that I have read and reviewed the Board's letter regarding allegations of violations of the Board's enabling act and/or regulations.

Please check one:

X I acknowledge the conduct which has been charged and agree to:

1. **Cease and desist** in engaging in the conduct alleged and pay a penalty in the amount of **$50.00** (to be paid upon signing of this certification).
2. Provide to the Board a **Letter of Correction.**

I am also aware that the action taken against me by the Board here is a matter of public record, and that the Board's letter and this certification are public documents.

_____ I hereby waive any rights I may have to a hearing in this matter in order to defend myself against any charges, but ask the Board to **consider my explanation** before rendering its final decision. I understand that the Board may order any of the terms specified in its letter and that if it does so I will be obligated to comply. I am also aware that the action taken against me by the Board herein is a matter of public record, and that the Board's letter and this certification are public documents. Failure to comply may subject me to further disciplinary action and any failure to make a required payment will result in the filing of a certificate of debt.

_____ **I request a formal administrative hearing** to contest the charges specified in the UPL. I understand that I will be advised of the time, date and place for that hearing at another time. I am aware that I may be represented by an attorney and that at the time of the hearing I may submit to the Board testimony and documentation relevant to the charges. I understand that in making its final decision, the Board may, if unlawful activity has been proven, assess civil penalties in an amount greater than that herein offered in its letter and may order such other remedies as it may deem appropriate. I am also aware that this proceeding is a matter of public record and that the Board's letter and this certification are public documents.

Walter Mulvihill
(Signature)

1/20/2011
(Dated)

WALTER MULVIHILL
(Print Name)

Dated:

Ref: **Walter Molokie, RPIC**
Home Care Services, Inc
55 Liberty Street
Metuchen, NJ 08840
License# 28RS00559700

Inspection Report #8-6106-10-1445
Letter of Correction
12-8-10
Complaint
74328

JB/sk

PAID
2-10-11

DIVISION OF CONSUMER AFFAIRS
BOARD OF PHARMACY
124 HALSEY ST., 6TH FL., P.O. BOX 45013
NEWARK, NJ 07101

Attachment A

HOME CARE SERVICES, INC, 55 Liberty Street, Metuchen, NJ 08840, Walter Molokie, RPIC. Bureau File# 8-6106-10-1445. Period 11-12-10.

REFERENCE: Transfer of Ownership

DETAILS:

Cite	Fine	Description
[13:39-3.6]	$50.00	A copy of the biennial license belonging to Dipali Trivedi, 28RI02390000, was posted on display.
	$50.00	

DIVISION OF CONSUMER AFFAIRS
BOARD OF PHARMACY
124 HALSEY ST., 6TH FL., P.O. BOX 45013
NEWARK, NJ 07101

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 5 & 6. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
12/03/2020		Florida		
Case # Florida Board of Pharmacy Meeting Agenda dated 12/03/2020 and Minutes		**Governing, licensing, Arresting Presiding Body/Agency/Court** Florida Board of Pharmacy		
Reason/Charge Appearance Regarding Acceptance of License				
Plaintiff/Defendant/Claimant/Respondent At Home Infusion Services LLC		**Lawsuit/Arbitration/Bankruptcy** Appearance via Telephone Conference Call		
Name of Business/Industry/Entity At Home Infusion Services LLC				

Provide explanation below: See Attachment.

Original Signature (electronic, copies or stamps not accepted)

9/22/2025
Date

KabaFusion
Patient-Focused Infusion Therapy

Appearance Regarding Acceptance of License Application for
At Home Infusion Services LLC DBA KabaFusion FL (Orlando)

On December 3, 2020 At Home Infusion Services LLC DBA KabaFusion FL appeared at the Florida Board of Pharmacy meeting, via telephone conference call, regarding its Community Pharmacy License Application. After brief discussion, the Florida Board of Pharmacy moved to accept the application. A copy of the December 3, 2020 Florida Board of Pharmacy Meeting Agenda and Minutes are enclosed.

CORPORATE (WEST COAST)
17777 Center Court Dr., Ste. 550, Cerritos, CA 90703
P: 800-435-3020 F: 562-860-6017

CORPORATE (EAST COAST)
80 Hayden Ave., Suite 300, Lexington, MA 02421
P: 844-777-4844 F: 781-862-2002

BOARD OF PHARMACY
GENERAL BUSINESS MEETING AGENDA
TELEPHONE CONFERENCE CALL
December 3, 2020
1:00 p.m. ET
Call In Number: (888) 585-9008
Conference Code: 599-196-982(#)

Participants in this public meeting should be aware that these proceedings are being recorded and that an audio file of the meeting will be posted to the board's website.

I. CALL TO ORDER/ROLL CALL

II. APPLICATIONS FOR REVIEW – David Wright, BPharm

A. Pharmacists

i. Sanjeev Seenath
ii. Theresa Ballington

B. Registered Pharmacy Technician

i. James Morrell
ii. Jessica Leavesley
iii. Malinda Barconey
iv. Zadella Thompson
v. Joshua Camesa
vi. Jarvis Manns
vii. Mark Stevenson

C. Pharmacy Permits

i. Total Vein Pharmacy, LLC.
ii. Maple Rose Enterprises, Inc.
iii. At Home Infusion Services, LLC.

III. PETITION FOR VARIANCE OR WAIVER

A. Mirlande Pierre, 64B16-26.300, F.A.C., Consultant Pharmacist Licensure
B. Mounica Jammu, 64B16-26.300, F.A.C., Consultant Pharmacist Licensure
C. Jelisabel Irizarry-Gonzalez, 64B16-26.300, F.A.C., Consultant Pharmacist Licensure
D. Stellar Pharmacy Services, Inc.

IV. PETITION TO INITIATE RULEMAKING

A. RxSafe, LLC., Panama Pharmacy, and Pine Brook Pharmacy, 64B16-28.108, F.A.C., All Permits – Labels and Labeling of Medicinal Drugs

V. RULE DISCUSSION

A. Consultant Pharmacist of Record, Emergency Rule
B. Application Redesign

i. 64B16-26.2032, F.A.C., Application for Pharmacy Intern Registration
ii. 64B16-26.303, F.A.C., Nuclear Pharmacist Licensure
iii. 64B16-26.350, F.A.C., Requirements for Pharmacy Technician Registration

iv. 64B16-300, F.A.C., Consultant Pharmacist for Licensure

VI. REPORTS – Rich Montgomery, BPharm, MBA, Chair

A. Board Chair

B. Executive Director's Report – Jessica Sapp, Executive Director

i. Financial Reports
ii. 2021 Probable Cause Panel Dates
iii. Human Trafficking CE Requirement
iv. Virtual Chat Agent: ELI
v. Staff Recognition

C. Board Counsel Report – Christopher Dierlam, Assistant Attorney General

i. Rules Status Report

D. Investigative Services Report – Robert Difiore, Pharmaceutical Program Manager

VII. NEW BUSINESS – Rich Montgomery, BPharm, MBA, Chair

A. 2021 Election of Officers

B. Ratification of Issued Licenses/Certificates

i. Pharmacist (Licensure) – 250
ii. Pharmacist (Exam Eligibility) – 330
iii. Pharmacist Interns – 384
iv. Consultant Pharmacist – 46
v. Pharmacy/Facilities – 108
vi. Registered Pharmacy Technicians – 1085
vii. Registered Pharmacy Technician Training Program – 16
viii. Nonresident Sterile Compounding – 3
ix. Approved CE Courses – 45
x. Individual Pharmacist Request for Approval of CE - 6

VIII. OLD BUSINESS – Rich Montgomery, BPharm, MBA, Chair

A. Review and Approval of Meeting Minutes

i. October 13, 2020 Rules Committee Minutes
ii. October 13, 2020 General Board Meeting Minutes
iii. October 14, 2020 General Board Meeting Minutes

IX. FOR YOUR INFORMATION

A. Sophic Medical Presentation

X. ADJOURNMENT

Draft Minutes

December 3, 2020
TELEPHONE CONFERENCE CALL
1:00 p.m. ET
Call In Number: (888) 585-9008
Conference Code: 599-196-982(#)

Jonathan Hickman, PharmD
Chair

Jessica Sapp, Executive Director

BOARD OF PHARMACY
GENERAL BUSINESS MEETING AGENDA
TELEPHONE CONFERENCE CALL
DRAFT MINUTES
October 14, 2020
8:00 a.m. ET
Call In Number: (888) 585-9008
Conference Code: 599-196-982(#)

Participants in this public meeting should be aware that these proceedings are being recorded and that an audio file of the meeting will be posted to the board's website.

I. CALL TO ORDER/ROLL CALL

Call to Order - The meeting was called to order by Board Chair, Dr. Hickman, at 1:00 p.m. ET.

Those present during the meeting included the following:

MEMBERS PRESENT:
Jonathan Hickman, PharmD, Chair
David Wright, BPharm
Jeenu Philip, BPharm
Jeffrey J. Mesaros, PharmD, JD
Gavin Meshad, Consumer Member
Patty Ghazvini, PharmD, BCGP
Dorinda Segovia, PharmD
Maja Gift, BPharm, MHA, CPH

STAFF PRESENT:
Jessica Sapp, Executive Director
Traci Zeh, Program Administrator

BOARD COUNSEL:
Christopher Dierlam, Assistant Attorney General

PROSECUTION ATTORNEY:
Andrew Pietrylo, DOH Prosecution Services
Alejandro Camacho, DOH Prosecution Services

COURT REPORTER:
For the Record
150 Mahan Drive, Suite 140
Tallahassee, FL 32308
(850) 222-5491
(850) 224-5316 (Fax)

II. APPLICATIONS FOR REVIEW – David Wright, BPharm

A. Pharmacists

i. Sanjeev Seenath

The applicant was present and represented by Edwin Bayo, Esq.

The applicant applied for a pharmacist license and answered yes to criminal history questions on his application.

After further discussion the Board took the following action:

Motion: by Mr. Philip to accept the application.
Second: by Mr. Meshad
Vote: 4/1. Dr. Hickman opposed.

ii. Theresa Ballington

The applicant was present.

The applicant applied for a pharmacist license and answered yes to criminal history questions on her application.

After further discussion the Board took the following action:

Ms. Ballington requested to waive the 90-day requirement of her application to allow her time to supply the Board with a copy of her evaluation completed in the state of Illinois.

Motion: by Dr. Hickman to approve the request to continue her the application and to delegate Mr. Wright to review the evaluation to determine if Ms. Ballington is sufficiently safe to practice.
Second: by Dr. Mesaros
Vote: Unanimous

B. Registered Pharmacy Technician

i. James Morrell

The applicant was present.

The applicant applied for a registered pharmacy technician license and answered yes to criminal history questions on his application.

After further discussion the Board took the following action:

Motion: by Dr. Hickman to accept the application.
Second: by Dr. Mesaros
Vote: Unanimous

ii. Jessica Leavesley

Mr. Wright stated for the record he is professionally associated with the applicant. Due to his recusal, the application was tabled to the December 16, 2020 meeting due to lack of quorum.

iii. Malinda Barconey

The applicant was present.

The applicant applied for a registered pharmacy technician license and answered yes to health history questions on her application.

Mr. Philip stated that even though Ms. Barconey completed her training through Walgreens, he

has no professional association with Ms. Barconey and would not need to recuse himself.

After further discussion the Board took the following action:

Ms. Barconey requested to waive the 90-day requirement of her application to allow her time to receive an evaluation from Professional Resources Network (PRN).

Motion: by Dr. Hickman to approve the request to continue her the application for six months and to delegate Mr. Wright to review the evaluation to determine if Ms. Barconey is sufficiently safe to practice.
Second: by Dr. Mesaros
Vote: Unanimous

iv. Zabella Thompson

The applicant was present.

The applicant applied for a registered pharmacy technician license and answered yes to criminal history questions on her application.

After further discussion the Board took the following action:

Motion: by Mr. Philip to accept the application.
Second: by Dr. Mesaros
Vote: Unanimous

v. Joshua Camesa

The applicant was present.

The applicant applied for a registered pharmacy technician license and answered yes to health history questions on his application.

After further discussion the Board took the following action:

Mr. Camesa requested to waive the 90-day requirement of his application to allow him time to receive an evaluation from Professional Resources Network (PRN).

Motion: by Mr. Meshad to approve the request to continue the application for six months and to delegate Mr. Wright to review the evaluation to determine if Mr. Camesa is sufficiently safe to practice.
Second: by Dr. Hickman
Vote: Unanimous

vi. Jarvis Manns

The applicant was present.

The applicant applied for a registered pharmacy technician license and answered yes to criminal history questions on his application.

After further discussion the Board took the following action:

Mr. Manns requested to waive the 90-day requirement of his application.

Motion: by Mr. Meshad to approve the request to continue the application for six months to allow time to retrieve additional criminal documentation.
Second: by Dr. Hickman
Vote: Unanimous

vii. Mark Stevenson

The applicant was present.

Mr. Philip stated that even though Mr. Stevenson completed his training through Walgreens, he has no professional association with Mr. Stevenson and would not need to recuse himself.

The applicant applied for a registered pharmacy technician license and answered yes to criminal and health history questions on his application.

After further discussion the Board took the following action:

Mr. Stevenson requested to waive the 90-day requirement of his application to allow him time to receive an evaluation from Professional Resources Network (PRN).

Motion: by Dr. Hickman to approve the request to continue the application for six months and to delegate Mr. Wright to review the evaluation to determine if Mr. Stevenson is sufficiently safe to practice.
Second: by Mr. Meshad
Vote: Unanimous

C. Pharmacy Permits

i. Total Veins Pharmacy, LLC.

The applicant was present.

The applicant applied for a Nonresident Sterile Compounding Permit. The applicant answered yes to disciplinary questions on the application.

After further discussion the Board took the following action:

Motion: by Dr. Hickman to accept the application.
Second: by Mr. Philip
Vote: Unanimous

ii. Maple Rose Enterprises, Inc.

The applicant was present.

The applicant applied for a Nonresident Pharmacy Permit. The applicant answered yes to disciplinary questions on the application.

During the August Board Meeting, it was requested that Maple Rose Enterprises, Inc. reappear before the Board in December with a new inspection report.

After further discussion the Board took the following action:

Motion: by Mr. Philip to accept the application.
Second: by Dr. Hickman
Vote: Unanimous

iii. At Home Infusion Services, Inc.

The applicant was present.

The applicant applied for a Community Pharmacy Permit. The applicant answered yes to disciplinary questions on the application.

After further discussion the Board took the following action:

Motion: by Dr. Hickman to accept the application.
Second: by Mr. Meshad
Vote: Unanimous

III. PETITION FOR VARIANCE OR WAIVER

A. Mirlande Pierre, 64B16-26.300, F.A.C., Consultant Pharmacist Licensure

The petitioner was present.

Pursuant to Rule 64B16-26.300(3)(c), F.A.C., a pharmacist wishing to become licensed as a consultant pharmacist must "successfully complete a period of assessment and evaluation under the supervision of a preceptor within one (1) year of completion of the course set forth in paragraph (b), above. This period of assessment and evaluation shall be completed over no more than three (3) consecutive months and shall include at least 40 hours of training in the following practice areas, 60% of which shall occur on-site at an institution that holds a pharmacy permit.

Ms. Pierre requested the rule be temporarily waived as she is unable to complete the on-site requirement at an institution due to restrictions of entering facilities during COVID-19.

After further discussion the Board took the following action:

Motion: by Dr. Hickman to grant the petition contingent upon the completion of an additional eight (8) hours of Consultant Pharmacist continuing education within six (6) months.
Second: by Dr. Mesaros
Vote: Unanimous

B. Mounica Jammu, 64B16-26.300, F.A.C., Consultant Pharmacist Licensure

The petitioner was present.

Pursuant to Rule 64B16-26.300(3)(c), F.A.C., a pharmacist wishing to become licensed as a consultant pharmacist must "successfully complete a period of assessment and evaluation under the supervision of a preceptor within one (1) year of completion of the course set forth in paragraph (b), above. This period of assessment and evaluation shall be completed over no more than three (3) consecutive months and shall include at least 40 hours of training in the following practice areas, 60% of which shall occur on-site at an institution that holds a pharmacy permit.

Ms. Jammu was seeking a waiver of Rule 64B16-26.300(3)(c), F.A.C, as she is unable to locate a preceptor during the current COVID-19 climate.

After further discussion the Board took the following action:

Motion: by Mr. Wright to grant the petition contingent upon the completion of an additional eight (8) hours of Consultant Pharmacist continuing education within six (6) months.
Second: by Dr. Mesaros
Vote: Unanimous

C. Jelisabel Irizarry-Gonzalez, 64B16-26.300, F.A.C., Consultant Pharmacist Licensure

The petitioner was present.

Pursuant to Rule 64B16-26.300(3)(c), F.A.C., a pharmacist wishing to become licensed as a consultant pharmacist must "successfully complete a period of assessment and evaluation under the supervision of a preceptor within one (1) year of completion of the course set forth in paragraph (b), above. This period of assessment and evaluation shall be completed over no more than three (3) consecutive months and shall include at least 40 hours of training in the following practice areas, 60% of which shall occur on-site at an institution that holds a pharmacy permit.

Ms. Irizarry Gonzalez was seeking a waiver of Rule 64B16-26.300(3)(c), F.A.C, as she is unable to locate a preceptor during the current COVID-19 climate.

After further discussion the Board took the following action:

Motion: by Mr. Wright to grant the petition contingent upon the completion of an additional eight (8) hours of Consultant Pharmacist continuing education within six (6) months.
Second: by Dr. Mesaros
Vote: Unanimous

D. Stellar Pharmacy Services, Inc.

The petitioner was present.

The Petitioner was seeking a variance from 465.0235, Florida Statutes, Automated pharmacy

systems used by long-term care facilities, hospices, or state correctional institutions, or for outpatient dispensing. The petitioner was seeking guidance regarding allowing a Florida licensed Non-Resident Pharmacy be substituted for a Community Pharmacy, a medical provider deliver patient counseling, and for the allowance of an out of state licensed pharmacist supervise an automated pharmacy system.

The Petitioner withdrew the petition.

IV. PETITION TO INITIATE RULEMAKING

A. RxSafe, LLC., Panama Pharmacy, and Pine Brook Pharmacy, 64B16-28.108, F.A.C., All Permits – Labels and Labeling of Medicinal Drugs

The Petitioner was present and represented by Edwin Bayo, Esp.

RxSafe, LLC., Panama Pharmacy, and Pine Brook Pharmacy petitioned the Board to initiate rulemaking for the purpose of amending Rule 64B16-28.108, F.A.C., to reflect a "beyond use date" that would be consistent to allow a pharmacy that provides customized patient medication packaging to dispense a ninety day supply.

64B16-28.108 All Permits – Labels and Labeling of Medicinal Drugs.

(6) A customized patient medication package may be utilized if:
(a) The consent of the patient or the patient's agent has been secured; and,
(b) The label includes:
1. Name, address and telephone number of the pharmacy.
2. Serial number for the customized medication package and a separate serial number for each medicinal drug dispensed.
3. Date of preparation of the customized patient medication package.
4. Patient's name.
5. Name of each prescriber.
6. Directions for use and any cautionary statements required for each medicinal drug.
7. Storage instructions.
8. Name, strength, quantity and physical description of each drug product.
9. A beyond use date that is not more than ~~60~~ 120 days from the date of preparation of the customized patient medication package but shall not be later than any appropriate beyond use date for any medicinal drug included in the customized patient medication package.

Motion: by Dr. Mesaros to table this discussion to be considered at a Rules Committee Meeting and requested the Petitioner to provide data from other states on how many times they have to rework the packaging of the medications.
Second: by Dr. Hickman
Vote: Unanimous

V. RULE DISCUSSION

A. Consultant Pharmacist of Record, Emergency Rule

Due to the concerns surrounding the spread of COVID-19, the Board held an Emergency Rule Hearing to address the obligations of Consultant Pharmacists under 64B16-28, F.A.C. Emergency Rule 64B16ER20-21 was effective March 19, 2020 through June 19, 2020 which suspended the

requirement of a Consultant Pharmacist completing their required inspections "on-site".

This was placed on the agenda for further Board discussion.

During the October meeting the Board directed Board Counsel to provide language for another emergency rule. The Following language was provided for the Board's review.

64B16ER20-42 (64B16-28.501) Consultant Pharmacist of Record; Initial Designation; Change.
(1) through (4) No change.
(5) Off-site consultant pharmacists of record shall not be required to perform inspections and on-site consultations at permitted institutional pharmacies as referenced in Rules 64B16-28.501(3), F.A.C.; Rules 64B16-28.702(2)(b), (c), and (d) F.A.C.; Rule 64B16-28.850(16), F.A.C., and Rules 64B16-28.870(3)(c) and (d), F.A.C., when the consultant pharmacist of record is not regularly present at the location and the permit holder refuses to grant access due to COVID-19 concerns. This rule shall in no way modify any obligations stemming from State or Federal laws requiring drug regimen reviews.

Motion: by Mr. Wright to approve the proposed emergency rule language.
Second: by Dr. Hickman
Vote: Unanimous

The Board opened the floor for public comment.

Kathy Baldwin addressed the Board.

Motion: by Mr. Wright to find that there would be no economic impact on small businesses.
Second: by Mr. Philip
Vote: Unanimous

Motion: by Mr. Wright to find that the proposed rule would not likely directly or indirectly increase regulatory costs to any entity (including government) in excess of $200,000 within 1 year after the implementation of the rule.
Second: by Dr. Hickman
Vote: Unanimous

Motion: by Mr. Wright to find that no part of the rule should be designated as a minor violation.
Second: by Dr. Hickman
Vote: Unanimous

B. Application Redesign
- i. 64B16-26.2032, F.A.C., Application for Pharmacy Intern Registration
- ii. 64B16-26.303, F.A.C., Nuclear Pharmacist Licensure
- iii. 64B16-26.350, F.A.C., Requirements for Pharmacy Technician Registration
- iv. 64B16-300, F.A.C., Consultant Pharmacist for Licensure

Ms. Sapp provided the Board with a summary of the application revisions.

Motion: by Mr. Wright to approve the application revisions and open the applicable rules open for development.
Second: by Mr. Philip
Vote: Unanimous

Motion: by Mr. Wright to find that there would be no economic impact on small businesses.
Second: by Dr. Hickman
Vote: Unanimous

Motion: by Dr. Hickman to find that the proposed rule would not likely directly or indirectly increase regulatory costs to any entity (including government) in excess of $200,000 within 1 year after the implementation of the rule.
Second: by Mr. Wright
Vote: Unanimous

Motion: by Dr. Hickman to find that no part of the rule should be designated as a minor violation.
Second: by Mr. Wright
Vote: Unanimous

Motion: by Mr. Wright to find that this rule shall not include a sunset provision.
Second: by Dr. Hickman
Vote: Unanimous

VI. REPORTS – Jonathan Hickman, PharmD, Chair

A. Board Chair

Dr. Hickman addressed the Board and recognized the outgoing Members. Mr. Richard Montgomery, Dr. Mark Mikhael, and Dr. Blanca Rivera for their years of service on the Board. He also welcomed the new Members, Dr. Patty Ghazvini, Dr. Dorinda Segovia, and Ms. Maja Gift to the Board.

B. Executive Director's Report – Jessica Sapp, Executive Director

Ms. Sapp provided an overview of 2021 legislation.

HB29, Dispensing Medicinal Drugs, was recently filed. This bill authorizes a prescribing health care practitioner to dispense up to a 48-hour supply of a medicinal drug to an inpatient upon discharge or to a patient discharged from an emergency department of a hospital that operates a Class II or Class III Institutional pharmacy. It also allows up to a 72-hour supply when a state of emergency has been declared for an area in the state pursuant to section 252.36, Florida Statutes (F.S.). Ms. Sapp will provide updates at each meeting with the status of the bill and any other bills filed throughout the 2021 legislative season.

i. Financial Reports

These reports were provided for informational purposes only.

ii. 2021 Probable Cause Panel Dates

The 2021 PCP dates were provided for the Board's review.

Board staff will make updates to the PCP schedule and bring back to a future meeting for review.

iii. Human Trafficking CE Requirement

Ms. Sapp reminded Board Members and others present at the meeting that all currently licensed pharmacists and registered pharmacy technicians are required to complete the one-time, one-hour course on Human Trafficking by January 1, 2021 and provided information on where licensees can find approved courses.

iv. Virtual Chat Agent: ELI

Ms. Sapp provided an overview of virtual chat agenda, ELI that launched on the Board of Pharmacy's website on October 28, 2020.

ELI (Enforcement – Licensure – Information) is MQA's new artificial intelligence system that is transforming the customer service MQA provides by enabling the workforce to deliver exceptional service to our customers through online chat.

ELI is designed to answer common questions in a variety of different areas. Some areas include: licensure requirements, renewal requirements, fees, contact information, background screening, public records, and more.

v. Staff Recognition

This was provided for informational purposes only.

C. Board Counsel Report – Christopher Dierlam, Assistant Attorney General

i. Rules Status Report

Mr. Dierlam provided an overview of the rules report.

D. Committee Report

i. Rules Committee – Jeffery J. Mesaros, PharmD, JD

a. Rules Committee Update

No report was provided at this time.

E. Investigative Services Report – Robert Difiore, Pharmaceutical Program Manager

Mr. Dilworth provided a brief update on the inspection results as of October 2020.

As of December 2020 - Non-Sterile Pharmacy inspections, currently 883 inspections have been completed; Sterile Compounding Pharmacy inspections are currently at 33 inspections completed.

VII. NEW BUSINESS – Rich Montgomery, BPharm, MBA, Chair

A. 2021 Election of Officers

This item was tabled to the December 16, 2020 meeting.

B. Ratification of Issued Licenses/Certificates

i. Pharmacist (Licensure) – 250
ii. Pharmacist (Exam Eligibility) – 330
iii. Pharmacist Interns – 384
iv. Consultant Pharmacist – 46
v. Pharmacy/Facilities – 108
vi. Registered Pharmacy Technicians – 1085
vii. Registered Pharmacy Technician Training Program – 16
viii. Nonresident Sterile Compounding – 3
ix. Approved CE Courses – 45
x. Individual Pharmacist Request for Approval of CE – 6

Motion: by Mr. Philip to accept the ratification lists.
Second: by Mr. Meshad
Vote: Unanimous

VIII. OLD BUSINESS – Rich Montgomery, BPharm, MBA, Chair

A. Review and Approval of Meeting Minutes

i. October 13, 2020 Rules Committee Minutes
ii. October 13, 2020 General Board Meeting Minutes
iii. October 14, 2020 General Board Meeting Minutes

Motion: by Mr. Wright to accept the meeting minutes.
Second: by Mr. Meshad
Vote: Unanimous

IX. FOR YOUR INFORMATION

A. Sophic Medical Presentation

Mr. Bob Parrado addressed the Board.

X. ADJOURNMENT

There being no further business the meeting adjourned at 5:30 p.m. ET.

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 5 & 6 . Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Spring 2019		Texas		
Case # SOAH Docket No. 515-19-2304 Agreed Board Order #K-18-018		**Governing, licensing, Arresting Presiding Body/Agency/Court** State Office of Administrative Hearings; Texas State Board of Pharmacy		
Reason/Charge Appearance / Board Order				
Plaintiff/Defendant/Claimant/Respondent Home Care Services, Inc. DBA KabaFusion NJ		**Lawsuit/Arbitration/Bankruptcy** Appearance / Board Order		
Name of Business/Industry/Entity Home Care Services, Inc. DBA KabaFusion NJ				

Provide explanation below: See Attachment.

Original Signature (electronic, copies or stamps not accepted)

9/22/2025
Date

KabaFusion
Patient-Focused Infusion Therapy

Regarding Disciplinary Action for Home Care Services, Inc. DBA KabaFusion NJ (Edison)

In 2019 Home Care Services, Inc. DBA KabaFusion NJ and the Texas State Board of Pharmacy met and discussed a matter that was non-suited.

CORPORATE (WEST COAST)
17777 Center Court Dr., Ste. 550, Cerritos, CA 90703
P: 800-435-3020 F: 562-860-6017

CORPORATE (EAST COAST)
80 Hayden Ave., Suite 300, Lexington, MA 02421
P: 844-777-4844 F: 781-862-2002

www.kabafusion.com

TEXAS STATE BOARD OF PHARMACY

Re:	KabaFusion NJ
Address:	160 Raritan Center Parkway, Suite 18 Edison, New Jersey 08837
License No.:	27408
Date Issued:	March 7, 2011
Licensure Status:	Closed-approved to close on or about July 16, 2019
Type of Pharmacy:	Community Sterile Compounding
Prior Disciplinary Orders:	No

The Texas State Board of Pharmacy maintains records regarding licensure and disciplinary action against a licensee. KabaFusion NJ (former Texas Pharmacy License #27408) has not been subject to disciplinary action by the Texas State Board of Pharmacy.

Form Completed by:

Eamon D. Briggs
Assistant General Counsel
Texas State Board of Pharmacy

June 2, 2022
Date

The Texas Department of State Health Services, Drugs and Medical Devices Division, Wholesaler Registration, 1100 W. 49th Street, Austin, TX 78756, is responsible for issuing registrations to wholesale drug distributors and drug manufacturers in Texas.

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This is in response to Question # 5 & 6 . **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
05/07/2020		Illinois		
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Case No. 218-05913		Division of Professional Regulation of the Illinois Department of Financial and Professional Regulation		
Reason/Charge				
Violation of Federal or State Statutes, Regulations or Rules				
Plaintiff/Defendant/Claimant/Respondent		**Lawsuit/Arbitration/Bankruptcy**		
KabaFusion, Inc.		Complaint & Non-Disciplinary Consent Order		
Name of Business/Industry/Entity				
KabaFusion, Inc.				

Provide explanation below: See Attachment.

Original Signature (electronic, copies or stamps not accepted)

9/22/2025
Date

KabaFusion
Patient-Focused Infusion Therapy

Regarding Disiplinary Action for KabaFusion, Inc. (Shrewsbury)

Illinois Board of Pharmacy

KabaFusion, Inc. was party to a Non-Disciplinary Consent Order dated 5/07/2020 with the Illinois Board of Pharmacy regarding the Maine Board of Pharmacy Consent Agreement involving disciplinary action for submission of a late change of pharmacist in charge application.

KabaFusion now has improved policies and procedures and a dedicated team to manage reporting these operational changes to regulators.

CORPORATE (WEST COAST)
17777 Center Court Dr., Ste. 550, Cerritos, CA 90703
P: 800-435-3020 F: 562-860-6017

CORPORATE (EAST COAST)
80 Hayden Ave., Suite 300, Lexington, MA 02421
P: 844-777-4844 F: 781-862-2002

www.kabafusion.com

STATE OF ILLINOIS
DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION
DIVISION OF PROFESSIONAL REGULATION

DIVISION OF PROFESSIONAL REGULATION OF THE ILLINOIS DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION,	Complainant,	)	
v.		)	Case No. 2018-05913
KABAFUSION, INC., License No. 054.018814,	Respondent.	)	

NON-DISCIPLINARY CONSENT ORDER

The Division of Professional Regulation of the Illinois Department of Financial and Professional Regulation ("Department"), by attorney Paula McGee, and Respondent Kabafusion, Inc., ("Respondent"), by attorney Alex Cooper of Quarles & Brady, LLP, agree to the following:

STIPULATIONS

Respondent holds Illinois pharmacy license no. 054.018814 pursuant to the Pharmacy Practice Act, 225 ILCS 85/et seq. ("Act"), which is presently in active status. On or about April 2, 2018, the Maine State Board of Pharmacy issued a public Consent Agreement whereby Respondent agreed to pay an administrative fine of one thousand five hundred dollars ($1,500.00) due to Respondent's failure to file a change of pharmacist-in-charge ("PIC") application with the Maine Board of Pharmacy by registered mail within seven (7) days after a change of PIC. Respondent filed its PIC application with the Maine Board of Pharmacy approximately nine (9) months after a change of PIC. For the purposes of this Non-Disciplinary Consent Order, Respondent admits that an adverse action was taken against Respondent in the State of Maine. Respondent's actions and/or omissions constitute grounds for discipline under the Act, 225 ILCS 85/30(a)(8).

At all times material to the matter set forth in this Non-Disciplinary Consent Order, the Department had jurisdiction over the subject matter and the parties herein. Respondent has been advised of the right to have any allegation(s) reduced to written charges, to a hearing where the Department bears the burden to prove its allegations by clear and convincing evidence, the right to contest any charges brought and present mitigating evidence, and the right to administrative review of any order resulting from a hearing. Respondent knowingly waives each of these rights, as well as any right to administrative review of this Non-Disciplinary Consent Order.

Such waiver ceases if this Non-Disciplinary Consent Order is rejected by the Board of Pharmacy ("Board") or Director. Respondent acknowledges that Respondent has entered into this Non-Disciplinary Consent Order freely and of Respondent's own will without threat or coercion by the Department or any person and has not relied upon any representation made by or on behalf of the Department other than those specifically included herein. Respondent acknowledges that the Department attorney may be requested to communicate with the Board or Director in furtherance of the approval of this Non-Disciplinary Consent Order. Respondent has been informed that this Non-Disciplinary Consent Order will be presented to the Director. If this Non-Disciplinary Consent Order is not approved, Respondent waives any right to raise any prejudice resulting from the Director's consideration of this Non-Disciplinary Consent Order. Respondent understands that this Non-Disciplinary Consent Order is not effective unless and until it is adopted by the Director. A copy of any original signature(s) shall be given the full force and effect of an original signature(s) affixed to this Non-Disciplinary Consent Order.

Respondent and the Department agree, in order to resolve this matter, that Respondent be permitted to enter into a Non-Disciplinary Consent Order with the Department, providing for the imposition of measures which are fair and equitable in the circumstances and which are consistent with the best interests of the people of the State of Illinois.

CONDITIONS

Wherefore, the Department, by attorney Paula McGee, and Respondent, by attorney Alex Cooper of Quarles & Brady, LLP, agree:

A. Respondent shall permanently voluntarily surrender Respondent's Illinois pharmacy license no. 054.018814 to the Department.

B. This Non-Disciplinary Consent Order shall become effective upon the Director's signature, as dated below.

Signatures on the following page.

4/29/2020
Date

Respondent Kabafusion, Inc.

5/5/2020
Date

Alex Cooper, Quarles & Brady, LLP
Attorney for Respondent

5/6/2020
Date

Department Attorney Paula McGee

5/7/2020
Date

Board of Pharmacy Member

The foregoing Non-Disciplinary Consent Order is approved in full.

Dated this 7th day of May, 2020.

ILLINOIS DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION
SECRETARY DEBORAH HAGAN

Acting Director Cecilia Abundis
Division of Professional Regulation

Case No. 2018-05913
License No. 054.118814

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 6 Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
07/17/2020		Massachusetts		
Case # Massachusetts Board of Pharmacy Meeting Agenda dated 07/07/2020 and Minutes		**Governing, licensing, Arresting Presiding Body/Agency/Court** Commonwealth of Massachusetts, Board of Registration in Pharmacy		
Reason/Charge Appearance Regarding Relocation Application				
Plaintiff/Defendant/Claimant/Respondent KabaFusion, Inc.			**Lawsuit/Arbitration/Bankruptcy** Appearance	
Name of Business/Industry/Entity KabaFusion, Inc.				

Provide explanation below: See Attachment.

Original Signature (electronic, copies or stamps not accepted)

9/22/2025
Date

KabaFusion
Patient-Focused Infusion Therapy

Regarding Massachusetts Board of Pharmacy Appearance for KabaFusion, Inc. (Shrewsbury)

KabaFusion, Inc. attended the Massachusetts Board of Pharmacy meeting on 7/17/2020 to discuss a relocation from Shrewsbury, MA to Lexington, MA. A copy of the agenda and minuites are enclosed. The pharmacy did not relocate and still operates in Shrewsbury, MA.

CORPORATE (WEST COAST)
17777 Center Court Dr., Ste. 550, Cerritos, CA 90703
P: 800-435-3020 F: 562-860-6017

CORPORATE (EAST COAST)
80 Hayden Ave., Suite 300, Lexington, MA 02421
P: 844-777-4844 F: 781-862-2002

COMMONWEALTH OF MASSACHUSETTS
Board of Registration in Pharmacy

NOTICE OF THE REGULARLY SCHEDULED MEETING OF THE BOARD OF REGISTRATION IN PHARMACY

July 17, 2020

Webex Information

Call in Number: 1-203-607-0564 or toll free 1-866-692-3580

Access Code: 161 759 5995

Attendee: #

If you need reasonable accommodations in order to participate in the meeting, contact the DPH ADA Coordinator Yulanda Kiner, Phone: 617-624-5848 in advance of the meeting. While the Board will do its best to accommodate you, certain accommodations may require distinctive requests or the hiring of outside contractors and may not be available if requested immediately before the meeting.

Agenda

Time	#	Item	Page	Contact
8:00	I	**CALL TO ORDER**		K. Tanzer
	II	**APPROVAL OF AGENDA**		
8:05	III	**APPROVAL OF BOARD MINUTES** • Draft of July 10, 2020 Regular Session Minutes		
8:10	IV	**APPLICATIONS** • Kabafusion-DS89700 – Relocation • St. Mary's Pharmacy – New Community Pharmacy • BIDMC Pharmacy – New Community Pharmacy • Anchor Home Medical & Pharmacy – New Community Pharmayc • Baker Pharmacy; DS12518- Transfer of Ownership		

8:55	V	**FLEX** • Pharmacy issues related to Covid-19 and the state of emergency		
9:00	VI	**M.G.L. c. 112, § 65C SESSION**		CLOSED SESSION
10:15	VII	**ADJUDICATORY SESSION (M.G.L. ch. 30A, §18)**		CLOSED SESSION
10:30	VIII	**ADJOURNMENT**		

COMMONWEALTH OF MASSACHUSETTS
BOARD OF REGISTRATION IN PHARMACY

MINUTES OF THE GENERAL SESSION
Meeting held via WEBEX remotely
Boston, Massachusetts, 02114
July 17, 2020

Board Members Present

Kim Tanzer, PharmD, RPh. President
Julie Lanza, CPhT, President Elect
Leah Giambarresi, Pharm D, RPh, Secretary
Sebastian Hamilton, Pharm D, RPh
Dr. Richard Lopez, MD
Timothy Fensky, RPh (leaves at 10:30 AM)
Patrick Gannon, RPh (leave 9:30-10:30 AM; back 10:30 AM-11:00AM)
Susan Cornacchio JD, RN
Katie Thornell, RPh
Dawn Perry, JD (Leave at 10:22 AM)
Carly Jean-Francois, RN, NP (leave at 10:10 AM)
Andrew Stein, Pharm D (leaves at 9:11 AM)
Stephanie Hernandez, Pharm D, BCGP, RPh (leave at 10:30 AM)

Board Members Not Present

Board Staff Present

David Sencabaugh, Executive Director
Monica Botto, Assistant Executive Director
Heather Engman, JD, Board Counsel
William Frisch, RPh Director of Pharmacy Compliance (not present for 65C)
Michelle Chan, RPh Quality Assurance Pharmacist
Julienne Tran, PharmD RPh, Investigator
Gregory Melton, Pharm D, JD, RPh Investigator
Christina Mogni, RPh Investigator
John Murray, RPh Investigator
Nathan VanAllen, PharmD, RPh Investigator
Michael Brosnan, PharmD, RPh, Investigator
Ed Taglieri, MSM, NHA, RPh, PSUD Supervisor
Joanna Chow, Office Support Specialist
Richard Harris, Program Analyst

TOPIC I. Attendance by roll call:
CALL TO ORDER 8:02 AM
A quorum of the Board was present, established by roll call. President K. Tanzer chaired the meeting. She explained that the Board of Pharmacy was recording the meeting.

Roll call attendance: K. Tanzer, yes; J. Lanza, yes; L. Giambarresi, yes; D. Perry, yes; P. Gannon, yes; C. Jean-Francois, yes; S. Hamilton, yes; S. Cornacchio, yes, Dr. Lopez, yes; T. Fensky, yes; K. Thornell; S. Hernandez, yes; Andy Stein, yes.

Topic II. **Approval of Agenda** **TIME 8:03 AM**

Agenda July 17, 2020

DISCUSSION:
Change to Agenda:

1. Defer application Anchor Home Medical and Pharmacy
2. Defer application Baker Pharmacy DS12518

ACTION:
Motion by L. Lanza, seconded by C. Jean Francois and voted unanimously by those present by roll call vote to approve the agenda with no changes.

Kim asks Michelle to introduce the APPE Pharmacy students Cara O'Toole From WNE and Kyle Blomster from URI.

Topic III **Approval of Board Minutes** **TIME: 8:04 AM**

Minutes
1. Draft 7/10/20 General Session Minutes

No noted Changes.

Action:
Motion by L. Giambarresi, seconded by S. Hamilton and voted unanimously by roll call vote to approve the regular session minutes of 7/10/20 with no noted changes; A. Stein abstains.

Topic IV **Applications:**
1. Kabafusion DS89700 **Relocation** **Time: 8:06 AM**

Represented by: John Leary MOR, Attorney Paul Garbarini

Recusal: None

Discussion: Pharmacy desires to relocate from Shrewsbury to Lexington. It is a 7,000 sq. ft. design, with 400 sq. ft. for the clean room. This is a home infusion pharmacy that specializes in IG therapy. Mr. Leary has had MOR experience at several other pharmacies, but he started with Kabafusion in April, 2020. Leary has limited experience with sterile compounding, as he has more regulatory background. Kabafusion has a robust training program including videos, online courses and modules, and didactic learning. On his own, Leary has also been taking courses through ASHP and on USP. Fran McAteer has

had a role in training on environmental monitoring. Leary and the previous MOR, Fidelis Fynn did a self-inspection together. Now, Mr. Fynn has passed the MOR role onto Leary, and Fynn has become the director of operations for Kabafusion. Kabafusion is open Monday – Friday. They plan to be moving everything on the weekend, although all the new equipment will be already in the Lexington location. When they are closed, Kabafusion has 24-hour access to an on call pharmacist and nurse, and other facilities as backup.

Action: Motion by L. GIAMBARRESI, seconded by S. HAMILTON, and voted unanimously by roll call by those present to approve the relocation pending successful inspection.

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2. St. Mary's Pharmacy **New Community Pharmacy** **Time: 8:15 AM**

Represented by: Bakheet Shenoda, MOR

Recusal: None

Discussion: Bakheet and the owner will open a new retail pharmacy in North Andover. It is located in a plaza on the end, with one neighbor to the left, a beauty salon. There is no access from the neighboring store and no access from above tenants. Points of entry are limited to a front door and back door, but Bakheet assured the back door will always be closed. Bakheet was previously MOR at NPH Pharmacare pharmacy for 4 months in Whitinsville and was a floater pharmacist for CVS. This pharmacy will be providing vaccinations, with a privacy room area surrounded by curtains. They will be reaching out to nearby nursing homes to assess the need for compliance packaging. They will perform simple compounding, such as oral suspensions. Staffing will be 1 pharmacist and 1 technician to start. They have an after-hours voicemail with access to a pharmacist on call. Training for non-sterile compounding for the pharmacist will be reassessed every 6 months, to inspect compounding area and add safety precautions.

Action: Motion by L. GIAMBARRESI, seconded by S. HAMILTON, and voted unanimously by roll call by those present to approve the relocation pending successful inspection.

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3. BIDMC Pharmacy **New Community Pharmacy/Relocation Time: 8:29 AM**

Represented by: David Young, Luca Cattaneo, Kim Nguyen

Recusal: J. LANZA and H. ENGMAN recused and were not present for the discussion or vote in this matter.

Discussion: Beth Israel Deaconess Medical Center (BIDMC) is looking to operate 2 separate, licensed pharmacies without a physical barrier and with a shared production area. One pharmacy will be designated as a specialty pharmacy while the other will be a retail pharmacy focusing on central fill for their Boston location. There will be designated areas with signage specific to each pickup. The representatives answered questions from the Board members regarding security measures, including that there will be 73 security cameras in use and 37 of those cameras focused on the production area. Each pharmacy will have its own inventory, physically separated by lines of demarcation and routinely

reconciled. Specifically, cycle counts will occur every Friday for the specialty pharmacy. They do not plan to have any of the same medications in each pharmacy. The specialty side will just keep specialty medications. Each pharmacy will have its own phone number, labels, and signage. There will be 2 DEA numbers and 2 separate MORs. The representatives assured members of the Board that they will not be sharing staff between the 2 spaces. Concerns were raised about accountability and who would be held responsible for this pilot project because this model is unprecedented. Pharmacists Chirag, David Young, and Luca Cattaneo will all be responsible and dedicated to running this project, rather than BIDMC. This facility allows them to expand services and provide a high touch with patients. They can enhance patient management by focusing more efforts on high risk patients. Separate licenses operating in the same pharmacy space is requested because accreditation efforts and costs for the specialty pharmacy are labor intensive, as well as creating opportunity for contracts that are typically restricted to specialty pharmacies.

Action: Motion by L. GIAMBARRESI, seconded by K. THORNELL, and voted unanimously by roll call by those present to approve the central fill petition.

Action: Motion by L. GIAMBARRESI, seconded by P. GANNON, and voted unanimously by roll call by those present to approve the pilot project contingent upon the following conditions:

- Approval of the DEA
- Specific metrics and reporting schedule to be determined in conjunction with Board staff
- Pilot project to begin 6 months from the date both pharmacies are open and operational

Action: Motion by L. GIAMBARRESI, seconded by P. GANNON, and voted unanimously by roll call by those present to approve the relocation of BIDMC Specialty Pharmacy pending a successful inspection.

Action: Motion by L. GIAMBARRESI, seconded by P. GANNON, and voted unanimously by roll call by those present to approve a new retail license for BILH Pharmacy Direct pending a successful inspection.

TOPIC V **Flex:** **Time: 9:11 AM**

Pharmacy Issues related to COVID-19 and the state of emergency:
Presented by: D. Sencabaugh

Dave notes no updates this week.

Kim Tanzer announces the general session will be ending and the Board will be going into private session. The Board will not cover any other general session items today.

Andrew Stein, Pharm D (leaves at 9:11 AM)

Topic VI: **M.G.L. 65 C #1** **Time: 9:15 AM**

DISCUSSION: None
ACTION: President elect K. Tanzer request a motion to enter M.G.L 65 c Session.

At 9:15 AM L. Giambarresi, seconded by J. Lanza and voted unanimously by roll call vote of all those present to enter M.G.L. chapter 65 c Session:

Carly Jean-Francois, RN, NP (leave at 10:10 AM)
Dawn Perry, JD (Leave at 10:22 AM)
Timothy Fensky, RPh (leaves at 10:30 AM)
Patrick Gannon, RPh (leave 9:30-10:30 AM; back 10:30 am to 11:00 AM)
Stephanie Hernandez, Pharm D, BCGP, RPh (leave at 10:27 AM)

Topic VII: **Adjudicatory Session** **Time: 10:51 AM**

DISCUSSION: None
ACTION: President elect K. Tanzer request a motion to enter Adjudicatory Session.

At 10:51 AM S. Hamilton, seconded by L. Giambarresi and voted unanimously by roll call vote of all those present to enter M.G.L. chapter 65 c Session:

Topic VII **ADJOURMENT OF MEETING** **TIME: 10:54 AM**

ACTION: Motion by S. Hamilton seconded by L. Giambarresi and voted unanimously by roll call vote by those present, to adjourn from General Session.

EXHIBITS USED DURING THE OPEN SESSION OF THE MEETING

1. Draft Agenda of the 7/17/20 General Session
2. Draft Minutes of the 7/10/20 Meeting
3. Applications Kabafusion DS89700 Relocation
4. St. Mary's Pharmacy New Community Pharmacy
5. BIDMC Pharmacy New Community Pharmacy

Respectfully Submitted,
Leah Giambarresi, PharmD, RPh, Secretary

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 5 & 6. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
08/12/2020		Massachusetts		
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
PHA-2019-0071		Commonwealth of Massachusetts, Board of Registration in Pharmacy		
Reason/Charge				
Complaint; Non-Disciplinary Consent Agreement for Stayed Probation				
Plaintiff/Defendant/Claimant/Respondent		**Lawsuit/Arbitration/Bankruptcy**		
KabaFusion, Inc.		Complaint; Non-Disciplinary Consent Agreement for Stayed Probation		
Name of Business/Industry/Entity				
KabaFusion, Inc.				

Provide explanation below: See Attachment.

Original Signature (electronic, copies or stamps not accepted)

9/22/2025
Date

KabaFusion
Patient-Focused Infusion Therapy

Regarding Massachusetts Board of Pharmacy Complaint No. PHA-2019-0071 and Non-Disiplinary Consent Agreement for Stayed Probation for KabaFusion, Inc. (Shrewsbury)

Complaint No. PHA-2019-0071 was regarding a failure to report an above action level regarding the 2/20/2019 environmental monitoring.

KabaFusion, Inc. was party to a non-disciplinary condition agreement dated 8/12/2020 with the Massachusetts Board of Pharmacy. The pharmacy was inspected on 6/20/2019 and passed the inspection. After the inspection, KabaFusion and the Massachusetts Board of Pharmacy continued to review and discuss the pharmacy's environmental monitoring procedures and determined that monthly samples would receive routine testing and reporting by a third-party lab. A new pharmacist-in-charge/manager of record took over day to day management of the pharmacy on 6/22/2020 and KabaFusion also completed and passed additional routine inspections by the Board on 12/09/2019, 12/04/2020, 2/24/2021 and 11/10/2021.

On 10/01/2021 the pharmacy received notice from the Massachusetts Board of Pharmacy that all requirements of the agreement were satisfied.

A copy of the Non-Disiplinary Consent Agreement and Notice of Restoration are enclosed.

CORPORATE (WEST COAST)
17777 Center Court Dr., Ste. 550, Cerritos, CA 90703
P: 800-435-3020 F: 562-860-6017

CORPORATE (EAST COAST)
80 Hayden Ave., Suite 300, Lexington, MA 02421
P: 844-777-4844 F: 781-862-2002

www.kabafusion.com

The Commonwealth of Massachusetts
Executive Office of Health and Human Services
Department of Public Health
Bureau of Health Professions Licensure
239 Causeway Street, Suite 500, Boston, MA 02114

CHARLES D. BAKER
Governor

KARYN E. POLITO
Lieutenant Governor

Tel: 617-973-0800
TTY : 617-973-0988
www.mass.gov/dph/boards

MARYLOU SUDDERS
Secretary

MARGRET R. COOKE
Acting Commissioner

October 1, 2021

Manager of Record
Kabafusion, Inc.
159 Memorial Drive, Unit E
Shrewsbury MA 01545

RE: In the Matter of Kabafusion, Inc., Board of Registration in Pharmacy, PHA-2019-0071; License No. DS89700

NOTICE OF RESTORATION OF UNRESTRICTED LICENSURE (SUCCESSFUL COMPLETION OF PROBATION)

Dear Manager of Record:

As you know, the pharmacy entered into a Consent Agreement for Probation, ("Agreement"), effective August 12, 2020 with the Board of Registration in Pharmacy ("Board").

Please be advised that after review and as authorized by Division Policy 15-01, the Board's Executive Director and I determined that the pharmacy has now complied in full with all requirements of the Agreement and that the minimum monitoring period has been satisfied. Accordingly, I am restoring the drug store's license to full, unrestricted status, effective September 22, 2021. Please allow for up to five (5) business days from the date of this letter until the updated license status appears on the "Check a License" website.

Sincerely,

Karen L. Fishman
Probation Department Coordinator

Enclosure
KLF/rf

Cc: Paul M. Garbarini, P.C.
Attorney at Law
PO Box 1551
Northampton, MA 01601

COMMONWEALTH OF MASSACHUSETTS

SUFFOLK COUNTY

BOARD OF REGISTRATION
IN PHARMACY

In the Matter of	)	
Kabafusion	)	PHA-2019-0071
DS89700	)	

NON-DISCIPLINARY
CONSENT AGREEMENT FOR STAYED PROBATION

The Massachusetts Board of Registration in Pharmacy ("Board") and Kabafusion ("Licensee" or "Pharmacy"), a pharmacy licensed by the Board, DS89700, 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 pharmacy license related to the conduct set forth in Paragraph 2, identified as Docket No. PHA-2019-0071 ("the Complaint").[1]

2. The Board and the Pharmacy acknowledge and agree to the following facts:

   a. Board investigators inspected the Pharmacy on or about June 20, 2019 and observed the Pharmacy failed to properly respond to above action level environmental monitoring results in February 2019 and March 2019.

   b. Specifically, on or about February 20, 2019, a third party performed viable surface sampling at the pharmacy. One surface sample grew two colony forming units (CFUs) of a gram negative, rod-shaped bacteria identified as Serratia macescens, which is a highly pathogenic microorganism. As such, this sample was above USP 797 action levels.

   c. The Pharmacy failed to immediately remedy the February 20, 2019 above action level environmental monitoring result, in violation of USP 797 and 247 CMR 9.01(3).

[1] The term "License" applies to both a current license and the right to renew an expired license.

d. The Pharmacy failed to report the February 20, 2019 above action level environmental monitoring result to the Board, in violation of 247 CMR 6.15(7).

e. Another environmental monitoring sample taken on or about March 18, 2019 contained microbial growth. This sample was not sent to a credentialed laboratory for identification, in violation of in violation of USP 797 and 247 CMR 9.01(3).

f. During the June 20, 2019 inspection, Board investigators also observed the following violations of USP 797 and 247 CMR 9.01(3):

   i. fungal media plates incubated at incorrect temperatures;

   ii. use of expired sterile isopropyl alcohol; and

   iii. unsealed ceiling tiles.

g. The foregoing facts warrant action by the Board under M.G.L. c. 112, §§ 42A and 61 and 247 CMR 10.03(1)(a), (v), and (bb).

3. The Pharmacy agrees that its pharmacy license shall be placed on PROBATION for one (1) year, and that the probation shall be STAYED for no more than one (1) year ("Stayed Probationary Period"), commencing with the date on which the Board signs this Agreement ("Effective Date"). The Agreement shall be non-disciplinary until and unless the Board takes action pursuant to Paragraph 7 of the Agreement.

4. During the Stayed Probationary Period, the Pharmacy further agrees that it shall comply with all of the following requirements to the Board's satisfaction:

   a. Comply with all laws and regulations governing the practice of pharmacy.

   b. Submit documentation demonstrating the pharmacy performed environmental monitoring at least once per month during the Stayed Probationary Period. The environmental monitoring must be performed by trained staff or a qualified third party vendor. Any growth must be sent to a credentialed laboratory for identification.

5. The Board agrees that in return for the Pharmacy's execution and its successful compliance with all the requirements of this Agreement, the Board will not prosecute the Complaint.

6. If and when the Board determines that the Pharmacy has complied to the Board's satisfaction with all the requirements contained in this Agreement, the Stayed Probationary Period will terminate no sooner than one (1) business day after the Effective Date upon written notice to the Licensee from the Board, and the Licensee shall have no history of discipline upon its record related to this Agreement or the Complaint.[2]

7. If the Pharmacy does not materially comply with each requirement of this Agreement, or if the Board opens a Subsequent Complaint[3] during the Probationary Period, the Pharmacy agrees to the following:

   a. The Board may upon written notice to the Pharmacy, as warranted to protect the public health, safety, or welfare:

      i. EXTEND the Probationary Period;

      ii. MODIFY the Probation Agreement requirements; or

      iii. IMMEDIATELY SUSPEND the Pharmacy's license.

   b. If the Board suspends the Pharmacy's license pursuant to Paragraph 7(a)(iii), the suspension shall remain in effect until:

      i. the Board provides the Pharmacy written notice that the Probationary Period is to be resumed and under what terms;

      ii. the Board and the Pharmacy sign a subsequent agreement; or

---

[2] In all instances where this Agreement specifies written notice to the Licensee from the Board, such notice shall be sent to the Licensee's address of record.

[3] The term "Subsequent Complaint" applies to a complaint opened after the Effective Date concerning acts, omissions, or events occurring after the Effective Date, which (1) alleges that the Pharmacy engaged in conduct that violates Board statutes or regulations, and (2) is substantiated by evidence, as determined following the complaint investigation during which the Pharmacy shall have an opportunity to respond.

iii. the Board issues a written final decision and order following adjudication of the allegations (1) of noncompliance with this Agreement, and/or (2) contained in the Subsequent Complaint.

8. The Pharmacy agrees that if the Board suspends its license in accordance with Paragraph 7, it will immediately return its current Massachusetts license to the Board, by hand or certified mail. The Pharmacy further agrees that upon said suspension, it will no longer be authorized to operate as a pharmacy in the Commonwealth of Massachusetts and shall not in any way represent itself as a pharmacy until such time as the Board reinstates license or right to renew such license.

9. The Pharmacy understands that it has a right to formal adjudicatory hearing concerning the Complaint and that during said adjudication it 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 it is knowingly and voluntarily waiving its right to a formal adjudication of the Complaints.

10. 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.

11. The Pharmacy acknowledges that after the Effective Date, the Agreement constitutes a public record. 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.

12. 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.

13. 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) (sign and date) 6/24/2020

Michael Rigas, Pharm.D
(print name) Chief Clinical officer

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

8-12-20
Effective Date

Fully Signed Agreement Sent to Licensee on 8/13/2020 by

Certified Mail No. 7019 0700 0000 1846 1978

Kabafusion
DS89700
PHA-2019-0071

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 5. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
04/02/2018		Maine		
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Complaint No. 2017-PHA-13810		State of Maine, Board of Pharmacy		
Reason/Charge				
Violation of Federal or State Statutes, Regulations or Rules; Fine Paid				
Plaintiff/Defendant/Claimant/Respondent		**Lawsuit/Arbitration/Bankruptcy**		
KabaFusion, Inc.		Complaint & Consent Agreement		
Name of Business/Industry/Entity				
KabaFusion, Inc.				

Provide explanation below: See Attachment.

Original Signature (electronic, copies or stamps not accepted)

9/22/2025
Date

KabaFusion
Patient-Focused Infusion Therapy

Regarding Disiplinary Action for KabaFusion, Inc. (Shrewsbury)

Maine Board of Pharmacy

KabaFusion, Inc. was party to a Consent Agreement dated 4/02/2018 with the Maine Board of Pharmacy regarding disciplinary action for submission of a late change of pharmacist in charge application, copy enclosed. A $1,500.00 fine was paid.

KabaFusion now has improved policies and procedures and a dedicated team to manage reporting these operational changes to regulators.

CORPORATE (WEST COAST)
17777 Center Court Dr., Ste. 550, Cerritos, CA 90703
P: 800-435-3020 F: 562-860-6017

CORPORATE (EAST COAST)
80 Hayden Ave., Suite 300, Lexington, MA 02421
P: 844-777-4844 F: 781-862-2002

www.kabafusion.com

STATE OF MAINE
BOARD OF PHARMACY

IN RE:	)	
	)	
KABAFUSION, INC.	)	CONSENT AGREEMENT
	)	
Complaint No. 2017-PHA-13810	)	

PARTIES

This document is a Consent Agreement regarding disciplinary action against the mail order pharmacy license of KabaFusion, Inc. in the State of Maine. The parties to this Consent Agreement are: KabaFusion, Inc. ("KabaFusion"), the Maine Board of Pharmacy ("the Board"), and the Maine Office of the Attorney General ("the Attorney General"). This Consent Agreement is entered into pursuant to 10 M.R.S. § 8003(5-A).

FACTS

1. At all times relevant to this matter, KabaFusion was licensed by the Board as a mail order pharmacy, license no. MO40001760, located at 159 Memorial Drive, Unit E, Shrewsbury, Massachusetts.
2. On March 21, 2016, Fidelis Fynn replaced Eve Loppiore as the pharmacist in charge ("PIC") of KabaFusion, thereby requiring KabaFusion to submit a Change of PIC application to the Board within 7 days after the PIC change.
3. KabaFusion, submitted a change of PIC application with the Board on December 27, 2016.
4. On December 29, 2017, Senior Consumer Assistant Specialist Meagan Damon, filed an administrative complaint with the Board alleging that KabaFusion had not filed a timely change of PIC application.

5. This administrative complaint was docketed as complaint no. 2017-PHA-13810.

6. Under Board Rules Chapter 11, § 3, upon a change of PIC, a mail order pharmacy must file a new application with the Board by registered mail no later than seven (7) days after the change.

7. Pursuant to the Board's general delegation of authority dated October 6, 2016, which authorizes Board Staff to offer prescribed consent agreements to resolve first-time violations of PIC change notification requirements, this Consent Agreement is being offered to resolve Complaint No. 2017-PHA-13810.

8. Absent acceptance of this Consent Agreement by signing and dating it and returning it to Maine Board of Pharmacy, Complaints Division, Department of Professional and Financial Regulation, 35 State House Station, Augusta, Maine 04333-0035 by March 20, 2018, the Board will resolve this matter by holding an adjudicatory hearing.

COVENANTS

9. KabaFusion admits to the facts as stated above and admits that such conduct constitutes grounds for discipline pursuant to 10 M.R.S. § 8003(5-A)(A)(5) for violating a rule of the Board, specifically Board Rules Chapter 11, § 3, by failing to file a change of PIC application with the Board by registered mail no later than 7 days after a change of PIC.

10. As DISCIPLINE for the violation admitted to in paragraph 9 above, KabaFusion agrees to accept the imposition of:

    a. A WARNING; and

    b. A CIVIL PENALTY in the amount of one thousand five hundred dollars ($1500.00). Payment of the civil penalty shall be made by check or money order payable to the "Treasurer, State of Maine" and delivered to the Complaints

Division, Department of Professional and Financial Regulation, 35 State House Station, Augusta, Maine 04333, and must be submitted with the signed Consent Agreement.

11. This Consent Agreement is not appealable and is effective until modified or terminated by the parties hereto.

12. Violation of any of the terms or conditions of this Consent Agreement by KabaFusion shall constitute grounds for discipline, including but not limited to modification, suspension, or revocation of licensure or the denial of licensure or re-licensure.

13. The Board and the Office of the Attorney General may communicate and cooperate regarding any matter related to this Consent Agreement.

14. This Consent Agreement is a public record within the meaning of 1 M.R.S. § 402 and will be available for inspection and copying by the public pursuant to 1 M.R.S. § 408-A.

15. Nothing in this Consent Agreement shall be construed to affect any right or interest of any person not a party hereto.

16. The Board and KabaFusion agree that no further agency action will be initiated against KabaFusion's license by the Board based upon the specific violations admitted to herein, except or unless KabaFusion fails to comply with the terms and conditions of this Consent Agreement. The Board may however consider the conduct described above as evidence of a pattern of misconduct in the event that other allegations are brought against KabaFusion. The Board may also consider the fact that discipline was imposed by this Consent Agreement in determining discipline in any further complaints against KabaFusion.

17. KabaFusion acknowledges by its duly authorized representative's signature hereto that it has had an opportunity to consult with an attorney before executing this Consent Agreement, that it executes this Consent Agreement voluntarily, and that it agrees to abide by all terms and conditions set forth herein.

KABAFUSION, INC..

DATED: 3/16/18

BY: Michael Rigas, Pharm.D.
Authorized Representative

Michael Rigas, Pharm.D., Chief Clinical Officer
Printed Name

DATED: 3/24/2018

JOSEPH BRUNO, R.Ph., President
MAINE BOARD OF PHARMACY

DATED: 4/2/2018

ANDREW L. BLACK
Assistant Attorney General

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 5 & 6 . Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
05/18/2021		Virginia		
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Reference Permit No. 0201002838		VA Board of Pharmacy		
Reason/Charge				
Violation of Federal or State Statutes, Regulations or Rules; Fine Paid				
Plaintiff/Defendant/Claimant/Respondent		**Lawsuit/Arbitration/Bankruptcy**		
KabaFusion VA, LLC		Consent Order		
Name of Business/Industry/Entity				
KabaFusion VA, LLC				

Provide explanation below: See Attachment.

Original Signature (electronic, copies or stamps not accepted)

9/22/2025
Date

KabaFusion
Patient-Focused Infusion Therapy

Regarding Disciplinary Action For KabaFusion VA, LLC (Chesapeake)

The Virginia Board of Pharmacy inspected KabaFusion VA, LLC on April 21, 2021 and found that bulk IV solutions were in the warehouse space. The bulk IV solutions have been relocated to the licensed pharmacy space and the deficiency correction and payment of monetary penalty are noted in the May 27, 2021 letter from the Virginia Board of Pharmacy, copy enclosed.

CORPORATE (WEST COAST)
17777 Center Court Dr., Ste. 550, Cerritos, CA 90703
P: 800-435-3020 F: 562-860-6017

CORPORATE (EAST COAST)
80 Hayden Ave., Suite 300, Lexington, MA 02421
P: 844-777-4844 F: 781-862-2002

www.kabafusion.com

0201002838

COMMONWEALTH of VIRGINIA

David E. Brown, D.C.
Director

Department of Health Professions
Perimeter Center
9960 Mayland Drive, Suite 300
Henrico, Virginia 23233-1463

www.dhp.virginia.gov
TEL (804) 367-4400
FAX (804) 527-4475

Board of Pharmacy
804/367-4456
804-799-7906 (fax)

May 27, 2021

KabaFusion VA, LLC
Traci M. Johns, Pharmacist-in-Charge
Mailed to the legal address of record with the Board of Pharmacy

RE: Case #211691

Dear Ms. Johns:

Enclosed please find a certified true copy of the Inspection Deficiency Notice and Consent Order that was entered by the Board on May 18, 2021. Further, this confirms receipt of the monetary penalty and the documentation indicating the corrective action taken. As all requirements have been satisfied, the case is now closed.

Sincerely,

Rose E. DeMatteo
Compliance Case Manager

Enclosure

Virginia Board of Pharmacy
9960 Mayland Drive, Suite 300
Henrico, VA 23233
804-367-4456
804-527-4472 (Fax)
pharmbd@dhp.virginia.gov

April 21, 2021

KabaFusion VA, LLC
Permit Number: 0201002838

Notice

After an inspection conducted on April 21, 2021 at KabaFusion VA, LLC, the deficiencies identified in the inspection summary that was provided to the facility were found. Those deficiencies constitute violations of the statutes and regulations cited below:

1. ($500) Deficiency 12: Storage of prescription drugs not in the prescription department; 18 VAC 110-20-190

If you wish to contest the violations cited above and in the inspection summary that was provided to the facility, you may submit documentation for the Board's consideration within 14 days of the date of this notice. In the alternative, you may request, in writing, an informal conference to further discuss this matter before a committee of the Board within 30 days of the date of this notice. Documents for consideration or a request for an informal conference should be mailed to:

Virginia Board of Pharmacy
9960 Mayland Drive
Suite 300
Henrico, Virginia 23233

If you do not want to contest the cited violations, in lieu of proceeding to an informal conference, you may sign the Consent Order below, submit a total penalty of $500 by check or money order, made payable to the Treasurer of Virginia, and provide documentation of corrective action taken to remedy all of the cited violations. The Consent Order, the penalty, and documentation of corrective action should be sent in one mailing to the address provided above within 30 days of the date of this Notice.

Failure to respond to this document within thirty (30) days of the date of this Notice will result in an informal conference being scheduled to determine whether violations of the statutes and regulations of the Board of Pharmacy have occurred. A notice of the informal conference will be mailed to the attention of the facility's Pharmacist-in-Charge [or the Owner if no PIC] with the scheduled date and time. If it is determined at the conclusion of the informal conference that the pharmacy is in violation of the laws and regulations of the Board of Pharmacy, the permit holder may be subject to disciplinary sanctions by the Board in addition to the penalty listed above. If you have any questions, please contact the Board office.

Consent Order

The Virginia Board of Pharmacy ("Board") and KabaFusion VA, LLC ("Pharmacy") enter into the following Consent Order as evidenced by the signature of the Pharmacist-in-Charge [or the Owner if no PIC] hereto. The deficiencies cited in the Notice above and the inspection summary that was provided to the facility constitute violations of the statutes and regulations as cited above in the Notice. These violations were identified during an inspection conducted on April 21, 2021.

DO NOT MAKE ANY CHANGES TO THIS DOCUMENT:

Pharmacy, by affixing the signature of the Pharmacist-in-Charge (or Owner if no PIC) hereon, agrees to the following:

1. The Pharmacist-in-Charge (or Owner if no PIC) has the right to seek advice of counsel prior to signing this document;
2. The Pharmacist-in-Charge (or Owner if no PIC) acknowledges that without his consent, no legal action can be taken against the Pharmacy except pursuant to the Virginia Administrative Process Act, § 2.2-4000 *et seq.* of the Code of Virginia;
3. The Pharmacist-in-Charge (or Owner if no PIC) acknowledges that he has the following rights, among others: the right to an informal fact finding conference before the Board, the right to reasonable notice of said hearing, the right to representation by counsel, and the right to cross-examine witnesses;
4. The Pharmacist-in-Charge (or Owner if no PIC) waives all such right to an informal conference;
5. The Pharmacist-in-Charge (or Owner if no PIC) admits to the violations cited herein and waives his right to contest such violations in any subsequent proceeding before the Board;
6. The Pharmacist-in-Charge (or Owner if no PIC) consents to the entry of the following Order affecting the permit of the Pharmacy in Virginia.

WHEREFORE, on the basis of the foregoing, the Board, effective upon entry of this Order, and in lieu of further proceedings, hereby ORDERS as follows:

1. Pharmacy shall pay a monetary penalty of $500 to the Board within 30 days of the date of the Notice.

2. Pharmacy shall submit documentation of immediate action taken to correct all violations.

3. Any violation of the terms and conditions of this Order or of any law or regulation affecting the conduct of Pharmacy in the Commonwealth of Virginia shall constitute grounds for the suspension or revocation of the permit of Pharmacy, and an administrative proceeding shall be convened to determine whether such permit shall be suspended or revoked.

Pursuant to § 2.2-4023 and § 54.1-2400.2 of the Code of Virginia, the signed original of this Notice and Consent Order shall remain in the custody of the Department of Health Professions as public record and shall be made available for public inspection or copying upon request.

Traci Johns RPh — 4/29/2021
Signature of PIC or Owner — Date

Traci Johns — Pharmacist in Charge
Printed Name of Person Signing — Position/Title

FOR THE BOARD:

Caroline D. Juran, Executive Director — 5/18/2021 Entered

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 5 & 6. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
02/25/2021		New York		
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Not Listed		New York State Department of Health		
Reason/Charge				
Violation of Federal or State Statutes, Regulations or Rules; Fine Paid				
Plaintiff/Defendant/Claimant/Respondent		**Lawsuit/Arbitration/Bankruptcy**		
Lincare of New York, Inc.		Citation; Stipulation and Order		
Name of Business/Industry/Entity				
Lincare of New York, Inc.				

Provide explanation below: See Attachment.

Original Signature (electronic, copies or stamps not accepted)

9/22/2025
Date

KabaFusion
Patient-Focused Infusion Therapy

Citation, Stipulation and Order for Lincare of New York, Inc. (Clinton)

Lincare of New York, Inc. was aquired in May 2020 and inspected by the New York Department of Health in September 2020. All findings have been corrected, and the fine was paid. A copy of the Citation, Stipulation and Order is enclosed.

CORPORATE (WEST COAST)
17777 Center Court Dr., Ste. 550, Cerritos, CA 90703
P: 800-435-3020 F: 562-860-6017

CORPORATE (EAST COAST)
80 Hayden Ave., Suite 300, Lexington, MA 02421
P: 844-777-4844 F: 781-862-2002

www.kabafusion.com

STATE OF NEW YORK : DEPARTMENT OF HEALTH

IN THE MATTER

OF

HOWARD A. ZUCKER, M.D., J.D., as Commissioner of Health of the State of New York, to determine the action to be taken with respect to:

LINCARE OF NEW YORK INC.

Respondent

as operator of

Lincare of New York Inc. - Clinton
8181 Seneca Turnpike Suite 2
Clinton New York, 13323

arising out of alleged violations of Article 36 of the Public Health Law of the State of New York and Title 10 (Health) of the Official Compilation of Codes, Rules and Regulations of the State of New York (NYCRR)

STIPULATION

AND

ORDER

WHEREAS, the New York State Department of Health (the "Department") has investigated the operations of LINCARE OF NEW YORK INC. as operator of Lincare of New York Inc. – Clinton, a Home Care Service provider relating to alleged violations of Article 36 of the Public Health Law and Part 700 of Title 10 (Health) of the Official Compilation of the Codes, Rules and Regulations of the State of New York (NYCRR), as detailed in the Department survey dated September 15, 2020; and

WHEREAS, prior to commencement of administrative enforcement action based upon the alleged violations by service of a Notice of Hearing and Statement of Charges, the Department and the Respondent engaged in settlement discussions; and

WHEREAS, the parties wish to resolve this matter by means of a settlement

instead of an administrative hearing.

NOW, THEREFORE, IT IS STIPULATED AND AGREED AS FOLLOWS:

1. This matter is settled and discontinued with prejudice. The Department shall not pursue further administrative enforcement action against the Respondent pursuant to Article 36 of the Public Health Law and Title 10 NYCRR in connection with the Department survey dated September 15, 2020 and alleged violations of 10 NYCRR §§ 765 – 2.2(b), 766.2(a)(1), 766.3(a), 766.3(b), 766.3(d), 766.4(d), 766.5(b) (3), 766.9(c), 766.9(k), 766.9(l), 766.11(d)(1), 766.11(d)(2), 766.11(d)(4), 766.11 (f)(i), 766.11(l)(1), 766.11(l)(2), 766.12(a)(1), and 766.12(c).

2. The Respondent admits to the existence of substantial evidence of violations of the regulations listed in paragraph #1 above, as detailed in the Department survey dated September 15, 2020. The foregoing admission is without prejudice to the Respondent's rights, defenses, and claims in any other matter, proceeding, action, hearing, or litigation not involving the Department or any of its boards or councils authorized by the Public Health Law, including but not limited to those involving medical malpractice, personal injury, and/or negligence that may be made in a civil action for monetary damages.

3. Pursuant to PHL §§ 12(1)(a) and 206 of the Public Health Law, the Respondent is assessed a civil penalty of Twenty-Five Thousand Five Hundred dollars ($25,500.00). Twelve Thousand Five Hundred dollars ($12,500.00) of this civil penalty will be paid to the Department within thirty (30) days after the effective date of this Stipulation and Order. Thirteen Thousand dollars ($13,000.00) of this civil penalty will be suspended for a further period of 90 days and waived upon the Respondent demonstrating compliance

with the regulatory requirements of 10 NYCRR §§ 765 – 2.2(b), 766.2(a)(1), 766.9(c), 766.9(k), 766.9(l), 766.9(o), 766.11 (d)(1), 766.11 (d)(2), 766.11 (d)(4), 766.11 (f)(i), 766.11(l)(1), 766.11(l) (2), 766.12 (a)(1), 766.12(c).

4. Payments shall be made payable by certified check to the New York State Department of Health and forwarded to the New York State Department of Health, Bureau of Accounts Management, Room 2748, Corning Tower, Empire State Plaza, Albany, New York 12237-0016. Any civil penalty not paid by the date prescribed herein shall be subject to all provisions of law relating to debt collection by the State of New York. This includes, but is not limited to, the imposition of interest, late payment charges and collection fees; referral to the New York State Department of Taxation and Finance for collection, and non-renewal of permits or licenses [Tax Law Section 171(27); State Finance Law Section 18; CPLR Section 5001; Executive Law Section 32].

5. It is further stipulated and agreed by the Respondent and the Department that there exist valid and sufficient grounds, as a matter of fact and law, for the issuance of this Stipulation and Order under the Public Health Law, and the Respondent consents to its issuance, accepts its terms and conditions and waives any right to challenge this Stipulation and Order in a proceeding pursuant to Article 78 of the Civil Practice Law and Rules or in any other action or proceeding.

6. This Stipulation and Order shall be effective upon service on the Respondent or the Respondent's attorney or representative of a copy by personal service or by certified or registered mail.

DATED: Albany , New York
February 25 , 2021

LINCARE of NEW YORK, INC.

BY: Karen Kaczmarek

Karen Kaczmarek
President

AGREED AND SO ORDERED:

DATED: Albany, New York
May , 2021

NEW YORK STATE DEPARTMENT OF HEALTH

HOWARD A. ZUCKER, M.D., J.D.
Commissioner of Health

Inquiries to: Michael John Phillips, Senior Attorney
Bureau of Administrative Hearings
Phone: (518) 474 1902 – office 518 935 0533 - mobile
Email: michael.phillips@health.ny.gov

Mail Stipulation and Order to:

Michael John Phillips, Senior Attorney
New York State Department of Health
Corning Tower Building, Room 2412
Empire State Plaza
Albany, New York 12237-0029

Mail Payment to:

New York State Department of Health
Bureau of Accounts Management
Corning Tower, Room 2748
Empire State Plaza
Albany, New York 12237-0016

ADDENDUM

Lincare of NY, Inc. – Clinton			
Date of Survey	Violation	Description of Applicable Citations	Type and amount of Fine
9/15/2020	10 NYCRR §§ 765 2.2(b), 766.2(a)(1), 766.3(a), 766.3(b), 766.3(d), 766.4(d), 766.5(b) (3), 766.9(c), 766.9(k), 766.9(l), 766.11 (d) (1), 766.11 (d) (2), 766.11 (d) (4), 766.11 (f) (i), 766.11l(1), 766.11(i) (2), 766 .12 (a) (1), and 766.12(c).	Failure to maintain licensing and administrative requirements, Failure to properly administer multiple Plans of Care, Failure to maintain proper personnel records, Failure to maintain required records and reports.	PHL §§ 12(1)(a) and 206. $25,500 civil penalty. $12,500 paid within 30 Days of effective date. $13,000.00 suspended for 90 days to comply with Department administrative requirements.

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 5 & 6 . Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
04/17/2023		Virginia		
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Case No. 227504		VA Board of Pharmacy		
Reason/Charge				
Violation of Federal or State Statutes, Regulations or Rules; Fine Paid				
Plaintiff/Defendant/Claimant/Respondent		**Lawsuit/Arbitration/Bankruptcy**		
KabaFusion VA, LLC		Consent Order		
Name of Business/Industry/Entity				
KabaFusion VA, LLC				

Provide explanation below: See Attachment.

Original Signature (electronic, copies or stamps not accepted)

9/22/2025
Date

KabaFusion
Patient-Focused Infusion Therapy

Regarding Disciplinary Action For
KabaFusion VA, LLC (Chesapeake)

The Virginia Board of Pharmacy inspected KabaFusion VA, LLC on March 9, 2023, and found deficiencies with the alarm system and cleanroom. The deficiency corrections and payment of monetary penalty are noted in the April 20,2023 letter from the Virginia Board of Pharmacy, copy enclosed.

CORPORATE (WEST COAST)
17777 Center Court Dr., Ste. 550, Cerritos, CA 90703
P: 800-435-3020 F: 562-860-6017

CORPORATE (EAST COAST)
80 Hayden Ave., Suite 300, Lexington, MA 02421
P: 844-777-4844 F: 781-862-2002

www.kabafusion.com

DHP – MAILROOM
APR 07 2023
Received
VA Board of Pharmacy
APR 11 2023

Virginia Board of Pharmacy
9960 Mayland Drive, Suite 300
Henrico, VA 23233
804-367-4456
804-527-4472 (Fax)
pharmbd@dhp.virginia.gov
March 11, 2023

KabaFusion VA, LLC
Permit Number: 0201002838

Notice

After an inspection conducted on March 9, 2023 at KabaFusion VA, LLC, the deficiencies identified in the inspection summary that was provided to the facility were found. Those deficiencies constitute violations of the statutes and regulations cited below:

1. ($250) Deficiency 9a: Alarm is operational but does not fully protect the prescription department; 18 VAC 110-20-180
2. ($2,000) Deficiency 32: Have clean room, but not all physical standards in compliance; § 54.1-3410.2

If you wish to contest the violations cited above and in the inspection summary that was provided to the facility, you may submit documentation for the Board's consideration within 14 days of the date of this notice. In the alternative, you may request, in writing, an informal conference to further discuss this matter before a committee of the Board within 30 days of the date of this notice. Documents for consideration or a request for an informal conference should be mailed to:

Virginia Board of Pharmacy
9960 Mayland Drive
Suite 300
Henrico, Virginia 23233

If you do not want to contest the cited violations, in lieu of proceeding to an informal conference, you may sign the Consent Order below, submit a total penalty of $2,250 by check or money order, made payable to the Treasurer of Virginia, and provide documentation of corrective action taken to remedy all of the cited violations. The Consent Order, the penalty, and documentation of corrective action should be sent in one mailing to the address provided above within 30 days of the date of this Notice.

Failure to respond to this document within thirty (30) days of the date of this Notice will result in an informal conference being scheduled to determine whether violations of the statutes and regulations of the Board of Pharmacy have occurred. A notice of the informal conference will be mailed to the attention of the facility's Pharmacist-in-Charge [or the Owner if no PIC] with the scheduled date and time. If it is determined at the conclusion of the informal conference that the pharmacy is in violation of the laws and regulations of the Board of Pharmacy, the permit holder

3020

may be subject to disciplinary sanctions by the Board in addition to the penalty listed above. If you have any questions, please contact the Board office.

Consent Order

The Virginia Board of Pharmacy ("Board") and KabaFusion VA, LLC ("Pharmacy") enter into the following Consent Order as evidenced by the signature of the Pharmacist-in-Charge [or the Owner if no PIC] hereto. The deficiencies cited in the Notice above and the inspection summary that was provided to the facility constitute violations of the statutes and regulations as cited above in the Notice. These violations were identified during an inspection conducted on March 9, 2023

DO NOT MAKE ANY CHANGES TO THIS DOCUMENT:

Pharmacy, by affixing the signature of the Pharmacist-in-Charge (or Owner if no PIC) hereon, agrees to the following:

1. The Pharmacist-in-Charge (or Owner if no PIC) has the right to seek advice of counsel prior to signing this document;
2. The Pharmacist-in-Charge (or Owner if no PIC) acknowledges that without his consent, no legal action can be taken against the Pharmacy except pursuant to the Virginia Administrative Process Act, § 2.2-4000 *et seq.* of the Code of Virginia;
3. The Pharmacist-in-Charge (or Owner if no PIC) acknowledges that he has the following rights, among others: the right to an informal fact finding conference before the Board, the right to reasonable notice of said hearing, the right to representation by counsel, and the right to cross-examine witnesses;
4. The Pharmacist-in-Charge (or Owner if no PIC) waives all such right to an informal conference;
5. The Pharmacist-in-Charge (or Owner if no PIC) admits to the violations cited herein and waives his right to contest such violations in any subsequent proceeding before the Board;
6. The Pharmacist-in-Charge (or Owner if no PIC) consents to the entry of the following Order affecting the permit of the Pharmacy in Virginia.

WHEREFORE, on the basis of the foregoing, the Board, effective upon entry of this Order, and in lieu of further proceedings, hereby ORDERS as follows:

1. Pharmacy shall pay a monetary penalty of $2,250 to the Board within 30 days of the date of the Notice.

2. Pharmacy shall submit documentation of immediate action taken to correct all violations.

3. Any violation of the terms and conditions of this Order or of any law or regulation affecting the conduct of Pharmacy in the Commonwealth of Virginia shall constitute grounds for the suspension or revocation of the permit of Pharmacy, and an administrative proceeding shall be convened to determine whether such permit shall be suspended or revoked.

Pursuant to § 2.2-4023 and § 54.1-2400.2 of the Code of Virginia, the signed original of this Notice and Consent Order shall remain in the custody of the Department of Health Professions as public record and shall be made available for public inspection or copying upon request.

Signature of PIC or Owner

4/6/2023
Date

John Rick Pagaduan
Printed Name of Person Signing

Director of Pharmacy
Position/Title

FOR THE BOARD:

Caroline D. Juran, Executive Director

4/7/23
Entered

0201002838

COMMONWEALTH of VIRGINIA

Arne W. Owens
Director

Department of Health Professions
Perimeter Center
9960 Mayland Drive, Suite 300
Henrico, Virginia 23233-1463
Board of Pharmacy
804/367-4456
804-799-7906 (fax)

www.dhp.virginia.gov
PHONE (804) 367- 4400

April 20, 2023

KabaFusion VA, LLC
John Rick S. Pagaduan, Pharmacist-in-Charge
Mailed to the legal address of record
with the Board of Pharmacy

RE: Case #227504

Dear John Rick S. Pagaduan:

Enclosed please find a certified true copy of the Inspection Deficiency Notice and Consent Order that was entered by the Board on April 17, 2023. Further, this confirms receipt of the monetary penalty and the documentation indicating the corrective action taken. As all requirements have been satisfied, the case is now closed.

Sincerely,

Rose E. DeMatteo
Compliance Case Manager

Enclosure

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 5 & 6. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
07/29/2023		New Jersey		
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Inspection No. 8-4129-20-230		New Jersey Board of Pharmacy		
Reason/Charge				
Violation of Federal or State Statutes, Regulations or Rules; Fine Paid				
Plaintiff/Defendant/Claimant/Respondent		**Lawsuit/Arbitration/Bankruptcy**		
Medilink Homecare, Inc. DBA KabaFusion NJ		Inspection		
Name of Business/Industry/Entity				
Medilink Homecare, Inc. DBA KabaFusion NJ				

Provide explanation below: See Attachment.

Original Signature (electronic, copies or stamps not accepted)

9/22/2025
Date

KabaFusion
Patient-Focused Infusion Therapy

Regarding Disciplinary Action For
Medilink Homecare, Inc. DBA KabaFusion NJ (Hammonton)

Medilink Homecare, Inc. DBA KabaFusion NJ underwent an inspection by the New Jersey Board of Pharmacy from November 17, 2021, through December 2, 2021. On July 29, 2023, the New Jersey Board of Pharmacy issued notice of its determination that KabaFusion NJ had incurred three violations and allowed the opportunity to settle the matter by agreeing to execute a Certification, paying a penalty in the amount of $750.00 and providing a letter of corrective action. KabaFusion NJ agreed to the terms and has settled this matter. Copy enclosed.

CORPORATE (WEST COAST)
17777 Center Court Dr., Ste. 550, Cerritos, CA 90703
P: 800-435-3020 F: 562-860-6017

CORPORATE (EAST COAST)
80 Hayden Ave., Suite 300, Lexington, MA 02421
P: 844-777-4844 F: 781-862-2002

www.kabafusion.com

PHILIP D. MURPHY
Governor

SHEILA Y. OLIVER
Lt. Governor

New Jersey Office of the Attorney General

Division of Consumer Affairs
Board of Pharmacy
124 Halsey Street, 6th Floor, Newark NJ 07102

MATTHEW J. PLATKIN
Attorney General

CARI FAIS
Acting Director

Mailing Address:
P.O. Box 45045
Newark, NJ 07101
(973) 504-6351

Certified Mail: [redacted]3752

July 29, 2023

Caitlin Acord, RPIC
Medilink Homecare, Inc., D/B/A Kabafusion NJ
463 North White Horse Pike
Hammonton, NJ 08037

Re: Inspection #8-4129-20--230
Date of Inspection: 11/17/2021 thru 12/02/2021

Dear Ms. Acord,

This letter is to advise you that the New Jersey State Board of Pharmacy has had an opportunity to review information concerning the above inspection report.

Upon review of all available information, the Board has preliminarily found that you have violated those items listed on Attachment A.

The Board has determined that it will offer you an opportunity to settle this matter and thereby avoid the initiation of further disciplinary proceedings. Should you wish to avail yourself of this opportunity, you **MUST SIGN THE ATTACHED CERTIFICATION** and agree to the following:

> **PAY A PENALTY IN THE AMOUNT OF $750.00** and **PROVIDE TO THE BOARD A LETTER OF CORRECTIVE ACTION.** (To be paid immediately upon your signing of the attached acknowledgment.)

Alternatively you may waive your right to a hearing and submit a written statement or explanation to the Board. The Board will then consider your submission and render a final decision, which may include any of the terms set forth above. This disposition will be a public record. Please take notice that if the Board determines that the initial inspection findings require a re-inspection to ensure that cited deficiencies have been properly addressed, you may be subject to any costs associated with the re-inspection.

If you do not wish to settle this matter, you may request a hearing. In that event, this letter will serve as notice of the charges against you and a hearing will be scheduled before the Board. At that hearing you may, either personally or with the assistance of an attorney, submit determination concerning the charges of unlawful activity. You should be aware that in making

its final decision, the Board may, if unlawful activity has been proven, assess civil penalties in an amount greater than that herein offered in this letter. Additionally, the Board may, if the facts are found to so warrant, enter an order, requiring you to reimburse certain monies, direction you to cease and desist from engaging in unlawful acts and/or requiring you to pay costs incurred by the Board. Should you have any questions concerning this letter or the settlement offer herein, I suggest that you contact the Board at (973) 504-6450.

The enclosed Certification **MUST** be completed and returned to the Board within fifteen (15) days following your receipt of this letter. In the event that the Board receives no response from you within this time, the Board's settlement offer will be withdrawn, and the allegations contained herein shall be deemed admitted, and the Board will proceed to finally review that matter and enter an appropriate order.

NEW JERSEY STATE BOARD OF PHARMACY

By: _____
Anthony Rubinaccio, RPh
Executive Director

AR/em
(06/23)

CERTIFICATION

I, Caitlin Acord, hereby acknowledge that I have read and reviewed the Board's letter dated July 29, 2023 regarding allegations of violations of the Board's enabling act and/or regulations.

Please Check One:

[X] I acknowledge the conduct which has been charged and agree to:

1. **Cease and desist from engaging in the conduct alleged and pay a penalty in the amount of $750.00** (to be paid upon signing of this Certification).

2. **Send a Letter of Corrective Action,** as requested by the Board, with this Certification.

I am also aware that the action taken against me by the Board herein is a matter of public record, and that the Board's letter and this Certification are public documents.

[ ] I hereby waive any rights I may have to a hearing in this matter and defend myself against any charges, but ask the Board to consider my explanation before rendering its final decisions. I understand that the Board may order any of the terms specified in its letter and that the Certification are public documents.

[ ] I request a formal administrative hearing to contest the charges specified by the Board. I understand that I will be advised of the time, date and place for that hearing at another time. I am aware that I may be represented by an attorney and that at the time of the hearing I may submit to the Board testimony and documentation relevant to the charges. I understand that in making its final decision, the Board may, if unlawful activity has been proven, assess civil penalties in an amount greater than that herein offered in its letter and may order such other remedies as it may deem appropriate. I am also aware that this proceeding is a matter of public record and that the Board's letter and this Certification are public documents.

Caitlin Acord
(Signature)

Dated: 8/29/23

Caitlin Acord
(Print Name)

Ref: Caitlin Acord, RPIC
Medilink Homecare, Inc., D/B/A Kabafusion NJ
(28RS00502800)
463 North White Horse Pike
Hammonton, NJ 08037
Inspection # 8-4129-20--230

AR/em
(06/23)

ATTACHMENT A

Medilink Homecare, Inc., D/B/A Kabafusion NJ, Permit # 28RS00502800 - 463 North White Horse Pike Hammonton, NJ 08037
Pharmacist-In-Charge: Caitlin Acord
Bureau File # 8-4129-20--230, Period: 11/17/2021 thru 12/02/2021
Reference: Board of Pharmacy inspection activity conducted pursuant to N.J.S.A. 45:1-18 and N.J.S.A. 45:14-48(a) ll&12.

Details

CITE	DESCRIPTION	FINE
N.J.A.C. 13:39-6.7(b)	Sydney Rutter (28RW03019200) failed to have her current biennial technician registration conspicuously displayed. Ms. Rutter had it stored in her desk drawer.	$50.00
N.J.A.C. 13:39-5.8(a)(1)	The SUBJECT pharmacy failed to have satisfactory references in the following categories: General Practice of Pharmacy and Drug Interactions.	$200.00
N.J.A.C. 13:39-11.13(a)	Pharmacists failed to provide immediate personal supervision to technicians engaged in sterile compounding in the cleanroom. This Investigator observed pharmacy technicians Ashley Hill (28RW02873800) and Enrico Campanile (28RW00383600) compounding sterile preparations in the cleanroom without being under the immediate personal supervision of a pharmacist. A pharmacist was not present in the cleanroom nor was a pharmacist present in the area of the window which allows a view within the cleanroom. Ms. McCloy was asked who was responsible for supervising the technicians in the cleanroom. She replied that Tyler Nelson (28RI03370300) was the pharmacist responsible for supervising the technicians in the cleanroom. Ms. Nelson was not observed to be in the vicinity of the cleanroom. Reema Malkani (28RI03446900) was observed checking prescriptions in the dispensing area but did not have a view of the technicians compounding in the cleanroom. There was not a pharmacist physically present in the cleanroom during the duration of my visit to the SUBJECT pharmacy.	$500.00
TOTAL:		$750.00

KabaFusion
Patient-Focused Infusion Therapy

August 30, 2023

Sent Via USPS, and Via E-Mail to RubinaccioA@dca.lps.state.nj.us

New Jersey Office of the Attorney General
Division of Consumer Affairs
Board of Pharmacy
P. O. Box 45045
Newark, NJ 07101

Attention: Anthony Rubinaccio, RPh, Executive Director

RE: **Medilink Homecare, Inc. DBA KabaFusion NJ (Hammonton)**
FEIN: 22-3308333; NPI: 1356445845; License #: 28RS00502800
Letter of Corrective Action and Certification Statement Regarding Inspection #8-4129-20—230, dated 11/17/2021-12/02/2021

Dear Executive Director Rubinaccio,

In response to your letter dated July 29, 2023, Medilink Homecare, Inc. DBA KabaFusion NJ has decided to sign the Certification Statement and pay the amount of $750.00. A signed statement and check are enclosed. The following corrective actions have been made:

1. N.J.A.C. 13:39-6.7(b) – Sydney Rutter is no longer an employee of Medilink Homecare, Inc. DBA KabaFusion NJ; all pharmacy technician licenses are conspicuipusly displayed at the pharmacy, See Photo #1
2. N.J.A.C. 13:39-5.8(a)(1) – References for General Practice of Pharmacy and Drug Interations are available on site: (i) Lexicomp Adult Drug Information Handbook, 30th Edition [regarding Drug Interations], and (ii) McGraw Hill Pharmacotherapy, A Pathophysiologic Approach, 11th Edition [regarding General Practice of Pharmacy], See Photo #2
3. N.J.A.C. 13:39-11.13(a) – I, Caitlin Acord, Pharm. D., BCSCP, Pharmacist in Charge, have rearranged my desk to face the cleanroom to facilitate immediate personal supervision to technicians engaged in sterile compounding, See Photo #3

If you have any questions regarding the Certification Statement or corrective actions made, you may reach out to Smita Njeru, RPh, VP Regulatory Compliance, via email at KabaFusionLicensing@KabaFusion.com.

Sincerely,

Caitlin Acord

Caitlin Acord, Pharm. D., BCSCP
Director of Pharmacy and Pharmacist in Charge

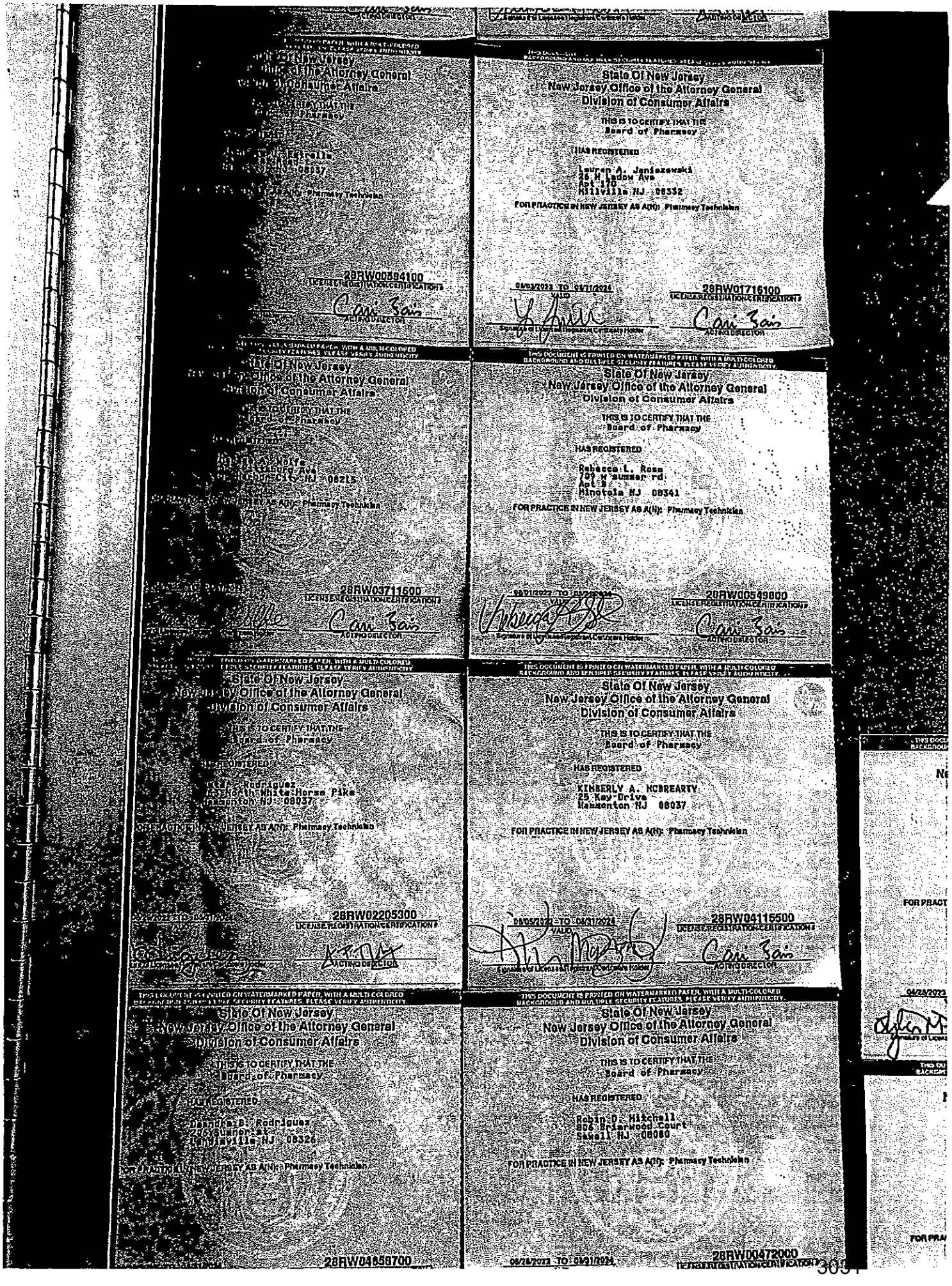
SEP 11 2023

Enclosures: New Jersey Board of Pharmacy Letter Dated July 29, 2023
Certification Statement, signed by Pharmacist in Charge, Caitlin Acord, Pharm. D., BCSCP
Check # 0387 in the amount of $750.00
Photos #1, 2, and 3 as Evidence of Corrective Action

CORPORATE (WEST COAST)
17777 Center Court Dr., Ste. 550, Cerritos, CA 90703
P: 800-435-3020 F: 562-860-6017

CORPORATE (EAST COAST)
80 Hayden Ave., Suite 300, Lexington, MA 02421
P: 844-777-4844 F: 781-862-2002

www.kabafusion.com



State Of New Jersey
New Jersey Office of the Attorney General
Division of Consumer Affairs

THIS IS TO CERTIFY THAT THE
Board of Pharmacy

HAS REGISTERED

Lauren A. Janiszewski
25 N Ladow Ave
Apt 17D
Millville NJ 08332

FOR PRACTICE IN NEW JERSEY AS A(n): Pharmacy Technician

08/03/2022 TO 08/31/2024
VALID

28RW01716100
LICENSE/REGISTRATION/CERTIFICATION #

Cari Sais
ACTING DIRECTOR

State Of New Jersey
New Jersey Office of the Attorney General
Division of Consumer Affairs

THIS IS TO CERTIFY THAT THE
Board of Pharmacy

HAS REGISTERED

Rebecca L. Rosa
709 W Sumner rd
Apt B
Hinotola NJ 08341

FOR PRACTICE IN NEW JERSEY AS A(n): Pharmacy Technician

08/01/2022 TO 08/31/2024
VALID

28RW00549800
LICENSE/REGISTRATION/CERTIFICATION #

Cari Sais
ACTING DIRECTOR

State Of New Jersey
New Jersey Office of the Attorney General
Division of Consumer Affairs

THIS IS TO CERTIFY THAT THE
Board of Pharmacy

HAS REGISTERED

KIMBERLY A. MCBREARTY
25 Kay Drive
Hammonton NJ 08037

FOR PRACTICE IN NEW JERSEY AS A(n): Pharmacy Technician

08/05/2022 TO 08/31/2024
VALID

28RW04115500
LICENSE/REGISTRATION/CERTIFICATION #

Cari Sais
ACTING DIRECTOR

State Of New Jersey
New Jersey Office of the Attorney General
Division of Consumer Affairs

THIS IS TO CERTIFY THAT THE
Board of Pharmacy

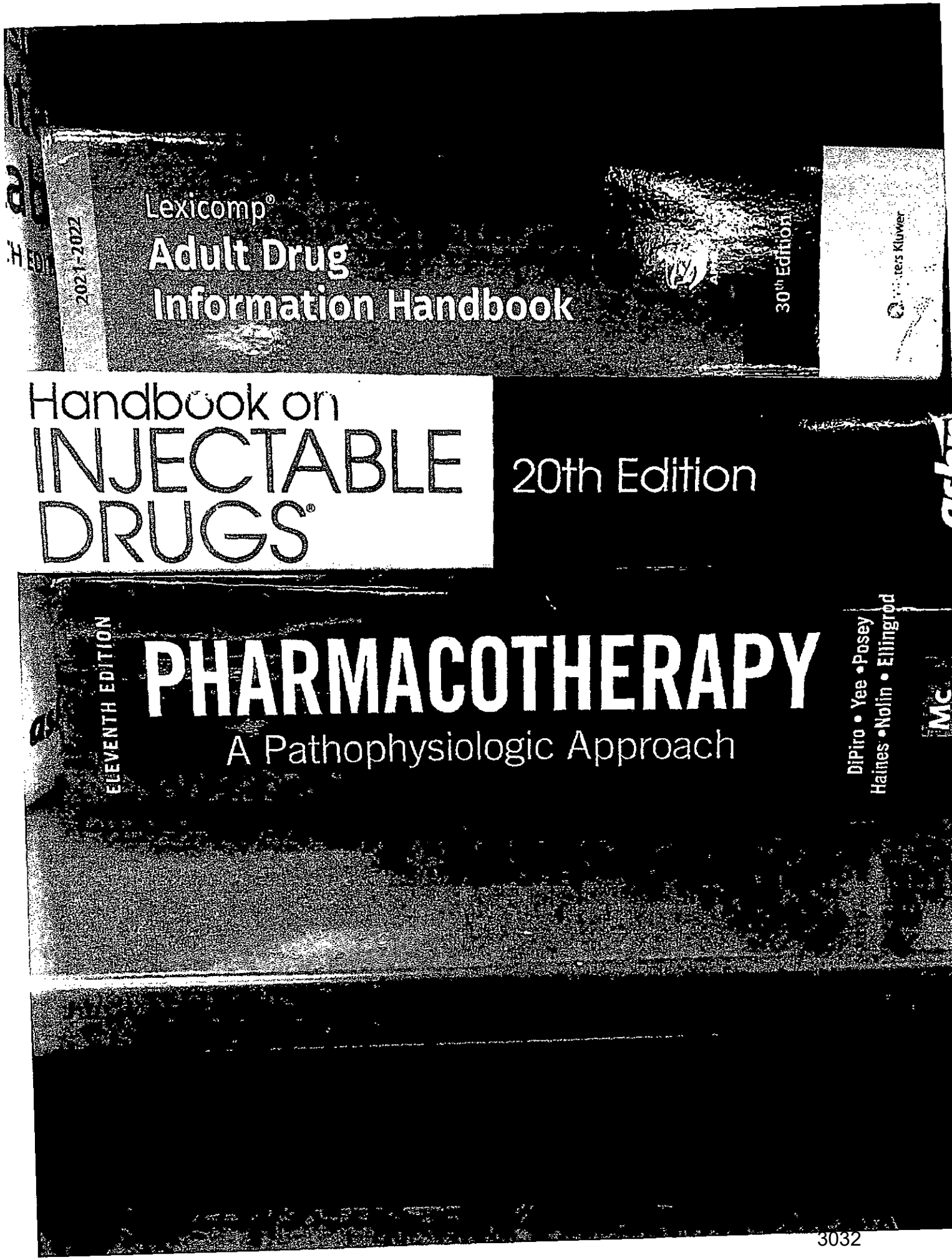
HAS REGISTERED

Robin D. Mitchell
806 Briarwood Court
Sewell NJ 08080

FOR PRACTICE IN NEW JERSEY AS A(n): Pharmacy Technician

08/28/2022 TO 08/31/2024
VALID

28RW00472000
LICENSE/REGISTRATION/CERTIFICATION #


Lexicomp®
Adult Drug
Information Handbook
2021-2022
30th Edition
Handbook on
INJECTABLE
DRUGS®
20th Edition
PHARMACOTHERAPY
A Pathophysiologic Approach
ELEVENTH EDITION
DiPiro • Yee • Posey
Haines • Nolin • Ellingrod


Integrity is doing the right thing, even when no one is watching.
KabaFusion
KabaFusion
RE-CHECK

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 5 & 6 . Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
10/26/2023		New Jersey		
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Inspection No. 8-4129-23-742		New Jersey State Board of Pharmacy		
Reason/Charge				
Violation of Federal or State Statutes, Regulations or Rules; Mitigated and Removed				
Plaintiff/Defendant/Claimant/Respondent		**Lawsuit/Arbitration/Bankruptcy**		
Medilink Homecare, Inc.		Appearance, Inspection		
Name of Business/Industry/Entity				
Medilink Homecare, Inc.				

Provide explanation below: See Attachment.

Original Signature (electronic, copies or stamps not accepted)

9/22/2025
Date

KabaFusion
Patient-Focused Infusion Therapy

Regarding Disciplinary Action For
Medilink Homecare, Inc. DBA KabaFusion NJ (Hammonton)

Medilink Homecare, Inc. DBA KabaFusion NJ (Permit 28RS00502800) received correspondence dated October 26, 2023, from the New Jersey Board of Pharmacy related to an inspection conducted June 26, 2023. The New Jersey Board cited two deficiencies and requested payment of a fine of $1,600.

KabaFusion NJ retained counsel in connection with this matter, which was discussed at the New Jersey Board of Pharmacy ("Board") meeting on March 27, 2024. The Board moved to mitigate and remove both citations as this was a pre-opening inspection. The motion passed 8-0; a copy of the minutes are enclosed. The Board further issued a letter dated April 4, 2024, confirming the same, copy enclosed.

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17777 Center Court Dr., Ste. 550, Cerritos, CA 90703
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www.kabafusion.com

PHILIP D. MURPHY
Governor

TAHESHA L. WAY
Lt. Governor

New Jersey Office of the Attorney General

Division of Consumer Affairs
Board of Pharmacy
124 Halsey Street, 6th Floor, Newark NJ 07102

MATTHEW J. PLATKIN
Attorney General

CARI FAIS
Acting Director

Mailing Address:
P.O. Box 45013
Newark, NJ 07101
(973) 504-6450

CERTIFIED MAIL: 7020 1810 0001 5643 5687

April 4, 2024

Caitlin Acord, RPIC
Medilink Homecare, Inc., D/B/A Kabafusion NJ
129 North White Horse Pike, Unit 1
Hammonton, New Jersey 08037

Re: Inspection # 8-4129-23-742
Date of Inspection: 06/26/2023

Dear Ms. Acord,

At the March 27, 2024 meeting, the New Jersey State Board of Pharmacy, reviewed correspondence submitted requesting mitigation related to the above-referenced inspection.

The Board moved to approve your request to mitigate and remove N.J.A.C. 13:39-11.5(h) N.J.A.C. 13:39-11.23(b)(15) and N.J.A.C. 13:39- 11.13(a).

No further action is required at this matter.

NEW JERSEY STATE BOARD OF PHARMACY

By: _____
Anthony Rubinaccio, RPh
Executive Director

AR/em
(03/24)

PHILIP D. MURPHY
Governor

SHEILA Y. OLIVER
Lt. Governor

New Jersey Office of the Attorney General

Division of Consumer Affairs
Board of Pharmacy
124 Halsey Street, 6th Floor, Newark NJ 07102

MATTHEW J. PLATKIN
Attorney General

CARI FAIS
Acting Director

Mailing Address:
P.O. Box 45045
Newark, NJ 07101
(973) 504-6351

Certified Mail: 7020 1810 0001 5642 5199

October 26, 2023

Caitlin Acord, RPIC
Medilink Homecare, Inc., D/B/A Kabafusion NJ
129 North White Horse Pike, Unit 1
Hammonton, New Jersey 08037

Re: Inspection # 8-4129-23--742
Date of Inspection: 06/26/2023

Dear Ms. Acord,

This letter is to advise you that the New Jersey State Board of Pharmacy has had an opportunity to review information concerning the above inspection report.

Upon review of all available information, the Board has preliminarily found that you have violated those items listed on Attachment A.

The Board has determined that it will offer you an opportunity to settle this matter and thereby avoid the initiation of further disciplinary proceedings. Should you wish to avail yourself of this opportunity, you **MUST SIGN THE ATTACHED CERTIFICATION** and agree to the following:

PAY A PENALTY IN THE AMOUNT OF $1,600.00 and **PROVIDE TO THE BOARD A LETTER OF CORRECTIVE ACTION.** (To be paid immediately upon your signing of the attached acknowledgment).

Alternatively you may waive your right to a hearing and submit a written statement or explanation to the Board. The Board will then consider your submission and render a final decision, which may include any of the terms set forth above. This disposition will be a public record. Please take notice that if the Board determines that the initial inspection findings require a re-inspection to ensure that cited deficiencies have been properly addressed, you may be subject to any costs associated with the re-inspection.

If you do not wish to settle this matter, you may request a hearing. In that event, this letter will serve as notice of the charges against you and a hearing will be scheduled before the Board. At that hearing you may, either personally or with the assistance of an attorney, submit determination concerning the charges of unlawful activity. You should be aware that in making

its final decision, the Board may, if unlawful activity has been proven, assess civil penalties in an amount greater than that herein offered in this letter. Additionally, the Board may, if the facts are found to so warrant, enter an order, requiring you to reimburse certain monies, direction you to cease and desist from engaging in unlawful acts and/or requiring you to pay costs incurred by the Board. Should you have any questions concerning this letter or the settlement offer herein, I suggest that you contact the Board at (973) 504-6450.

The enclosed Certification **MUST** be completed and returned to the Board within fifteen (15) days following your receipt of this letter. In the event that the Board receives no response from you within this time, the Board's settlement offer will be withdrawn, and the allegations contained herein shall be deemed admitted, and the Board will proceed to finally review that matter and enter an appropriate order.

NEW JERSEY STATE BOARD OF PHARMACY

By: _____
Anthony Rubinaccio, RPh
Executive Director

AR/em
(09/23)

CERTIFICATION

I, Caitlin Acord, hereby acknowledge that I have read and reviewed the Board's letter dated October 26, 2023 regarding allegations of violations of the Board's enabling act and/or regulations.

Please Check One:

[ ]. I acknowledge the conduct which has been charged and agree to:

1. **Cease and desist from engaging in the conduct alleged and pay a penalty in the amount of $1,600.00** (to be paid upon signing of this Certification).
2. **Send a Letter of Corrective Action,** as requested by the Board, with this Certification.
3. Return this letter with the Certification page signed and the selected box checked.

I am also aware that the action taken against me by the Board herein is a matter of public record, and that the Board's letter and this Certification are public documents.

[X] I hereby waive any rights I may have to a hearing in this matter and defend myself against any charges, but ask the Board to consider my explanation before rendering its final decisions. I understand that the Board may order any of the terms specified in its letter and that the Certification are public documents.

[ ] I request a formal administrative hearing to contest the charges specified by the Board. I understand that I will be advised of the time, date and place for that hearing at another time. I am aware that I may be represented by an attorney and that at the time of the hearing I may submit to the Board testimony and documentation relevant to the charges. I understand that in making its final decision, the Board may, if unlawful activity has been proven, assess civil penalties in an amount greater than that herein offered in its letter and may order such other remedies as it may deem appropriate. I am also aware that this proceeding is a matter of public record and that the Board's letter and this Certification are public documents.

Caitlin Acord
(Signature)

Caitlin Acord
(Print Name)

Dated: 11/16/23

Ref: Caitlin Acord, RPIC
Medilink Homecare, Inc., D/B/A Kabafusion NJ
(28RS00502800)
490 Broadway
Bayonne, New Jersey 07002
Inspection # 8-4129-23--742

AR/em
(09/23)

ATTACHMENT A
Medilink Homecare, Inc., D/B/A Kabafusion NJ, Permit # 28RS00502800 – 129 North White Horse Pike, Unit 1
Hammonton, New Jersey 08037 - **Pharmacist-In-Charge:** Caitlin Acord
Bureau File # 8-4129-23--742, **Period:** 06/26/2023
Reference: Board of Pharmacy inspection conducted per N.J.S.A. 45:1-18, and an assignment dated May 16, 2023, from Tony H. Qi, Supervising Investigator, Enforcement Bureau, requesting an inspection of the SUBJECT pharmacy in connection with an application for a CHANGE OF LOCATION.

Details

CITE	DESCRIPTION	FINE
N.J.A.C. 13:39-11.5(h)	Ceiling light fixtures in the ante area were not air tight. Gaps were observed between the light fixtures and the ceiling. Ms. Acord and Ms. McCloy were informed that the gaps between the light fixtures and ceiling had to be sealed so that microorganisms and other contaminants could not accumulate in the spaces. They verbalized an understanding of such. Ms. Acord notified this Investigator, via email, on June 26, 2023, that the gaps between the light fixtures and ceiling had been remediated. They had been sealed so that microorganisms and other contaminants could not accumulate in the spaces.	$1,000.00
N.J.A.C. 13:39-11.23(b)(15) N.J.A.C. 13:39- 11.13(a)	Policies and procedures pertaining to supervision of personnel engaged in compounding sterile preparations by a pharmacist were vague. The supervising pharmacist was responsible to "provide direct supervision for dispensing and preparing medication". The policies and procedures failed to address that a pharmacist be physically present in the cleanroom to provide immediate personal supervision to pharmacy technicians engaged in compounding sterile preparations. Please note that on the occasion of this inspection activity, this Investigator did not observe any compounding taking place. The Pharmacist-In-Charge verbalized that a very low volume of compounding occurred on Mondays.	$100.00 $500.00
TOTAL:		$1,600.00

PHILIP D. MURPHY
Governor

TAHESHA L. WAY
Lt. Governor

New Jersey Office of the Attorney General

Division of Consumer Affairs
Board of Pharmacy
124 Halsey Street, 6th Floor, Newark NJ 07102

MATTHEW J. PLATKIN
ATTORNEY GENERAL

CARI FAIS
ACTING DIRECTOR

MAILING ADDRESS:
P.O. BOX 45013
NEWARK, NJ 07101
(973) 504-6450

BOARD OF PHARMACY
PUBLIC SESSION MINUTES
MARCH 27, 2024

I. CALL TO ORDER

The Public Session of the New Jersey Board of Pharmacy was called to order by the Board President, Mitch Sobel on March 27, 2024 at 9:04 a.m. The meeting was not held at 124 Halsey Street, Newark, NJ, but remotely by Zoom meetings. All members were duly notified of the time, place and all pertinent materials were provided to the members.

II. SUNSHINE LAW ANNOUNCEMENT

President Mitch Sobel read a statement that in compliance with the Open Public Meetings Act, the requirements for the notice of this meeting were transmitted by mail and by e-mail to the Secretary of State, the Atlantic City Press, the Courier-Post and the Trenton Times, in the Board's written annual notice of its meeting schedule, all on the 28th day of December, 2023 and by posting electronic notice of the meeting on the Board's website on the 20th day of March, 2024. The meeting is being held virtually as permitted by the OPMA and is scheduled to begin at 9:00 am. Formal action may be taken at the meeting. Any member of the public wishing to attend the public session of this meeting may do so by clicking the link provided on the Board of Pharmacy website.

III. ROLL CALL

Mitch Sobel, R.Ph.	President
Jabeen Ahmed, R.Ph.	Vice President – Excused absence
Eileen Kean, ESQ	
John Colaizzi, R.Ph	
Trushar Sheth, R.Ph.	
Craig Leivent, R.Ph.	
Stephen Lieberman, R.Ph.	Excused absence
William O'Connor Jr., ESQ	
Jeffrey Sinko R.Ph.	
Linda Witzal, R.Ph.	

OTHERS IN ATTENDANCE

Anthony Rubinaccio, R.Ph.	Executive Director
Jodi Krugman	Deputy Attorney General
Siobhan Krier	Deputy Attorney General
Nishi Begum	Board Staff
Jennifer Wasiewicz	Board Staff

IV. UPDATES BY EXECUTIVE DIRECTOR

Board Report

For the month of **February,** the Board:

- Registered **290** pharmacy technicians
- Licensed **40** pharmacists
- Licensed **3** interns
- Issued permits to **7** in-state pharmacies, and **12** out-of-state pharmacies
- Issued Immunization Approval to **18** pharmacists
- Issued Immunization Approval to **0** Intern
- Issued Immunization Approval to **16** Pharmacy Technicians

As of **03/25/2024**: a total of ***677*** **pharmacies** are participating in the Narcan365 Pilot Program. This number includes:

- ***249*** Independent pharmacies ***(increase in the number of participating pharmacies)***
- **22** Acme and **25** Sav-On pharmacies *(owned by Albertsons)*
- ***72*** Rite Aid ***(decrease in number of pharmacies due to store closures)***
- ***96*** Shoprite ***(increase in the number of participating pharmacies)***
- **61** Walmart
- *7* Sam's Club
- **34** Stop & Shop
- **61** Walgreens
- **12** Genoa Healthcare
- **9** Wegmans
- **29** CVS

A total of **78,202** prescriptions for naloxone have been dispensed anonymously through this pilot program.

Please be aware that all Pharmacy Technicians currently approved to immunize have had their expiration dates extended until May 31, 2024. An alert has been placed on the Board's homepage with this information and the website license verification function can be used to confirm this extension for an individual. Permit holders are reminded to ensure those individuals also have an "active" pharmacy technician registration in place.

During the state of emergency resulting from the COVID-19 pandemic, pharmacists may fill prescriptions written by Advanced Practice Nurses (APNs), to include prescriptions that do not include the name of a collaborating physician. Pursuant to Governor Murphy's Executive Order 112 and pursuant to the Division of Consumer Affairs' Administrative Order 2020-02 , statutory and regulatory requirements that would otherwise mandate that an APN maintain a joint protocol with a collaborating physician, and that the collaborating physician's name, address and telephone number be included on prescriptions written by the APN, have been waived. Although the public health emergency originally declared in Executive Order 112 has ended, the state of emergency remains in effect. Additionally, pursuant to Executive Order 292, the cited provisions of both EO 112 and AO 2020-02 remain in full force and effect presently.

The Board offered congratulations to Board President Mitch Sobel on winning the Beverly Wilt Service Award. The nominee must be an active member of NJSHP with at

least 10 years of membership and embodies the following core values:

- Practice Excellence – Nominee demonstrates sustained active involvement in the promotion, progression, and implementation of pharmaceutical care programs, missions, initiatives, and performance improvement at his/her professional practice site;
- Organizational involvement – Nominee has participated in some area of NJSHP leadership or government affairs representation such as: State Board Officer, Chapter Officer, NJSHP Delegate of AHSP, or any sustained participation with appointed or elected NJSHP position(s)
- Professional contributions - Nominee has demonstrated active professional and educational contributions such as: participation with academia, professional presentations, teaching, mentorship, and community outreach.

Mr. Sobel is a role model for advancing the profession through practice excellence.

V. OLD BUSINESS

1) **Public Orders Filed**
   a) **Christine McLaughlin** – 28RW00961900 – Summary Order of Suspension filed 2/5/2024
   b) **Kayla Fentress** – 28RW02787400 - Summary Order of Suspension filed 2/5/2024
   c) **Amanda Cudd** – 28RW02032800 – Summary Order of Suspension filed 2/5/2024
   d) **Christine Chai** – 28RI03236100 - Summary Order of Suspension filed 2/5/2024

VI. NEW BUSINESS

1) **Donna Feudo** - Request for a reasonable accommodation

Donna Feudo was present to represent this request.

Trushar Sheth moved, seconded by Craig Leivent to table this item until the Board is in receipt of a waiver request submitted by the preceptor seeking the waiver. Mitch Sobel was recused due to a business affiliation. **Motion passed 7-0-1.**

The Board authorized Vice President Jabeen Ahmed to handle this matter in the event the waiver request is not submitted by the time of the April 24, 2024 Board meeting.

2) **Hongzhuo Lin – 2783775** – requesting waiver – NAPLEX score is over 5 years old

Mitch Sobel moved, seconded by John Colaizzi to grant the waiver of N.J.A.C.13:39-2.2(c) and allow the NAPLEX score to be transfer beyond the

period of 5 years. Jeffrey Sinko was recused due to affiliation with CVS. **Motion passed 7-0-1**

3) **John Magdy Tanyous - 2684435** –Pharmacist application – request to retake NAPLEX for 6th attempt

Eileen Kean moved, seconded by Trushar Sheth to grant the request allowing the applicant to retake the NAPLEX examination for the 6th attempt. John Colaizzi was recused due to affiliation with Walgreens. **Motion passed 7-0-1.**

4) **Alpeshkumar Parmar - 2781622**- Pharmacist application – review of application and work history

Mitch Sobel moved, seconded by Trushar Sheth to require the completion of a full internship. Upon completion of the internship, applicant may proceed to take the MPJE and NAPLEX examinations. Jeffrey Sinko and Eileen Kean were opposed. **Motion passed 6-2.**

5) **Peter Abraham – 2792399** – Pharmacist application – review of application and work history

This item has been moved to the Executive Session.

6) **Arti Maher – 2793612** – Pharmacist reciprocity application – review of application (Jeffrey Sinko recused)

This item was tabled to request a detailed CV and current practice standards.

7) **Thomas Alan Corwin – 2797603** - Pharmacist reciprocity application with discipline

Mitch Sobel moved, seconded by John Colaizzi to allow the reciprocity application to proceed. **Motion passed 8-0.**

8) **Georgina A. Hanna-Ghattas - 28RI03269200** - Pharmacist reactivation application – review of work history

This item was tabled to request a detailed CV and work history since last practice of pharmacy.

9) **Jude L. Pierre-Louis - 28RI02007100** – Pharmacist reinstatement application – review of work history (John Colaizzi recused)

Linda Witzal moved, seconded by Jeffrey Sinko to reinstate the license upon successful passing of the MPJE examination. John Colaizzi was recused due to affiliation with Walgreens. **Motion passed 7-0-1.**

10) **Patricia Anne Carta - 28RI02488700** – Pharmacist reinstatement application – review of work history

Linda Witzal moved, seconded by Trushar Sheth to allow to reinstate upon completion of 500 internship hours and successfully passing the MPJE examination. **Motion passed 8-0.**

11) **Anna Rose LaSala - 28RW04590400** – response to Provisional Order of Discipline (John Colaizzi recused)

Linda Witzal moved, seconded by Trushar Sheth to finalize the POD with modification to remove the suspension but to impose the $250 fine for failure to respond. John Colaizzi was recused due to affiliation with Walgreens. **Motion passed 7-0-1.**

12) **Jason Hernandez - 28RW04363400** - response to Provisional Order of Discipline (John Colaizzi recused)

Mitch Sobel moved, seconded by Trushar Sheth to finalize the POD with modification to remove the suspension but to impose the $250 fine for failure to respond. John Colaizzi was recused due to affiliation with Walgreens. **Motion passed 7-0-1.**

13) **Encompass Health Rehab. Hosp. of Vineland - 28RS00682900** - requesting a waiver of N.J.A.C 13:39-5.3

Mitch Sobel moved, seconded by Jeffrey Sinko to deny the request for the waiver of N.J.A.C. 13:39-5.3 due to lack of information. **Motion passed 8-0.**

14) **Ahoy Drugs, LLC – 2795713** - Out of State pharmacy application – review of inspection report

Trushar Sheth moved, seconded by Linda Witzal to request a corrective action plan. If the corrective action plan is acceptable, approve the application. **Motion passed 8-0.**

VII. MITIGATION REQUEST

1. **First Aid Rx – 28RS00748200**

Linda Witzal moved, seconded by Mitch Sobel to move into executive session at 11:00 a.m. for advice of counsel. **Motion passed 8-0.**

The Board returned to the Public Session at 11:15 a.m.

Mitch Sobel moved, seconded by Linda Witzal to deny the mitigation request for the following citations and also to refer this matter to Rules and Regulation for consideration of rule making. **Motion passed 7-0.**

- N.J.A.C. 13:39-4.15
- N.J.A.C.13:39-5.11(a)
- N.J.A.C. 13:39-4.10(b)
- N.J.A.C. 13:39-6.15(d)

John Colaizzi moved, seconded by Jeffrey Sinko to mitigate and remove N.J.A.C. 13:39-4.10(b). **Motion passed 8-0.**

Eileen Kean left the meeting at 10:45 a.m. and returned at 11:21 a.m.

2. **Lyons Pharmacy – 28RS00751500**

Trushar Sheth moved, seconded by Jeffrey Sinko to mitigate and remove the fine of $4,500 for in violation of N.J.A.C. 13:39-4.21(i) and N.J.A.C. 13:39-7.22 and to deny all other mitigation requests as they were corrective in nature. The request to remove violations for temperature monitoring was considered because electronic logs with alarms were present in the pharmacy but the pharmacist was unaware of the electronic monitor so the citation was issued for paper monitoring. **Motion passed 8-0.**

3. **Medilink Homecare, Inc., DBA Kabafusion NJ - 28RS00502800**

John Colaizzi moved, seconded by Trushar Sheth to mitigate and remove both citations as this is a pre-opening inspection. **Motion passed 8-0.**

4. **St. Barnabas Health Behavioral Health Center - 28RS00469900**

Henry Leach and Kim Walsh were present to represent the pharmacy.

Chair direct: Request proof of electronic recording for temperature logs related to N.J.A.C. 13:39-5.11(a)(1) between January - September 2023.

5. **Walgreens Pharmacy Dept. # 12441 - 28RS00727400** (John Colaizzi recused)

Mitch Sobel moved, seconded by Linda Witzal to mitigate and remove the fine of $200 fine for in violation of N.J.A.C. 13:39-5.8(a)(1) and to deny all other mitigation requests as they were corrective in nature. John Colaizzi was recused due to affiliation with Walgreens. **Motion passed 8-0.**

2023 Pharmacist Renewal – Continuing Education Credits UPL – Mitigations:

6. **Devang Pandit - 28RI03259500**

Mitch Sobel moved, seconded by Trushar Sheth to deny the mitigation request and to maintain the $2,300 fine. **Motion passed 8-0.**

7. **Joshua Suri - 28RI01746300**

Mitch Sobel moved, seconded by William O'Connor Jr. to deny the mitigation request and to maintain the $3,000 fine. **Motion passed 8-0.**

8. **Robert Annicharico - 28RI02364600**

Chair Direct: Table this item to request individual certificates of completion for each CE course or supply the Board with a CPE Monitor report for these completed Florida credits.

VIII. INFORMATIONAL

1. **NABP Memo** – NABP Treasurer Candidate

The Board took this as informational.

2. **NABP Memo** – Well Being Index - February

The Board took this as informational.

3. **NABP Memo** – DEA Supply Chain Conference

The Board took this as informational.

4. **NABP Memo** - Submissions for 2024-2025 Committees and Task Forces

The Board took this as informational.

IX. COMMITTEE REPORTS

N/A

X. APPROVAL OF MINUTES

Public Session minutes for February 28, 2024

Trushar Sheth moved, seconded by Linda Witzal to accept the minutes as submitted. **Motion passed 8-0.**

XI. ADJOURNMENT

Trushar Sheth moved, seconded by Eileen Kean to go into Executive Session pursuant to

N.J.S.A.10:4-12(b) at 12:45 p.m. to discuss matters under investigation, applications containing confidential materials, disciplinary matters pending before the Board and matters requiring advice of counsel. The substance of these matters shall remain confidential until disclosure is permitted by law. Board action arising from such discussions will be made public at such time as official action is taken on these matters, if permitted by law. **Motion passed 8-0.**

Jeffrey Sinko moved, seconded by John Colaizzi to adjourn the Public Session at 12:24 p.m. **Motion passed 8-0.**

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 8 . Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
01/09/2023		New York		
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
License No. 9338L001		New York State Department of Health		
Reason/Charge				
License Denial; Later Approved				
Plaintiff/Defendant/Claimant/Respondent		**Lawsuit/Arbitration/Bankruptcy**		
Lincare of New York, Inc.		Order		
Name of Business/Industry/Entity				
Lincare of New York, Inc.				

Provide explanation below: See Attachment.

Original Signature (electronic, copies or stamps not accepted)

9/22/2025
Date

KabaFusion
Patient-Focused Infusion Therapy

Licensure Denial for Additional Location of Lincare of New York, Inc. (Newburgh)

Lincare of New York, Inc. (a KabaFusion company) submitted an application for an additional location in Newburgh to be added to its master license to expand its operations within the state of New York. In a letter dated 1/09/2023, the New York Department of Health initially denied the additional location in Newburgh due to a review that was being conducted regarding another separate location of Lincare of New York, Inc.

After further follow up between Lincare of New York, Inc. and the New York Department of Health, a letter dated 3/23/2023 confirmed that the Newburgh location was successfully added to the master license with a retroactive effective date of 8/29/2022.

A copy of the referenced letters and the license that was issued are enclosed.

CORPORATE (WEST COAST)
17777 Center Court Dr., Ste. 550, Cerritos, CA 90703
P: 800-435-3020 F: 562-860-6017

CORPORATE (EAST COAST)
80 Hayden Ave., Suite 300, Lexington, MA 02421
P: 844-777-4844 F: 781-862-2002

www.KabaFusion.com

NEW YORK
STATE OF
OPPORTUNITY

Department
of Health

KATHY HOCHUL
Governor

JAMES V. McDONALD, M.D., M.P.H.
Acting Commissioner

MEGAN E. BALDWIN
Acting Executive Deputy Commissioner

01/09/2023

Lincare of New York, Inc.
Karen Kaczmarek, President
57 Karner Road, Suite B
Albany, New York, 12205

Re: Agency Name: Lincare of New York, Inc.
License Number: 9338L001
Type of Request- Denial

Dear Karen Kaczmarek:

Please be advised that your request for an additional site is denied at this time based on a review conducted by the Department. The following were identified as factors in the denial determination:

Surveillance history including results of the re-licensure survey conducted on 7/20/2020, 6/07/2021 and enforcement action.

If you require any interpretation of this report, please do not hesitate to contact our office at (212) 417-4921.

Sincerely,

Mikhail Pankov
Regional Program Manager
Office of Aging and Long-Term Care
Home and Community Based Services
Metropolitan Area Regional Office
jv

cc: Bureau of Home Care Licensure and Certification

NEW YORK STATE OF OPPORTUNITY. | Department of Health

KATHY HOCHUL
Governor

JAMES V. McDONALD, M.D., M.P.H.
Acting Commissioner

MEGAN E. BALDWIN
Acting Executive Deputy Commissioner

03/23/2023

Lincare of New York, Inc.
Karen Kaczmarek, President
57 Karner Road
Albany, NY 12205

Re: Agency Name: Lincare of New York, Inc.
License Number: 9338L005
Request for Additional Site

Dear Karen Kaczmarek:

Please be advised that based on your request, a transaction notice has been forwarded to the Bureau of Home Care Licensure and Certification.

Approval is granted, effective August 29th 2022, to add an additional site at 356 Meadow Avenue, Suite 203, Newburgh, New York, 12550 to provide Nursing, Infusion Services, Medical Supplies Equipment and Appliances in Dutchess, Orange, Putnam, Rockland, Sullivan, Ulster, and Westchester counties. Pending receipt of a license, this letter authorizes your agency to provide the services as listed above in the counties as listed above at the new site location.

Please note that a separate Health Commerce System (HCS) account is required for this new site location. Please call 518-408-1638 for assistance in establishing the HCS account.

If you require any interpretation of this report, please do not hesitate to contact our office at (212) 417-4921.

Sincerely,

Jeaneva Orgill, LMSW
Health Systems Specialist 3
Office of Aging and Long-Term Care
Home and Community Based Services
Metropolitan Area Regional Office
jv

cc: Bureau of Home Care Licensure and Certification

Facility Id. 15440
License No. 9338L006

State of New York
Department of Health
Office of Aging and Long Term Care

LICENSE

Effective Date: 08/29/2022
Expiration Date: NONE

Licensed Home Care Services Agency

Lincare of New York Inc
356 Meadow Avenue Suite 203
Newburgh, New York 12550
Orange County

Operator: Lincare Of New York, Inc.
Operator Class: Proprietary Business Corporation
Operator Address: 57 Karner Road
Albany, New York 12205

Has been granted this License pursuant to Article 36 of the Public Health Law for the service(s) specified.

Medical Supplies Equipment and Appliances
Nursing

Geographic Service Area Counties Served - 7

Dutchess	Orange	Putnam	Rockland	Sullivan
Ulster	Westchester			

20230721

Deputy Commissioner, Office of Aging and Long Term Care

This license must be conspicuously displayed on the premises.

Commissioner

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 6 Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
03/27/2024		Connecticut		
Case # Massachusetts Board of Pharmacy Meeting Agenda dated 03/27/2024 and Minutes		**Governing, licensing, Arresting Presiding Body/Agency/Court** Connecticut Commission of Pharmacy		
Reason/Charge Appearance Regarding Request to add Sterile Compounding				
Plaintiff/Defendant/Claimant/Respondent KabaFusion, Inc.		**Lawsuit/Arbitration/Bankruptcy** Appearance		
Name of Business/Industry/Entity KabaFusion, Inc.				

Provide explanation below: See Attachment.

Original Signature (electronic, copies or stamps not accepted)

9/22/2025
Date

KabaFusion
Patient-Focused Infusion Therapy

Regarding Appearance Before the Connecticut Board of Pharmacy For KabaFusion, Inc. (Shrewsbury)

On March 27, 2024, KabaFusion, Inc., appeared to discuss it's change of licensure type regarding sterile compounding. Copies of the minutes are attached.

CORPORATE (WEST COAST)
17777 Center Court Dr., Ste. 550, Cerritos, CA 90703
P: 800-435-3020 F: 562-860-6017

CORPORATE (EAST COAST)
80 Hayden Ave., Suite 300, Lexington, MA 02421
P: 844-777-4844 F: 781-862-2002

www.kabafusion.com

Commission of Pharmacy Meeting Agenda

March 27, 2024

10:00 a.m. **Meeting Called to Order**

10:10 a.m. **Request (s) for Continuing Education Program Approval**

Health Assistance Intervention Education Network in Connecticut
Mariella LaRosa, Chief Executive Officer of HAVEN
1.0 CEU Live
March 27, 2024, 8:30 – 9:30 a.m. Presentation 450 Columbus Blvd., Hartford

New Pharmacy Application (s)

CVS Pharmacy #17910
7 Backus Avenue
Danbury, CT 06810
Aaron Wang, Pharmacy Manager

Fair Haven Community Health Care dba Grand Pharmacy
111 Grand Avenue
New Haven, CT 06513
Dave Manan, Pharmacy Manager

Belltown Pharmacy Corp
39 Belltown Road
Avon, CT 06001
Waseem Sarwar, Pharmacy Manager

Newtown Health Pharmacy
255 S. Main Street
Newtown, CT 06470
Linda Doyon, Pharmacy Manager

Pharmacy Relocation (s)

Genoa Healthcare LLC
From:
883 Paddock Avenue
Meriden, CT 06450

Genoa Healthcare LLC
To:
883 Paddock Avenue, Suite S131
Meriden, CT 06450

Matthew Jenings, Pharmacy Manager

Pharmacy Remodel (s)

BIG Y Pharmacy #56
1 Kent Road
New Milford, CT 06776
Nicole Lefevre, Representative

CVS Pharmacy #294
177 Columbus Blvd.
New Britain, CT 06051
Ana Gomes, Representative

CVS Pharmacy #1153
1875 Boston Avenue
Bridgeport, CT 06610
Pralok Trivedi, Representative

Mohegan Pharmacy
67 Sandy Desert Road
Uncasville, CT 06382
Khristine Lariviere, Pharmacy Manager

Nutmeg Pharmacy
23 Killingworth Road
Higganum, CT 06441
Gregory McKenna, Pharmacy Manager

MPJE Law Exam Request (s)

Mahmoud Hanaif

CE Waiver Request (s)

Ambimbola Aladesuru

Hinali Amin

Mergima Al Arnaout

Annie Krawiec

Shirley Lai

David Lavimoniere

Kim V Nguyen

Megan Porta

Tayyaba Saeed

'First Time' Pharmacy Manager(s)

Jennifer Cabral
CVS Pharmacy – Gales Ferry

Adam D Dinitto
Greenville Drug – Norwich

Nataly Domitrz
Walgreens Pharmacy – Cromwell

Abdelrahman Hassaan
Seven Pharmacy – Norwalk

Mahria J Ibanez
CVS Pharmacy – Wilton

Michael A Mastroianni
Stolls Pharmacy – Waterbury

Andrea Reid
Big Y Pharmacy #34 – Mansfield

Camila Gonzalez-Ribadeneira
Walgreens Pharmacy – Glastonbury

Reciprocity Interview Candidate(s)

Sohee Ahn
Reciprocity from California

Daisy O Antwi
Reciprocity from Texas

Jennifer G Cabral
Reciprocity from Massachusetts

Samantha W Debiasio
Reciprocity from Massachusetts

Adam D Dinitto
Reciprocity from Rhode Island

Katrina N Jeanneau
Reciprocity from Alabama

Ruchira M Kasbekar
Reciprocity from New Jersey

Jasmine S Lee
Reciprocity from Maryland

Reciprocity Interview Candidate(s) Cont.

Jennie L McNellis
Reciprocity from Missouri

Beatrice H Menjor
Reciprocity from Georgia

Wycliffe Mugoya
Reciprocity from New Jersey

Mike Obeng
Reciprocity from Indiana

Vidhi H Patel
Reciprocity from Missouri

Christina Patlias
Reciprocity from New York

Ileana Pohner
Reciprocity from Massachusetts

Shannon S Ramdeen
Reciprocity from New York

Moqadam S Rhamatzada
Reciprocity from New York

Jared D Stratman
Reciprocity from Indiana

Magdaline D Victorin
Reciprocity from Florida

Kelsea S Woolfolk
Reciprocity from Tennessee

Philip Lin Yaun
Reciprocity from Indiana

Request(s) for Non-Resident Pharmacy Approval

Bayviro Pharmacy LLC – Tampa, FL

Innovative RX LLC – Nobelsville, NC

NPS Pharmacy Direct – Nashville, TN

Request(s) for Non-Resident Pharmacy Approval Cont.

Formulation Compounding Center dba Pharma Labs LLC – Lewisville, TX

Pharmalogic Colorado LLC – Aurora, CO

Pharmalogic New York City LLC – Bronx, NY

Tremont RX Pharmacy dba Best Pharmacy – Bronx, NY

Undefined Pharmacy LLC – Warren, NJ

WP Pharma Labs INC – Dallas, TX

Request (s) Increase Pharmacy Technician Ratio

Cardinal Health Nuclear & Precision Health Solutions
Request to Increase Pharmacy Technician Ratio
Locations: East Hartford and Stamford CT
Joshua Pruitt, Pharmacy Manager
Anthony Colangelo, Pharmacy Area Manager

Request(s) for Non-Resident Sterile Compounding Services

Kabafusion INC – Shrewsbury, MA
Request to Add Sterile Compounding Services

Approval to Accept Commission of Pharmacy Meeting Minute(s)

January 31, 2024

STATE OF CONNECTICUT
DEPARTMENT OF CONSUMER PROTECTION
COMMISSION OF PHARMACY
March 27, 2024

10:00 a.m. The regular meeting of the Commission of Pharmacy was called to order by Commissioner DeFazio. The meeting was conducted by physical attendance and virtually on TEAMS.

Commissioners Present: Angelo DeFazio, Chairperson

Richard Carbray
Debbie Chisolm
Mary Inguanti
Ann Taylor
Kristin Linder

Staff Present: Gina Samples, Board Administrator

Request (s) for Continuing Education Program Approval

Health Assistance Intervention Education Network in Connecticut
Marinella LaRosa, Chief Executive Officer of HAVEN
1.0 CEU Live Law / March 27, 2023

Commission Action: Commissioner DeFazio moved, seconded by Commissioner Inguanti and passed by a vote of 6-0 to approve the continuing education program credit.

New Pharmacy Application (s)

CVS Pharmacy #17910
7 Backus Avenue
Danbury, CT 06810
Aaron Wang, Pharmacy Manager

Commission Action: Commissioner DeFazio moved, seconded by Commissioner Taylor and passed by a vote of 6-0, to approve the above request represented by Robert George for a new pharmacy premise provided all the requirements set forth in the Connecticut Pharmacy and Drug Laws as enforced by the Commission of Pharmacy are met.

New Pharmacy Application (s) Cont.

Fair Haven Community Health Care dba Grand Pharmacy
111 Grand Avenue
New Haven, CT 06513
Dave Manan, Pharmacy Manager

Commission Action: Commissioner DeFazio moved, seconded by Commissioner Taylor and passed by a vote of 6-0, to approve the above request for a new pharmacy premise provided all the requirements set forth in the Connecticut Pharmacy and Drug Laws as enforced by the Commission of Pharmacy are met.

Belltown Pharmacy Corp
39 Belltown Road
Stamford, CT 06905
Waseem Sarwar, Pharmacy Manager

Commission Action: Commissioner Chisolm moved, seconded by Commissioner Taylor, and passed by a vote of 6-0, to approve the above request for a new pharmacy premise provided all the requirements set forth in the Connecticut Pharmacy and Drug Laws as enforced by the Commission of Pharmacy are met.

Newtown Health Pharmacy
255 S. Main Street
Newtown, CT 06470
Linda Doyon, Pharmacy Manager

Commission Action: Commissioner DeFazio moved, seconded by Commissioner Inguanti and passed by a vote of 6-0, to approve the above request for a new pharmacy premise provided all the requirements set forth in the Connecticut Pharmacy and Drug Laws as enforced by the Commission of Pharmacy are met.

Pharmacy Relocation (s)

Genoa Healthcare LLC
From:
883 Paddock Avenue
Meriden, CT 06450

Genoa Healthcare LLC
To:
883 Paddock Avenue, Suite S131
Meriden, CT 06450

Matthew Jenings, Pharmacy Manager

Commission Action: Commissioner DeFazio moved, seconded by Commissioner Taylor the above relocation request, passed by a vote of 6-0 to and provided all the requirements set forth in the Connecticut Pharmacy and Drug Laws as enforced by the Commission of Pharmacy are met.

Pharmacy Remodel (s)

Big Y Pharmacy, #56
1 Kent Road
New Milford, CT 06776
Nicole Lefevre, Representative

Commission Action: Commissioner DeFazio moved, seconded by Commissioner Taylor to approve the above remodel request passed, by a vote of 6-0 to and provided all the requirements set forth in the Connecticut Pharmacy and Drug Laws as enforced by the Commission of Pharmacy are met.

CVS Pharmacy #294
177 Columbus Blvd.
New Britain, CT 06051
Ana Gomes, Representative

Commission Action: Commissioner Chisolm moved, seconded by Commissioner Taylor to approve the above remodel request passed, by a vote of 6-0 to and provided all the requirements set forth in the Connecticut Pharmacy and Drug Laws as enforced by the Commission of Pharmacy are met.

CVS Pharmacy #1153
1875 Boston Avenue
Bridgeport, CT 06110
Pralok Trivedi, Representative

Commission Action: Commissioner Chisolm moved, seconded by Commissioner Taylor to approve the above remodel request passed, by a vote of 6-0 to and provided all the requirements set forth in the Connecticut Pharmacy and Drug Laws as enforced by the Commission of Pharmacy are met.

Mohegan Pharmacy
67 Sandy Desert Road
Uncasville, CT 06382
Khristine Lariviere, Pharmacy Manager

Commission Action: Commissioner Chisolm moved, seconded by Commissioner Taylor the above remodel request passed, by a vote of 6-0 to and provided all the requirements set forth in the Connecticut Pharmacy and Drug Laws as enforced by the Commission of Pharmacy are met.

Pharmacy Remodel (s) Cont.

Nutmeg Pharmacy
23 Killingworth Road
Higganum, CT 06441
Gregory McKenna, Pharmacy Manager

Commission Action: Commissioner DeFazio tabled the matter to next months meeting, as no representative attended for pharmacy remodel request.

MPJE Law Exam Request (s)

Mahmoud Hanif requested a final attempt to take the MPJE Law Exam

Commission Action: Commissioner DeFazio motion to accept, Commissioner Chisolm moved and seconded by Commissioner Inguanti passed by a vote of 6-0 to accept.

CE Waiver Request (s)

Ambimbola Aladesuru upon the 2024 pharmacist license renewal a CE Waiver extension was requested. Ms. Aladesuru did not complete the continuing education requirement for the 2023 calendar year.

Commission Action: Commissioner DeFazio moved, seconded by Commissioner Taylor and passed by a vote of 6-0 to grant an extension to complete continuing education requirements that are missing in the 2023 calendar year to be in compliance for the 2024 license renewal. If the CE credits are not completed a case will be opened with the Drug Control Division and needs to be verified by the Commission of Pharmacy continuing education has been completed by May 1, 2024.

Hinali Amin upon the 2024 pharmacist license renewal a CE Waiver extension was requested. Ms. Amin did not complete continuing education requirements for the 2022 and 2023 calendar year(s).

Commission Action: Commissioner DeFazio moved, seconded by Commissioner Inguanti and passed by a vote of 6-0 to grant an extension to complete continuing education requirements that are missing in the 2023 calendar year to be in compliance for the 2024 license renewal. If the CE credits are not completed a case will be opened with the Drug Control Division and needs to be verified by the Commission of Pharmacy continuing education has been completed by May1, 2024.

CE Waiver Request (s) Cont.

Mergima Al Arnaout upon the 2024 pharmacist license renewal a CE Waiver extension was requested. Ms. Arnaout did not complete continuing education requirements for the 2023 calendar year(s).

Commission Action: Commissioner DeFazio moved, seconded by Commissioner Tayor and passed by a vote of 6-0 to grant an extension to complete continuing education requirements that are missing in the 2023 calendar year to be in compliance for the 2024 license renewal. It was confirmed with Board Administrator, Samples that Ms. Arnaout has completed her 2023 CE Credits for the 2024 license renewal and is in compliance as of this commission meeting date.

Annie Krawiec upon the 2024 pharmacist license renewal a CE Waiver extension was requested. Ms. Krawiec did not complete continuing education requirements for the 2022 and 2023 calendar year(s).

Commission Action: Commissioner DeFazio moved, seconded by Commissioner Tayor and passed by a vote of 6-0 to grant an extension to complete continuing education requirements that are missing in the 2022 and 2023 calendar years, to be in compliance for the 2024 license renewal. If the CE credits are not completed a case will be opened with the Drug Control Division and needs to be verified by the Commission of Pharmacy continuing education has been completed by May1, 2024.

Shirley Lai upon the 2024 pharmacist license renewal a CE Waiver extension was requested. Ms. Lai did not complete continuing education requirements for the 2022 and 2023 calendar year(s).

Commission Action: Commissioner DeFazio tabled the matter, as Ms. Lai did not attend the Commission Meeting the CE waiver extension was not granted, she will need to appear at next meeting to request a CE waiver extension.

David Lavimoniere upon the 2024 pharmacist license renewal a CE Waiver extension was requested. Mr. Lavimoniere did not complete continuing education requirements for the 2022 and 2023 calendar year(s).

Commission Action: Commissioner DeFazio moved, seconded by Commissioner Inguanti and passed by a vote of 6-0 to grant an extension to complete continuing education requirements that are missing in the 2022-2023 calendar year(s) and the 2020-2021 calendar year(s) to be in compliance for the 2024 and 2022 license renewals If the CE credits are not completed a case will be opened with the Drug Control Division and needs to be verified by the Commission of Pharmacy continuing education has been completed by July1, 2024.

CE Waiver Request (s) Cont.

Kim Nguyen upon the 2024 pharmacist license renewal a CE Waiver extension was requested. Ms. Nguyen did not complete continuing education requirements for the 2022 and 2023 calendar year(s).

Commission Action: Commissioner DeFazio moved, seconded by Commissioner Inguanti and passed by a vote of 6-0 to grant an extension to complete continuing education requirements that are missing in the 2022 and 2023 calendar year(s), to be in compliance for the 2024 license renewal. If the CE credits are not completed a case will be opened with the Drug Control Division and needs to be verified by the Commission of Pharmacy continuing education has been completed by July 1, 2024.

Megan Porta upon the 2024 pharmacist license renewal a CE Waiver extension was requested. Ms. Porta did not complete continuing education requirements for the 2023 calendar year.

Commission Action: Commissioner DeFazio moved, seconded by Commissioner Inguanti and passed by a vote of 6-0 to grant an extension to complete continuing education requirements that are missing in the 2023 calendar year, to be in compliance for the 2024 license renewal. It was confirmed with Board Administrator, Samples that Ms. Porta has completed her 2023 CE Credits for the 2024 license renewal and is in compliance as of this commission meeting date.

Tayyaba Saeed upon the 2024 pharmacist license renewal a CE Waiver extension was requested. Ms. Saeed did not complete continuing education requirements for the 2022 and 2023 calendar year(s).

Commission Action: Commissioner DeFazio moved, seconded by Commissioner Taylor and passed by a vote of 6-0 to grant an extension to complete continuing education requirements that are missing in the 2022 -2023 and 2021 calendar year(s) to be in compliance for the 2024 and 2022 license renewals. If the CE credits are not completed a case will be opened with the Drug Control Division and needs to be verified by the Commission of Pharmacy continuing education has been completed by July 1, 2024.

'First Time' Pharmacy Manager (s)

The following pharmacists presented themselves to the Commission of Pharmacy as 'first time' pharmacy managers in the State of Connecticut:
Commissioner DeFazio provided a summary of the responsibilities that a first-time pharmacy manager has and appreciated their appearance before the Commission. Commissioner DeFazio emphasized the importance of the pharmacy manager's role in contrast to the front-store manager (in many retail settings). Some responsibilities include leadership, technician registration, license renewals, reporting pharmacy operation hours, and prescription error reporting. Provided information on utilization of the Med-watch Program.

Jennifer Cabral	CVSPharmacy – Gales Ferry
Adam D Dinitto	Greenville Drug – Norwich
Nataly Domitrz	Walgreens Pharmacy – Cromwell
Dominique Gelineau	CVS Pharmacy – Norwalk
Abdlrahman Hassaan	Seven Pharmacy –Norwalk
Mahria J Ibanez	CVS Pharmacy – Wilton
Michael A Mastroianni	Stolls Pharmacy – Waterbury
Andrea Reid	Big Y Pharmacy #34 – Mansfield
Camila Gonzalez-Ribadeneira	Walgreens Pharmacy – Glastonbury
Waseem Sarwar	Belltown Pharmacy – Stamford

Reciprocity Interview Candidate (s)

The following candidates(s) were interviewed over the telephone and attested that the information provided was true and accurate to the best of their belief and understood that any misrepresentation of the fact could result in a fine and/or denial of pharmacist licensure in Connecticut.

Sohee Ahn	Reciprocity from California
Daisy O Antwi	Reciprocity from Texas
Jennifer G Cabral	Reciprocity from Massachusetts
Samantha W Debiasio	Reciprocity from Massachusetts
Adam D Dinitto	Reciprocity from Rhode Island
Katrina N Jeanneau	Reciprocity from Alabama
Ruchira M Kasbekar	Reciprocity from New Jersey
Jasmine S Lee	Reciprocity from Maryland
Jennie L McNellis	Reciprocity from Missouri
Beatrice H Menjor	Reciprocity from Georgia
Wycliffe Mugoya	Reciprocity from New Jersey
Mike Obeng	Reciprocity from Indiana
Vidhi H Patel	Reciprocity from Missouri
Christina Patlias	Reciprocity from New York
Ileana Pohner	Reciprocity from Massachusetts

Reciprocity Interview Candidate (s) Cont.

Shannon S Ramdeen	Reciprocity from New York
Moqadam S Rhamatzada	Reciprocity from New York
Jared D Stratman	Reciprocity from Indiana
Magdaline D Victorin	Reciprocity from Florida
Kelsea S Woolfolk	Reciprocity from Tennessee
Philip Lin Yaun	Reciprocity from Indiana

Commission Action: Commissioner Taylor moved, seconded by Commissioner Inguanti and passed by a vote of 6-0 to accept the above application(s) for licensure by reciprocity.

Request (s) for Non-Resident Pharmacy Approval

Bayviro Pharmacy LLC – Tampa, FL
Innovative RX LLC – Nobelsville, NC
NPS Pharmacy Direct – Nashville, TN

Commission Action: Commissioner Chisolm moved Commissioner Taylor seconded passed by a vote of 6-0 to accept the above non-resident pharmacy applications.

Non-resident Applications – Approved with Additional Information

Formulation Compounding Center dba Pharma Labs LLC – Lewisville, TX
Pharmalogic Colorado LLC – Aurora, CO
Pharmalogic New York City LLC – Bronx, NY
Tremont RX Pharmacy dba Best Pharmacy – Bronx, NY
Undefined Pharmacy LLC – Warren, NJ
WP Pharma Labs INC – Dallas, TX

Commission Action: Commissioner Chisolm moved Commissioner Taylor seconded passed by a vote of 6-0 to accept the above non-resident pharmacy applications.

Request (s) for Non-Resident Pharmacy Approval Cont.

Adlakha Investments INC dba Grand Ave. Pharmacy – Pflugerville, TX
AHMA RX – Garfield, NJ
JKR Pharmacy Ventures, LLC dba Doc Lane's Veterinary Pharmacy – Lexington, KY
Little Neck RX Corp dba Phamaconic – Little Neck, NY
MWI Veterinary Supply Co. dba Animal RX Pharmacy – Lebanon, IN
Pharmacy Alternatives LLC – Christiansburg, VA
Pharmacy Express – Paterson, NJ
RLS (USA) INC – Livingston, NJ
RLS (USA) INC – Cincinnati, OH

Commission Action: Commissioner Inguanti is requesting additional documents for the above non-resident pharmacy applications for further review.

Request (s) Increase Pharmacy Technician Ratio

Cardinal Health Nuclear & Precision Health Solutions
Locations: East Hartford and Stamford, CT
Joshua Pruitt, Pharmacy Manager
Anthony Colangelo, Pharmacy Area Manager
The Request is to increase the Pharmacy Technician Ratio 5:1 We are requesting this extended ratio to improve the safety of pharmacy staff. A robust pharmacy operating system which includes patient safety features such as bar code inventory verification, integration of radioactivity measurement devices, and pharmacist/technician task authorization is in place.

Commission Action: Commissioner DeFazio made a motion to accept, the request to increase the Pharmacy Technician Ratio 5:1. In hearing no motions the request is denied.

Request (s) for Non-Resident Sterile Compounding Services

Kabafusion INC – Shrewsbury, MA
Request to Add Sterile Compounding Services

Commission Action: Commissioner DeFazio moved Commissioner Taylor seconded passed by a vote of 6-0 to accept the request to add sterile compounding services.

Approval to Accept Commission of Pharmacy Meeting Minute(s)
January 31, 2024

Commission Action: Commissioner DeFazio motion to accept, Commissioner Chisolm moved and seconded by Commissioner Linder passed by a vote of 6-0 to accept.

There being no further business, Commissioner DeFazio adjourned the meeting.

Commission Action: Commissioner DeFazio motion to accept, Commissioner Taylor moved, seconded by Commissioner Inguanti seconded, and passed by a vote of 6-0 to adjourn.

Respectively Submitted,
Angelo DeFazio
Angelo DeFazio, Chairperson

Prepared by
Gina Samples
Gina Samples, Board Administrator

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 6 Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
10/23/2024		Tennessee		
Case # Certificate of Need Application No. CN2405-012 and CN2405-021		**Governing, licensing, Arresting Presiding Body/Agency/Court** Tennessee Health Facilities Commission		
Reason/Charge Certificate of Need Application Agenda and Minutes; Approval Letters				
Plaintiff/Defendant/Claimant/Respondent KabaFusion TN, LLC		**Lawsuit/Arbitration/Bankruptcy** Appearance		
Name of Business/Industry/Entity KabaFusion TN, LLC				

Provide explanation below: See Attachment.

Original Signature (electronic, copies or stamps not accepted)

9/22/2025
Date

KabaFusion
Patient-Focused Infusion Therapy

Regarding Appearance Before the Tennessee Health Facilities Commission For KabaFusion TN, LLC (Nashville)

On October 23, 2024, KabaFusion TN, LLC, appeared to discuss obtaining a Certificate of Need for a Home Health Agency application. While we were listed on the agenda, our item was tabled to the next meeting. Copies of the agenda and minutes are attached.

CORPORATE (WEST COAST)
17777 Center Court Dr., Ste. 550, Cerritos, CA 90703
P: 800-435-3020 F: 562-860-6017

CORPORATE (EAST COAST)
80 Hayden Ave., Suite 300, Lexington, MA 02421
P: 844-777-4844 F: 781-862-2002

www.kabafusion.com

State of Tennessee
Health Facilities Commission
502 Deaderick Street, 9th Floor, Nashville, TN 37243
www.tn.gov/hfc Phone: 615-741-2364

Health Facilities Commission
Iris Hearing Room, 1st Floor
665 Mainstream Drive
Nashville, TN

Wednesday, October 23, 2024
9:00 a.m. CST

I. CALL TO ORDER

II. ROLL CALL

III. SEPTEMBER 25, 2024 MINUTES APPROVAL

IV. HEALTHCARE FACILITIES LICENSURE AND DISCIPLINARY CONSENT CALENDAR

A. **License Status Requests (Inactive Status)**

1. **Whitehaven Community Living Center, Memphis – NH #258**
This ninety-two (92) bed nursing home is requesting an extension of their inactive status for a period of twelve (12) months until October 2025. This facility is in the process of identifying viable options in relation to repairs and renovation and evaluating possible other strategic steps for this nursing home.

2. **Sapling Grove ASC. Bristol -ASTC #116**
This ambulatory surgical treatment center is requesting an extension of their license to remain on inactive status for a period of one (1) year until October 2025. Sapling Grove continues to evaluate potential new surgical partners options, but it has not yet reached a definitive agreement with any group.

3. **Summit View of Farragut, Knoxville – NH #142**
This one hundred thirteen (113) nursing home facility is requesting an extension of their license to remain on inactive status for an additional twelve (12) months until October 2025. Summit View is working on a plan to ensure these skilled nursing beds will be reopened in Knox County.

4. **Douglas Health and Rehabilitation Center, Milan – NH #85**
This seventy-two (72) skilled bed facility is requesting an extension of their license to remain on inactive status for an additional six (6) months until April 2025. Douglas Health and Rehabilitation Center is diligently working to meet the necessary requirements and standards for re-certification and reopening.

5. **Copper Basin Medical Center, Copperhill – Hospital #94**
This twenty-five (25) bed hospital facility is requesting an extension of their license to remain on inactive status for an additional two (2) years until October 2026. Copper Basin Medical Center is working on finding a potential buyer and have lease the medical building to a couple of doctors and physical therapy group and building C to an ambulance service which help retain some health services to the community.

6. **Hospice of Chattanooga, Inc., Chattanooga – Residential Hospice #9**
This ten (10) bed residential hospice facility is requesting an extension of their license to remain on inactive status.

7. **Christian Care Center of Washington County, Limestone – NH #293**
This sixty-three (63) bed skilled nursing home facility is requesting an extension of their license to remain on inactive status for an additional two (2) years to match the CON extension of October 1, 2026. This facility has purchased the land necessary to contract a new facility pre-COVID. Unfortunately, COVID has impacted our timely construction due contractor access and material costs.

8. **Unicoi County Hospital, Erwin – Hospital #119**
Ballad Health is seeking approval to place Unicoi County Hospital on inactive status due to the flooding of the Nolichucky River in East Tennessee almost submerged the entire hospital in water. Placing this facility on inactive status will provide Ballad an opportunity to determine the full extent of damage to the hospital and develop a plan to renovate or rebuild Unicoi County Hospital to restore operations.

9. **Jamestown Medical Center, Inc., Jamestown – Hospital #48**
This eighty-five (85) hospital bed facility is requesting an extension of their license to remain on inactive status for one (1) additional year until October 2025. The parent company has finalized a transaction in September that will facilitate the access to capital required for strategic planning efforts regarding the facility and the current community needs.

10. **Hancock County Home Health and Hospice Agency, Sneedville – Hospice #610**
This hospice facility is requesting an extension of their license to remain on inactive status for one (1) additional year until October 2025.

11. **Eye Care Surgery Center of Memphis, Memphis – ASTC #167**
This ambulatory surgical treatment center is requesting an extension of their license to remain on inactive status for an additional one (1) year until October 2025. Eye Care Surgery Center of Memphis remains closed and hope to reopen it at a later time.

12. **Leconte Health and Rehabilitation Center, Sevierville – NH #226**
This fifty-four (54) bed skilled nursing home is requesting an extension of their license to remain on inactive status for an additional twelve (12) months until October 2025.

13. **Kingsport Ambulatory Surgery Center, Kingsport – ASTC #113**
This ambulatory surgical treatment center is requesting an extension of their license to remain on inactive status for an additional two (2) year until October 2026.

B. Board Policy(ies)

1. **THE FOLLOWING NURSING HOME(s) ARE REQUESTING TO WAIVE NURSING HOME REGULATIONS 0720-18-.04(1) FOR TENNESSEE REPLACEMENT IS HIRED OR RECEIVES HIS/HER LICENSE IN TENNESSEE BY BOARD POLICY #81:**

    1. Southern Tennessee Regional Health System Winchester, Winchester – NH #84
    Diane M. Brown, Administrator

2. **Board Policy #89 – Acute Hospital Care at Home Initiative and Tennessee Comp. R & Regs 0720-14-06(3)(m) & (n) [Housekeeping]; 0720-14-06(4)(a) [Nursing Services]; and 0720-14-06(9) [Food and Dietetic Services]**

a. **Covenant Health Hospitals – Fort Loudoun Medical Center, Hospital #84 and Morristown-Hamblen Healthcare System, Hospital #73 Acute Hospital-At-Home Services.**
Covenant Health Hospitals is requesting an extension of the waiver permitting its operation of hospital at home be extended through the end of 2024.

C. Consideration and Ratification Licensure Applications – Change of Ownership (CHOW) and Initials

1. Qualifying Applications (Initials)

a. Ambulatory Surgical Treatment Center
Knoxville Spine Surgery, LLC, Knoxville – File #262

b. Home Medical Equipment
365 DME, Pittsford, MI – File #1444
ABC Home Medical Supply, Inc., Richardson, TX – File #1448
DJO, LLC, Hixson, TN – File #1440
Kestra Medical Technology Services, Inc., Kikland, WA – File #1427
Omnis Medical Services, LLC., Jersey City, NJ – File #1456
Wellspect, Inc., Braselton, GA – File #1457

c. Hospice
Pruitt Health Hospice and Palliative Care-Western Tennessee – File #628

d. Professional Support Services
Serenity Living Homecare, LLC., Jackson – File #449

2. Qualifying Applications - CHOWS

a. Nursing Homes
Creekview Health and Rehabilitation, Knoxville – License #148

D. License Status Updates

1. September Closed Facility Listing

E. Disciplinary Orders and Orders of Compliance

1. Claiborne and Hughes Health Center, Franklin – NH #294 - Order of Compliance

2. Heritage Assisted Living Home for the Aged – RHA #288 - Order of Compliance

3. Smoky Mountain Post-Acute and Rehabilitation Center – SNF #228, Case Nos. 2024016051, 2024022791

Commission surveyors conducted an investigation survey dated April 5, 2024, and found the following:

a. Failure to maintain sufficient nurse staffing staff during the night shift.
b. Failure to follow Respondent's "Nursing Services and Sufficient Staff" policy which resulted in the Respondent being unable to provide safety, care, and respond to resident needs appropriately.
c. Resident #1 suffered harm as a result of Respondent's lack of staffing when they fell out of their bed causing lacerations and bruising.
d. 911 was called by a friend of Resident #1 and police arrived to assist Resident #3. Facility staff did not respond to Resident #1's emergency until after police arrived.
e. Police bodycam footage verified blood all over the room from Resident #1's injuries.

f. Multiple staff at Respondent's facility admitted that there were understaffing problems that had not been addressed by the Respondent.
g. Respondent failed to update the Plan of Care to include fall interventions for Resident #1 after their fall on February 17, 2024, and the resident fell again on February 27, 2024 causing serious injuries.
h. From June 1, 2024, through June 13, 2024, there were multiple instances of resident-to-resident abuse and harm at Respondent's facility.
i. Respondent's staff admitted that the altercations between Resident #12 and Resident #3 as well as Resident #14 and Resident #7 were harm and abuse.

The agreed upon settlement, subject to Commission approval is the following:

a. Respondent is hereby assessed one (1) Type B Civil Monetary Penalty in the amount of one thousand five hundred dollars ($1,500.00) for a violation of Tenn. Comp. R. and Regs. 0720-18-.06(4)(d) [Basic Services] – failure to provide adequate nursing staff.
b. Respondent is hereby assessed one (1) Type B Civil Monetary Penalty in the amount of one thousand five hundred dollars ($1,500.00) for a violation of Tenn. Comp. R. and Regs. 0720-18-.12(1)(g) [Resident Rights] – freedom from mental and physical abuse.
c. If within the next twelve (12) months the following violations are found, Respondent will be assessed TYPE C Civil Monetary Penalties:
    1) Tenn. Comp. R. and Regs. 0720-18-.03(1)(b) [Disciplinary Procedures] – failure to follow prior Plan of Correction, leading to further injury of residents.
    2) The assessment of such penalties will result in monetary fines from two hundred fifty ($250.00) dollars up to four hundred ($400.00) dollars per violation.

The total assessed CMP amount is three thousand dollars ($3,000.00).

4. Orchard View Post-Acute and Rehabilitation Center – SNF #261, Case No. 2024019961
    a. Respondent's Nursing Notes for Resident #1 verified that on or about April 6, 2024, Resident #1 was administered medication prescribed for Resident #2.
    b. Respondent's failure to follow physician's orders resulted in resident #1 becoming severely lethargic, vital signs decreased, and transported to the Emergency Room (ER). Resident #1 was subsequently admitted to the ICU for a higher level of care due to complications from receiving the wrong medication.
    c. On or about May 9, 2024, Respondent's Director of Nursing admitted that LPN "A" had not followed the "Five Rights of Medication Administration", which resulted in Resident #1 receiving the medication of Resident #2 in error.

The agreed upon settlement, subject to Commission approval is the following:

a. Respondent is hereby assessed one (1) Type "B" Civil Monetary Penalty in the amount of one thousand five hundred dollars ($1,500.00) for violating Tenn. Comp. R. and Regs. 0720-18-06(4)(m) [Basic Services] for failure to carry out physician orders as prescribed.

The total assessed CMP amount is one thousand five hundred dollars ($1,500.00).

V. HEALTHCARE FACILITIES LICENSE REGULAR CALENDAR

A. Facility Waiver Requests

1. Vanderbilt University Medical Center (VUMC), Nashville – Hospital #27

The waiver request is for a 2-year period, during which additional space in The Vanderbilt Clinic (TVC) will be fully renovated to support the long-term plans for expansion of the

ED. The waivers VUMC seek relate to certain sections of the 2018 FGI Guidelines for Design and Construction of Hospitals as follows:

Section 2.1-3.2.1.3 (3) Table 2.1-3 Station outlets for oxygen, vacuum, medical air systems in hospitals, (1) Oxygen/room (1) Vacuum/room. Six of the proposed treatment rooms will not have piped oxygen. Portable oxygen tanks will be utilized in these rooms. Two of the proposed rooms will not have piped vacuum. Portable suction will be utilized in these rooms. Waiver is requested for piped oxygen and vacuum to these rooms.

REPRESENTATIVE(S): Travis Swearingen, Attorney

B. Discussion(s)

1. Presentation of the Business model of Premier Dialysis

   REPRESENTATIVE(S): Joshua Dipzinski, CEO, Premier Dialysis Services

2. Green Hills Center for Rehabilitation and Healing, LLC., Nashville – NH #52(3rd Report)
   Green Hills Center for rehabilitation and healing, LLC., Nashville, is to provide a report on how the facility is implementing the actions identified in its plan of correction. Ms. Tracy Branham, administrator for green hills has submitted an updated written report to the Commission.

   REPRESENTATIVE(S): Tracy Branham, Administrator

3. Stone Creek Memory Care, Hendersonville – ACLF #432
   Stone Creek Memory Care, Hendersonville, to provide a report on how the facility is implementing the action identified in its plan of correction during their probationary period.

   REPRESENTATIVE(S): Kelly Stagg, Administrator

4. Commission Policy #100 - 1135 Waiver PHE Governor's Executive Order – Hurricane Helene

5. Rulemaking – 0720-14

C. Applications - Change of Ownership (Chows and Initials)

1. Special Consideration

   Initials – N/A

2. Chows

D. Nursing Home
(Recommendation for Denial)

1. The Waters of Maryville, Maryville – License #10

   Representative(s): Camella Osterman, Attorney

E. Reports

1. Trauma

   a. Summit Medical Center – Provisional Level III Trauma Center Designation

b. Horizon Medical Center - Provisional Level III Trauma Center Designation

2. Nurse Aide/Abuse Registry

VI. CERTIFICATE OF NEED APPLICATIONS

A. Baptist Memorial Hospital-Carroll County Outpatient Cardiac Catheterization Lab, Jackson (Madison County), TN CN2408-023
For the initiation of hospital-based outpatient diagnostic cardiac catheterization services located at 155 Innovation Dr., Jackson (Madison County), Tennessee 38305. The service area for the project is Madison, Gibson, Carroll, Henderson, Chester, Crockett, Hardeman and McNairy Counties. The applicant is owned by Baptist Memorial Hospital-Huntingdon d/b/a Baptist Memorial Hospital-Carroll County. Estimated project cost: $736,119.

B. KabaFusion TN, LLC, Nashville (Davidson County), TN CN2405-012
For the establishment of a home care organization and the initiation of home health services with a parent office located at 2970 Sidco Drive, Nashville (Davidson County), Tennessee 37204. The proposed project will be limited to providing and administering home infusion and injection products to pharmacy patients of pharmacies which are subsidiaries of KabaFusion Holdings LLC. The project's proposed service area will consist of 67 Tennessee counties. Lake and Perry Counties are both CON exempt under the economically distressed designation. The applicant is owned by KabaFusion Holdings, LLC. Estimated project cost: $116,393.

C. KabaFusion TN, LLC, Nashville (Davidson County), TN CN2408-021
For the establishment of a home care organization and the initiation of home health services with a home office located at 2970 Sidco Drive, Nashville (Davidson County), TN 37204. The application is limited to providing and administering home infusion and injection products to patients of pharmacies which are subsidiaries of KabaFusion Holdings, LLC. The proposed 28-county service area will consist of Anderson, Blount, Campbell, Cheatham, Claiborne, Cocke, Cumberland, Davidson, Dickson, Fayette, Grainger, Hamblen, Jefferson, Knox, Loudon, Madison, Monroe, Montgomery, Morgan, Roane, Robertson, Rutherford, Scott, Sevier, Sumner, Tipton, Williamson, and Wilson Counties. This application, together with CN2405-012 for 65 counties in Tennessee, which was deemed complete in July 2024, will serve 93 counties of Tennessee. Lake and Perry Counties are currently exempt from the CON process. The applicant is owned by KabaFusion Holdings, LLC. Estimated project cost: $116,393.

(+ The following two applications will be heard under Simultaneous Review procedures.)

D. +Sumner Regional Medical Center, White House (Robertson County), TN CN2407-019
For the establishment of a freestanding emergency department (FSED) located at an unaddressed site at the intersection of North Sage Road and Maiden Road, north of Maiden Road and west of North Sage Road, White House (Robertson County), Tennessee 37188. The service area for the project includes the following nine ZIP Codes: 37075 - Hendersonville (Sumner County); 37048 - Cottontown (Sumner County); 37049 - Cross Plains (Robertson County); 37072 - Goodlettsville (Sumner and Davidson Counties); 37073 - Greenbrier (Robertson County); 37141 - Orlinda (Robertson County); 37148 - Portland (Sumner County); 37172 Springfield (Robertson County); and 37188 - White House (Robertson County). The applicant is owned by Sumner Regional Medical Center, LLC. Estimated project cost: $20,630,528.

OPPOSITION: TriStar Hendersonville Medical Center

E. +TriStar Hendersonville Medical Group, White House (Robertson County), TN CN2407-020
For the establishment of a freestanding emergency department (FSED) located at an unaddressed site on an approximate three (3) +/- acre tract of vacant land on the north side of TN-258/Raymond Hirsch Parkway, located approximately 650 +/- feet west of the intersection of Raymond Hirsch Parkway and Highway 31W, White House, (Robertson County) Tennessee, 37188. The proposed FSED will consist of approximately 13,087 square feet with 11 exam rooms, including 1 trauma

room, a lab, imaging department, a nurse station, and associated support spaces located on a portion (Lot 8) of the property identified as Parcel 0741071 B 07700. The service area is defined by the ZIP codes of White House (37188), Greenbrier (37073), Cross Plains (37049), and Cottontown (37048). Zip codes 37188 (White House), 37073 (Greenbrier), and 37049 (Cross Plains) primarily in Robertson County, and Cottontown (37048) primarily in Sumner County. The applicant is owned by Hendersonville Hospital Corporation and whose ultimate parent company is HCA Healthcare, Inc. Estimated project cost: $17,832,032.

OPPOSITION: Sumner Regional Medical Center

F. **Quality Hospice, Jamestown (Fentress County), TN CN2408-022**
For the addition of Anderson, Campbell, Cumberland, Putnam, and Roane Counties to its service area (License #621). The address of the project will be 341 West Central Avenue, Suite B, Jamestown (Fentress County), Tennessee 38556. The applicant is owned by All Care Plus, Inc. Estimated project cost: $46,000.

OPPOSITION: Hospice Of Cumberland County; Covenant Homecare; Gentiva Hospice; and Hospice of Chattanooga Holdings

(DEFERRED to December 11, 2024, due to quorum requirements)

VII. OTHER BUSINESS

VIII. ADJOURNMENT

HEALTH FACILITIES COMMISSION

Certificate of Need

MEETING MINUTES

October 23, 2024

LOCATION: Iris Hearing Room, 1st Floor, 665 Mainstream Drive, Nashville, TN 37228

COMMISSION MEMBERS PRESENT

Rick Chinn, Chairman
Melanie Keller, Vice-Chairman
Tim Evans
James Wright
Barbara Brennan
Michael Denney
Jeremy Biggs
Johnny Lai, Designee for TennCare
Nicole Sweitzer, Designee for Comptroller

COMMISSION MEMBERS ABSENT

Lauren Legate

COMMISSION STAFF PRESENT

Logan Grant, Executive Director
Phillip Earhart, Deputy Director
Jim Christoffersen, General Counsel
Alecia Craighead, Data and Analysis Administrator
Lowavia Eden-Hoback, Office and Resource Manager
Thomas Pitt, HFC Examiner
Ann R. Reed, Deputy Director of Licensure & Regulation
Joel Clinton, Statistical Research Specialist
Caroline Tippens, Director of Licensure & Regulation

COURT REPORTER

April Daniel

CALL TO ORDER:

The meeting was called to order at 9:00 a.m. by Mr. Logan Grant with the following members present: Sweitzer, Keller, Evans, Wright, Brennan, Denney, Biggs, Lai, and Chinn. A quorum was established with Nine members present.

DIRECTOR'S ANNOUNCEMENTS

The December 11, 2024, meeting will be held at the Cordell Hull State Legislative Office Bldg., Senate Hearing Room 1, Nashville TN.

APPROVAL OF MINUTES

Mr. Chinn presented the September 25, 2024, minutes for approval.

Mr. Wright moved for approval with Ms. Brennan providing the second.

The motion CARRIED [9-0-0] unanimously by voice vote. **APPROVED.**

CERTIFICATE OF NEED APPLICATIONS

PC 557 eliminated TCA § 68-11-1616, which had provided that "each decision rendered by the Health Facilities Commission shall include written documentation and explanation of the factual and legal basis upon which the commission grants or denies the Certificate of Need." PC 557 only requires this for applications that are denied.

Therefore, for applications filed on or after the effective date of the relevant portions of PC 557 (10/1/2021), a simple motion to approve an application will suffice, and a motion to deny must include an explanation of the factual and legal basis as to why one or more of the criteria have not been met.

Three of the six Certificate of Need applications were considered under the regular CON agenda.

Phillip Earhart introduced the following three applications that were under consideration and with three (3) being approved.

1. **Baptist Memorial Hospital-Carroll County Outpatient Cardiac Catheterization Lab, Jackson (Madison County), TN – CN2408-01323**

Request: For the initiation of hospital-based outpatient diagnostic cardiac catheterization services located at 155 Innovation Dr., Jackson (Madison County), Tennessee 38305. The service area for the project is Madison, Gibson, Carroll, Henderson, Chester, Crockett, Hardeman, and McNairy Counties. The applicant is owned by Baptist Memorial Hospital-Huntingdon d/b/a Baptist Memorial Hospital-Carroll County. Estimated project cost: $736,119.

Ms. Brennan moved for approval with Ms. Keller providing the second.

Eight members voted to approve the application— Sweitzer, Lai, Keller, Wright, Brennan, Denney, Evans, and Biggs. The motion CARRIED [8-0-0].

(+ The following two applications will be heard under Simultaneous Review procedures.)

2. +Sumner Regional Medical Center, White House (Robertson County), TN – CN2407-019

Request For the establishment of a freestanding emergency department (FSED) located at an unaddressed site at the intersection of North Sage Road and Maiden Road, north of Maiden Road and west of North Sage Road, White House (Robertson County), Tennessee 37188. The service area for the project includes the following nine ZIP Codes: 37075 - Hendersonville (Sumner County); 37048 - Cottontown (Sumner County); 37049 - Cross Plains (Robertson County); 37072 - Goodlettsville (Sumner and Davidson Counties); 37073 - Greenbrier (Robertson County); 37141 - Orlinda (Robertson County); 37148 - Portland (Sumner County); 37172 Springfield (Robertson County); and 37188 - White House (Robertson County). The applicant is owned by Sumner Regional Medical Center, LLC. Estimated project cost: $20,630,528.

RECUSED: Evans, Brennan, Lai

OPPOSITION: TriStar Hendersonville Medical Center

Ms. Keller moved for approval with Mr. Wright providing the second.

Five members voted to approve the application— Sweitzer, Denney, Keller, Wright, and Biggs. The motion CARRIED [5-0-0].

3. +TriStar Hendersonville Medical Group, White House (Robertson County), TN – CN2407-020

Request For the establishment of a freestanding emergency department (FSED) located at an unaddressed site on an approximate three (3) +/- acre tract of vacant land on the north side of TN-258/Raymond Hirsch Parkway, located approximately 650 +/- feet west of the intersection of Raymond Hirsch Parkway and Highway 31W, White House, (Robertson County) Tennessee, 37188. The proposed FSED will consist of approximately 13,087 square feet with 11 exam rooms, including 1 trauma room, a lab, imaging department, a nurse station, and associated support spaces located on a portion (Lot 8) of the property identified as Parcel 074107I B 07700. The service area is defined by the ZIP codes of White House (37188), Greenbrier (37073), Cross Plains (37049), and Cottontown (37048). Zip codes 37188 (White House), 37073 (Greenbrier), and 37049 (Cross Plains) primarily in Robertson County, and Cottontown (37048) primarily in Sumner County. The applicant is owned by Hendersonville Hospital Corporation and whose ultimate parent company is HCA Healthcare, Inc. Estimated project cost: $17,832,032.

RECUSED: Evans, Brennan, Lai

OPPOSITION: Sumner Regional Medical Center

Ms. Keller moved for approval with Mr. Sweitzer providing the second.

Five members voted to approve the application— Sweitzer, Denney, Keller, Wright, and Biggs. The motion CARRIED [5-0-0].

The following three applications were deferred to the December 11, 2024, Commission meeting:

4. **KabaFusion TN, LLC, Nashville (Davidson County), TN – CN2405-012**

Request: **For the establishment of a home care organization and the initiation of home health services with a parent office located at 2970 Sidco Drive, Nashville (Davidson County), Tennessee 37204. The proposed project will be limited to providing and administering home infusion and injection products to pharmacy patients of pharmacies which are subsidiaries of KabaFusion Holdings, LLC. The project's proposed service area will consist of 67 Tennessee counties. Lake and Perry Counties are both CON exempt under the economically distressed designation. The applicant is owned by KabaFusion Holdings, LLC. Estimated project cost: $116,393.**

5. **KabaFusion TN, LLC, Nashville (Davidson County), TN – CN2408-021**

Request: **For the establishment of a home care organization and the initiation of home health services with a home office located at 2970 Sidco Drive, Nashville (Davidson County), TN 37204. The application is limited to providing and administering home infusion and injection products to patients of pharmacies which are subsidiaries of KabaFusion Holdings, LLC. The proposed 28-county service area will consist of Anderson, Blount, Campbell, Cheatham, Claiborne, Cocke, Cumberland, Davidson, Dickson, Fayette, Grainger, Hamblen, Jefferson, Knox, Loudon, Madison, Monroe, Montgomery, Morgan, Roane, Robertson, Rutherford, Scott, Sevier, Sumner, Tipton, Williamson, and Wilson Counties. This application, together with CN2405-012 for 65 counties in Tennessee, which was deemed complete in July 2024, will serve 93 counties of Tennessee. Lake and Perry Counties are currently exempt from the CON process. The applicant is owned by KabaFusion Holdings, LLC. Estimated project cost: $116,393.**

6. **Quality Hospice, Jamestown (Fentress County), TN – CN2408-022**

Request: **For the addition of Anderson, Campbell, Cumberland, Putnam, and Roane Counties to its service area (License #621). The address of the project will be 341 West Central Avenue, Suite B, Jamestown (Fentress County), Tennessee 38556. The applicant is owned by All Care Plus, Inc. Estimated project cost: $46,000.**

OPPOSITION: Hospice of Cumberland County; Covenant Homecare; Gentiva Hospice; and Hospice of Chattanooga Holdings

GENERAL COUNSEL REPORT

OTHER BUSINESS – Not Applicable

ADJOURNMENT
There being no further business, the meeting adjourned.

Logan Grant, Executive Director

HFC Minutes provide a brief summary of commission actions. A detailed record of each meeting (recording and transcript) is available upon request by contacting the HFC office.

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 6 **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
12/11/2024		Tennessee		
Case # Certificate of Need Application No. CN2405-012 and CN2405-021		**Governing, licensing, Arresting Presiding Body/Agency/Court** Tennessee Health Facilities Commission		
Reason/Charge Certificate of Need Application Agenda and Minutes; Approval Letters				
Plaintiff/Defendant/Claimant/Respondent KabaFusion TN, LLC		**Lawsuit/Arbitration/Bankruptcy** Appearance		
Name of Business/Industry/Entity KabaFusion TN, LLC				

Provide explanation below: See Attachment.

Original Signature (electronic, copies or stamps not accepted)

9/22/2025
Date

KabaFusion
Patient-Focused Infusion Therapy

Regarding Appearance Before the Tennessee Health Facilities Commission
For KabaFusion TN, LLC (Nashville)

On December 11, 2024, KabaFusion TN, LLC, appeared to discuss obtaining a Certificate of Need for a Home Health Agency application. Copies of the agenda, minutes and letters of approval are attached.

CORPORATE (WEST COAST)
17777 Center Court Dr., Ste. 550, Cerritos, CA 90703
P: 800-435-3020 F: 562-860-6017

CORPORATE (EAST COAST)
80 Hayden Ave., Suite 300, Lexington, MA 02421
P: 844-777-4844 F: 781-862-2002

www.kabafusion.com

State of Tennessee
Health Facilities Commission
Andrew Jackson Building
502 Deaderick Street, 9th Floor, Nashville, TN 37243
www.tn.gov/hfc Phone: 615-741-2364

December 11, 2024

Kim Looney, Attorney
K & L Gates LLP
501 Commerce Street, Suite 1500
Nashville, TN 37203

RE: Certificate of Need Application – KabaFusion TN, LLC – CN2405-012A

Dear Ms. Looney,

On December 11, 2024, the Tennessee Health Facilities Commission met in regular session to consider your application. The application proposed the following:

> **For the establishment of a home care organization and the initiation of home health services with a parent office located at 2970 Sidco Drive, Nashville (Davidson County), Tennessee 37204. The proposed project will be limited to providing and administering home infusion and injection products to pharmacy patients of pharmacies which are subsidiaries of KabaFusion Holdings LLC. The project's proposed service area will consist of 67 Tennessee counties. Lake and Perry Counties are both CON exempt under the economically distressed designation. The applicant is owned by KabaFusion Holdings, LLC. Estimated project cost: $116,393.**

This letter is to advise you that the Commission voted to ***approve*** the Certificate of Need for the referenced project.

Per TCA § 68-11-1609(b) the Commission found the application should be approved because the action proposed in the application is necessary to provide needed health care in the area to be served, *will provide health care that meets appropriate quality standards*, and the effects attributed to competition or duplication would be positive for consumers. Please note consumer advantage language was added as the third criterion necessary for a Certificate of Need to be granted, effective October 1, 2021.

Commission members made this decision after full consideration of all the information provided to them including but not limited to the original application and supplemental responses; staff summary and licensing Commission comments, if applicable; support and opposition letters, if applicable; consideration of the criteria and standards. Commission Rules; and all additional evidence gathered during the presentation of the application. The HFC maintains a publicly available detailed written record that fully documents the factual and legal basis for this decision.

In accordance with T.C.A. § 68-11-1609(g)(1) (as amended by Public Chapter 780, Acts of 2002), the applicant may petition the Commission in writing for a hearing. To be timely filed, the petition must be filed within fifteen (15) days from the date of the Commission's meeting at which the challenged action was taken. You are encouraged to review T.C.A. § 68-11-1610(a) and the Commission Rules so that you may fully understand your rights.

State of Tennessee
Health Facilities Commission
Andrew Jackson Building
502 Deaderick Street, 9th Floor, Nashville, TN 37243
www.tn.gov/hfc Phone: 615-741-2364

Your Certificate of Need will be issued to you within the next sixty (60) days and transmitted under separate letter. Please note that the Certificate of Need has an expiration date on its face, after which time the Certificate is null and void. The expiration date is strictly enforced, and the certification period can only be extended by the Commission upon written application and for good cause shown, as defined by Commission Rules.

T.C.A. § 68-11-1611 requires that the Commission review annual progress of each project. Commission Rules require that within ninety (90) days after completion of a project that a Final Project Form be submitted to this office. The Annual Progress Report form is available on the Commission website at http://www.tn.gov/hsda/article/con-forms. The Final Project Form, which shall include completion date, final costs, and other relevant information, is also available on the Commission website at http://www.tn.gov/hsda/article/con-forms. These forms may be filled-in, printed, and submitted with any applicable supporting documentation. These forms may also be obtained by contacting us at the phone number or address listed above.

Please note an additional requirement was added per PC 1043, effective July 1, 2016. It is codified at TCA § 68-11-1609 (h) and it directs the Health Facilities Commission to maintain continuing oversight of certificates of need approved after July 1, 2016 by requiring applicants to submit annual reports concerning continued need and appropriate quality measures as determined by the Commission. The Commission may impose conditions that require the demonstration of compliance with continued need and quality measures; provided, that the conditions for quality measures may not be more stringent than those measures identified in the applicant's submitted application. **Continuing oversight of this project will begin one year after project completion and will continue each year thereafter. The Annual Reporting Form will be available on the Commission's website.** The form may be filled-in, printed, and submitted with any applicable supporting documentation. It may also be obtained by contacting us at the phone number or address listed above.

If you have questions or require additional information, please feel free to contact this office.

Sincerely,

Logan Grant/JC

Logan Grant
Executive Director

cc: Trent Sansing, TDH/Health Statistics, PPA
Ann R. Reed, HFC

State of Tennessee
Health Facilities Commission
Andrew Jackson Building
502 Deaderick Street, 9th Floor, Nashville, TN 37243
www.tn.gov/hfc Phone: 615-741-2364

December 11, 2024

Kim Looney, Attorney
K & L Gates LLP
501 Commerce Street, Suite 1500
Nashville, TN 37203

RE: Certificate of Need Application – KabaFusion TN, LLC – CN2408-021A

Dear Ms. Looney,

On December 11, 2024, the Tennessee Health Facilities Commission met in regular session to consider your application. The application proposed the following:

> **For the establishment of a home care organization and the initiation of home health services with a home office located at 2970 Sidco Drive, Nashville (Davidson County), TN 37204. The application is limited to providing and administering home infusion and injection products to patients of pharmacies which are subsidiaries of KabaFusion Holdings, LLC. The proposed 28-county service area will consist of Anderson, Blount, Campbell, Cheatham, Claiborne, Cocke, Cumberland, Davidson, Dickson, Fayette, Grainger, Hamblen, Jefferson, Knox, Loudon, Madison, Monroe, Montgomery, Morgan, Roane, Robertson, Rutherford, Scott, Sevier, Sumner, Tipton, Williamson, and Wilson Counties. This application, together with CN2405-012 for 65 counties in Tennessee, which was deemed complete in July 2024, will serve 93 counties of Tennessee. Lake and Perry Counties are currently exempt from the CON process. The applicant is owned by KabaFusion Holdings, LLC. Estimated project cost: $116,393.**

This letter is to advise you that the Commission voted to ***approve*** the Certificate of Need for the referenced project.

Per TCA § 68-11-1609(b) the Commission found the application should be approved because the action proposed in the application is necessary to provide needed health care in the area to be served, *will provide health care that meets appropriate quality standards*, and the effects attributed to competition or duplication would be positive for consumers. Please note consumer advantage language was added as the third criterion necessary for a Certificate of Need to be granted, effective October 1, 2021.

Commission members made this decision after full consideration of all the information provided to them including but not limited to the original application and supplemental responses; staff summary and licensing Commission comments, if applicable; support and opposition letters, if applicable; consideration of the criteria and standards. Commission Rules; and all additional evidence gathered during the presentation of the application. The HFC maintains a publicly available detailed written record that fully documents the factual and legal basis for this decision.

In accordance with T.C.A. § 68-11-1609(g)(1) (as amended by Public Chapter 780, Acts of 2002), the applicant may petition the Commission in writing for a hearing. To be timely filed, the petition must be filed within fifteen (15) days from the date of the Commission's meeting at which the challenged action was taken. You are encouraged to review T.C.A. § 68-11-1610(a) and the Commission Rules so that you may fully understand your rights.

State of Tennessee
Health Facilities Commission
Andrew Jackson Building
502 Deaderick Street, 9th Floor, Nashville, TN 37243
www.tn.gov/hfc Phone: 615-741-2364

Your Certificate of Need will be issued to you within the next sixty (60) days and transmitted under separate letter. Please note that the Certificate of Need has an expiration date on its face, after which time the Certificate is null and void. The expiration date is strictly enforced, and the certification period can only be extended by the Commission upon written application and for good cause shown, as defined by Commission Rules.

T.C.A. § 68-11-1611 requires that the Commission review annual progress of each project. Commission Rules require that within ninety (90) days after completion of a project that a Final Project Form be submitted to this office. The Annual Progress Report form is available on the Commission website at http://www.tn.gov/hsda/article/con-forms. The Final Project Form, which shall include completion date, final costs, and other relevant information, is also available on the Commission website at http://www.tn.gov/hsda/article/con-forms. These forms may be filled-in, printed, and submitted with any applicable supporting documentation. These forms may also be obtained by contacting us at the phone number or address listed above.

Please note an additional requirement was added per PC 1043, effective July 1, 2016. It is codified at TCA § 68-11-1609 (h) and it directs the Health Facilities Commission to maintain continuing oversight of certificates of need approved after July 1, 2016 by requiring applicants to submit annual reports concerning continued need and appropriate quality measures as determined by the Commission. The Commission may impose conditions that require the demonstration of compliance with continued need and quality measures; provided, that the conditions for quality measures may not be more stringent than those measures identified in the applicant's submitted application. **Continuing oversight of this project will begin one year after project completion and will continue each year thereafter. The Annual Reporting Form will be available on the Commission's website.** The form may be filled-in, printed, and submitted with any applicable supporting documentation. It may also be obtained by contacting us at the phone number or address listed above.

If you have questions or require additional information, please feel free to contact this office.

Sincerely,

Logan Grant/JC

Logan Grant
Executive Director

cc: Trent Sansing, TDH/Health Statistics, PPA
Ann R. Reed, HFC

State of Tennessee
Health Facilities Commission
502 Deaderick Street, 9th Floor, Nashville, TN 37243
www.tn.gov/hfc Phone: 615-741-2364

Health Facilities Commission
Senate Hearing Room 1
425 Rep. John Lewis Way N.
Nashville, TN

Wednesday, December 11, 2024
9:00 a.m. CST

I. CALL TO ORDER

II. ROLL CALL

III. OCTOBER 23, 2024 MINUTES APPROVAL

IV. AUDIT COMMITTEE DISCUSSION

V. HEALTHCARE FACILITIES LICENSURE AND DISCIPLINARY CONSENT CALENDAR

A. License Status Requests (Inactive Status)

1. **Signature Healthcare of Madison, Madison – NH #54**
These one hundred and two (102) beds nursing home is requesting an extension of their inactive status for a period of one (1) year until the December 2025. As a result of COVID and the downturn in the long-term care industry additional time is needed to identify options for the future use of the facility.

B. Board Policy(ies)

1. **THE FOLLOWING NURSING HOME(s) ARE REQUESTING TO WAIVE NURSING HOME REGULATIONS 0720-18-.04(1) FOR TENNESSEE REPLACEMENT IS HIRED OR RECEIVES HIS/HER LICENSE IN TENNESSEE BY BOARD POLICY #81:**

1. Signature HealthCare of Clarksville, Clarksville – NH #191
Fred Rowe, Interim Administrator

2. Church Hill Post-Acute & Rehabilitation Center, Church Hill – NH#125
Melissa Davidson, RN, Executive DON, Interim Administrator

C. Consideration and Ratification Licensure Applications – Change of Ownership (CHOW) and Initials

1. **Qualifying Applications (Initials)**

a. Ambulatory Surgical Treatment Center
APEX Vascular Outpatient Center, LLC, Lenoir City – File #272
IPC Surgery Center, Cleveland – File #267

DRAFT

b. Home for the Aged
Tomahawk Care Home, LLC., Murfreesboro – File #660
Willows of Jackson, Jackson - File #654

c. Home Health Agencies
Harmony Wellness Home Health, Knoxville – File #677
Truth Home Care, PLLC, Knoxville – File #679

d. Home Medical Equipment
American Wound Care Pros, Fort Worth, TX – File #1452
First Source Catheter, Inc, Cumming, GA – File #1460
Horizon Wound Care, Inc., Fort Worth, TX – File #1449
Lincare Powered Mobility, Inc., Daytona Beach, FL – File #1399
Lincare, Inc., Boone, NC- File #1411
Synapse Health, Inc., Skokie, IL – File #1445
Synergy DMEPOS, Fremont, CA – File #1429
The Diabetic Shoppe, Charleston, MS – File #1441
Dusara Corporation dba Universalmed Supply, Irving, TX – File #1458

e. Hospice
Heart'n Soul Hospice of Memphis, LLC, Memphis – File #631

f. Outpatient Diagnostic Center
Diagnostic Radiology Consultants, PA dba Prime Imaging Hixson, Hixson – File #80

2. Qualifying Applications - CHOWS

a. Assisted Care Living Facilities
Brookdale Goodlettsville, Goodlettsville – License #178
Clarendale at Indian Lake, Hendersonville – License #472
Commonwealth Senior Living at Oak Ridge, Oak Ridge dba Viva Senior Living at Oak Ridge – License #14
Franklin Manor, an Inspirit Senior Living Community, Winchester dba Viva Senior Living at Franklin Manor – License #191
Lincoln Manor, an Inspirit Senior Living Community, Fayetteville dba Viva Senior Living at Lincoln Manor – License #215
Wilson Manor, an Inspirit Senior Living Community, Lebanon dba Viva Senior Living @ Wilson Manor – License #158

b. Home Medical Equipment
Hospice Source, LLC dba StateServ Medical of Tennessee, LLC, Chattanooga– License #1042

D. License Status Updates

1. October and November Closed Facility Listing

E. Disciplinary Orders and Orders of Compliance

1. Stone Creek Memory Care f/k/a Hickory Hills Alzheimer's Special Care Center - ACLF #432 - Order of Compliance
2. Asbury Place at Steadman Hill – ACLF #33
    a. Respondent's Incident Report dated November 5, 2022, verified that Resident #9 climbed on top of Resident #8 pinning them by their wrists to the bed.
    b. On or about August 28, 2024, Respondent's Nursing Supervisor and Executive Director admitted that the Respondent failed to provide Protective Care to Resident #8.

c. Respondent's Facility Incident Report dated February 21, 2023, confirmed that Resident #7 fell out of their bed, hit their head, and suffered external bleeding. Resident #7 fell out of bed again at approximately 2:30 p.m. and was complaining of their head hurting when staff arrived.
d. On or about August 27, 2024, Respondent's Nursing Supervisor and Executive Director admitted that the Respondent's facility failed to provide safety for Resident #7.
e. Respondent's Incident Report dated November 30, 2023, verified that CNA "A" noticed Resident #6 was outside the building alone. Resident #6 was then brought back inside the facility by staff.
f. On or about August 27, 2024, Respondent's Executive Director admitted that the Respondent's facility failed to maintain awareness of the whereabouts of Resident #6.
g. On or about August 26, 2024, Respondent's Maintenance Director and Executive Director admitted that the space heater was located in the Respondent's kitchen.

The agreed upon settlement, subject to Commission approval is the following:

a. Respondent is hereby assessed one (1) Civil Monetary Penalty in the amount of two thousand dollars ($2,000.00). This CMP is issued for a violation of Tenn. Comp. R. and Regs. 0720-26-.07 (7)(a)(1) [Services Provided] – Protective Care.
b. Respondent is hereby assessed one (1) Civil Monetary Penalty in the amount of three thousand dollars ($3,000.00). This CMP is issued for a violation of Tenn. Comp. R. and Regs. 0720-26-.07 (7)(a)(2) [Services Provided] – Safety while in the ACLF.
c. Respondent is hereby assessed one (1) Civil Monetary Penalty in the amount of one thousand dollars ($1,000.00). This CMP is issued for a violation of Tenn. Comp. R. and Regs. 0720-26-.07 (7)(a)(3) [Services Provided] – Maintaining awareness of whereabouts.
d. Respondent is hereby assessed one (1) Civil Monetary Penalty in the amount of two thousand dollars ($2,000.00). This CMP is issued for a violation of Tenn. Comp. R. and Regs. 0720-26-.10 (2)(h) [Life Safety] – Prohibit open flame and space heaters.

The total assessed CMP amount is eight thousand dollars ($8,00.00).

3. Brookdale Belle Meade – ACLF #199

a. On or about July 22, 2024, Respondent's kitchen was observed to have black residue on the ceiling tiles, visible black residue and dust accumulation in the vent system over the food prep and counter area, black residue on the floors, baseboards, doors, and around cooking appliances and counter areas.
b. On or about July 22, 2024, Respondent's Dietary Manager admitted that the vents had black residue and dust around them, the floors, baseboards, doors, and areas around the cooking appliances and counters were all contaminated with dirty, black residue.
c. On or about July 23, 2024, Respondent's fire drill log verified that fire drills were not performed during sleeping hours during the second, third, and fourth quarter of 2023 and during the first and second quarter of 2024.
d. On or about July 23, 2024, Respondent's Maintenance Director and Administrator admitted that the fire drills during sleeping hours were not performed as required.

The agreed upon settlement, subject to Commission approval is the following:

a. Respondent is hereby assessed one (1) Civil Monetary Penalty in the amount of two thousand five hundred dollars ($2,500.00). This CMP is issued for a violation of Tenn. Comp. R. and Regs. 0720-26-.07(7)(c)(5) [Services Provided] – failure to maintain a clean and sanitary kitchen.

b. Respondent is hereby assessed one (1) Civil Monetary Penalty in the amount of one thousand dollars ($1,000.00). This CMP is issued for a violation of Tenn. Comp. R. and Regs. 0720-26- 10 (3)(b) [Life Safety] – failure to conduct fire drills during sleeping hours.

c. Respondent must submit proof of completion of fire drills to the Commission.

The total assessed CMP amount is three thousand five hundred dollars ($3,500.00).

4. Brookdale Colonial Heights – ACLF #148
   a. Respondent failed to prevent portable space heaters in the facility.
   b. On or about August 27, 2024, Respondent's Administrator was present when a space heater was discovered in the Marketing office.
   c. Respondent's Administrator admitted the presence of the space heater constituted a deficiency.

   The agreed upon settlement, subject to Commission approval is the following:
   a. Respondent is hereby assessed one (1) Civil Monetary Penalty in the amount of two thousand dollars ($2,000.00). This CMP is issued for a violation of Tenn. Comp. R. and Regs. 0720-26-.10 (2)(h) [Life Safety] – failure to prevent portable space heaters.

   The total assessed CMP amount is two thousand dollars ($2,000.00).

5. Carrick Glen Senior Living – ACLF #347
   a. On or about August 21, 2024, Respondent failed to produce documentation to show that fire drills had been performed during sleeping for the 1st, 2nd, and 3rd quarters of 2023, and for the 1st and 2nd quarters of 2024.
   b. On or about August 21, Respondent's Maintenance Director and CEO both admitted that there was no documentation for the above listed times to show that fire drills had been performed during sleeping hours, and that the drills had not been done as required.

   The agreed upon settlement, subject to Commission approval is the following:
   a. Respondent is hereby assessed one (1) Civil Monetary Penalty in the amount of two thousand dollars ($2,000.00). This CMP is issued for a violation of Tenn. Comp. R. and Regs. 0720-26-.10 (3)(b) [Life Safety] – failure to conduct fire drills each quarter during sleeping hours.

   The total assessed CMP amount is two thousand dollars ($2,000.00).

6. Great Southern Senior Living, LLC. – HFTA #634
   a. Respondent had requested and submitted plans to the Commission to increase capacity from eight (8) beds to ten (10) beds.
   b. Respondent's conversion of existing facility rooms was not complete at the time Commission Life Safety surveyors inspected the facility.
   c. Respondent used and housed residents in unapproved areas for between seven and eight weeks without a proper occupancy permit.
   d. On or about July 8, 2024, during an interview, Respondent's Administrator admitted that the renovations had not been completed and that residents were housed in unapproved areas.

   The agreed upon settlement, subject to Commission approval is the following:
   a. Respondent is hereby assessed one (1) Civil Monetary Penalty in the amount of three thousand five hundred dollars ($3,500.00). This CMP is issued for a violation of Tenn. Comp. R. and Regs. 0720-21-.07(5) [Building Standards], constituting a total of three (3) weeks of use of areas not approved for occupancy and in consideration of

Respondent's prior disciplinary history with the Commission which led to the issuance of a conditional licensure order.

The total assessed CMP amount is three thousand five hundred dollars ($3,500.00).

7. Greystone Healthcare Center – SNH #263
   a. Respondent failed to follow its policy on "Abuse Neglect, and Exploitation", revised January 10, 2024, for four residents, resulting in physical and sexual abuse of the residents.
   b. Resident #9 was observed by Respondent's staff touching Resident #11 inappropriately in their groin area.
   c. Resident #18 came into the room of Resident #17 and grabbed their hand and twisted it, causing a skin tear on Resident #17's finger. Resident #17 then scratched Resident #18 on the face.
   d. Resident #6 was observed by staff to hit Resident #5 in the chest with a soda can.

   The agreed upon settlement, subject to Commission approval is the following:

   a. Respondent is hereby assessed one (1) Civil Monetary Penalty in the amount of one thousand five hundred dollars ($1,500.00) for a violation of Tenn. Comp. R. and Regs. 0720-18-.12(1)(g) [Resident Rights] for failure to prevent abuse.

      The total assessed CMP amount is one thousand five hundred dollars ($1,500.00).

8. Harmony Hill – ACLF #107
   a. Respondent failed to conduct fire drills during the third shift for the 4th quarter of 2023, and the third shift of the 1st quarter of 2024.
   b. Respondent's Administrator admitted that the fire drills were not conducted as required.

   The agreed upon settlement, subject to Commission approval is the following:
   a. Respondent is hereby assessed one (1) Civil Monetary Penalty in the amount of two thousand dollars ($2,000.00). This CMP is issued for a violation of Tenn. Comp. R. and Regs. 0720-26-.10 (3)(a) [Life Safety] – failure to conduct fire drills for each shift of each quarter.

   The total assessed CMP amount is two thousand dollars ($2,000.00).

9. Hearthside Senior Living at Collierville – ACLF #383
   a. The Respondent failed to conduct fire drills as required by law and regulation for the first shift and second shift of 2024.
   b. Respondent's Maintenance Director and Administrator admitted the fire drill records were accurate.

   The agreed upon settlement, subject to Commission approval is the following:
   a. Respondent is hereby assessed one (1) Civil Monetary Penalty in the amount of two thousand dollars ($2,000.00). This CMP is issued for a violation of Tenn. Comp. R. and Regs. 0720-26-.10 (3)(a) [Life Safety] for failure to conduct fire drills as required by law and regulation.

   The total assessed CMP amount is two thousand dollars ($2,000.00).

10. Life Care Center of Blount County – SNH #408
    a. Respondent's facility investigation report dated August 21, 2023, confirmed that Resident #15 was found by facility staff standing beside the bed of Resident #14. Resident #15 was observed by staff to be disrobing and pulling the sheets back on the bed of Resident #14.

b. On or about July 10, 2023, Respondent's Executive Director (ED) admitted that a staff member observed Resident #15 with their brief off and attempting to remove the cover off of Resident #14.
c. Respondent's Executive Director further admitted that the incident between Resident #14 and #15 constituted the potential for abuse.

The agreed upon settlement, subject to Commission approval is the following:
a. Respondent is hereby assessed one (1) Civil Monetary Penalty in the amount of one thousand five hundred dollars ($1,500.00) for violating 0720-18-.12(1)(g) [Resident Rights].
b. Respondent will provide training to staff regarding its abuse policy and ways to prevent future abuse of residents. Proof of the training must be submitted to the Commission within thirty (30) calendar days of the effective date of this Order.
c. Respondent will provide to the Commission a written explanation addressing changes to the Plan of Care and increased supervision for residents with incidents of abuse. The written explanation must be submitted to the Commission within thirty (30) calendar days of the effective date of this Order.

The total assessed CMP amount is one thousand five hundred dollars ($1,500.00).

11. Lincoln Manor, an Inspirit Senior Living Community – ACLF #215
a. Respondent failed to ensure that Licensed Practical Nurse (LPN #1) had an updated nursing license and allowed LPN #1 to continue to work and administer medications to residents after her license had expired.
b. Respondent failed to maintain a clean and sanitary kitchen.
c. Respondent failed to update the Plan of Care for Resident #1.

The agreed upon settlement, subject to Commission approval is the following:
a. Respondent is hereby assessed one (1) Civil Monetary Penalty in the amount of one thousand dollars ($1,000.00) for violating Tenn. Comp. R. and Regs. 0720-26-.07(5)(b) [Services-Provided] for failure to ensure medication is administered by a properly licensed professional.
b. Respondent is hereby assessed one (1) Civil Monetary Penalty in the amount of five hundred dollars ($500.00) for violating Tenn. Comp. R. and Regs. 0720-26-.07(7)(c)(5) [Services Provided] for failure to maintain a clean and sanitary kitchen.
c. Respondent is hereby assessed one (1) Civil Monetary Penalty in the amount of one thousand five hundred dollars ($1,500.00) for violating Tenn. Comp. R. and Regs. 0720-26-.12 (5)(a) [Resident Records] for failure to update the Plan of Care.

The total assessed CMP amount is three thousand dollars ($3,000.00).

12. Laughlin Healthcare Center, - SNF #96

13. Oneida Nursing & Rehab Center, - SNF #224

14. Remember Me Senior Care at Wind Creek, - ACLF #515

15. The Bridge at Hickory Woods, - ACLF #360

F. HEALTHCARE FACILITIES LICENSE REGULAR CALENDAR

A. Facility Waiver Requests

1. N/A

B. Discussion(s)

1. Green Hills Center for Rehabilitation and Healing, LLC., Nashville -NH #52 (4th Report)
Green Hills Center for Rehabilitation and Healing, LLC is to provide a report on how the facility is implementing the actions identified in its plan of correction. Ms. Tracy Branham, Administrator has submitted their 4th updated written report to the Commission.

2. Report from Vanderbilt University Medical Center, Nashville-Hospital #27 regarding services for its Hospital Care at Home Program.

REPRESENTATIVE(S): Travis Swearingen, Counsel

3. Revision to Initial Home for the Aged Application Instruction Sheet - T.C.A. Reference

4. Rulemaking and Policy Amendment

C. Applications - Change of Ownership (Chows and Initials)

1. Special Consideration

Initials – N/A

2. Chows –
Parkwest Surgery Center, Lp, Knoxville – ASTC #136

D. Reports

1. Trauma

Maury Regional Medical Center, Columbia – Level IV Trauma Center Full Designation

2. Nurse Aide/Abuse Registry

VI. CERTIFICATE OF NEED APPLICATIONS

A. Quality Hospice, Jamestown (Fentress County), TN CN2408-022
For the addition of Anderson, Campbell, Cumberland, Putnam, and Roane Counties to its service area (License #621). The address of the project will be 341 West Central Avenue, Suite B, Jamestown (Fentress County), Tennessee 38556. The applicant is owned by All Care Plus, Inc. Estimated project cost: $46,000.

OPPOSITION: Hospice Of Cumberland County; Covenant Homecare; Gentiva Hospice; and Hospice of Chattanooga Holdings

B. KabaFusion TN, LLC, Nashville (Davidson County), TN CN2405-012
For the establishment of a home care organization and the initiation of home health services with a parent office located at 2970 Sidco Drive, Nashville (Davidson County), Tennessee 37204. The proposed project will be limited to providing and administering home infusion and injection products to pharmacy patients of pharmacies which are subsidiaries of KabaFusion Holdings LLC. The project's proposed service area will consist of 67 Tennessee counties. Lake and Perry Counties are both CON exempt under the economically distressed designation. The applicant is owned by KabaFusion Holdings, LLC. Estimated project cost: $116,393.

C. KabaFusion TN, LLC, Nashville (Davidson County), TN CN2408-021
For the establishment of a home care organization and the initiation of home health services with a home office located at 2970 Sidco Drive, Nashville (Davidson County), TN 37204. The application is limited to providing and administering home infusion and injection products to patients of pharmacies which are subsidiaries of KabaFusion Holdings, LLC. The proposed 28-county service area will consist of Anderson, Blount, Campbell, Cheatham, Claiborne, Cocke,

Cumberland, Davidson, Dickson, Fayette, Grainger, Hamblen, Jefferson, Knox, Loudon, Madison, Monroe, Montgomery, Morgan, Roane, Robertson, Rutherford, Scott, Sevier, Sumner, Tipton, Williamson, and Wilson Counties. This application, together with CN2405-012 for 65 counties in Tennessee, which was deemed complete in July 2024, will serve 93 counties of Tennessee. Lake and Perry Counties are currently exempt from the CON process. The applicant is owned by KabaFusion Holdings, LLC. Estimated project cost: $116,393.

D. TriState Infusion, LLC., Memphis (Shelby County), TN CN2409-024

For the addition of 36 counties that include Bedford, Bledsoe, Bradley, Cannon, Cheatham, Clay, Coffee, Cumberland, Davidson, DeKalb, Franklin, Giles, Grundy, Hamilton, Jackson, Lincoln, Macon, Marion, Marshall, Maury, Meigs, Moore, Overton, Pickett, Putnam, Rhea, Robertson, Rutherford, Sequatchie, Smith, Sumner, Trousdale, Van Buren, Warren, White, Williamson, and Wilson to an existing licensed service area that includes 28 counties in Middle and West Tennessee (license #675). Home health services will be limited to infusion therapy nursing. The address of the project will be 1680 Century Center Parkway, Suite 10, Memphis, Shelby County, Tennessee, 38134. Tristate Infusion is owned by PRMc Holdings (90%) and LWS Holdings, LLC (10%), which are each 100% owned by Dr. Ryan McFerrin and Dr. Leah Simmons, respectively. Estimated project cost: $52,200.

E. MGA Home Healthcare Tennessee, LLC., Memphis (Shelby County), TN CN2409-025

To remove the age limitation (currently limited to pediatric patients under Certificate of Need exemption pursuant to TCA 68-11-1607 (s) (1)) from its current Home Health Agency license (#0000000640), so that the agency can initiate full service home health services in Bedford, Cheatham, Davidson, Dickson, Fayette, Rutherford, Shelby, Sumner, Tipton and Williamson Counties. The parent office is currently located at 1669 Kirby Parkway, Suite 100, Memphis (Shelby County), TN 38120 and its branch office is located at 3310 West End Avenue, Suite 500, Nashville (Davidson County), TN 37203. The applicant is owned by MGA Home Healthcare Tennessee Holdings, LLC. Estimated project cost: $1,402,000.

F. PruittHealth - Nashville, LLC., Nashville (Davidson County), TN CN2409-026

For the relocation and replacement of a 111-bed nursing facility formerly known as Crestview Care and Rehabilitation Center located at 2030 25th Avenue North, Nashville (Davidson County), TN 37208 to 1511 Bell Road, Nashville (Davidson County), Tennessee 37211. The service area for the project is Davidson County. The applicant is ultimately owned by United Health Services, Inc. Estimated project cost: $36,276,888.

G. CSH/LP Behavioral Health and Rehabilitation Tennessee, LLC., Ooltewah (Hamilton County), TN CN2409-027

For the establishment of a 40-bed rehabilitation facility located at an unaddressed site on Mountain View Road, Ooltewah (Hamilton County), Tennessee 37363. The service area for the project consists of seven counties from the State of Tennessee: Bradley, Hamilton, McMinn, Meigs, Monroe, Polk and Rhea as well as four additional Georgia counties: Catoosa, Murray, Walker and Whitfield. The applicant is owned by owned by CSH/LP Rehabilitation Holdings, LLC and LPNT IRF Development 76, LLC with an ownership type of Joint Venture and to be managed by CHC Management Services, LLC. Estimated project cost: $79,986,079.

VII. OTHER BUSINESS

VIII. ADJOURNMENT

HEALTH FACILITIES COMMISSION

Certificate of Need

MEETING MINUTES

December 11, 2024

LOCATION: Cordell Hull Senate Hearing Room 1, 425 Rep. John Lewis Way N., Nashville, TN 37243

COMMISSION MEMBERS PRESENT

Melanie Keller, Vice-Chairman
Tim Evans
James Wright
Barbara Brennan
Michael Denney
Jeremy Biggs
Johnny Lai, Designee for TennCare
Nicole Sweitzer, Designee for Comptroller

COMMISSION MEMBERS ABSENT

Lauren Legate
Rick Chinn, Chairman
Mike Ussery

COMMISSION STAFF PRESENT

Phillip Earhart, Deputy Director
Jim Christoffersen, General Counsel
Alecia Craighead, Data and Analysis Administrator
Lowavia Eden-Hoback, Office and Resource Manager
Thomas Pitt, HFC Examiner
Ann R. Reed, Deputy Director of Licensure & Regulation
Joel Clinton, Statistical Research Specialist
Caroline Tippens, Director of Licensure & Regulation

COURT REPORTER

April Daniel

CALL TO ORDER:

The meeting was called to order at 9:00 a.m. by Ms. Melanie Keller with the following members present: Sweitzer, Keller, Evans, Wright, Brennan, Denney, Biggs, and Lai. A quorum was established with Eight members present.

DIRECTOR'S ANNOUNCEMENTS

The January 22, 2025, meeting will be held at the TN Tower, Nashville Hearing Room, 3rd Floor, Nashville TN.

APPROVAL OF MINUTES

Ms. Keller presented the October 23, 2024, minutes for approval.

Ms. Sweitzer moved for approval with Mr. Evans providing the second.

The motion CARRIED [8-0-0] unanimously by voice vote. **APPROVED.**

CERTIFICATE OF NEED APPLICATIONS

PC 557 eliminated TCA § 68-11-1616, which had provided that "each decision rendered by the Health Facilities Commission shall include written documentation and explanation of the factual and legal basis upon which the commission grants or denies the Certificate of Need." PC 557 only requires this for applications that are denied.

Therefore, for applications filed on or after the effective date of the relevant portions of PC 557 (10/1/2021), a simple motion to approve an application will suffice, and a motion to deny must include an explanation of the factual and legal basis as to why one or more of the criteria have not been met.

Five Certificate of Need applications were considered under the regular CON agenda.

Phillip Earhart introduced the following four applications that were under consideration and with four (4) being approved.

1. KabaFusion TN, LLC, Nashville (Davidson County), TN – CN2405-012

Request: **For the establishment of a home care organization and the initiation of home health services with a parent office located at 2970 Sidco Drive, Nashville (Davidson County), Tennessee 37204. The proposed project will be limited to providing and administering home infusion and injection products to pharmacy patients of pharmacies which are subsidiaries of KabaFusion Holdings LLC. The project's proposed service area will consist of 67 Tennessee counties. Lake and Perry Counties are both CON exempt under the economically distressed designation. The applicant is owned by KabaFusion Holdings, LLC. Estimated project cost: $116,393.**

RECUSED: Wright, Keller

Limitation: Limited to providing and administering home infusion and injection products to pharmacy patients of pharmacies which are subsidiaries of KabaFusion Holdings, LLC.

Ms. Brennan moved for approval with Mr. Lai providing the second.

Five members voted to approve the application—Lai, Brennan, Denney, Evans, and Biggs. The motion CARRIED [5-0-0].

2. KabaFusion TN, LLC, Nashville (Davidson County), TN – CN2408-021

Request For the establishment of a home care organization and the initiation of home health services with a home office located at 2970 Sidco Drive, Nashville (Davidson County), TN 37204. The application is limited to providing and administering home infusion and injection products to patients of pharmacies which are subsidiaries of KabaFusion Holdings, LLC. The proposed 28-county service area will consist of Anderson, Blount, Campbell, Cheatham, Claiborne, Cocke, Cumberland, Davidson, Dickson, Fayette, Grainger, Hamblen, Jefferson, Knox, Loudon, Madison, Monroe, Montgomery, Morgan, Roane, Robertson, Rutherford, Scott, Sevier, Sumner, Tipton, Williamson, and Wilson Counties. This application, together with CN2405-012 for 65 counties in Tennessee, which was deemed complete in July 2024, will serve 93 counties of Tennessee. Lake and Perry Counties are currently exempt from the CON process. The applicant is owned by KabaFusion Holdings, LLC. Estimated project cost: $116,393.

RECUSED: Wright, Keller

Limitation: Limited to providing and administering home infusion and injection products to pharmacy patients of pharmacies which are subsidiaries of KabaFusion Holdings, LLC.

Mr. Lai moved for approval with Mr. Evans providing the second.

Five members voted to approve the application— Lai, Denney, Evans, Brennan, and Biggs. The motion CARRIED [5-0-0].

3. TriState Infusion, LLC, Memphis (Shelby County), TN – CN2409-024

Request For the addition of 37 counties that include Bedford, Bledsoe, Bradley, Cannon, Cheatham, Clay, Coffee, Cumberland, Davidson, DeKalb, Franklin, Giles, Grundy, Hamilton, Jackson, Lincoln, Macon, Marion, Marshall, Maury, Meigs, Moore, Overton, Pickett, Putnam, Rhea, Robertson, Rutherford, Sequatchie, Smith, Sumner, Trousdale, Van Buren, Warren, White, Williamson, and Wilson to an existing licensed service area that includes 28 counties in Middle and West Tennessee (license #675). Home health services will be limited to infusion therapy nursing. The address of the project will be 1680 Century Center Parkway, Suite 10, Memphis, Shelby County, Tennessee, 38134. Tristate Infusion is owned by PRMc Holdings (90%) and LWS Holdings, LLC (10%), which are each 100% owned by Dr. Ryan McFerrin and Dr. Leah Simmons, respectively. Estimated project cost: $52,200.

LIMITATION: Limited to infusion therapy nursing.

RECUSED: Keller

Ms. Brennan moved for approval with Mr. Evans providing the second.

Six members voted to approve the application— Evans, Denney, Wright, Brennan, Lai, and Biggs. The motion CARRIED [6-0-0].

4. CSH/LO Behavioral Health and Rehabilitation Tennessee, LLC, Ooltewah (Hamilton County), TN – CN2409-027

Request For the establishment of a 40-bed rehabilitation facility located at an unaddressed site on Mountain View Road, Ooltewah (Hamilton County), Tennessee 37363. The service area for the project consists of seven counties from the State of Tennessee: Bradley, Hamilton, McMinn, Meigs, Monroe, Polk and Rhea as well as four additional Georgia counties: Catoosa, Murray, Walker and Whitfield. The applicant is owned by owned by CSH/LP Rehabilitation Holdings, LLC and LPNT IRF Development 76, LLC with an ownership type of Joint Venture and to be managed by CHC Management Services, LLC. Estimated project cost: $79,986,079.

RECUSED: Evans

Ms. Sweitzer moved for approval with Mr. Biggs providing the second.

Six members voted to approve the application— Sweitzer, Denney, Wright, Brennan, Lai, and Biggs. The motion CARRIED [6-0-0].

The following three applications were deferred to the January 22, 2025, Commission meeting:

1. Quality Hospice, Jamestown (Fentress County), TN – CN2408-022

Request: For the addition of Anderson, Campbell, Cumberland, Putnam, and Roane Counties to its service area (License #621). The address of the project will be 341 West Central Avenue, Suite B, Jamestown (Fentress County), Tennessee 38556. The applicant is owned by All Care Plus, Inc. Estimated project cost: $46,000.

(DEFERRED TO JANUARY 2025 DUE TO QUORUM REQUIREMENTS)

2. MGA Home Healthcare Tennessee, LLC, Memphis (Shelby County), TN – CN2409-025

Request: To remove the age limitation (currently limited to pediatric patients under Certificate of Need exemption pursuant to TCA 68-11-1607 (s) (1)) from its current Home Health Agency license (#0000000640), so that the agency can initiate full-service home health services in Bedford, Cheatham, Davidson, Dickson, Fayette, Rutherford, Shelby, Sumner, Tipton and Williamson Counties. The parent office is currently located at 1669 Kirby Parkway, Suite 100, Memphis (Shelby County), TN 38120 and its branch office is located at 3310 West End Avenue, Suite 500,

Nashville (Davidson County), TN 37203. The applicant is owned by MGA Home Healthcare Tennessee Holdings, LLC. Estimated project cost: $1,402,000.

(DEFERRED TO JANUARY 2025 DUE TO QUORUM REQUIREMENTS)

3. **Pruitthealth – Nashville, LLC, Nashville (Davidson County), TN – CN2409-026**

Request: **For the relocation and replacement of a 111-bed nursing facility formerly known as Crestview Care and Rehabilitation Center located at 2030 25th Avenue North, Nashville (Davidson County), TN 37208 to 1511 Bell Road, Nashville (Davidson County), Tennessee 37211. The service area for the project is Davidson County. The applicant is ultimately owned by United Health Services, Inc. Estimated project cost: $36,276,888.**

(DEFERRED TO FEBRUARY 28, 2025 (As of 12/6/2024)

OTHER BUSINESS – Not Applicable

ADJOURNMENT
There being no further business, the meeting adjourned.

Logan Grant, Executive Director

HFC Minutes provide a brief summary of commission actions. A detailed record of each meeting (recording and transcript) is available upon request by contacting the HFC office.

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 6 Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
09/07/2022 - 09/08/2022		Nevada		
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Not assigned		Nevada State Board of Pharmacy		
Reason/Charge				
Appearance Regarding Compounding Pharmacy License Application; Agenda and Minutes				
Plaintiff/Defendant/Claimant/Respondent		**Lawsuit/Arbitration/Bankruptcy**		
KabaFusion NV		Appearance		
Name of Business/Industry/Entity				
KabaFusion NV				

Provide explanation below: See Attachment.

Original Signature (electronic, copies or stamps not accepted)

9/22/2025
Date

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (05/18/2023)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler/Dispensing Site: GTMI Corporation dba KabaFusion NV

Pharmacy/MDEG/Wholesaler/Dispensing Practitioner License # (if applicable): PH03434

Physical Address: 1510 W. Sunset Road, Suite 120

City: Henderson State: NV Zip: 89014

Mailing Address (if different from physical address): 17777 Center Court Drive N, Suite 550

City: Cerritos State: CA Zip: 90703

Telephone: 702-476-6996 Website: www.kabafusion.com

Licensing Company Email: kabafusionlicensing@kabafusion.com

Section 2: Personal Information

First: Tina Middle: Marie Last: Benkendorfer

Alias(es, nicknames, name changes, etc.):

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☐ M ☒ F ☐ X

Mailing Address: [redacted]

City: [redacted] State: [redacted] Zip: [redacted]

Telephone: [redacted] Email: [redacted]

Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (05/18/2023)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler/Dispensing Site: Home Care Services, Inc. dba KabaFusion NJ

Pharmacy/MDEG/Wholesaler/Dispensing Practitioner License # (if applicable): PH02686

Physical Address: 160 Raritan Center Pkwy, Suite 18

City: Edison State: NJ Zip: 08837

Mailing Address (if different from physical address): 17777 Center Court Drive N, Suite 550

City: Cerritos State: CA Zip: 90703

Telephone: 800-383-8393 Website: www.kabafusion.com

Licensing Company Email: kabafusionlicensing@kabafusion.com

Section 2: Personal Information

First: Tina Middle: Marie Last: Benkendorfer

Alias(es, nicknames, name changes, etc.):

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☐ M ☒ F ☐ X

Mailing Address: [redacted]

City: [redacted] State: [redacted] Zip: [redacted]

Telephone: [redacted] Email: [redacted]

Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (05/18/2023)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler/Dispensing Site: KabaFusion, LLC

Pharmacy/MDEG/Wholesaler/Dispensing Practitioner License # (if applicable): PH02917

Physical Address: 17777 Center Court Drive, Suite 175

City: Cerritos State: CA Zip: 90703

Mailing Address (if different from physical address): 17777 Center Court Drive N, Suite 550

City: Cerritos State: CA Zip: 90703

Telephone: 877-577-4844 Website: www.kabafusion.com

Licensing Company Email: kabafusionlicensing@kabafusion.com

Section 2: Personal Information

First: Tina Middle: Marie Last: Benkendorfer

Alias(es, nicknames, name changes, etc.):

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☐ M ☒ F ☐ X

Mailing Address: [redacted]

City: [redacted] State: CA Zip: 90703

Telephone: [redacted] Email: [redacted]

Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
University of the Pacific		08/1984-06/1987	
Address	City	State	Zip
3601 Pacific Ave.	Stockton	CA	95211
Diploma/Degree obtained, if any			
Pharm D.			

School Name		From - To (MM/YY – MM/YY)	
Loyola Marymount University		08/1980-06/1984	
Address	City	State	Zip
1 Loyola Marymount University Dr.	Los Angeles	CA	90045
Diploma/Degree obtained, if any			
Bachelor of Science- Major: Biology/Minor: Chemistry			

School Name		From - To (MM/YY – MM/YY)	
Bishop Montgomery High School		09/1976-06/1980	
Address	City	State	Zip
5430 Torrance Blvd.	Torrance	CA	90503
Diploma/Degree obtained, if any			
High School Diploma			

School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
10/2016-Present	[redacted]			
09/1999-05/2017				

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name			From - To (MM/YY – MM/YY)
KabaFusion Holdings, LLC			01/21-Present
Business Address	**City**	**State**	**Zip**
17777 Center Court Drive, Suite 550	Cerritos	CA	90703
Phone	**Title**		
800-435-3020	Chief Operating Officer		

Description of Duties

Develop actionable business strategies and plans that ensure alignment with short-term and long-term objectives, policies, and operating procedures. Supports overall operational growth, in conjunction with the CEO.

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		

Description of Duties

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		

Description of Duties

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		

Description of Duties

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		

Description of Duties

Continue on next page if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?	✓	
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?	✓	
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.	✓	
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Tina Benkendorfer

Print Name (First, Last)

Tina Benkendorfer

Original Signature (electronic copies or stamps not accepted)

9/29/25

Date

Please have this section completed in the presence of a Notary Public.

State of _____, ss. County of

_____

I, _Tina Benkendorfer_____, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Tina Benkendorfer

Original Signature

9/29/25

Date

Subscribed and Sworn to before me this 29 day of Sept., 2025

Ellen A Paras

Notary Public Signature

ELLEN A PARAS
Notary Public
Commonwealth of Massachusetts
My Commission Expires
May 15, 2031

(Seal)

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 5 & 6 . Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
05/18/2021		Virginia		

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court
Reference Permit No. 0201002838	VA Board of Pharmacy

Reason/Charge
Violation of Federal or State Statutes, Regulations or Rules; Fine Paid

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy
KabaFusion VA, LLC	Consent Order

Name of Business/Industry/Entity
KabaFusion VA, LLC

Provide explanation below: See Attachment.

Nina Berkendorfer

Original Signature (electronic copies or stamps not accepted)

9-29-23

Date

KabaFusion
Patient-Focused Infusion Therapy

Regarding Disciplinary Action For KabaFusion VA, LLC (Chesapeake)

The Virginia Board of Pharmacy inspected KabaFusion VA, LLC on April 21, 2021 and found that bulk IV solutions were in the warehouse space. The bulk IV solutions have been relocated to the licensed pharmacy space and the deficiency correction and payment of monetary penalty are noted in the May 27, 2021 letter from the Virginia Board of Pharmacy, copy enclosed.

CORPORATE (WEST COAST)
17777 Center Court Dr., Ste. 550, Cerritos, CA 90703
P: 800-435-3020 F: 562-860-6017

CORPORATE (EAST COAST)
80 Hayden Ave., Suite 300, Lexington, MA 02421
P: 844-777-4844 F: 781-862-2002

www.kabafusion.com

0201002838

COMMONWEALTH of VIRGINIA

David E. Brown, D.C.
Director

Department of Health Professions
Perimeter Center
9960 Mayland Drive, Suite 300
Henrico, Virginia 23233-1463

www.dhp.virginia.gov
TEL (804) 367-4400
FAX (804) 527-4475

Board of Pharmacy
804/367-4456
804-799-7906 (fax)

May 27, 2021

KabaFusion VA, LLC
Traci M. Johns, Pharmacist-in-Charge
Mailed to the legal address of record
with the Board of Pharmacy

RE: Case #211691

Dear Ms. Johns:

Enclosed please find a certified true copy of the Inspection Deficiency Notice and Consent Order that was entered by the Board on May 18, 2021. Further, this confirms receipt of the monetary penalty and the documentation indicating the corrective action taken. As all requirements have been satisfied, the case is now closed.

Sincerely,

Rose E. DeMatteo
Compliance Case Manager

Enclosure

Virginia Board of Pharmacy
9960 Mayland Drive, Suite 300
Henrico, VA 23233
804-367-4456
804-527-4472 (Fax)
pharmbd@dhp.virginia.gov

April 21, 2021

KabaFusion VA, LLC
Permit Number: 0201002838

Notice

After an inspection conducted on April 21, 2021 at KabaFusion VA, LLC, the deficiencies identified in the inspection summary that was provided to the facility were found. Those deficiencies constitute violations of the statutes and regulations cited below:

1. ($500) Deficiency 12: Storage of prescription drugs not in the prescription department; 18 VAC 110-20-190

If you wish to contest the violations cited above and in the inspection summary that was provided to the facility, you may submit documentation for the Board's consideration within 14 days of the date of this notice. In the alternative, you may request, in writing, an informal conference to further discuss this matter before a committee of the Board within 30 days of the date of this notice. Documents for consideration or a request for an informal conference should be mailed to:

Virginia Board of Pharmacy
9960 Mayland Drive
Suite 300
Henrico, Virginia 23233

If you do not want to contest the cited violations, in lieu of proceeding to an informal conference, you may sign the Consent Order below, submit a total penalty of $500 by check or money order, made payable to the Treasurer of Virginia, and provide documentation of corrective action taken to remedy all of the cited violations. The Consent Order, the penalty, and documentation of corrective action should be sent in one mailing to the address provided above within 30 days of the date of this Notice.

Failure to respond to this document within thirty (30) days of the date of this Notice will result in an informal conference being scheduled to determine whether violations of the statutes and regulations of the Board of Pharmacy have occurred. A notice of the informal conference will be mailed to the attention of the facility's Pharmacist-in-Charge [or the Owner if no PIC] with the scheduled date and time. If it is determined at the conclusion of the informal conference that the pharmacy is in violation of the laws and regulations of the Board of Pharmacy, the permit holder may be subject to disciplinary sanctions by the Board in addition to the penalty listed above. If you have any questions, please contact the Board office.

Consent Order

The Virginia Board of Pharmacy ("Board") and KabaFusion VA, LLC ("Pharmacy") enter into the following Consent Order as evidenced by the signature of the Pharmacist-in-Charge [or the Owner if no PIC] hereto. The deficiencies cited in the Notice above and the inspection summary that was provided to the facility constitute violations of the statutes and regulations as cited above in the Notice. These violations were identified during an inspection conducted on April 21, 2021.

DO NOT MAKE ANY CHANGES TO THIS DOCUMENT:

Pharmacy, by affixing the signature of the Pharmacist-in-Charge (or Owner if no PIC) hereon, agrees to the following:

1. The Pharmacist-in-Charge (or Owner if no PIC) has the right to seek advice of counsel prior to signing this document;
2. The Pharmacist-in-Charge (or Owner if no PIC) acknowledges that without his consent, no legal action can be taken against the Pharmacy except pursuant to the Virginia Administrative Process Act, § 2.2-4000 *et seq.* of the Code of Virginia;
3. The Pharmacist-in-Charge (or Owner if no PIC) acknowledges that he has the following rights, among others: the right to an informal fact finding conference before the Board, the right to reasonable notice of said hearing, the right to representation by counsel, and the right to cross-examine witnesses;
4. The Pharmacist-in-Charge (or Owner if no PIC) waives all such right to an informal conference;
5. The Pharmacist-in-Charge (or Owner if no PIC) admits to the violations cited herein and waives his right to contest such violations in any subsequent proceeding before the Board;
6. The Pharmacist-in-Charge (or Owner if no PIC) consents to the entry of the following Order affecting the permit of the Pharmacy in Virginia.

WHEREFORE, on the basis of the foregoing, the Board, effective upon entry of this Order, and in lieu of further proceedings, hereby ORDERS as follows:

1. Pharmacy shall pay a monetary penalty of $500 to the Board within 30 days of the date of the Notice.

2. Pharmacy shall submit documentation of immediate action taken to correct all violations.

3. Any violation of the terms and conditions of this Order or of any law or regulation affecting the conduct of Pharmacy in the Commonwealth of Virginia shall constitute grounds for the suspension or revocation of the permit of Pharmacy, and an administrative proceeding shall be convened to determine whether such permit shall be suspended or revoked.

Pursuant to § 2.2-4023 and § 54.1-2400.2 of the Code of Virginia, the signed original of this Notice and Consent Order shall remain in the custody of the Department of Health Professions as public record and shall be made available for public inspection or copying upon request.

Traci Johns RPh
Signature of PIC or Owner

4/29/2021
Date

Traci Johns
Printed Name of Person Signing

Pharmacist in Charge
Position/Title

FOR THE BOARD:

Caroline D. Juran, Executive Director

5/3/2021
Entered

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 5 & 6. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
02/25/2021		New York		
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Not Listed		New York State Department of Health		
Reason/Charge				
Violation of Federal or State Statutes, Regulations or Rules; Fine Paid				
Plaintiff/Defendant/Claimant/Respondent		**Lawsuit/Arbitration/Bankruptcy**		
Lincare of New York, Inc.		Citation; Stipulation and Order		
Name of Business/Industry/Entity				
Lincare of New York, Inc.				

Provide explanation below: See Attachment.

Ulia Berkendorfer
Original Signature (electronic copies or stamps not accepted)

9-29-25
Date

KabaFusion
Patient-Focused Infusion Therapy

Citation, Stipulation and Order for Lincare of New York, Inc. (Clinton)

Lincare of New York, Inc. was aquired in May 2020 and inspected by the New York Department of Health in September 2020. All findings have been corrected, and the fine was paid. A copy of the Citation, Stipulation and Order is enclosed.

CORPORATE (WEST COAST)
17777 Center Court Dr., Ste. 550, Cerritos, CA 90703
P: 800-435-3020 F: 562-860-6017

CORPORATE (EAST COAST)
80 Hayden Ave., Suite 300, Lexington, MA 02421
P: 844-777-4844 F: 781-862-2002

www.kabafusion.com

STATE OF NEW YORK : DEPARTMENT OF HEALTH

IN THE MATTER

OF

HOWARD A. ZUCKER, M.D., J.D., as Commissioner of Health of the State of New York, to determine the action to be taken with respect to:

LINCARE OF NEW YORK INC.

Respondent

as operator of

Lincare of New York Inc. - Clinton
8181 Seneca Turnpike Suite 2
Clinton New York, 13323

arising out of alleged violations of Article 36 of the Public Health Law of the State of New York and Title 10 (Health) of the Official Compilation of Codes, Rules and Regulations of the State of New York (NYCRR)

STIPULATION

AND

ORDER

WHEREAS, the New York State Department of Health (the "Department") has investigated the operations of LINCARE OF NEW YORK INC. as operator of Lincare of New York Inc. – Clinton, a Home Care Service provider relating to alleged violations of Article 36 of the Public Health Law and Part 700 of Title 10 (Health) of the Official Compilation of the Codes, Rules and Regulations of the State of New York (NYCRR), as detailed in the Department survey dated September 15, 2020; and

WHEREAS, prior to commencement of administrative enforcement action based upon the alleged violations by service of a Notice of Hearing and Statement of Charges, the Department and the Respondent engaged in settlement discussions; and

WHEREAS, the parties wish to resolve this matter by means of a settlement

instead of an administrative hearing.

NOW, THEREFORE, IT IS STIPULATED AND AGREED AS FOLLOWS:

1. This matter is settled and discontinued with prejudice. The Department shall not pursue further administrative enforcement action against the Respondent pursuant to Article 36 of the Public Health Law and Title 10 NYCRR in connection with the Department survey dated September 15, 2020 and alleged violations of 10 NYCRR §§ 765 – 2.2(b), 766.2(a)(1), 766.3(a), 766.3(b), 766.3(d), 766.4(d), 766.5(b) (3), 766.9(c), 766.9(k), 766.9(l), 766.11(d)(1), 766.11(d)(2), 766.11(d)(4), 766.11 (f)(i), 766.11(l)(1), 766.11(l)(2), 766.12(a)(1), and 766.12(c).

2. The Respondent admits to the existence of substantial evidence of violations of the regulations listed in paragraph #1 above, as detailed in the Department survey dated September 15, 2020. The foregoing admission is without prejudice to the Respondent's rights, defenses, and claims in any other matter, proceeding, action, hearing, or litigation not involving the Department or any of its boards or councils authorized by the Public Health Law, including but not limited to those involving medical malpractice, personal injury, and/or negligence that may be made in a civil action for monetary damages.

3. Pursuant to PHL §§ 12(1)(a) and 206 of the Public Health Law, the Respondent is assessed a civil penalty of Twenty-Five Thousand Five Hundred dollars ($25,500.00). Twelve Thousand Five Hundred dollars ($12,500.00) of this civil penalty will be paid to the Department within thirty (30) days after the effective date of this Stipulation and Order. Thirteen Thousand dollars ($13,000.00) of this civil penalty will be suspended for a further period of 90 days and waived upon the Respondent demonstrating compliance

with the regulatory requirements of 10 NYCRR §§ 765 – 2.2(b), 766.2(a)(1), 766.9(c), 766.9(k), 766.9(l), 766.9(o), 766.11 (d)(1), 766.11 (d)(2), 766.11 (d)(4), 766.11 (f)(i), 766.11(l)(1), 766.11(l) (2), 766.12 (a)(1), 766.12(c).

4. Payments shall be made payable by certified check to the New York State Department of Health and forwarded to the New York State Department of Health, Bureau of Accounts Management, Room 2748, Corning Tower, Empire State Plaza, Albany, New York 12237-0016. Any civil penalty not paid by the date prescribed herein shall be subject to all provisions of law relating to debt collection by the State of New York. This includes, but is not limited to, the imposition of interest, late payment charges and collection fees; referral to the New York State Department of Taxation and Finance for collection, and non-renewal of permits or licenses [Tax Law Section 171(27); State Finance Law Section 18; CPLR Section 5001; Executive Law Section 32].

5. It is further stipulated and agreed by the Respondent and the Department that there exist valid and sufficient grounds, as a matter of fact and law, for the issuance of this Stipulation and Order under the Public Health Law, and the Respondent consents to its issuance, accepts its terms and conditions and waives any right to challenge this Stipulation and Order in a proceeding pursuant to Article 78 of the Civil Practice Law and Rules or in any other action or proceeding.

6. This Stipulation and Order shall be effective upon service on the Respondent or the Respondent's attorney or representative of a copy by personal service or by certified or registered mail.

DATED: Albany, New York
February 25, 2021

LINCARE of NEW YORK, INC.

BY: Karen Kaczmarek

Karen Kaczmarek
President

AGREED AND SO ORDERED:

DATED: Albany, New York
May 4, 2021

NEW YORK STATE DEPARTMENT OF HEALTH

Howard Zucker by

HOWARD A. ZUCKER, M.D., J.D.
Commissioner of Health

Inquiries to: Michael John Phillips, Senior Attorney
Bureau of Administrative Hearings
Phone: (518) 474 1902 – office 518 935 0533 - mobile
Email: michael.phillips@health.ny.gov

Mail Stipulation and Order to:

Michael John Phillips, Senior Attorney
New York State Department of Health
Corning Tower Building, Room 2412
Empire State Plaza
Albany, New York 12237-0029

Mail Payment to:

New York State Department of Health
Bureau of Accounts Management
Corning Tower, Room 2748
Empire State Plaza
Albany, New York 12237-0016

ADDENDUM

Lincare of NY, Inc. – Clinton			
Date of Survey	Violation	Description of Applicable Citations	Type and amount of Fine
9/15/2020	10 NYCRR §§ 765 2.2(b), 766.2(a)(1), 766.3(a), 766.3(b), 766.3(d), 766.4(d), 766.5(b) (3), 766.9(c), 766.9(k), 766.9(l), 766.11 (d) (1), 766.11 (d) (2), 766.11 (d) (4), 766.11 (f) (i), 766.11l(1), 766.11(i) (2), 766 .12 (a) (1), and 766.12(c).	Failure to maintain licensing and administrative requirements, Failure to properly administer multiple Plans of Care, Failure to maintain proper personnel records, Failure to maintain required records and reports.	PHL §§ 12(1)(a) and 206. $25,500 civil penalty. $12,500 paid within 30 Days of effective date. $13,000.00 suspended for 90 days to comply with Department administrative requirements.

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 5 & 6 . Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
04/17/2023		Virginia		
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Case No. 227504		VA Board of Pharmacy		
Reason/Charge				
Violation of Federal or State Statutes, Regulations or Rules; Fine Paid				
Plaintiff/Defendant/Claimant/Respondent		**Lawsuit/Arbitration/Bankruptcy**		
KabaFusion VA, LLC		Consent Order		
Name of Business/Industry/Entity				
KabaFusion VA, LLC				

Provide explanation below: See Attachment.

Original Signature (electronic, copies or stamps not accepted)

9-29-25
Date

KabaFusion
Patient-Focused Infusion Therapy

Regarding Disciplinary Action For
KabaFusion VA, LLC (Chesapeake)

The Virginia Board of Pharmacy inspected KabaFusion VA, LLC on March 9, 2023, and found deficiencies with the alarm system and cleanroom. The deficiency corrections and payment of monetary penalty are noted in the April 20,2023 letter from the Virginia Board of Pharmacy, copy enclosed.

CORPORATE (WEST COAST)
17777 Center Court Dr., Ste. 550, Cerritos, CA 90703
P: 800-435-3020 F: 562-860-6017

CORPORATE (EAST COAST)
80 Hayden Ave., Suite 300, Lexington, MA 02421
P: 844-777-4844 F: 781-862-2002

www.kabafusion.com

DHP - MAILROOM
APR 07 2023
Received
VA Board of Pharmacy
APR 11 2023

Virginia Board of Pharmacy
9960 Mayland Drive, Suite 300
Henrico, VA 23233
804-367-4456
804-527-4472 (Fax)
pharmbd@dhp.virginia.gov
March 11, 2023

KabaFusion VA, LLC
Permit Number: 0201002838

Notice

After an inspection conducted on March 9, 2023 at KabaFusion VA, LLC, the deficiencies identified in the inspection summary that was provided to the facility were found. Those deficiencies constitute violations of the statutes and regulations cited below:

1. ($250) Deficiency 9a: Alarm is operational but does not fully protect the prescription department; 18 VAC 110-20-180
2. ($2,000) Deficiency 32: Have clean room, but not all physical standards in compliance; § 54.1-3410.2

If you wish to contest the violations cited above and in the inspection summary that was provided to the facility, you may submit documentation for the Board's consideration within 14 days of the date of this notice. In the alternative, you may request, in writing, an informal conference to further discuss this matter before a committee of the Board within 30 days of the date of this notice. Documents for consideration or a request for an informal conference should be mailed to:

Virginia Board of Pharmacy
9960 Mayland Drive
Suite 300
Henrico, Virginia 23233

If you do not want to contest the cited violations, in lieu of proceeding to an informal conference, you may sign the Consent Order below, submit a total penalty of $2,250 by check or money order, made payable to the Treasurer of Virginia, and provide documentation of corrective action taken to remedy all of the cited violations. The Consent Order, the penalty, and documentation of corrective action should be sent in one mailing to the address provided above within 30 days of the date of this Notice.

Failure to respond to this document within thirty (30) days of the date of this Notice will result in an informal conference being scheduled to determine whether violations of the statutes and regulations of the Board of Pharmacy have occurred. A notice of the informal conference will be mailed to the attention of the facility's Pharmacist-in-Charge [or the Owner if no PIC] with the scheduled date and time. If it is determined at the conclusion of the informal conference that the pharmacy is in violation of the laws and regulations of the Board of Pharmacy, the permit holder

may be subject to disciplinary sanctions by the Board in addition to the penalty listed above. If you have any questions, please contact the Board office.

Consent Order

The Virginia Board of Pharmacy ("Board") and KabaFusion VA, LLC ("Pharmacy") enter into the following Consent Order as evidenced by the signature of the Pharmacist-in-Charge [or the Owner if no PIC] hereto. The deficiencies cited in the Notice above and the inspection summary that was provided to the facility constitute violations of the statutes and regulations as cited above in the Notice. These violations were identified during an inspection conducted on March 9, 2023

DO NOT MAKE ANY CHANGES TO THIS DOCUMENT:

Pharmacy, by affixing the signature of the Pharmacist-in-Charge (or Owner if no PIC) hereon, agrees to the following:

1. The Pharmacist-in-Charge (or Owner if no PIC) has the right to seek advice of counsel prior to signing this document;
2. The Pharmacist-in-Charge (or Owner if no PIC) acknowledges that without his consent, no legal action can be taken against the Pharmacy except pursuant to the Virginia Administrative Process Act, § 2.2-4000 *et seq.* of the Code of Virginia;
3. The Pharmacist-in-Charge (or Owner if no PIC) acknowledges that he has the following rights, among others: the right to an informal fact finding conference before the Board, the right to reasonable notice of said hearing, the right to representation by counsel, and the right to cross-examine witnesses;
4. The Pharmacist-in-Charge (or Owner if no PIC) waives all such right to an informal conference;
5. The Pharmacist-in-Charge (or Owner if no PIC) admits to the violations cited herein and waives his right to contest such violations in any subsequent proceeding before the Board;
6. The Pharmacist-in-Charge (or Owner if no PIC) consents to the entry of the following Order affecting the permit of the Pharmacy in Virginia.

WHEREFORE, on the basis of the foregoing, the Board, effective upon entry of this Order, and in lieu of further proceedings, hereby ORDERS as follows:

1. Pharmacy shall pay a monetary penalty of $2,250 to the Board within 30 days of the date of the Notice.

2. Pharmacy shall submit documentation of immediate action taken to correct all violations.

3. Any violation of the terms and conditions of this Order or of any law or regulation affecting the conduct of Pharmacy in the Commonwealth of Virginia shall constitute grounds for the suspension or revocation of the permit of Pharmacy, and an administrative proceeding shall be convened to determine whether such permit shall be suspended or revoked.

Pursuant to § 2.2-4023 and § 54.1-2400.2 of the Code of Virginia, the signed original of this Notice and Consent Order shall remain in the custody of the Department of Health Professions as public record and shall be made available for public inspection or copying upon request.

Signature of PIC or Owner — Date: 4/6/2023

John Rick Pagaduan — Printed Name of Person Signing

Director of Pharmacy — Position/Title

FOR THE BOARD:

Caroline D. Juran, Executive Director — Entered: 4/17/23

0201002838

COMMONWEALTH of VIRGINIA

Arne W. Owens
Director

Department of Health Professions
Perimeter Center
9960 Mayland Drive, Suite 300
Henrico, Virginia 23233-1463
Board of Pharmacy
804/367-4456
804-799-7906 (fax)

www.dhp.virginia.gov
PHONE (804) 367-4400

April 20, 2023

KabaFusion VA, LLC
John Rick S. Pagaduan, Pharmacist-in-Charge
Mailed to the legal address of record
with the Board of Pharmacy

RE: Case #227504

Dear John Rick S. Pagaduan:

Enclosed please find a certified true copy of the Inspection Deficiency Notice and Consent Order that was entered by the Board on April 17, 2023. Further, this confirms receipt of the monetary penalty and the documentation indicating the corrective action taken. As all requirements have been satisfied, the case is now closed.

Sincerely,

Rose E. DeMatteo
Compliance Case Manager

Enclosure

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 5 & 6 . Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
07/29/2023		New Jersey		
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Inspection No. 8-4129-20-230		New Jersey Board of Pharmacy		
Reason/Charge				
Violation of Federal or State Statutes, Regulations or Rules; Fine Paid				
Plaintiff/Defendant/Claimant/Respondent		**Lawsuit/Arbitration/Bankruptcy**		
Medilink Homecare, Inc. DBA KabaFusion NJ		Inspection		
Name of Business/Industry/Entity				
Medilink Homecare, Inc. DBA KabaFusion NJ				

Provide explanation below: See Attachment.

Ulla Berkendorfer
Original Signature (electronic, copies or stamps not accepted)

8-29-25
Date

KabaFusion
Patient-Focused Infusion Therapy

Regarding Disciplinary Action For
Medilink Homecare, Inc. DBA KabaFusion NJ (Hammonton)

Medilink Homecare, Inc. DBA KabaFusion NJ underwent an inspection by the New Jersey Board of Pharmacy from November 17, 2021, through December 2, 2021. On July 29, 2023, the New Jersey Board of Pharmacy issued notice of its determination that KabaFusion NJ had incurred three violations and allowed the opportunity to settle the matter by agreeing to execute a Certification, paying a penalty in the amount of $750.00 and providing a letter of corrective action. KabaFusion NJ agreed to the terms and has settled this matter. Copy enclosed.

CORPORATE (WEST COAST)
17777 Center Court Dr., Ste. 550, Cerritos, CA 90703
P: 800-435-3020 F: 562-860-6017

CORPORATE (EAST COAST)
80 Hayden Ave., Suite 300, Lexington, MA 02421
P: 844-777-4844 F: 781-862-2002

www.kabafusion.com

PHILIP D. MURPHY
Governor

SHEILA Y. OLIVER
Lt. Governor

New Jersey Office of the Attorney General

Division of Consumer Affairs
Board of Pharmacy
124 Halsey Street, 6th Floor, Newark NJ 07102

MATTHEW J. PLATKIN
Attorney General

CARI FAIS
Acting Director

Mailing Address:
P.O. Box 45045
Newark, NJ 07101
(973) 504-6351

Certified Mail: [redacted]**3752**

July 29, 2023

Caitlin Acord, RPIC
Medilink Homecare, Inc., D/B/A Kabafusion NJ
463 North White Horse Pike
Hammonton, NJ 08037

Re: Inspection #8-4129-20--230
Date of Inspection: 11/17/2021 thru 12/02/2021

Dear Ms. Acord,

This letter is to advise you that the New Jersey State Board of Pharmacy has had an opportunity to review information concerning the above inspection report.

Upon review of all available information, the Board has preliminarily found that you have violated those items listed on Attachment A.

The Board has determined that it will offer you an opportunity to settle this matter and thereby avoid the initiation of further disciplinary proceedings. Should you wish to avail yourself of this opportunity, you **MUST SIGN THE ATTACHED CERTIFICATION** and agree to the following:

> **PAY A PENALTY IN THE AMOUNT OF $750.00** and **PROVIDE TO THE BOARD A LETTER OF CORRECTIVE ACTION.** (To be paid immediately upon your signing of the attached acknowledgment.)

Alternatively you may waive your right to a hearing and submit a written statement or explanation to the Board. The Board will then consider your submission and render a final decision, which may include any of the terms set forth above. This disposition will be a public record. Please take notice that if the Board determines that the initial inspection findings require a re-inspection to ensure that cited deficiencies have been properly addressed, you may be subject to any costs associated with the re-inspection.

If you do not wish to settle this matter, you may request a hearing. In that event, this letter will serve as notice of the charges against you and a hearing will be scheduled before the Board. At that hearing you may, either personally or with the assistance of an attorney, submit determination concerning the charges of unlawful activity. You should be aware that in making

its final decision, the Board may, if unlawful activity has been proven, assess civil penalties in an amount greater than that herein offered in this letter. Additionally, the Board may, if the facts are found to so warrant, enter an order, requiring you to reimburse certain monies, direction you to cease and desist from engaging in unlawful acts and/or requiring you to pay costs incurred by the Board. Should you have any questions concerning this letter or the settlement offer herein, I suggest that you contact the Board at (973) 504-6450.

The enclosed Certification **MUST** be completed and returned to the Board within fifteen (15) days following your receipt of this letter. In the event that the Board receives no response from you within this time, the Board's settlement offer will be withdrawn, and the allegations contained herein shall be deemed admitted, and the Board will proceed to finally review that matter and enter an appropriate order.

NEW JERSEY STATE BOARD OF PHARMACY

By: _____
Anthony Rubinaccio, RPh
Executive Director

AR/em
(06/23)

CERTIFICATION

I, Caitlin Acord, hereby acknowledge that I have read and reviewed the Board's letter dated July 29, 2023 regarding allegations of violations of the Board's enabling act and/or regulations.

Please Check One:

[X] I acknowledge the conduct which has been charged and agree to:

1. **Cease and desist from engaging in the conduct alleged and pay a penalty in the amount of $750.00 (to be paid upon signing of this Certification).**

2. **Send a Letter of Corrective Action,** as requested by the Board, with this Certification.

I am also aware that the action taken against me by the Board herein is a matter of public record, and that the Board's letter and this Certification are public documents.

[ ] I hereby waive any rights I may have to a hearing in this matter and defend myself against any charges, but ask the Board to consider my explanation before rendering its final decisions. I understand that the Board may order any of the terms specified in its letter and that the Certification are public documents.

[ ] I request a formal administrative hearing to contest the charges specified by the Board. I understand that I will be advised of the time, date and place for that hearing at another time. I am aware that I may be represented by an attorney and that at the time of the hearing I may submit to the Board testimony and documentation relevant to the charges. I understand that in making its final decision, the Board may, if unlawful activity has been proven, assess civil penalties in an amount greater than that herein offered in its letter and may order such other remedies as it may deem appropriate. I am also aware that this proceeding is a matter of public record and that the Board's letter and this Certification are public documents.

Caitlin Acord
(Signature)

Dated: 8/29/23

Caitlin Acord
(Print Name)

Ref: Caitlin Acord, RPIC
Medilink Homecare, Inc., D/B/A Kabafusion NJ
(28RS00502800)
463 North White Horse Pike
Hammonton, NJ 08037
Inspection # 8-4129-20--230

AR/em
(06/23)

ATTACHMENT A

Medilink Homecare, Inc., D/B/A Kabafusion NJ, Permit # 28RS00502800 - 463 North White Horse Pike Hammonton, NJ 08037
Pharmacist-In-Charge: Caitlin Acord
Bureau File # 8-4129-20-230, Period: 11/17/2021 thru 12/02/2021
Reference: Board of Pharmacy inspection activity conducted pursuant to N.J.S.A. 45:1-18 and N.J.S.A. 45:14-48(a) ll&12.

Details

CITE	DESCRIPTION	FINE
N.J.A.C. 13:39-6.7(b)	Sydney Rutter (28RW03019200) failed to have her current biennial technician registration conspicuously displayed. Ms. Rutter had it stored in her desk drawer.	$50.00
N.J.A.C. 13:39-5.8(a)(1)	The SUBJECT pharmacy failed to have satisfactory references in the following categories: General Practice of Pharmacy and Drug Interactions.	$200.00
N.J.A.C. 13:39-11.13(a)	Pharmacists failed to provide immediate personal supervision to technicians engaged in sterile compounding in the cleanroom. This Investigator observed pharmacy technicians Ashley Hill (28RW02873800) and Enrico Campanile (28RW00383600) compounding sterile preparations in the cleanroom without being under the immediate personal supervision of a pharmacist. A pharmacist was not present in the cleanroom nor was a pharmacist present in the area of the window which allows a view within the cleanroom. Ms. McCloy was asked who was responsible for supervising the technicians in the cleanroom. She replied that Tyler Nelson (28RI03370300) was the pharmacist responsible for supervising the technicians in the cleanroom. Ms. Nelson was not observed to be in the vicinity of the cleanroom. Reema Malkani (28RI03446900) was observed checking prescriptions in the dispensing area but did not have a view of the technicians compounding in the cleanroom. There was not a pharmacist physically present in the cleanroom during the duration of my visit to the SUBJECT pharmacy.	$500.00
TOTAL:		$750.00

KabaFusion
Patient-Focused Infusion Therapy

August 30, 2023

Sent Via USPS, and Via E-Mail to RubinaccioA@dca.lps.state.nj.us

New Jersey Office of the Attorney General
Division of Consumer Affairs
Board of Pharmacy
P. O. Box 45045
Newark, NJ 07101

Attention: Anthony Rubinaccio, RPh, Executive Director

RE: **Medilink Homecare, Inc. DBA KabaFusion NJ (Hammonton)**
FEIN: 22-3308333; NPI: 1356445845; License #: 28RS00502800
Letter of Corrective Action and Certification Statement Regarding Inspection
#8-4129-20—230, dated 11/17/2021-12/02/2021

Dear Executive Director Rubinaccio,

In response to your letter dated July 29, 2023, Medilink Homecare, Inc. DBA KabaFusion NJ has decided to sign the Certification Statement and pay the amount of $750.00. A signed statement and check are enclosed. The following corrective actions have been made:

1. N.J.A.C. 13:39-6.7(b) – Sydney Rutter is no longer an employee of Medilink Homecare, Inc. DBA KabaFusion NJ; all pharmacy technician licenses are conspicuipusly displayed at the pharmacy, See Photo #1
2. N.J.A.C. 13:39-5.8(a)(1) – References for General Practice of Pharmacy and Drug Interations are available on site: (i) Lexicomp Adult Drug Information Handbook, 30th Edition [regarding Drug Interations], and (ii) McGraw Hill Pharmacotherapy, A Pathophysiologic Approach, 11th Edition [regarding General Practice of Pharmacy], See Photo #2
3. N.J.A.C. 13:39-11.13(a)—I, Caitlin Acord, Pharm. D., BCSCP, Pharmacist in Charge, have rearranged my desk to face the cleanroom to facilitate immediate personal supervision to technicians engaged in sterile compounding, See Photo #3

If you have any questions regarding the Certification Statement or corrective actions made, you may reach out to Smita Njeru, RPh, VP Regulatory Compliance, via email at KabaFusionLicensing@KabaFusion.com.

Sincerely,

Caitlin Acord

Caitlin Acord, Pharm. D., BCSCP
Director of Pharmacy and Pharmacist in Charge

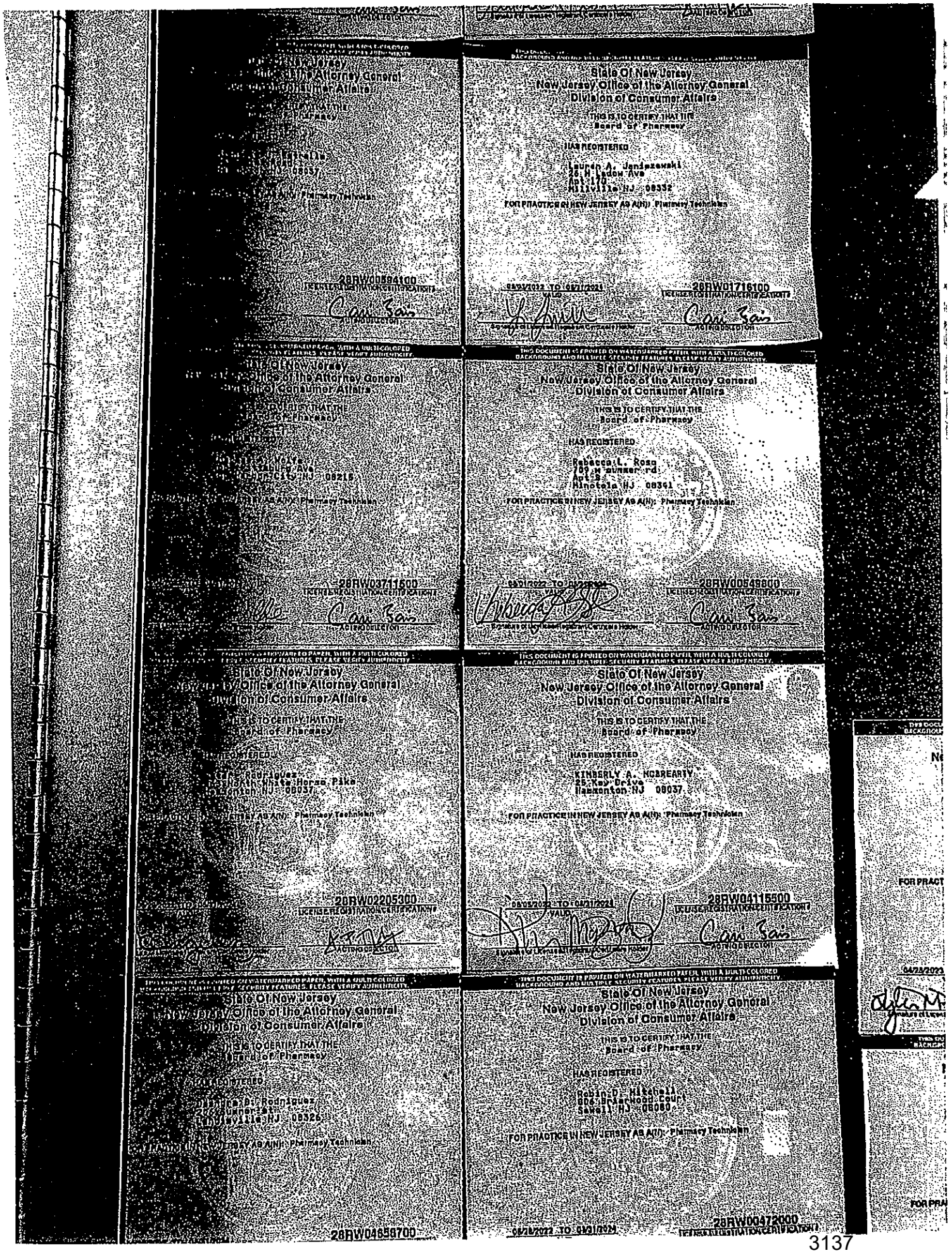
SEP 11 2023

Enclosures: New Jersey Board of Pharmacy Letter Dated July 29, 2023
Certification Statement, signed by Pharmacist in Charge, Caitlin Acord, Pharm. D., BCSCP
Check # 0387 in the amount of $750.00
Photos #1, 2, and 3 as Evidence of Corrective Action

CORPORATE (WEST COAST)
17777 Center Court Dr., Ste. 550, Cerritos, CA 90703
P: 800-435-3020 F: 562-860-6017

CORPORATE (EAST COAST)
80 Hayden Ave., Suite 300, Lexington, MA 02421
P: 844-777-4844 F: 781-862-2002

www.kabafusion.com



State Of New Jersey
New Jersey Office of the Attorney General
Division of Consumer Affairs

THIS IS TO CERTIFY THAT THE
Board of Pharmacy

HAS REGISTERED

Laura A. Jendrzewski
28 Haddon Ave
Apt 170
Millville NJ 08332

FOR PRACTICE IN NEW JERSEY AS A(N): Pharmacy Technician

28RW01716100
LICENSE/REGISTRATION/CERTIFICATE#

Cari Fais
ACTING DIRECTOR

State Of New Jersey
New Jersey Office of the Attorney General
Division of Consumer Affairs

THIS IS TO CERTIFY THAT THE
Board of Pharmacy

HAS REGISTERED

Rebecca L. Rosa
709 W Gunner Rd
Apt 2
Pinetola NJ 08361

FOR PRACTICE IN NEW JERSEY AS A(N): Pharmacy Technician

28RW00549800
LICENSE/REGISTRATION/CERTIFICATE#

Cari Fais
ACTING DIRECTOR

State Of New Jersey
New Jersey Office of the Attorney General
Division of Consumer Affairs

THIS IS TO CERTIFY THAT THE
Board of Pharmacy

HAS REGISTERED

KIMBERLY A. MCBREARTY
25 Kay Drive
Hammonton NJ 08037

FOR PRACTICE IN NEW JERSEY AS A(N): Pharmacy Technician

28RW04115500
LICENSE/REGISTRATION/CERTIFICATE#

Cari Fais
ACTING DIRECTOR

State Of New Jersey
New Jersey Office of the Attorney General
Division of Consumer Affairs

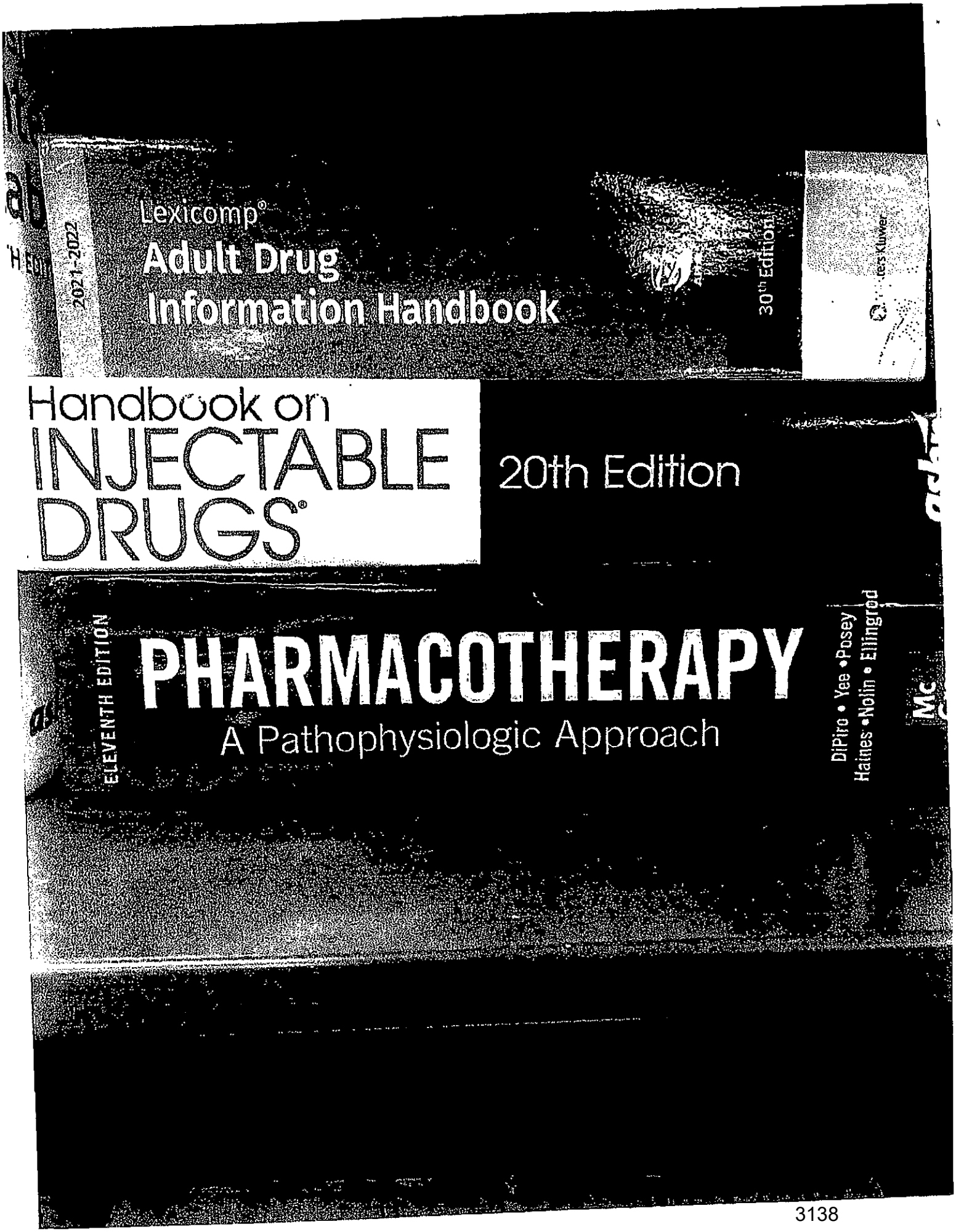
THIS IS TO CERTIFY THAT THE
Board of Pharmacy

HAS REGISTERED

Robin D. Mitchell
606 Braewood Court
Sewell NJ 08080

FOR PRACTICE IN NEW JERSEY AS A(N): Pharmacy Technician

28RW00472000
LICENSE/REGISTRATION/CERTIFICATE#


Lexicomp®
Adult Drug
Information Handbook
2021-2022
30th Edition
Handbook on
INJECTABLE
DRUGS®
20th Edition
PHARMACOTHERAPY
A Pathophysiologic Approach
ELEVENTH EDITION
DiPiro • Yee • Posey
Haines • Nolin • Ellingrod


KabaFusion
KabaFusion
RE-CHECK

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 5 & 6 **. Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
10/26/2023		New Jersey		
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Inspection No. 8-4129-23-742		New Jersey State Board of Pharmacy		
Reason/Charge				
Violation of Federal or State Statutes, Regulations or Rules; Mitigated and Removed				
Plaintiff/Defendant/Claimant/Respondent		**Lawsuit/Arbitration/Bankruptcy**		
Medilink Homecare, Inc.		Appearance, Inspection		
Name of Business/Industry/Entity				
Medilink Homecare, Inc.				

Provide explanation below: See Attachment.

Nina Berkendorfer

Original Signature (electronic, copies or stamps not accepted)

9-29-25

Date

KabaFusion
Patient-Focused Infusion Therapy

Regarding Disciplinary Action For
Medilink Homecare, Inc. DBA KabaFusion NJ (Hammonton)

Medilink Homecare, Inc. DBA KabaFusion NJ (Permit 28RS00502800) received correspondence dated October 26, 2023, from the New Jersey Board of Pharmacy related to an inspection conducted June 26, 2023. The New Jersey Board cited two deficiencies and requested payment of a fine of $1,600.

KabaFusion NJ retained counsel in connection with this matter, which was discussed at the New Jersey Board of Pharmacy ("Board") meeting on March 27, 2024. The Board moved to mitigate and remove both citations as this was a pre-opening inspection. The motion passed 8-0; a copy of the minutes are enclosed. The Board further issued a letter dated April 4, 2024, confirming the same, copy enclosed.

CORPORATE (WEST COAST)
17777 Center Court Dr., Ste. 550, Cerritos, CA 90703
P: 800-435-3020 F: 562-860-6017

CORPORATE (EAST COAST)
80 Hayden Ave., Suite 300, Lexington, MA 02421
P: 844-777-4844 F: 781-862-2002

www.kabafusion.com

PHILIP D. MURPHY
Governor

TAHESHA L. WAY
Lt. Governor

New Jersey Office of the Attorney General

Division of Consumer Affairs
Board of Pharmacy
124 Halsey Street, 6th Floor, Newark NJ 07102

MATTHEW J. PLATKIN
Attorney General

CARI FAIS
Acting Director

Mailing Address:
P.O. Box 45013
Newark, NJ 07101
(973) 504-6450

CERTIFIED MAIL: 7020 1810 0001 5643 5687

April 4, 2024

Caitlin Acord, RPIC
Medilink Homecare, Inc., D/B/A Kabafusion NJ
129 North White Horse Pike, Unit 1
Hammonton, New Jersey 08037

Re: Inspection # 8-4129-23-742
Date of Inspection: 06/26/2023

Dear Ms. Acord,

At the March 27, 2024 meeting, the New Jersey State Board of Pharmacy, reviewed correspondence submitted requesting mitigation related to the above-referenced inspection.

The Board moved to approve your request to mitigate and remove N.J.A.C. 13:39-11.5(h) N.J.A.C. 13:39-11.23(b)(15) and N.J.A.C. 13:39- 11.13(a).

No further action is required at this matter.

NEW JERSEY STATE BOARD OF PHARMACY

By: _____
Anthony Rubinaccio, RPh
Executive Director

AR/em
(03/24)

PHILIP D. MURPHY
Governor

SHEILA Y. OLIVER
Lt. Governor

New Jersey Office of the Attorney General

Division of Consumer Affairs
Board of Pharmacy
124 Halsey Street, 6th Floor, Newark NJ 07102

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Acting Director

Mailing Address:
P.O. Box 45045
Newark, NJ 07101
(973) 504-6381

Certified Mail: 7020 1810 0001 5642 5199

October 26, 2023

Caitlin Acord, RPIC
Medilink Homecare, Inc., D/B/A Kabafusion NJ
129 North White Horse Pike, Unit 1
Hammonton, New Jersey 08037

Re: Inspection # 8-4129-23--742
Date of Inspection: 06/26/2023

Dear Ms. Acord,

This letter is to advise you that the New Jersey State Board of Pharmacy has had an opportunity to review information concerning the above inspection report.

Upon review of all available information, the Board has preliminarily found that you have violated those items listed on Attachment A.

The Board has determined that it will offer you an opportunity to settle this matter and thereby avoid the initiation of further disciplinary proceedings. Should you wish to avail yourself of this opportunity, you **MUST SIGN THE ATTACHED CERTIFICATION** and agree to the following:

PAY A PENALTY IN THE AMOUNT OF $1,600.00 and **PROVIDE TO THE BOARD A LETTER OF CORRECTIVE ACTION.** (To be paid immediately upon your signing of the attached acknowledgment).

Alternatively you may waive your right to a hearing and submit a written statement or explanation to the Board. The Board will then consider your submission and render a final decision, which may include any of the terms set forth above. This disposition will be a public record. Please take notice that if the Board determines that the initial inspection findings require a re-inspection to ensure that cited deficiencies have been properly addressed, you may be subject to any costs associated with the re-inspection.

If you do not wish to settle this matter, you may request a hearing. In that event, this letter will serve as notice of the charges against you and a hearing will be scheduled before the Board. At that hearing you may, either personally or with the assistance of an attorney, submit determination concerning the charges of unlawful activity. You should be aware that in making

its final decision, the Board may, if unlawful activity has been proven, assess civil penalties in an amount greater than that herein offered in this letter. Additionally, the Board may, if the facts are found to so warrant, enter an order, requiring you to reimburse certain monies, direction you to cease and desist from engaging in unlawful acts and/or requiring you to pay costs incurred by the Board. Should you have any questions concerning this letter or the settlement offer herein, I suggest that you contact the Board at (973) 504-6450.

The enclosed Certification MUST be completed and returned to the Board within fifteen (15) days following your receipt of this letter. In the event that the Board receives no response from you within this time, the Board's settlement offer will be withdrawn, and the allegations contained herein shall be deemed admitted, and the Board will proceed to finally review that matter and enter an appropriate order.

NEW JERSEY STATE BOARD OF PHARMACY

By: _____
Anthony Rubinaccio, RPh
Executive Director

AR/em
(09/23)

CERTIFICATION

I, Caitlin Acord, hereby acknowledge that I have read and reviewed the Board's letter dated October 26, 2023 regarding allegations of violations of the Board's enabling act and/or regulations.

Please Check One:

[ ] I acknowledge the conduct which has been charged and agree to:

1. **Cease and desist from engaging in the conduct alleged and pay a penalty in the amount of $1,600.00** (to be paid upon signing of this Certification).
2. **Send a Letter of Corrective Action,** as requested by the Board, with this Certification.
3. Return this letter with the Certification page signed and the selected box checked.

I am also aware that the action taken against me by the Board herein is a matter of public record, and that the Board's letter and this Certification are public documents.

[X] I hereby waive any rights I may have to a hearing in this matter and defend myself against any charges, but ask the Board to consider my explanation before rendering its final decisions. I understand that the Board may order any of the terms specified in its letter and that the Certification are public documents.

[ ] I request a formal administrative hearing to contest the charges specified by the Board. I understand that I will be advised of the time, date and place for that hearing at another time. I am aware that I may be represented by an attorney and that at the time of the hearing I may submit to the Board testimony and documentation relevant to the charges. I understand that in making its final decision, the Board may, if unlawful activity has been proven, assess civil penalties in an amount greater than that herein offered in its letter and may order such other remedies as it may deem appropriate. I am also aware that this proceeding is a matter of public record and that the Board's letter and this Certification are public documents.

Caitlin Acord
(Signature)

Caitlin Acord
(Print Name)

Dated: 11/16/23

Ref: Caitlin Acord, RPIC
Medilink Homecare, Inc., D/B/A Kabafusion NJ
(28RS00502800)
490 Broadway
Bayonne, New Jersey 07002
Inspection # 8-4129-23--742

AR/em
(09/23)

ATTACHMENT A
Medilink Homecare, Inc., D/B/A Kabafusion NJ, Permit # 28RS00502800 – 129 North White Horse Pike, Unit 1 Hammonton, New Jersey 08037 - **Pharmacist-In-Charge:** Caitlin Acord
Bureau File # 8-4129-23--742, **Period:** 06/26/2023
Reference: Board of Pharmacy inspection conducted per N.J.S.A. 45:1-18, and an assignment dated May 16, 2023, from Tony H. Qi, Supervising Investigator, Enforcement Bureau, requesting an inspection of the SUBJECT pharmacy in connection with an application for a CHANGE OF LOCATION.

Details

CITE	DESCRIPTION	FINE
N.J.A.C. 13:39-11.5(h)	Ceiling light fixtures in the ante area were not air tight. Gaps were observed between the light fixtures and the ceiling. Ms. Acord and Ms. McCloy were informed that the gaps between the light fixtures and ceiling had to be sealed so that microorganisms and other contaminants could not accumulate in the spaces. They verbalized an understanding of such. Ms. Acord notified this Investigator, via email, on June 26, 2023, that the gaps between the light fixtures and ceiling had been remediated. They had been sealed so that microorganisms and other contaminants could not accumulate in the spaces.	$1,000.00
N.J.A.C. 13:39-11.23(b)(15) N.J.A.C. 13:39- 11.13(a)	Policies and procedures pertaining to supervision of personnel engaged in compounding sterile preparations by a pharmacist were vague. The supervising pharmacist was responsible to "provide direct supervision for dispensing and preparing medication". The policies and procedures failed to address that a pharmacist be physically present in the cleanroom to provide immediate personal supervision to pharmacy technicians engaged in compounding sterile preparations. Please note that on the occasion of this inspection activity, this Investigator did not observe any compounding taking place. The Pharmacist-In-Charge verbalized that a very low volume of compounding occurred on Mondays.	$100.00 $500.00
TOTAL:		$1,600.00

PHILIP D. MURPHY
Governor

TAHESHA L. WAY
Lt. Governor

New Jersey Office of the Attorney General

Division of Consumer Affairs
Board of Pharmacy
124 Halsey Street, 6th Floor, Newark NJ 07102

MATTHEW J. PLATKIN
ATTORNEY GENERAL

CARI FAIS
ACTING DIRECTOR

MAILING ADDRESS:
P.O. BOX 45013
NEWARK, NJ 07101
(973) 504-6450

BOARD OF PHARMACY
PUBLIC SESSION MINUTES
MARCH 27, 2024

I. CALL TO ORDER

The Public Session of the New Jersey Board of Pharmacy was called to order by the Board President, Mitch Sobel on March 27, 2024 at 9:04 a.m. The meeting was not held at 124 Halsey Street, Newark, NJ, but remotely by Zoom meetings. All members were duly notified of the time, place and all pertinent materials were provided to the members.

II. SUNSHINE LAW ANNOUNCEMENT

President Mitch Sobel read a statement that in compliance with the Open Public Meetings Act, the requirements for the notice of this meeting were transmitted by mail and by e-mail to the Secretary of State, the Atlantic City Press, the Courier-Post and the Trenton Times, in the Board's written annual notice of its meeting schedule, all on the 28th day of December, 2023 and by posting electronic notice of the meeting on the Board's website on the 20th day of March, 2024. The meeting is being held virtually as permitted by the OPMA and is scheduled to begin at 9:00 am. Formal action may be taken at the meeting. Any member of the public wishing to attend the public session of this meeting may do so by clicking the link provided on the Board of Pharmacy website.

III. ROLL CALL

Mitch Sobel, R.Ph.	President
Jabeen Ahmed, R.Ph.	Vice President – Excused absence
Eileen Kean, ESQ	
John Colaizzi, R.Ph	
Trushar Sheth, R.Ph.	
Craig Leivent, R.Ph.	
Stephen Lieberman, R.Ph.	Excused absence
William O'Connor Jr., ESQ	
Jeffrey Sinko R.Ph.	
Linda Witzal, R.Ph.	

OTHERS IN ATTENDANCE

Anthony Rubinaccio, R.Ph.	Executive Director
Jodi Krugman	Deputy Attorney General
Siobhan Krier	Deputy Attorney General
Nishi Begum	Board Staff
Jennifer Wasiewicz	Board Staff

IV. UPDATES BY EXECUTIVE DIRECTOR

Board Report

For the month of **February,** the Board:

- Registered **290** pharmacy technicians
- Licensed **40** pharmacists
- Licensed **3** interns
- Issued permits to **7** in-state pharmacies, and **12** out-of-state pharmacies
- Issued Immunization Approval to **18** pharmacists
- Issued Immunization Approval to **0** Intern
- Issued Immunization Approval to **16** Pharmacy Technicians

As of **03/25/2024**: a total of ***677*** **pharmacies** are participating in the Narcan365 Pilot Program. This number includes:

- ***249*** Independent pharmacies ***(increase in the number of participating pharmacies)***
- **22** Acme and **25** Sav-On pharmacies *(owned by Albertsons)*
- ***72*** Rite Aid ***(decrease in number of pharmacies due to store closures)***
- ***96*** Shoprite ***(increase in the number of participating pharmacies)***
- **61** Walmart
- ***7*** Sam's Club
- **34** Stop & Shop
- **61** Walgreens
- **12** Genoa Healthcare
- **9** Wegmans
- **29** CVS

A total of **78,202** prescriptions for naloxone have been dispensed anonymously through this pilot program.

Please be aware that all Pharmacy Technicians currently approved to immunize have had their expiration dates extended until May 31, 2024. An alert has been placed on the Board's homepage with this information and the website license verification function can be used to confirm this extension for an individual. Permit holders are reminded to ensure those individuals also have an "active" pharmacy technician registration in place.

During the state of emergency resulting from the COVID-19 pandemic, pharmacists may fill prescriptions written by Advanced Practice Nurses (APNs), to include prescriptions that do not include the name of a collaborating physician. Pursuant to Governor Murphy's Executive Order 112 and pursuant to the Division of Consumer Affairs' Administrative Order 2020-02 , statutory and regulatory requirements that would otherwise mandate that an APN maintain a joint protocol with a collaborating physician, and that the collaborating physician's name, address and telephone number be included on prescriptions written by the APN, have been waived. Although the public health emergency originally declared in Executive Order 112 has ended, the state of emergency remains in effect. Additionally, pursuant to Executive Order 292, the cited provisions of both EO 112 and AO 2020-02 remain in full force and effect presently.

The Board offered congratulations to Board President Mitch Sobel on winning the Beverly Wilt Service Award. The nominee must be an active member of NJSHP with at

least 10 years of membership and embodies the following core values:

- Practice Excellence – Nominee demonstrates sustained active involvement in the promotion, progression, and implementation of pharmaceutical care programs, missions, initiatives, and performance improvement at his/her professional practice site;
- Organizational involvement – Nominee has participated in some area of NJSHP leadership or government affairs representation such as: State Board Officer, Chapter Officer, NJSHP Delegate of AHSP, or any sustained participation with appointed or elected NJSHP position(s)
- Professional contributions - Nominee has demonstrated active professional and educational contributions such as: participation with academia, professional presentations, teaching, mentorship, and community outreach.

Mr. Sobel is a role model for advancing the profession through practice excellence.

V. OLD BUSINESS

1) **Public Orders Filed**
   a) **Christine McLaughlin** – 28RW00961900 – Summary Order of Suspension filed 2/5/2024
   b) **Kayla Fentress** – 28RW02787400 - Summary Order of Suspension filed 2/5/2024
   c) **Amanda Cudd** – 28RW02032800 – Summary Order of Suspension filed 2/5/2024
   d) **Christine Chai** – 28RI03236100 - Summary Order of Suspension filed 2/5/2024

VI. NEW BUSINESS

1) **Donna Feudo** - Request for a reasonable accommodation

Donna Feudo was present to represent this request.

Trushar Sheth moved, seconded by Craig Leivent to table this item until the Board is in receipt of a waiver request submitted by the preceptor seeking the waiver. Mitch Sobel was recused due to a business affiliation. **Motion passed 7-0-1.**

The Board authorized Vice President Jabeen Ahmed to handle this matter in the event the waiver request is not submitted by the time of the April 24, 2024 Board meeting.

2) **Hongzhuo Lin – 2783775** – requesting waiver – NAPLEX score is over 5 years old

Mitch Sobel moved, seconded by John Colaizzi to grant the waiver of N.J.A.C.13:39-2.2(c) and allow the NAPLEX score to be transfer beyond the

period of 5 years. Jeffrey Sinko was recused due to affiliation with CVS. **Motion passed 7-0-1**

3) **John Magdy Tanyous - 2684435** –Pharmacist application – request to retake NAPLEX for 6th attempt

Eileen Kean moved, seconded by Trushar Sheth to grant the request allowing the applicant to retake the NAPLEX examination for the 6th attempt. John Colaizzi was recused due to affiliation with Walgreens. **Motion passed 7-0-1.**

4) **Alpeshkumar Parmar - 2781622**- Pharmacist application – review of application and work history

Mitch Sobel moved, seconded by Trushar Sheth to require the completion of a full internship. Upon completion of the internship, applicant may proceed to take the MPJE and NAPLEX examinations. Jeffrey Sinko and Eileen Kean were opposed. **Motion passed 6-2.**

5) **Peter Abraham – 2792399** – Pharmacist application – review of application and work history

This item has been moved to the Executive Session.

6) **Arti Maher – 2793612** – Pharmacist reciprocity application – review of application (Jeffrey Sinko recused)

This item was tabled to request a detailed CV and current practice standards.

7) **Thomas Alan Corwin – 2797603** - Pharmacist reciprocity application with discipline

Mitch Sobel moved, seconded by John Colaizzi to allow the reciprocity application to proceed. **Motion passed 8-0.**

8) **Georgina A. Hanna-Ghattas - 28RI03269200** - Pharmacist reactivation application – review of work history

This item was tabled to request a detailed CV and work history since last practice of pharmacy.

9) **Jude L. Pierre-Louis - 28RI02007100** – Pharmacist reinstatement application – review of work history (John Colaizzi recused)

Linda Witzal moved, seconded by Jeffrey Sinko to reinstate the license upon successful passing of the MPJE examination. John Colaizzi was recused due to affiliation with Walgreens. **Motion passed 7-0-1.**

10) **Patricia Anne Carta - 28RI02488700** – Pharmacist reinstatement application – review of work history

Linda Witzal moved, seconded by Trushar Sheth to allow to reinstate upon completion of 500 internship hours and successfully passing the MPJE examination. **Motion passed 8-0.**

11) **Anna Rose LaSala - 28RW04590400** – response to Provisional Order of Discipline (John Colaizzi recused)

Linda Witzal moved, seconded by Trushar Sheth to finalize the POD with modification to remove the suspension but to impose the $250 fine for failure to respond. John Colaizzi was recused due to affiliation with Walgreens. **Motion passed 7-0-1.**

12) **Jason Hernandez - 28RW04363400** - response to Provisional Order of Discipline (John Colaizzi recused)

Mitch Sobel moved, seconded by Trushar Sheth to finalize the POD with modification to remove the suspension but to impose the $250 fine for failure to respond. John Colaizzi was recused due to affiliation with Walgreens. **Motion passed 7-0-1.**

13) **Encompass Health Rehab. Hosp. of Vineland - 28RS00682900** - requesting a waiver of N.J.A.C 13:39-5.3

Mitch Sobel moved, seconded by Jeffrey Sinko to deny the request for the waiver of N.J.A.C. 13:39-5.3 due to lack of information. **Motion passed 8-0.**

14) **Ahoy Drugs, LLC – 2795713** - Out of State pharmacy application – review of inspection report

Trushar Sheth moved, seconded by Linda Witzal to request a corrective action plan. If the corrective action plan is acceptable, approve the application. **Motion passed 8-0.**

VII. MITIGATION REQUEST

1. **First Aid Rx – 28RS00748200**

Linda Witzal moved, seconded by Mitch Sobel to move into executive session at 11:00 a.m. for advice of counsel. **Motion passed 8-0.**

The Board returned to the Public Session at 11:15 a.m.

Mitch Sobel moved, seconded by Linda Witzal to deny the mitigation request for the following citations and also to refer this matter to Rules and Regulation for consideration of rule making. **Motion passed 7-0.**

- N.J.A.C. 13:39-4.15
- N.J.A.C.13:39-5.11(a)
- N.J.A.C. 13:39-4.10(b)
- N.J.A.C. 13:39-6.15(d)

John Colaizzi moved, seconded by Jeffrey Sinko to mitigate and remove N.J.A.C. 13:39-4.10(b). **Motion passed 8-0.**

Eileen Kean left the meeting at 10:45 a.m. and returned at 11:21 a.m.

2. **Lyons Pharmacy – 28RS00751500**

Trushar Sheth moved, seconded by Jeffrey Sinko to mitigate and remove the fine of $4,500 for in violation of N.J.A.C. 13:39-4.21(i) and N.J.A.C. 13:39-7.22 and to deny all other mitigation requests as they were corrective in nature. The request to remove violations for temperature monitoring was considered because electronic logs with alarms were present in the pharmacy but the pharmacist was unaware of the electronic monitor so the citation was issued for paper monitoring. **Motion passed 8-0.**

3. **Medilink Homecare, Inc., DBA Kabafusion NJ - 28RS00502800**

John Colaizzi moved, seconded by Trushar Sheth to mitigate and remove both citations as this is a pre-opening inspection. **Motion passed 8-0.**

4. **St. Barnabas Health Behavioral Health Center - 28RS00469900**

Henry Leach and Kim Walsh were present to represent the pharmacy.

Chair direct: Request proof of electronic recording for temperature logs related to N.J.A.C. 13:39-5.11(a)(1) between January - September 2023.

5. **Walgreens Pharmacy Dept. # 12441 - 28RS00727400** (John Colaizzi recused)

Mitch Sobel moved, seconded by Linda Witzal to mitigate and remove the fine of $200 fine for in violation of N.J.A.C. 13:39-5.8(a)(1) and to deny all other mitigation requests as they were corrective in nature. John Colaizzi was recused due to affiliation with Walgreens. **Motion passed 8-0.**

2023 Pharmacist Renewal – Continuing Education Credits UPL – Mitigations:

6. **Devang Pandit - 28RI03259500**

Mitch Sobel moved, seconded by Trushar Sheth to deny the mitigation request and to maintain the $2,300 fine. **Motion passed 8-0.**

7. **Joshua Suri - 28RI01746300**

Mitch Sobel moved, seconded by William O'Connor Jr. to deny the mitigation request and to maintain the $3,000 fine. **Motion passed 8-0.**

8. **Robert Annicharico - 28RI02364600**

Chair Direct: Table this item to request individual certificates of completion for each CE course or supply the Board with a CPE Monitor report for these completed Florida credits.

VIII. INFORMATIONAL

1. **NABP Memo** – NABP Treasurer Candidate

The Board took this as informational.

2. **NABP Memo** – Well Being Index - February

The Board took this as informational.

3. **NABP Memo** – DEA Supply Chain Conference

The Board took this as informational.

4. **NABP Memo** - Submissions for 2024-2025 Committees and Task Forces

The Board took this as informational.

IX. COMMITTEE REPORTS

N/A

X. APPROVAL OF MINUTES

Public Session minutes for February 28, 2024

Trushar Sheth moved, seconded by Linda Witzal to accept the minutes as submitted. **Motion passed 8-0.**

XI. ADJOURNMENT

Trushar Sheth moved, seconded by Eileen Kean to go into Executive Session pursuant to

N.J.S.A.10:4-12(b) at 12:45 p.m. to discuss matters under investigation, applications containing confidential materials, disciplinary matters pending before the Board and matters requiring advice of counsel. The substance of these matters shall remain confidential until disclosure is permitted by law. Board action arising from such discussions will be made public at such time as official action is taken on these matters, if permitted by law. **Motion passed 8-0.**

Jeffrey Sinko moved, seconded by John Colaizzi to adjourn the Public Session at 12:24 p.m. **Motion passed 8-0.**

KabaFusion
Patient-Focused Infusion Therapy

Licensure Denial for Additional Location of Lincare of New York, Inc. (Newburgh)

Lincare of New York, Inc. (a KabaFusion company) submitted an application for an additional location in Newburgh to be added to its master license to expand its operations within the state of New York. In a letter dated 1/09/2023, the New York Department of Health initially denied the additional location in Newburgh due to a review that was being conducted regarding another separate location of Lincare of New York, Inc.

After further follow up between Lincare of New York, Inc. and the New York Department of Health, a letter dated 3/23/2023 confirmed that the Newburgh location was successfully added to the master license with a retroactive effective date of 8/29/2022.

A copy of the referenced letters and the license that was issued are enclosed.

CORPORATE (WEST COAST)
17777 Center Court Dr., Ste. 550, Cerritos, CA 90703
P: 800-435-3020 F: 562-860-6017

CORPORATE (EAST COAST)
80 Hayden Ave., Suite 300, Lexington, MA 02421
P: 844-777-4844 F: 781-862-2002

www.KabaFusion.com

NEW YORK STATE OF OPPORTUNITY | Department of Health

KATHY HOCHUL
Governor

JAMES V. McDONALD, M.D., M.P.H.
Acting Commissioner

MEGAN E. BALDWIN
Acting Executive Deputy Commissioner

01/09/2023

Lincare of New York, Inc.
Karen Kaczmarek, President
57 Karner Road, Suite B
Albany, New York, 12205

Re: Agency Name: Lincare of New York, Inc.
License Number: 9338L001
Type of Request- Denial

Dear Karen Kaczmarek:

Please be advised that your request for an additional site is denied at this time based on a review conducted by the Department. The following were identified as factors in the denial determination:

Surveillance history including results of the re-licensure survey conducted on 7/20/2020, 6/07/2021 and enforcement action.

If you require any interpretation of this report, please do not hesitate to contact our office at (212) 417-4921.

Sincerely,

Mikhail Pankov
Regional Program Manager
Office of Aging and Long-Term Care
Home and Community Based Services
Metropolitan Area Regional Office
jv

cc: Bureau of Home Care Licensure and Certification

NEW YORK STATE OF OPPORTUNITY. Department of Health

KATHY HOCHUL
Governor

JAMES V. McDONALD, M.D., M.P.H.
Acting Commissioner

MEGAN E. BALDWIN
Acting Executive Deputy Commissioner

03/23/2023

Lincare of New York, Inc.
Karen Kaczmarek, President
57 Karner Road
Albany, NY 12205

Re: Agency Name: Lincare of New York, Inc.
License Number: 9338L005
Request for Additional Site

Dear Karen Kaczmarek:

Please be advised that based on your request, a transaction notice has been forwarded to the Bureau of Home Care Licensure and Certification.

Approval is granted, effective August 29th 2022, to add an additional site at 356 Meadow Avenue, Suite 203, Newburgh, New York, 12550 to provide Nursing, Infusion Services, Medical Supplies Equipment and Appliances in Dutchess, Orange, Putnam, Rockland, Sullivan, Ulster, and Westchester counties. Pending receipt of a license, this letter authorizes your agency to provide the services as listed above in the counties as listed above at the new site location.

Please note that a separate Health Commerce System (HCS) account is required for this new site location. Please call 518-408-1638 for assistance in establishing the HCS account.

If you require any interpretation of this report, please do not hesitate to contact our office at (212) 417-4921.

Sincerely,

Jeaneva Orgill, LMSW
Health Systems Specialist 3
Office of Aging and Long-Term Care
Home and Community Based Services
Metropolitan Area Regional Office
jv

cc: Bureau of Home Care Licensure and Certification

Facility Id. 15440
License No. 9338L006

State of New York
Department of Health
Office of Aging and Long Term Care

LICENSE

Effective Date: 08/29/2022
Expiration Date: NONE

Licensed Home Care Services Agency

Lincare of New York Inc
356 Meadow Avenue Suite 203
Newburgh, New York 12550
Orange County

Operator: Lincare Of New York, Inc.
Operator Class: Proprietary Business Corporation
Operator Address: 57 Karner Road
Albany, New York 12205

Has been granted this License pursuant to Article 36 of the Public Health Law for the service(s) specified.

Medical Supplies Equipment and Appliances — Nursing

Geographic Service Area Counties Served - 7

Dutchess	Orange	Putnam	Rockland	Sullivan
Ulster	Westchester			

20230721

Deputy Commissioner, Office of Aging and Long Term Care

This license must be conspicuously displayed on the premises.

Commissioner

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 8. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
01/09/2023		New York		
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
License No. 9338L001		New York State Department of Health		
Reason/Charge				
License Denial; Later Approved				
Plaintiff/Defendant/Claimant/Respondent		**Lawsuit/Arbitration/Bankruptcy**		
Lincare of New York, Inc.		Order		
Name of Business/Industry/Entity				
Lincare of New York, Inc.				

Provide explanation below: See Attachment.

Nina Bertendorfer
Original Signature (electronic, copies or stamps not accepted)

9-29-25
Date

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 6 **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
03/27/2024		Connecticut		
Case # Massachusetts Board of Pharmacy Meeting Agenda dated 03/27/2024 and Minutes		**Governing, licensing, Arresting Presiding Body/Agency/Court** Connecticut Commission of Pharmacy		
Reason/Charge Appearance Regarding Request to add Sterile Compounding				
Plaintiff/Defendant/Claimant/Respondent KabaFusion, Inc.		**Lawsuit/Arbitration/Bankruptcy** Appearance		
Name of Business/Industry/Entity KabaFusion, Inc.				

Provide explanation below: See Attachment.

Ulrich Benkendorfer
Original Signature (electronic, copies or stamps not accepted)

9-29-25
Date

KabaFusion
Patient-Focused Infusion Therapy

Regarding Appearance Before the Connecticut Board of Pharmacy For KabaFusion, Inc. (Shrewsbury)

On March 27, 2024, KabaFusion, Inc., appeared to discuss it's change of licensure type regarding sterile compounding. Copies of the minutes are attached.

CORPORATE (WEST COAST)
17777 Center Court Dr., Ste. 550, Cerritos, CA 90703
P: 800-435-3020 F: 562-860-6017

CORPORATE (EAST COAST)
80 Hayden Ave., Suite 300, Lexington, MA 02421
P: 844-777-4844 F: 781-862-2002

www.kabafusion.com

Commission of Pharmacy Meeting Agenda

March 27, 2024

10:00 a.m. **Meeting Called to Order**

10:10 a.m. **Request (s) for Continuing Education Program Approval**

Health Assistance Intervention Education Network in Connecticut
Mariella LaRosa, Chief Executive Officer of HAVEN
1.0 CEU Live
March 27, 2024, 8:30 – 9:30 a.m. Presentation 450 Columbus Blvd., Hartford

New Pharmacy Application (s)

CVS Pharmacy #17910
7 Backus Avenue
Danbury, CT 06810
Aaron Wang, Pharmacy Manager

Fair Haven Community Health Care dba Grand Pharmacy
111 Grand Avenue
New Haven, CT 06513
Dave Manan, Pharmacy Manager

Belltown Pharmacy Corp
39 Belltown Road
Avon, CT 06001
Waseem Sarwar, Pharmacy Manager

Newtown Health Pharmacy
255 S. Main Street
Newtown, CT 06470
Linda Doyon, Pharmacy Manager

Pharmacy Relocation (s)

Genoa Healthcare LLC
From:
883 Paddock Avenue
Meriden, CT 06450

Genoa Healthcare LLC
To:
883 Paddock Avenue, Suite S131
Meriden, CT 06450

Matthew Jenings, Pharmacy Manager

Pharmacy Remodel (s)

BIG Y Pharmacy #56
1 Kent Road
New Milford, CT 06776
Nicole Lefevre, Representative

CVS Pharmacy #294
177 Columbus Blvd.
New Britain, CT 06051
Ana Gomes, Representative

CVS Pharmacy #1153
1875 Boston Avenue
Bridgeport, CT 06610
Pralok Trivedi, Representative

Mohegan Pharmacy
67 Sandy Desert Road
Uncasville, CT 06382
Khristine Lariviere, Pharmacy Manager

Nutmeg Pharmacy
23 Killingworth Road
Higganum, CT 06441
Gregory McKenna, Pharmacy Manager

MPJE Law Exam Request (s)

Mahmoud Hanaif

CE Waiver Request (s)

Ambimbola Aladesuru

Hinali Amin

Mergima Al Arnaout

Annie Krawiec

Shirley Lai

David Lavimoniere

Kim V Nguyen

Megan Porta

Tayyaba Saeed

'First Time' Pharmacy Manager(s)

Jennifer Cabral
CVS Pharmacy – Gales Ferry

Adam D Dinitto
Greenville Drug – Norwich

Nataly Domitrz
Walgreens Pharmacy – Cromwell

Abdelrahman Hassaan
Seven Pharmacy – Norwalk

Mahria J Ibanez
CVS Pharmacy – Wilton

Michael A Mastroianni
Stolls Pharmacy – Waterbury

Andrea Reid
Big Y Pharmacy #34 – Mansfield

Camila Gonzalez-Ribadeneira
Walgreens Pharmacy – Glastonbury

Reciprocity Interview Candidate(s)

Sohee Ahn
Reciprocity from California

Daisy O Antwi
Reciprocity from Texas

Jennifer G Cabral
Reciprocity from Massachusetts

Samantha W Debiasio
Reciprocity from Massachusetts

Adam D Dinitto
Reciprocity from Rhode Island

Katrina N Jeanneau
Reciprocity from Alabama

Ruchira M Kasbekar
Reciprocity from New Jersey

Jasmine S Lee
Reciprocity from Maryland

Reciprocity Interview Candidate(s) Cont.

Jennie L McNellis
Reciprocity from Missouri

Beatrice H Menjor
Reciprocity from Georgia

Wycliffe Mugoya
Reciprocity from New Jersey

Mike Obeng
Reciprocity from Indiana

Vidhi H Patel
Reciprocity from Missouri

Christina Patlias
Reciprocity from New York

Ileana Pohner
Reciprocity from Massachusetts

Shannon S Ramdeen
Reciprocity from New York

Moqadam S Rhamatzada
Reciprocity from New York

Jared D Stratman
Reciprocity from Indiana

Magdaline D Victorin
Reciprocity from Florida

Kelsea S Woolfolk
Reciprocity from Tennessee

Philip Lin Yaun
Reciprocity from Indiana

Request(s) for Non-Resident Pharmacy Approval

Bayviro Pharmacy LLC – Tampa, FL

Innovative RX LLC – Nobelsville, NC

NPS Pharmacy Direct – Nashville, TN

Request(s) for Non-Resident Pharmacy Approval Cont.

Formulation Compounding Center dba Pharma Labs LLC – Lewisville, TX

Pharmalogic Colorado LLC – Aurora, CO

Pharmalogic New York City LLC – Bronx, NY

Tremont RX Pharmacy dba Best Pharmacy – Bronx, NY

Undefined Pharmacy LLC – Warren, NJ

WP Pharma Labs INC – Dallas, TX

Request (s) Increase Pharmacy Technician Ratio

Cardinal Health Nuclear & Precision Health Solutions
Request to Increase Pharmacy Technician Ratio
Locations: East Hartford and Stamford CT
Joshua Pruitt, Pharmacy Manager
Anthony Colangelo, Pharmacy Area Manager

Request(s) for Non-Resident Sterile Compounding Services

Kabafusion INC – Shrewsbury, MA
Request to Add Sterile Compounding Services

Approval to Accept Commission of Pharmacy Meeting Minute(s)

January 31, 2024

STATE OF CONNECTICUT
DEPARTMENT OF CONSUMER PROTECTION
COMMISSION OF PHARMACY
March 27, 2024

10:00 a.m. The regular meeting of the Commission of Pharmacy was called to order by Commissioner DeFazio. The meeting was conducted by physical attendance and virtually on TEAMS.

Commissioners Present: Angelo DeFazio, Chairperson

Richard Carbray
Debbie Chisolm
Mary Inguanti
Ann Taylor
Kristin Linder

Staff Present: Gina Samples, Board Administrator

Request (s) for Continuing Education Program Approval

Health Assistance Intervention Education Network in Connecticut
Marinella LaRosa, Chief Executive Officer of HAVEN
1.0 CEU Live Law / March 27, 2023

Commission Action: Commissioner DeFazio moved, seconded by Commissioner Inguanti and passed by a vote of 6-0 to approve the continuing education program credit.

New Pharmacy Application (s)

CVS Pharmacy #17910
7 Backus Avenue
Danbury, CT 06810
Aaron Wang, Pharmacy Manager

Commission Action: Commissioner DeFazio moved, seconded by Commissioner Taylor and passed by a vote of 6-0, to approve the above request represented by Robert George for a new pharmacy premise provided all the requirements set forth in the Connecticut Pharmacy and Drug Laws as enforced by the Commission of Pharmacy are met.

New Pharmacy Application (s) Cont.

Fair Haven Community Health Care dba Grand Pharmacy
111 Grand Avenue
New Haven, CT 06513
Dave Manan, Pharmacy Manager

Commission Action: Commissioner DeFazio moved, seconded by Commissioner Taylor and passed by a vote of 6-0, to approve the above request for a new pharmacy premise provided all the requirements set forth in the Connecticut Pharmacy and Drug Laws as enforced by the Commission of Pharmacy are met.

Belltown Pharmacy Corp
39 Belltown Road
Stamford, CT 06905
Waseem Sarwar, Pharmacy Manager

Commission Action: Commissioner Chisolm moved, seconded by Commissioner Taylor, and passed by a vote of 6-0, to approve the above request for a new pharmacy premise provided all the requirements set forth in the Connecticut Pharmacy and Drug Laws as enforced by the Commission of Pharmacy are met.

Newtown Health Pharmacy
255 S. Main Street
Newtown, CT 06470
Linda Doyon, Pharmacy Manager

Commission Action: Commissioner DeFazio moved, seconded by Commissioner Inguanti and passed by a vote of 6-0, to approve the above request for a new pharmacy premise provided all the requirements set forth in the Connecticut Pharmacy and Drug Laws as enforced by the Commission of Pharmacy are met.

Pharmacy Relocation (s)

Genoa Healthcare LLC
From:
883 Paddock Avenue
Meriden, CT 06450

Genoa Healthcare LLC
To:
883 Paddock Avenue, Suite S131
Meriden, CT 06450

Matthew Jenings, Pharmacy Manager

Commission Action: Commissioner DeFazio moved, seconded by Commissioner Taylor the above relocation request, passed by a vote of 6-0 to and provided all the requirements set forth in the Connecticut Pharmacy and Drug Laws as enforced by the Commission of Pharmacy are met.

Pharmacy Remodel (s)

Big Y Pharmacy, #56
1 Kent Road
New Milford, CT 06776
Nicole Lefevre, Representative

Commission Action: Commissioner DeFazio moved, seconded by Commissioner Taylor to approve the above remodel request passed, by a vote of 6-0 to and provided all the requirements set forth in the Connecticut Pharmacy and Drug Laws as enforced by the Commission of Pharmacy are met.

CVS Pharmacy #294
177 Columbus Blvd.
New Britain, CT 06051
Ana Gomes, Representative

Commission Action: Commissioner Chisolm moved, seconded by Commissioner Taylor to approve the above remodel request passed, by a vote of 6-0 to and provided all the requirements set forth in the Connecticut Pharmacy and Drug Laws as enforced by the Commission of Pharmacy are met.

CVS Pharmacy #1153
1875 Boston Avenue
Bridgeport, CT 06110
Pralok Trivedi, Representative

Commission Action: Commissioner Chisolm moved, seconded by Commissioner Taylor to approve the above remodel request passed, by a vote of 6-0 to and provided all the requirements set forth in the Connecticut Pharmacy and Drug Laws as enforced by the Commission of Pharmacy are met.

Mohegan Pharmacy
67 Sandy Desert Road
Uncasville, CT 06382
Khristine Lariviere, Pharmacy Manager

Commission Action: Commissioner Chisolm moved, seconded by Commissioner Taylor the above remodel request passed, by a vote of 6-0 to and provided all the requirements set forth in the Connecticut Pharmacy and Drug Laws as enforced by the Commission of Pharmacy are met.

Pharmacy Remodel (s) Cont.

Nutmeg Pharmacy
23 Killingworth Road
Higganum, CT 06441
Gregory McKenna, Pharmacy Manager

Commission Action: Commissioner DeFazio tabled the matter to next months meeting, as no representative attended for pharmacy remodel request.

MPJE Law Exam Request (s)

Mahmoud Hanif requested a final attempt to take the MPJE Law Exam

Commission Action: Commissioner DeFazio motion to accept, Commissioner Chisolm moved and seconded by Commissioner Inguanti passed by a vote of 6-0 to accept.

CE Waiver Request (s)

Ambimbola Aladesuru upon the 2024 pharmacist license renewal a CE Waiver extension was requested. Ms. Aladesuru did not complete the continuing education requirement for the 2023 calendar year.

Commission Action: Commissioner DeFazio moved, seconded by Commissioner Taylor and passed by a vote of 6-0 to grant an extension to complete continuing education requirements that are missing in the 2023 calendar year to be in compliance for the 2024 license renewal. If the CE credits are not completed a case will be opened with the Drug Control Division and needs to be verified by the Commission of Pharmacy continuing education has been completed by May 1, 2024.

Hinali Amin upon the 2024 pharmacist license renewal a CE Waiver extension was requested. Ms. Amin did not complete continuing education requirements for the 2022 and 2023 calendar year(s).

Commission Action: Commissioner DeFazio moved, seconded by Commissioner Inguanti and passed by a vote of 6-0 to grant an extension to complete continuing education requirements that are missing in the 2023 calendar year to be in compliance for the 2024 license renewal. If the CE credits are not completed a case will be opened with the Drug Control Division and needs to be verified by the Commission of Pharmacy continuing education has been completed by May1, 2024.

CE Waiver Request (s) Cont.

Mergima Al Arnaout upon the 2024 pharmacist license renewal a CE Waiver extension was requested. Ms. Arnaout did not complete continuing education requirements for the 2023 calendar year(s).

Commission Action: Commissioner DeFazio moved, seconded by Commissioner Tayor and passed by a vote of 6-0 to grant an extension to complete continuing education requirements that are missing in the 2023 calendar year to be in compliance for the 2024 license renewal. It was confirmed with Board Administrator, Samples that Ms. Arnaout has completed her 2023 CE Credits for the 2024 license renewal and is in compliance as of this commission meeting date.

Annie Krawiec upon the 2024 pharmacist license renewal a CE Waiver extension was requested. Ms. Krawiec did not complete continuing education requirements for the 2022 and 2023 calendar year(s).

Commission Action: Commissioner DeFazio moved, seconded by Commissioner Tayor and passed by a vote of 6-0 to grant an extension to complete continuing education requirements that are missing in the 2022 and 2023 calendar years, to be in compliance for the 2024 license renewal. If the CE credits are not completed a case will be opened with the Drug Control Division and needs to be verified by the Commission of Pharmacy continuing education has been completed by May1, 2024.

Shirley Lai upon the 2024 pharmacist license renewal a CE Waiver extension was requested. Ms. Lai did not complete continuing education requirements for the 2022 and 2023 calendar year(s).

Commission Action: Commissioner DeFazio tabled the matter, as Ms. Lai did not attend the Commission Meeting the CE waiver extension was not granted, she will need to appear at next meeting to request a CE waiver extension.

David Lavimoniere upon the 2024 pharmacist license renewal a CE Waiver extension was requested. Mr. Lavimoniere did not complete continuing education requirements for the 2022 and 2023 calendar year(s).

Commission Action: Commissioner DeFazio moved, seconded by Commissioner Inguanti and passed by a vote of 6-0 to grant an extension to complete continuing education requirements that are missing in the 2022-2023 calendar year(s) and the 2020-2021 calendar year(s) to be in compliance for the 2024 and 2022 license renewals If the CE credits are not completed a case will be opened with the Drug Control Division and needs to be verified by the Commission of Pharmacy continuing education has been completed by July1, 2024.

CE Waiver Request (s) Cont.

Kim Nguyen upon the 2024 pharmacist license renewal a CE Waiver extension was requested. Ms. Nguyen did not complete continuing education requirements for the 2022 and 2023 calendar year(s).

Commission Action: Commissioner DeFazio moved, seconded by Commissioner Inguanti and passed by a vote of 6-0 to grant an extension to complete continuing education requirements that are missing in the 2022 and 2023 calendar year(s), to be in compliance for the 2024 license renewal. If the CE credits are not completed a case will be opened with the Drug Control Division and needs to be verified by the Commission of Pharmacy continuing education has been completed by July 1, 2024.

Megan Porta upon the 2024 pharmacist license renewal a CE Waiver extension was requested. Ms. Porta did not complete continuing education requirements for the 2023 calendar year.

Commission Action: Commissioner DeFazio moved, seconded by Commissioner Inguanti and passed by a vote of 6-0 to grant an extension to complete continuing education requirements that are missing in the 2023 calendar year, to be in compliance for the 2024 license renewal. It was confirmed with Board Administrator, Samples that Ms. Porta has completed her 2023 CE Credits for the 2024 license renewal and is in compliance as of this commission meeting date.

Tayyaba Saeed upon the 2024 pharmacist license renewal a CE Waiver extension was requested. Ms. Saeed did not complete continuing education requirements for the 2022 and 2023 calendar year(s).

Commission Action: Commissioner DeFazio moved, seconded by Commissioner Taylor and passed by a vote of 6-0 to grant an extension to complete continuing education requirements that are missing in the 2022 -2023 and 2021 calendar year(s) to be in compliance for the 2024 and 2022 license renewals. If the CE credits are not completed a case will be opened with the Drug Control Division and needs to be verified by the Commission of Pharmacy continuing education has been completed by July 1, 2024.

'First Time' Pharmacy Manager (s)

The following pharmacists presented themselves to the Commission of Pharmacy as 'first time' pharmacy managers in the State of Connecticut:
Commissioner DeFazio provided a summary of the responsibilities that a first-time pharmacy manager has and appreciated their appearance before the Commission. Commissioner DeFazio emphasized the importance of the pharmacy manager's role in contrast to the front-store manager (in many retail settings). Some responsibilities include leadership, technician registration, license renewals, reporting pharmacy operation hours, and prescription error reporting. Provided Information on utilization of the Med-watch Program.

Jennifer Cabral	CVSPharmacy – Gales Ferry
Adam D Dinitto	Greenville Drug – Norwich
Nataly Domitrz	Walgreens Pharmacy – Cromwell
Dominique Gelineau	CVS Pharmacy – Norwalk
Abdlrahman Hassaan	Seven Pharmacy –Norwalk
Mahria J Ibanez	CVS Pharmacy – Wilton
Michael A Mastroianni	Stolls Pharmacy – Waterbury
Andrea Reid	Big Y Pharmacy #34 – Mansfield
Camila Gonzalez-Ribadeneira	Walgreens Pharmacy – Glastonbury
Waseem Sarwar	Belltown Pharmacy – Stamford

Reciprocity Interview Candidate (s)

The following candidates(s) were interviewed over the telephone and attested that the information provided was true and accurate to the best of their belief and understood that any misrepresentation of the fact could result in a fine and/or denial of pharmacist licensure in Connecticut.

Sohee Ahn	Reciprocity from California
Daisy O Antwi	Reciprocity from Texas
Jennifer G Cabral	Reciprocity from Massachusetts
Samantha W Debiasio	Reciprocity from Massachusetts
Adam D Dinitto	Reciprocity from Rhode Island
Katrina N Jeanneau	Reciprocity from Alabama
Ruchira M Kasbekar	Reciprocity from New Jersey
Jasmine S Lee	Reciprocity from Maryland
Jennie L McNellis	Reciprocity from Missouri
Beatrice H Menjor	Reciprocity from Georgia
Wycliffe Mugoya	Reciprocity from New Jersey
Mike Obeng	Reciprocity from Indiana
Vidhi H Patel	Reciprocity from Missouri
Christina Patlias	Reciprocity from New York
Ileana Pohner	Reciprocity from Massachusetts

Reciprocity Interview Candidate (s) Cont.

Shannon S Ramdeen	Reciprocity from New York
Moqadam S Rhamatzada	Reciprocity from New York
Jared D Stratman	Reciprocity from Indiana
Magdaline D Victorin	Reciprocity from Florida
Kelsea S Woolfolk	Reciprocity from Tennessee
Philip Lin Yaun	Reciprocity from Indiana

Commission Action: Commissioner Taylor moved, seconded by Commissioner Inguanti and passed by a vote of 6-0 to accept the above application(s) for licensure by reciprocity.

Request (s) for Non-Resident Pharmacy Approval

Bayviro Pharmacy LLC – Tampa, FL
Innovative RX LLC – Nobelsville, NC
NPS Pharmacy Direct – Nashville, TN

Commission Action: Commissioner Chisolm moved Commissioner Taylor seconded passed by a vote of 6-0 to accept the above non-resident pharmacy applications.

Non-resident Applications – Approved with Additional Information

Formulation Compounding Center dba Pharma Labs LLC – Lewisville, TX
Pharmalogic Colorado LLC – Aurora, CO
Pharmalogic New York City LLC – Bronx, NY
Tremont RX Pharmacy dba Best Pharmacy – Bronx, NY
Undefined Pharmacy LLC – Warren, NJ
WP Pharma Labs INC – Dallas, TX

Commission Action: Commissioner Chisolm moved Commissioner Taylor seconded passed by a vote of 6-0 to accept the above non-resident pharmacy applications.

Request (s) for Non-Resident Pharmacy Approval Cont.

Adlakha Investments INC dba Grand Ave. Pharmacy – Pflugerville, TX
AHMA RX – Garfield, NJ
JKR Pharmacy Ventures, LLC dba Doc Lane's Veterinary Pharmacy – Lexington, KY
Little Neck RX Corp dba Phamaconic – Little Neck, NY
MWI Veterinary Supply Co. dba Animal RX Pharmacy – Lebanon, IN
Pharmacy Alternatives LLC – Christiansburg, VA
Pharmacy Express – Paterson, NJ
RLS (USA) INC – Livingston, NJ
RLS (USA) INC – Cincinnati, OH

Commission Action: Commissioner Inguanti is requesting additional documents for the above non-resident pharmacy applications for further review.

Request (s) Increase Pharmacy Technician Ratio

Cardinal Health Nuclear & Precision Health Solutions
Locations: East Hartford and Stamford, CT
Joshua Pruitt, Pharmacy Manager
Anthony Colangelo, Pharmacy Area Manager
The Request is to increase the Pharmacy Technician Ratio 5:1 We are requesting this extended ratio to improve the safety of pharmacy staff. A robust pharmacy operating system which includes patient safety features such as bar code inventory verification, integration of radioactivity measurement devices, and pharmacist/technician task authorization is in place.

Commission Action: Commissioner DeFazio made a motion to accept, the request to increase the Pharmacy Technician Ratio 5:1. In hearing no motions the request is denied.

Request (s) for Non-Resident Sterile Compounding Services

Kabafusion INC – Shrewsbury, MA
Request to Add Sterile Compounding Services

Commission Action: Commissioner DeFazio moved Commissioner Taylor seconded passed by a vote of 6-0 to accept the request to add sterile compounding services.

Approval to Accept Commission of Pharmacy Meeting Minute(s)
January 31, 2024

Commission Action: Commissioner DeFazio motion to accept, Commissioner Chisolm moved and seconded by Commissioner Linder passed by a vote of 6-0 to accept.

There being no further business, Commissioner DeFazio adjourned the meeting.

Commission Action: Commissioner DeFazio motion to accept, Commissioner Taylor moved, seconded by Commissioner Inguanti seconded, and passed by a vote of 6-0 to adjourn.

Respectively Submitted,
Angelo DeFazio
Angelo DeFazio, Chairperson

Prepared by
Gina Samples
Gina Samples, Board Administrator

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 6 **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
10/23/2024		Tennessee		
Case # Certificate of Need Application No. CN2405-012 and CN2405-021		**Governing, licensing, Arresting Presiding Body/Agency/Court** Tennessee Health Facilities Commission		
Reason/Charge Certificate of Need Application Agenda and Minutes; Approval Letters				
Plaintiff/Defendant/Claimant/Respondent KabaFusion TN, LLC		**Lawsuit/Arbitration/Bankruptcy** Appearance		
Name of Business/Industry/Entity KabaFusion TN, LLC				

Provide explanation below: See Attachment.

Original Signature (electronic, copies or stamps not accepted)

9-29-25
Date

KabaFusion
Patient-Focused Infusion Therapy

Regarding Appearance Before the Tennessee Health Facilities Commission For KabaFusion TN, LLC (Nashville)

On October 23, 2024, KabaFusion TN, LLC, appeared to discuss obtaining a Certificate of Need for a Home Health Agency application. While we were listed on the agenda, our item was tabled to the next meeting. Copies of the agenda and minutes are attached.

CORPORATE (WEST COAST)
17777 Center Court Dr., Ste. 550, Cerritos, CA 90703
P: 800-435-3020 F: 562-860-6017

CORPORATE (EAST COAST)
80 Hayden Ave., Suite 300, Lexington, MA 02421
P: 844-777-4844 F: 781-862-2002

www.kabafusion.com

State of Tennessee
Health Facilities Commission
502 Deaderick Street, 9th Floor, Nashville, TN 37243
www.tn.gov/hfc Phone: 615-741-2364

Health Facilities Commission
Iris Hearing Room, 1st Floor
665 Mainstream Drive
Nashville, TN

Wednesday, October 23, 2024
9:00 a.m. CST

I. CALL TO ORDER

II. ROLL CALL

III. SEPTEMBER 25, 2024 MINUTES APPROVAL

IV. HEALTHCARE FACILITIES LICENSURE AND DISCIPLINARY CONSENT CALENDAR

A. License Status Requests (Inactive Status)

1. **Whitehaven Community Living Center, Memphis – NH #258**
This ninety-two (92) bed nursing home is requesting an extension of their inactive status for a period of twelve (12) months until October 2025. This facility is in the process of identifying viable options in relation to repairs and renovation and evaluating possible other strategic steps for this nursing home.

2. **Sapling Grove ASC. Bristol -ASTC #116**
This ambulatory surgical treatment center is requesting an extension of their license to remain on inactive status for a period of one (1) year until October 2025. Sapling Grove continues to evaluate potential new surgical partners options, but it has not yet reached a definitive agreement with any group.

3. **Summit View of Farragut, Knoxville – NH #142**
This one hundred thirteen (113) nursing home facility is requesting an extension of their license to remain on inactive status for an additional twelve (12) months until October 2025. Summit View is working on a plan to ensure these skilled nursing beds will be reopened in Knox County.

4. **Douglas Health and Rehabilitation Center, Milan – NH #85**
This seventy-two (72) skilled bed facility is requesting an extension of their license to remain on inactive status for an additional six (6) months until April 2025. Douglas Health and Rehabilitation Center is diligently working to meet the necessary requirements and standards for re-certification and reopening.

5. **Copper Basin Medical Center, Copperhill – Hospital #94**
This twenty-five (25) bed hospital facility is requesting an extension of their license to remain on inactive status for an additional two (2) years until October 2026. Copper Basin Medical Center is working on finding a potential buyer and have lease the medical building to a couple of doctors and physical therapy group and building C to an ambulance service which help retain some health services to the community.

6. **Hospice of Chattanooga, Inc., Chattanooga – Residential Hospice #9**
   This ten (10) bed residential hospice facility is requesting an extension of their license to remain on inactive status.

7. **Christian Care Center of Washington County, Limestone – NH #293**
   This sixty-three (63) bed skilled nursing home facility is requesting an extension of their license to remain on inactive status for an additional two (2) years to match the CON extension of October 1, 2026. This facility has purchased the land necessary to contract a new facility pre-COVID. Unfortunately, COVID has impacted our timely construction due contractor access and material costs.

8. **Unicoi County Hospital, Erwin – Hospital #119**
   Ballad Health is seeking approval to place Unicoi County Hospital on inactive status due to the flooding of the Nolichucky River in East Tennessee almost submerged the entire hospital in water. Placing this facility on inactive status will provide Ballad an opportunity to determine the full extent of damage to the hospital and develop a plan to renovate or rebuild Unicoi County Hospital to restore operations.

9. **Jamestown Medical Center, Inc., Jamestown – Hospital #48**
   This eighty-five (85) hospital bed facility is requesting an extension of their license to remain on inactive status for one (1) additional year until October 2025. The parent company has finalized a transaction in September that will facilitate the access to capital required for strategic planning efforts regarding the facility and the current community needs.

10. **Hancock County Home Health and Hospice Agency, Sneedville – Hospice #610**
    This hospice facility is requesting an extension of their license to remain on inactive status for one (1) additional year until October 2025.

11. **Eye Care Surgery Center of Memphis, Memphis – ASTC #167**
    This ambulatory surgical treatment center is requesting an extension of their license to remain on inactive status for an additional one (1) year until October 2025. Eye Care Surgery Center of Memphis remains closed and hope to reopen it at a later time.

12. **Leconte Health and Rehabilitation Center, Sevierville – NH #226**
    This fifty-four (54) bed skilled nursing home is requesting an extension of their license to remain on inactive status for an additional twelve (12) months until October 2025.

13. **Kingsport Ambulatory Surgery Center, Kingsport – ASTC #113**
    This ambulatory surgical treatment center is requesting an extension of their license to remain on inactive status for an additional two (2) year until October 2026.

B. Board Policy(ies)

1. **THE FOLLOWING NURSING HOME(s) ARE REQUESTING TO WAIVE NURSING HOME REGULATIONS 0720-18-.04(1) FOR TENNESSEE REPLACEMENT IS HIRED OR RECEIVES HIS/HER LICENSE IN TENNESSEE BY BOARD POLICY #81:**

   1. Southern Tennessee Regional Health System Winchester, Winchester – NH #84
      Diane M. Brown, Administrator

2. **Board Policy #89 – Acute Hospital Care at Home Initiative and Tennessee Comp. R & Regs 0720-14-06(3)(m) & (n) [Housekeeping]; 0720-14-06(4)(a) [Nursing Services]; and 0720-14-06(9) [Food and Dietetic Services]**

a. **Covenant Health Hospitals – Fort Loudoun Medical Center, Hospital #84 and Morristown-Hamblen Healthcare System, Hospital #73 Acute Hospital-At-Home Services.**
Covenant Health Hospitals is requesting an extension of the waiver permitting its operation of hospital at home be extended through the end of 2024.

C. Consideration and Ratification Licensure Applications – Change of Ownership (CHOW) and Initials

1. Qualifying Applications (Initials)

a. Ambulatory Surgical Treatment Center
Knoxville Spine Surgery, LLC, Knoxville – File #262

b. Home Medical Equipment
365 DME, Pittsford, MI – File #1444
ABC Home Medical Supply, Inc., Richardson, TX – File #1448
DJO, LLC, Hixson, TN – File #1440
Kestra Medical Technology Services, Inc., Kikland, WA – File #1427
Omnis Medical Services, LLC., Jersey City, NJ – File #1456
Wellspect, Inc., Braselton, GA – File #1457

c. Hospice
Pruitt Health Hospice and Palliative Care-Western Tennessee – File #628

d. Professional Support Services
Serenity Living Homecare, LLC., Jackson – File #449

2. Qualifying Applications - CHOWS

a. Nursing Homes
Creekview Health and Rehabilitation, Knoxville – License #148

D. License Status Updates

1. September Closed Facility Listing

E. Disciplinary Orders and Orders of Compliance

1. Claiborne and Hughes Health Center, Franklin – NH #294 - Order of Compliance

2. Heritage Assisted Living Home for the Aged – RHA #288 - Order of Compliance

3. Smoky Mountain Post-Acute and Rehabilitation Center – SNF #228, Case Nos. 2024016051, 2024022791

Commission surveyors conducted an investigation survey dated April 5, 2024, and found the following:

a. Failure to maintain sufficient nurse staffing staff during the night shift.
b. Failure to follow Respondent's "Nursing Services and Sufficient Staff" policy which resulted in the Respondent being unable to provide safety, care, and respond to resident needs appropriately.
c. Resident #1 suffered harm as a result of Respondent's lack of staffing when they fell out of their bed causing lacerations and bruising.
d. 911 was called by a friend of Resident #1 and police arrived to assist Resident #3. Facility staff did not respond to Resident #1's emergency until after police arrived.
e. Police bodycam footage verified blood all over the room from Resident #1's injuries.

f. Multiple staff at Respondent's facility admitted that there were understaffing problems that had not been addressed by the Respondent.
g. Respondent failed to update the Plan of Care to include fall interventions for Resident #1 after their fall on February 17, 2024, and the resident fell again on February 27, 2024 causing serious injuries.
h. From June 1, 2024, through June 13, 2024, there were multiple instances of resident-to-resident abuse and harm at Respondent's facility.
i. Respondent's staff admitted that the altercations between Resident #12 and Resident #3 as well as Resident #14 and Resident #7 were harm and abuse.

The agreed upon settlement, subject to Commission approval is the following:

a. Respondent is hereby assessed one (1) Type B Civil Monetary Penalty in the amount of one thousand five hundred dollars ($1,500.00) for a violation of Tenn. Comp. R. and Regs. 0720-18-.06(4)(d) [Basic Services] – failure to provide adequate nursing staff.
b. Respondent is hereby assessed one (1) Type B Civil Monetary Penalty in the amount of one thousand five hundred dollars ($1,500.00) for a violation of Tenn. Comp. R. and Regs. 0720-18-.12(1)(g) [Resident Rights] – freedom from mental and physical abuse.
c. If within the next twelve (12) months the following violations are found, Respondent will be assessed TYPE C Civil Monetary Penalties:
    1) Tenn. Comp. R. and Regs. 0720-18-.03(1)(b) [Disciplinary Procedures] – failure to follow prior Plan of Correction, leading to further injury of residents.
    2) The assessment of such penalties will result in monetary fines from two hundred fifty ($250.00) dollars up to four hundred ($400.00) dollars per violation.

The total assessed CMP amount is three thousand dollars ($3,000.00).

4. Orchard View Post-Acute and Rehabilitation Center – SNF #261, Case No. 2024019961
    a. Respondent's Nursing Notes for Resident #1 verified that on or about April 6, 2024, Resident #1 was administered medication prescribed for Resident #2.
    b. Respondent's failure to follow physician's orders resulted in resident #1 becoming severely lethargic, vital signs decreased, and transported to the Emergency Room (ER). Resident #1 was subsequently admitted to the ICU for a higher level of care due to complications from receiving the wrong medication.
    c. On or about May 9, 2024, Respondent's Director of Nursing admitted that LPN "A" had not followed the "Five Rights of Medication Administration", which resulted in Resident #1 receiving the medication of Resident #2 in error.

The agreed upon settlement, subject to Commission approval is the following:

a. Respondent is hereby assessed one (1) Type "B" Civil Monetary Penalty in the amount of one thousand five hundred dollars ($1,500.00) for violating Tenn. Comp. R. and Regs. 0720-18-06(4)(m) [Basic Services] for failure to carry out physician orders as prescribed.

The total assessed CMP amount is one thousand five hundred dollars ($1,500.00).

V. HEALTHCARE FACILITIES LICENSE REGULAR CALENDAR

A. Facility Waiver Requests

1. Vanderbilt University Medical Center (VUMC), Nashville – Hospital #27

The waiver request is for a 2-year period, during which additional space in The Vanderbilt Clinic (TVC) will be fully renovated to support the long-term plans for expansion of the

ED. The waivers VUMC seek relate to certain sections of the 2018 FGI Guidelines for Design and Construction of Hospitals as follows:

Section 2.1-3.2.1.3 (3) Table 2.1-3 Station outlets for oxygen, vacuum, medical air systems in hospitals, (1) Oxygen/room (1) Vacuum/room. Six of the proposed treatment rooms will not have piped oxygen. Portable oxygen tanks will be utilized in these rooms. Two of the proposed rooms will not have piped vacuum. Portable suction will be utilized in these rooms. Waiver is requested for piped oxygen and vacuum to these rooms.

REPRESENTATIVE(S): Travis Swearingen, Attorney

B. Discussion(s)

1. Presentation of the Business model of Premier Dialysis

   REPRESENTATIVE(S): Joshua Dipzinski, CEO, Premier Dialysis Services

2. Green Hills Center for Rehabilitation and Healing, LLC., Nashville – NH #52(3rd Report)
   Green Hills Center for rehabilitation and healing, LLC., Nashville, is to provide a report on how the facility is implementing the actions identified in its plan of correction. Ms. Tracy Branham, administrator for green hills has submitted an updated written report to the Commission.

   REPRESENTATIVE(S): Tracy Branham, Administrator

3. Stone Creek Memory Care, Hendersonville – ACLF #432
   Stone Creek Memory Care, Hendersonville, to provide a report on how the facility is implementing the action identified in its plan of correction during their probationary period.

   REPRESENTATIVE(S): Kelly Stagg, Administrator

4. Commission Policy #100 - 1135 Waiver PHE Governor's Executive Order – Hurricane Helene

5. Rulemaking – 0720-14

C. Applications - Change of Ownership (Chows and Initials)

1. Special Consideration

   Initials – N/A

2. Chows

D. Nursing Home
(Recommendation for Denial)

1. The Waters of Maryville, Maryville – License #10

   Representative(s): Camella Osterman, Attorney

E. Reports

1. Trauma

   a. Summit Medical Center – Provisional Level III Trauma Center Designation

b. Horizon Medical Center - Provisional Level III Trauma Center Designation

2. Nurse Aide/Abuse Registry

VI. CERTIFICATE OF NEED APPLICATIONS

A. **Baptist Memorial Hospital-Carroll County Outpatient Cardiac Catheterization Lab, Jackson (Madison County), TN CN2408-023**
For the initiation of hospital-based outpatient diagnostic cardiac catheterization services located at 155 Innovation Dr., Jackson (Madison County), Tennessee 38305. The service area for the project is Madison, Gibson, Carroll, Henderson, Chester, Crockett, Hardeman and McNairy Counties. The applicant is owned by Baptist Memorial Hospital-Huntingdon d/b/a Baptist Memorial Hospital-Carroll County. Estimated project cost: $736,119.

B. **KabaFusion TN, LLC, Nashville (Davidson County), TN CN2405-012**
For the establishment of a home care organization and the initiation of home health services with a parent office located at 2970 Sidco Drive, Nashville (Davidson County), Tennessee 37204. The proposed project will be limited to providing and administering home infusion and injection products to pharmacy patients of pharmacies which are subsidiaries of KabaFusion Holdings LLC. The project's proposed service area will consist of 67 Tennessee counties. Lake and Perry Counties are both CON exempt under the economically distressed designation. The applicant is owned by KabaFusion Holdings, LLC. Estimated project cost: $116,393.

C. **KabaFusion TN, LLC, Nashville (Davidson County), TN CN2408-021**
For the establishment of a home care organization and the initiation of home health services with a home office located at 2970 Sidco Drive, Nashville (Davidson County), TN 37204. The application is limited to providing and administering home infusion and injection products to patients of pharmacies which are subsidiaries of KabaFusion Holdings, LLC. The proposed 28-county service area will consist of Anderson, Blount, Campbell, Cheatham, Claiborne, Cocke, Cumberland, Davidson, Dickson, Fayette, Grainger, Hamblen, Jefferson, Knox, Loudon, Madison, Monroe, Montgomery, Morgan, Roane, Robertson, Rutherford, Scott, Sevier, Sumner, Tipton, Williamson, and Wilson Counties. This application, together with CN2405-012 for 65 counties in Tennessee, which was deemed complete in July 2024, will serve 93 counties of Tennessee. Lake and Perry Counties are currently exempt from the CON process. The applicant is owned by KabaFusion Holdings, LLC. Estimated project cost: $116,393.

(+ The following two applications will be heard under Simultaneous Review procedures.)

D. **+Sumner Regional Medical Center, White House (Robertson County), TN CN2407-019**
For the establishment of a freestanding emergency department (FSED) located at an unaddressed site at the intersection of North Sage Road and Maiden Road, north of Maiden Road and west of North Sage Road, White House (Robertson County), Tennessee 37188. The service area for the project includes the following nine ZIP Codes: 37075 - Hendersonville (Sumner County); 37048 - Cottontown (Sumner County); 37049 - Cross Plains (Robertson County); 37072 - Goodlettsville (Sumner and Davidson Counties); 37073 - Greenbrier (Robertson County); 37141 - Orlinda (Robertson County); 37148 - Portland (Sumner County); 37172 Springfield (Robertson County); and 37188 - White House (Robertson County). The applicant is owned by Sumner Regional Medical Center, LLC. Estimated project cost: $20,630,528.

OPPOSITION: TriStar Hendersonville Medical Center

E. **+TriStar Hendersonville Medical Group, White House (Robertson County), TN CN2407-020**
For the establishment of a freestanding emergency department (FSED) located at an unaddressed site on an approximate three (3) +/- acre tract of vacant land on the north side of TN-258/Raymond Hirsch Parkway, located approximately 650 +/- feet west of the intersection of Raymond Hirsch Parkway and Highway 31W, White House, (Robertson County) Tennessee, 37188. The proposed FSED will consist of approximately 13,087 square feet with 11 exam rooms, including 1 trauma

room, a lab, imaging department, a nurse station, and associated support spaces located on a portion (Lot 8) of the property identified as Parcel 0741071 B 07700. The service area is defined by the ZIP codes of White House (37188), Greenbrier (37073), Cross Plains (37049), and Cottontown (37048). Zip codes 37188 (White House), 37073 (Greenbrier), and 37049 (Cross Plains) primarily in Robertson County, and Cottontown (37048) primarily in Sumner County. The applicant is owned by Hendersonville Hospital Corporation and whose ultimate parent company is HCA Healthcare, Inc. Estimated project cost: $17,832,032.

OPPOSITION: Sumner Regional Medical Center

F. **Quality Hospice, Jamestown (Fentress County), TN CN2408-022**
For the addition of Anderson, Campbell, Cumberland, Putnam, and Roane Counties to its service area (License #621). The address of the project will be 341 West Central Avenue, Suite B, Jamestown (Fentress County), Tennessee 38556. The applicant is owned by All Care Plus, Inc. Estimated project cost: $46,000.

OPPOSITION: Hospice Of Cumberland County; Covenant Homecare; Gentiva Hospice; and Hospice of Chattanooga Holdings

(DEFERRED to December 11, 2024, due to quorum requirements)

VII. OTHER BUSINESS

VIII. ADJOURNMENT

HEALTH FACILITIES COMMISSION

Certificate of Need

MEETING MINUTES

October 23, 2024

LOCATION: Iris Hearing Room, 1st Floor, 665 Mainstream Drive, Nashville, TN 37228

COMMISSION MEMBERS PRESENT

Rick Chinn, Chairman
Melanie Keller, Vice-Chairman
Tim Evans
James Wright
Barbara Brennan
Michael Denney
Jeremy Biggs
Johnny Lai, Designee for TennCare
Nicole Sweitzer, Designee for Comptroller

COMMISSION MEMBERS ABSENT

Lauren Legate

COMMISSION STAFF PRESENT

Logan Grant, Executive Director
Phillip Earhart, Deputy Director
Jim Christoffersen, General Counsel
Alecia Craighead, Data and Analysis Administrator
Lowavia Eden-Hoback, Office and Resource Manager
Thomas Pitt, HFC Examiner
Ann R. Reed, Deputy Director of Licensure & Regulation
Joel Clinton, Statistical Research Specialist
Caroline Tippens, Director of Licensure & Regulation

COURT REPORTER

April Daniel

CALL TO ORDER:

The meeting was called to order at 9:00 a.m. by Mr. Logan Grant with the following members present: Sweitzer, Keller, Evans, Wright, Brennan, Denney, Biggs, Lai, and Chinn. A quorum was established with Nine members present.

DIRECTOR'S ANNOUNCEMENTS

The December 11, 2024, meeting will be held at the Cordell Hull State Legislative Office Bldg., Senate Hearing Room 1, Nashville TN.

APPROVAL OF MINUTES

Mr. Chinn presented the September 25, 2024, minutes for approval.

Mr. Wright moved for approval with Ms. Brennan providing the second.

The motion CARRIED [9-0-0] unanimously by voice vote. **APPROVED.**

CERTIFICATE OF NEED APPLICATIONS

PC 557 eliminated TCA § 68-11-1616, which had provided that "each decision rendered by the Health Facilities Commission shall include written documentation and explanation of the factual and legal basis upon which the commission grants or denies the Certificate of Need." PC 557 only requires this for applications that are denied.

Therefore, for applications filed on or after the effective date of the relevant portions of PC 557 (10/1/2021), a simple motion to approve an application will suffice, and a motion to deny must include an explanation of the factual and legal basis as to why one or more of the criteria have not been met.

Three of the six Certificate of Need applications were considered under the regular CON agenda.

Phillip Earhart introduced the following three applications that were under consideration and with three (3) being approved.

1. **Baptist Memorial Hospital-Carroll County Outpatient Cardiac Catheterization Lab, Jackson (Madison County), TN – CN2408-01323**

Request: For the initiation of hospital-based outpatient diagnostic cardiac catheterization services located at 155 Innovation Dr., Jackson (Madison County), Tennessee 38305. The service area for the project is Madison, Gibson, Carroll, Henderson, Chester, Crockett, Hardeman, and McNairy Counties. The applicant is owned by Baptist Memorial Hospital-Huntingdon d/b/a Baptist Memorial Hospital-Carroll County. Estimated project cost: $736,119.

Ms. Brennan moved for approval with Ms. Keller providing the second.

Eight members voted to approve the application— Sweitzer, Lai, Keller, Wright, Brennan, Denney, Evans, and Biggs. The motion CARRIED [8-0-0].

(+ The following two applications will be heard under Simultaneous Review procedures.)

2. +Sumner Regional Medical Center, White House (Robertson County), TN – CN2407-019

Request For the establishment of a freestanding emergency department (FSED) located at an unaddressed site at the intersection of North Sage Road and Maiden Road, north of Maiden Road and west of North Sage Road, White House (Robertson County), Tennessee 37188. The service area for the project includes the following nine ZIP Codes: 37075 - Hendersonville (Sumner County); 37048 - Cottontown (Sumner County); 37049 - Cross Plains (Robertson County); 37072 - Goodlettsville (Sumner and Davidson Counties); 37073 - Greenbrier (Robertson County); 37141 - Orlinda (Robertson County); 37148 - Portland (Sumner County); 37172 Springfield (Robertson County); and 37188 - White House (Robertson County). The applicant is owned by Sumner Regional Medical Center, LLC. Estimated project cost: $20,630,528.

RECUSED: Evans, Brennan, Lai

OPPOSITION: TriStar Hendersonville Medical Center

Ms. Keller moved for approval with Mr. Wright providing the second.

Five members voted to approve the application— Sweitzer, Denney, Keller, Wright, and Biggs. The motion CARRIED [5-0-0].

3. +TriStar Hendersonville Medical Group, White House (Robertson County), TN – CN2407-020

Request For the establishment of a freestanding emergency department (FSED) located at an unaddressed site on an approximate three (3) +/- acre tract of vacant land on the north side of TN-258/Raymond Hirsch Parkway, located approximately 650 +/- feet west of the intersection of Raymond Hirsch Parkway and Highway 31W, White House, (Robertson County) Tennessee, 37188. The proposed FSED will consist of approximately 13,087 square feet with 11 exam rooms, including 1 trauma room, a lab, imaging department, a nurse station, and associated support spaces located on a portion (Lot 8) of the property identified as Parcel 074107I B 07700. The service area is defined by the ZIP codes of White House (37188), Greenbrier (37073), Cross Plains (37049), and Cottontown (37048). Zip codes 37188 (White House), 37073 (Greenbrier), and 37049 (Cross Plains) primarily in Robertson County, and Cottontown (37048) primarily in Sumner County. The applicant is owned by Hendersonville Hospital Corporation and whose ultimate parent company is HCA Healthcare, Inc. Estimated project cost: $17,832,032.

RECUSED: Evans, Brennan, Lai

OPPOSITION: Sumner Regional Medical Center

Ms. Keller moved for approval with Mr. Sweitzer providing the second.

Five members voted to approve the application— Sweitzer, Denney, Keller, Wright, and Biggs. The motion CARRIED [5-0-0].

The following three applications were deferred to the December 11, 2024, Commission meeting:

4. KabaFusion TN, LLC, Nashville (Davidson County), TN – CN2405-012

Request: For the establishment of a home care organization and the initiation of home health services with a parent office located at 2970 Sidco Drive, Nashville (Davidson County), Tennessee 37204. The proposed project will be limited to providing and administering home infusion and injection products to pharmacy patients of pharmacies which are subsidiaries of KabaFusion Holdings, LLC. The project's proposed service area will consist of 67 Tennessee counties. Lake and Perry Counties are both CON exempt under the economically distressed designation. The applicant is owned by KabaFusion Holdings, LLC. Estimated project cost: $116,393.

5. KabaFusion TN, LLC, Nashville (Davidson County), TN – CN2408-021

Request: For the establishment of a home care organization and the initiation of home health services with a home office located at 2970 Sidco Drive, Nashville (Davidson County), TN 37204. The application is limited to providing and administering home infusion and injection products to patients of pharmacies which are subsidiaries of KabaFusion Holdings, LLC. The proposed 28-county service area will consist of Anderson, Blount, Campbell, Cheatham, Claiborne, Cocke, Cumberland, Davidson, Dickson, Fayette, Grainger, Hamblen, Jefferson, Knox, Loudon, Madison, Monroe, Montgomery, Morgan, Roane, Robertson, Rutherford, Scott, Sevier, Sumner, Tipton, Williamson, and Wilson Counties. This application, together with CN2405-012 for 65 counties in Tennessee, which was deemed complete in July 2024, will serve 93 counties of Tennessee. Lake and Perry Counties are currently exempt from the CON process. The applicant is owned by KabaFusion Holdings, LLC. Estimated project cost: $116,393.

6. Quality Hospice, Jamestown (Fentress County), TN – CN2408-022

Request: For the addition of Anderson, Campbell, Cumberland, Putnam, and Roane Counties to its service area (License #621). The address of the project will be 341 West Central Avenue, Suite B, Jamestown (Fentress County), Tennessee 38556. The applicant is owned by All Care Plus, Inc. Estimated project cost: $46,000.

OPPOSITION: Hospice of Cumberland County; Covenant Homecare; Gentiva Hospice; and Hospice of Chattanooga Holdings

GENERAL COUNSEL REPORT

OTHER BUSINESS – Not Applicable

ADJOURNMENT

There being no further business, the meeting adjourned.

Logan Grant, Executive Director

HFC Minutes provide a brief summary of commission actions. A detailed record of each meeting (recording and transcript) is available upon request by contacting the HFC office.

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 6 **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
12/11/2024		Tennessee		
Case # Certificate of Need Application No. CN2405-012 and CN2405-021		**Governing, licensing, Arresting Presiding Body/Agency/Court** Tennessee Health Facilities Commission		
Reason/Charge Certificate of Need Application Agenda and Minutes; Approval Letters				
Plaintiff/Defendant/Claimant/Respondent KabaFusion TN, LLC			**Lawsuit/Arbitration/Bankruptcy** Appearance	
Name of Business/Industry/Entity KabaFusion TN, LLC				

Provide explanation below: See Attachment.

Original Signature (electronic, copies or stamps not accepted)

9-29-25
Date

KabaFusion
Patient-Focused Infusion Therapy

Regarding Appearance Before the Tennessee Health Facilities Commission For KabaFusion TN, LLC (Nashville)

On December 11, 2024, KabaFusion TN, LLC, appeared to discuss obtaining a Certificate of Need for a Home Health Agency application. Copies of the agenda, minutes and letters of approval are attached.

CORPORATE (WEST COAST)
17777 Center Court Dr., Ste. 550, Cerritos, CA 90703
P: 800-435-3020 F: 562-860-6017

CORPORATE (EAST COAST)
80 Hayden Ave., Suite 300, Lexington, MA 02421
P: 844-777-4844 F: 781-862-2002

www.kabafusion.com

State of Tennessee
Health Facilities Commission
Andrew Jackson Building
502 Deaderick Street, 9th Floor, Nashville, TN 37243
www.tn.gov/hfc Phone: 615-741-2364

December 11, 2024

Kim Looney, Attorney
K & L Gates LLP
501 Commerce Street, Suite 1500
Nashville, TN 37203

RE: Certificate of Need Application – KabaFusion TN, LLC – CN2405-012A

Dear Ms. Looney,

On December 11, 2024, the Tennessee Health Facilities Commission met in regular session to consider your application. The application proposed the following:

> **For the establishment of a home care organization and the initiation of home health services with a parent office located at 2970 Sidco Drive, Nashville (Davidson County), Tennessee 37204. The proposed project will be limited to providing and administering home infusion and injection products to pharmacy patients of pharmacies which are subsidiaries of KabaFusion Holdings LLC. The project's proposed service area will consist of 67 Tennessee counties. Lake and Perry Counties are both CON exempt under the economically distressed designation. The applicant is owned by KabaFusion Holdings, LLC. Estimated project cost: $116,393.**

This letter is to advise you that the Commission voted to ***approve*** the Certificate of Need for the referenced project.

Per TCA § 68-11-1609(b) the Commission found the application should be approved because the action proposed in the application is necessary to provide needed health care in the area to be served, *will provide health care that meets appropriate quality standards*, and the effects attributed to competition or duplication would be positive for consumers. Please note consumer advantage language was added as the third criterion necessary for a Certificate of Need to be granted, effective October 1, 2021.

Commission members made this decision after full consideration of all the information provided to them including but not limited to the original application and supplemental responses; staff summary and licensing Commission comments, if applicable; support and opposition letters, if applicable; consideration of the criteria and standards. Commission Rules; and all additional evidence gathered during the presentation of the application. The HFC maintains a publicly available detailed written record that fully documents the factual and legal basis for this decision.

In accordance with T.C.A. § 68-11-1609(g)(1) (as amended by Public Chapter 780, Acts of 2002), the applicant may petition the Commission in writing for a hearing. To be timely filed, the petition must be filed within fifteen (15) days from the date of the Commission's meeting at which the challenged action was taken. You are encouraged to review T.C.A. § 68-11-1610(a) and the Commission Rules so that you may fully understand your rights.

State of Tennessee
Health Facilities Commission
Andrew Jackson Building
502 Deaderick Street, 9th Floor, Nashville, TN 37243
www.tn.gov/hfc Phone: 615-741-2364

Your Certificate of Need will be issued to you within the next sixty (60) days and transmitted under separate letter. Please note that the Certificate of Need has an expiration date on its face, after which time the Certificate is null and void. The expiration date is strictly enforced, and the certification period can only be extended by the Commission upon written application and for good cause shown, as defined by Commission Rules.

T.C.A. § 68-11-1611 requires that the Commission review annual progress of each project. Commission Rules require that within ninety (90) days after completion of a project that a Final Project Form be submitted to this office. The Annual Progress Report form is available on the Commission website at http://www.tn.gov/hsda/article/con-forms. The Final Project Form, which shall include completion date, final costs, and other relevant information, is also available on the Commission website at http://www.tn.gov/hsda/article/con-forms. These forms may be filled-in, printed, and submitted with any applicable supporting documentation. These forms may also be obtained by contacting us at the phone number or address listed above.

Please note an additional requirement was added per PC 1043, effective July 1, 2016. It is codified at TCA § 68-11-1609 (h) and it directs the Health Facilities Commission to maintain continuing oversight of certificates of need approved after July 1, 2016 by requiring applicants to submit annual reports concerning continued need and appropriate quality measures as determined by the Commission. The Commission may impose conditions that require the demonstration of compliance with continued need and quality measures; provided, that the conditions for quality measures may not be more stringent than those measures identified in the applicant's submitted application. **Continuing oversight of this project will begin one year after project completion and will continue each year thereafter. The Annual Reporting Form will be available on the Commission's website.** The form may be filled-in, printed, and submitted with any applicable supporting documentation. It may also be obtained by contacting us at the phone number or address listed above.

If you have questions or require additional information, please feel free to contact this office.

Sincerely,

Logan Grant/JC

Logan Grant
Executive Director

cc: Trent Sansing, TDH/Health Statistics, PPA
Ann R. Reed, HFC

State of Tennessee
Health Facilities Commission
Andrew Jackson Building
502 Deaderick Street, 9th Floor, Nashville, TN 37243
www.tn.gov/hfc Phone: 615-741-2364

December 11, 2024

Kim Looney, Attorney
K & L Gates LLP
501 Commerce Street, Suite 1500
Nashville, TN 37203

RE: Certificate of Need Application – KabaFusion TN, LLC – CN2408-021A

Dear Ms. Looney,

On December 11, 2024, the Tennessee Health Facilities Commission met in regular session to consider your application. The application proposed the following:

> **For the establishment of a home care organization and the initiation of home health services with a home office located at 2970 Sidco Drive, Nashville (Davidson County), TN 37204. The application is limited to providing and administering home infusion and injection products to patients of pharmacies which are subsidiaries of KabaFusion Holdings, LLC. The proposed 28-county service area will consist of Anderson, Blount, Campbell, Cheatham, Claiborne, Cocke, Cumberland, Davidson, Dickson, Fayette, Grainger, Hamblen, Jefferson, Knox, Loudon, Madison, Monroe, Montgomery, Morgan, Roane, Robertson, Rutherford, Scott, Sevier, Sumner, Tipton, Williamson, and Wilson Counties. This application, together with CN2405-012 for 65 counties in Tennessee, which was deemed complete in July 2024, will serve 93 counties of Tennessee. Lake and Perry Counties are currently exempt from the CON process. The applicant is owned by KabaFusion Holdings, LLC. Estimated project cost: $116,393.**

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Commission members made this decision after full consideration of all the information provided to them including but not limited to the original application and supplemental responses; staff summary and licensing Commission comments, if applicable; support and opposition letters, if applicable; consideration of the criteria and standards. Commission Rules; and all additional evidence gathered during the presentation of the application. The HFC maintains a publicly available detailed written record that fully documents the factual and legal basis for this decision.

In accordance with T.C.A. § 68-11-1609(g)(1) (as amended by Public Chapter 780, Acts of 2002), the applicant may petition the Commission in writing for a hearing. To be timely filed, the petition must be filed within fifteen (15) days from the date of the Commission's meeting at which the challenged action was taken. You are encouraged to review T.C.A. § 68-11-1610(a) and the Commission Rules so that you may fully understand your rights.

State of Tennessee
Health Facilities Commission
Andrew Jackson Building
502 Deaderick Street, 9th Floor, Nashville, TN 37243
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Your Certificate of Need will be issued to you within the next sixty (60) days and transmitted under separate letter. Please note that the Certificate of Need has an expiration date on its face, after which time the Certificate is null and void. The expiration date is strictly enforced, and the certification period can only be extended by the Commission upon written application and for good cause shown, as defined by Commission Rules.

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Please note an additional requirement was added per PC 1043, effective July 1, 2016. It is codified at TCA § 68-11-1609 (h) and it directs the Health Facilities Commission to maintain continuing oversight of certificates of need approved after July 1, 2016 by requiring applicants to submit annual reports concerning continued need and appropriate quality measures as determined by the Commission. The Commission may impose conditions that require the demonstration of compliance with continued need and quality measures; provided, that the conditions for quality measures may not be more stringent than those measures identified in the applicant's submitted application. **Continuing oversight of this project will begin one year after project completion and will continue each year thereafter. The Annual Reporting Form will be available on the Commission's website.** The form may be filled-in, printed, and submitted with any applicable supporting documentation. It may also be obtained by contacting us at the phone number or address listed above.

If you have questions or require additional information, please feel free to contact this office.

Sincerely,

Logan Grant/JC

Logan Grant
Executive Director

cc: Trent Sansing, TDH/Health Statistics, PPA
Ann R. Reed, HFC

State of Tennessee
Health Facilities Commission
502 Deaderick Street, 9th Floor, Nashville, TN 37243
www.tn.gov/hfc Phone: 615-741-2364

Health Facilities Commission
Senate Hearing Room 1
425 Rep. John Lewis Way N.
Nashville, TN

Wednesday, December 11, 2024
9:00 a.m. CST

I. CALL TO ORDER

II. ROLL CALL

III. OCTOBER 23, 2024 MINUTES APPROVAL

IV. AUDIT COMMITTEE DISCUSSION

V. HEALTHCARE FACILITIES LICENSURE AND DISCIPLINARY CONSENT CALENDAR

A. License Status Requests (Inactive Status)

1. **Signature Healthcare of Madison, Madison – NH #54**
These one hundred and two (102) beds nursing home is requesting an extension of their inactive status for a period of one (1) year until the December 2025. As a result of COVID and the downturn in the long-term care industry additional time is needed to identify options for the future use of the facility.

B. Board Policy(ies)

1. **THE FOLLOWING NURSING HOME(s) ARE REQUESTING TO WAIVE NURSING HOME REGULATIONS 0720-18-.04(1) FOR TENNESSEE REPLACEMENT IS HIRED OR RECEIVES HIS/HER LICENSE IN TENNESSEE BY BOARD POLICY #81:**

1. Signature HealthCare of Clarksville, Clarksville – NH #191
Fred Rowe, Interim Administrator

2. Church Hill Post-Acute & Rehabilitation Center, Church Hill – NH#125
Melissa Davidson, RN, Executive DON, Interim Administrator

C. Consideration and Ratification Licensure Applications – Change of Ownership (CHOW) and Initials

1. **Qualifying Applications (Initials)**

a. Ambulatory Surgical Treatment Center
APEX Vascular Outpatient Center, LLC, Lenoir City – File #272
IPC Surgery Center, Cleveland – File #267

DRAFT

b. Home for the Aged
Tomahawk Care Home, LLC., Murfreesboro – File #660
Willows of Jackson, Jackson - File #654

c. Home Health Agencies
Harmony Wellness Home Health, Knoxville – File #677
Truth Home Care, PLLC, Knoxville – File #679

d. Home Medical Equipment
American Wound Care Pros, Fort Worth, TX – File #1452
First Source Catheter, Inc, Cumming, GA – File #1460
Horizon Wound Care, Inc., Fort Worth, TX – File #1449
Lincare Powered Mobility, Inc., Daytona Beach, FL – File #1399
Lincare, Inc., Boone, NC- File #1411
Synapse Health, Inc., Skokie, IL – File #1445
Synergy DMEPOS, Fremont, CA – File #1429
The Diabetic Shoppe, Charleston, MS – File #1441
Dusara Corporation dba Universalmed Supply, Irving, TX – File #1458

e. Hospice
Heart'n Soul Hospice of Memphis, LLC, Memphis – File #631

f. Outpatient Diagnostic Center
Diagnostic Radiology Consultants, PA dba Prime Imaging Hixson, Hixson – File #80

2. Qualifying Applications - CHOWS

a. Assisted Care Living Facilities
Brookdale Goodlettsville, Goodlettsville – License #178
Clarendale at Indian Lake, Hendersonville – License #472
Commonwealth Senior Living at Oak Ridge, Oak Ridge dba Viva Senior Living at Oak Ridge – License #14
Franklin Manor, an Inspirit Senior Living Community, Winchester dba Viva Senior Living at Franklin Manor – License #191
Lincoln Manor, an Inspirit Senior Living Community, Fayetteville dba Viva Senior Living at Lincoln Manor – License #215
Wilson Manor, an Inspirit Senior Living Community, Lebanon dba Viva Senior Living @ Wilson Manor – License #158

b. Home Medical Equipment
Hospice Source, LLC dba StateServ Medical of Tennessee, LLC, Chattanooga – License #1042

D. License Status Updates

1. October and November Closed Facility Listing

E. Disciplinary Orders and Orders of Compliance

1. Stone Creek Memory Care f/k/a Hickory Hills Alzheimer's Special Care Center - ACLF #432 - Order of Compliance
2. Asbury Place at Steadman Hill – ACLF #33
    a. Respondent's Incident Report dated November 5, 2022, verified that Resident #9 climbed on top of Resident #8 pinning them by their wrists to the bed.
    b. On or about August 28, 2024, Respondent's Nursing Supervisor and Executive Director admitted that the Respondent failed to provide Protective Care to Resident #8.

c. Respondent's Facility Incident Report dated February 21, 2023, confirmed that Resident #7 fell out of their bed, hit their head, and suffered external bleeding. Resident #7 fell out of bed again at approximately 2:30 p.m. and was complaining of their head hurting when staff arrived.
d. On or about August 27, 2024, Respondent's Nursing Supervisor and Executive Director admitted that the Respondent's facility failed to provide safety for Resident #7.
e. Respondent's Incident Report dated November 30, 2023, verified that CNA "A" noticed Resident #6 was outside the building alone. Resident #6 was then brought back inside the facility by staff.
f. On or about August 27, 2024, Respondent's Executive Director admitted that the Respondent's facility failed to maintain awareness of the whereabouts of Resident #6.
g. On or about August 26, 2024, Respondent's Maintenance Director and Executive Director admitted that the space heater was located in the Respondent's kitchen.

The agreed upon settlement, subject to Commission approval is the following:

a. Respondent is hereby assessed one (1) Civil Monetary Penalty in the amount of two thousand dollars ($2,000.00). This CMP is issued for a violation of Tenn. Comp. R. and Regs. 0720-26-.07 (7)(a)(1) [Services Provided] – Protective Care.
b. Respondent is hereby assessed one (1) Civil Monetary Penalty in the amount of three thousand dollars ($3,000.00). This CMP is issued for a violation of Tenn. Comp. R. and Regs. 0720-26-.07 (7)(a)(2) [Services Provided] – Safety while in the ACLF.
c. Respondent is hereby assessed one (1) Civil Monetary Penalty in the amount of one thousand dollars ($1,000.00). This CMP is issued for a violation of Tenn. Comp. R. and Regs. 0720-26-.07 (7)(a)(3) [Services Provided] – Maintaining awareness of whereabouts.
d. Respondent is hereby assessed one (1) Civil Monetary Penalty in the amount of two thousand dollars ($2,000.00). This CMP is issued for a violation of Tenn. Comp. R. and Regs. 0720-26-.10 (2)(h) [Life Safety] – Prohibit open flame and space heaters.

The total assessed CMP amount is eight thousand dollars ($8,00.00).

3. Brookdale Belle Meade – ACLF #199

a. On or about July 22, 2024, Respondent's kitchen was observed to have black residue on the ceiling tiles, visible black residue and dust accumulation in the vent system over the food prep and counter area, black residue on the floors, baseboards, doors, and around cooking appliances and counter areas.
b. On or about July 22, 2024, Respondent's Dietary Manager admitted that the vents had black residue and dust around them, the floors, baseboards, doors, and areas around the cooking appliances and counters were all contaminated with dirty, black residue.
c. On or about July 23, 2024, Respondent's fire drill log verified that fire drills were not performed during sleeping hours during the second, third, and fourth quarter of 2023 and during the first and second quarter of 2024.
d. On or about July 23, 2024, Respondent's Maintenance Director and Administrator admitted that the fire drills during sleeping hours were not performed as required.

The agreed upon settlement, subject to Commission approval is the following:

a. Respondent is hereby assessed one (1) Civil Monetary Penalty in the amount of two thousand five hundred dollars ($2,500.00). This CMP is issued for a violation of Tenn. Comp. R. and Regs. 0720-26-.07(7)(c)(5) [Services Provided] – failure to maintain a clean and sanitary kitchen.

b. Respondent is hereby assessed one (1) Civil Monetary Penalty in the amount of one thousand dollars ($1,000.00). This CMP is issued for a violation of Tenn. Comp. R. and Regs. 0720-26- 10 (3)(b) [Life Safety] – failure to conduct fire drills during sleeping hours.

c. Respondent must submit proof of completion of fire drills to the Commission.

The total assessed CMP amount is three thousand five hundred dollars ($3,500.00).

4. Brookdale Colonial Heights – ACLF #148
   a. Respondent failed to prevent portable space heaters in the facility.
   b. On or about August 27, 2024, Respondent's Administrator was present when a space heater was discovered in the Marketing office.
   c. Respondent's Administrator admitted the presence of the space heater constituted a deficiency.

   The agreed upon settlement, subject to Commission approval is the following:
   a. Respondent is hereby assessed one (1) Civil Monetary Penalty in the amount of two thousand dollars ($2,000.00). This CMP is issued for a violation of Tenn. Comp. R. and Regs. 0720-26-.10 (2)(h) [Life Safety] – failure to prevent portable space heaters.

   The total assessed CMP amount is two thousand dollars ($2,000.00).

5. Carrick Glen Senior Living – ACLF #347
   a. On or about August 21, 2024, Respondent failed to produce documentation to show that fire drills had been performed during sleeping for the 1st, 2nd, and 3rd quarters of 2023, and for the 1st and 2nd quarters of 2024.
   b. On or about August 21, Respondent's Maintenance Director and CEO both admitted that there was no documentation for the above listed times to show that fire drills had been performed during sleeping hours, and that the drills had not been done as required.

   The agreed upon settlement, subject to Commission approval is the following:
   a. Respondent is hereby assessed one (1) Civil Monetary Penalty in the amount of two thousand dollars ($2,000.00). This CMP is issued for a violation of Tenn. Comp. R. and Regs. 0720-26-.10 (3)(b) [Life Safety] – failure to conduct fire drills each quarter during sleeping hours.

   The total assessed CMP amount is two thousand dollars ($2,000.00).

6. Great Southern Senior Living, LLC. – HFTA #634
   a. Respondent had requested and submitted plans to the Commission to increase capacity from eight (8) beds to ten (10) beds.
   b. Respondent's conversion of existing facility rooms was not complete at the time Commission Life Safety surveyors inspected the facility.
   c. Respondent used and housed residents in unapproved areas for between seven and eight weeks without a proper occupancy permit.
   d. On or about July 8, 2024, during an interview, Respondent's Administrator admitted that the renovations had not been completed and that residents were housed in unapproved areas.

   The agreed upon settlement, subject to Commission approval is the following:
   a. Respondent is hereby assessed one (1) Civil Monetary Penalty in the amount of three thousand five hundred dollars ($3,500.00). This CMP is issued for a violation of Tenn. Comp. R. and Regs. 0720-21-.07(5) [Building Standards], constituting a total of three (3) weeks of use of areas not approved for occupancy and in consideration of

Respondent's prior disciplinary history with the Commission which led to the issuance of a conditional licensure order.

The total assessed CMP amount is three thousand five hundred dollars ($3,500.00).

7. Greystone Healthcare Center – SNH #263
   a. Respondent failed to follow its policy on "Abuse Neglect, and Exploitation", revised January 10, 2024, for four residents, resulting in physical and sexual abuse of the residents.
   b. Resident #9 was observed by Respondent's staff touching Resident #11 inappropriately in their groin area.
   c. Resident #18 came into the room of Resident #17 and grabbed their hand and twisted it, causing a skin tear on Resident #17's finger. Resident #17 then scratched Resident #18 on the face.
   d. Resident #6 was observed by staff to hit Resident #5 in the chest with a soda can.

   The agreed upon settlement, subject to Commission approval is the following:

   a. Respondent is hereby assessed one (1) Civil Monetary Penalty in the amount of one thousand five hundred dollars ($1,500.00) for a violation of Tenn. Comp. R. and Regs. 0720-18-.12(1)(g) [Resident Rights] for failure to prevent abuse.

   The total assessed CMP amount is one thousand five hundred dollars ($1,500.00).

8. Harmony Hill – ACLF #107
   a. Respondent failed to conduct fire drills during the third shift for the 4th quarter of 2023, and the third shift of the 1st quarter of 2024.
   b. Respondent's Administrator admitted that the fire drills were not conducted as required.

   The agreed upon settlement, subject to Commission approval is the following:
   a. Respondent is hereby assessed one (1) Civil Monetary Penalty in the amount of two thousand dollars ($2,000.00). This CMP is issued for a violation of Tenn. Comp. R. and Regs. 0720-26-.10 (3)(a) [Life Safety] – failure to conduct fire drills for each shift of each quarter.

   The total assessed CMP amount is two thousand dollars ($2,000.00).

9. Hearthside Senior Living at Collierville – ACLF #383
   a. The Respondent failed to conduct fire drills as required by law and regulation for the first shift and second shift of 2024.
   b. Respondent's Maintenance Director and Administrator admitted the fire drill records were accurate.

   The agreed upon settlement, subject to Commission approval is the following:
   a. Respondent is hereby assessed one (1) Civil Monetary Penalty in the amount of two thousand dollars ($2,000.00). This CMP is issued for a violation of Tenn. Comp. R. and Regs. 0720-26-.10 (3)(a) [Life Safety] for failure to conduct fire drills as required by law and regulation.

   The total assessed CMP amount is two thousand dollars ($2,000.00).

10. Life Care Center of Blount County – SNH #408
    a. Respondent's facility investigation report dated August 21, 2023, confirmed that Resident #15 was found by facility staff standing beside the bed of Resident #14. Resident #15 was observed by staff to be disrobing and pulling the sheets back on the bed of Resident #14.

b. On or about July 10, 2023, Respondent's Executive Director (ED) admitted that a staff member observed Resident #15 with their brief off and attempting to remove the cover off of Resident #14.
c. Respondent's Executive Director further admitted that the incident between Resident #14 and #15 constituted the potential for abuse.

The agreed upon settlement, subject to Commission approval is the following:
a. Respondent is hereby assessed one (1) Civil Monetary Penalty in the amount of one thousand five hundred dollars ($1,500.00) for violating 0720-18-.12(1)(g) [Resident Rights].
b. Respondent will provide training to staff regarding its abuse policy and ways to prevent future abuse of residents. Proof of the training must be submitted to the Commission within thirty (30) calendar days of the effective date of this Order.
c. Respondent will provide to the Commission a written explanation addressing changes to the Plan of Care and increased supervision for residents with incidents of abuse. The written explanation must be submitted to the Commission within thirty (30) calendar days of the effective date of this Order.

The total assessed CMP amount is one thousand five hundred dollars ($1,500.00).

11. Lincoln Manor, an Inspirit Senior Living Community – ACLF #215
a. Respondent failed to ensure that Licensed Practical Nurse (LPN #1) had an updated nursing license and allowed LPN #1 to continue to work and administer medications to residents after her license had expired.
b. Respondent failed to maintain a clean and sanitary kitchen.
c. Respondent failed to update the Plan of Care for Resident #1.

The agreed upon settlement, subject to Commission approval is the following:
a. Respondent is hereby assessed one (1) Civil Monetary Penalty in the amount of one thousand dollars ($1,000.00) for violating Tenn. Comp. R. and Regs. 0720-26-.07(5)(b) [Services-Provided] for failure to ensure medication is administered by a properly licensed professional.
b. Respondent is hereby assessed one (1) Civil Monetary Penalty in the amount of five hundred dollars ($500.00) for violating Tenn. Comp. R. and Regs. 0720-26-.07(7)(c)(5) [Services Provided] for failure to maintain a clean and sanitary kitchen.
c. Respondent is hereby assessed one (1) Civil Monetary Penalty in the amount of one thousand five hundred dollars ($1,500.00) for violating Tenn. Comp. R. and Regs. 0720-26-.12 (5)(a) [Resident Records] for failure to update the Plan of Care.

The total assessed CMP amount is three thousand dollars ($3,000.00).

12. Laughlin Healthcare Center, - SNF #96

13. Oneida Nursing & Rehab Center, - SNF #224

14. Remember Me Senior Care at Wind Creek, - ACLF #515

15. The Bridge at Hickory Woods, - ACLF #360

F. HEALTHCARE FACILITIES LICENSE REGULAR CALENDAR

A. Facility Waiver Requests

1. N/A

B. Discussion(s)

1. Green Hills Center for Rehabilitation and Healing, LLC., Nashville -NH #52 (4th Report) Green Hills Center for Rehabilitation and Healing, LLC is to provide a report on how the facility is implementing the actions identified in its plan of correction. Ms. Tracy Branham, Administrator has submitted their 4th updated written report to the Commission.

2. Report from Vanderbilt University Medical Center, Nashville-Hospital #27 regarding services for its Hospital Care at Home Program.

   REPRESENTATIVE(S): Travis Swearingen, Counsel

3. Revision to Initial Home for the Aged Application Instruction Sheet - T.C.A. Reference

4. Rulemaking and Policy Amendment

C. Applications - Change of Ownership (Chows and Initials)

1. Special Consideration

   Initials – N/A

2. Chows –
   Parkwest Surgery Center, Lp, Knoxville – ASTC #136

D. Reports

1. Trauma

   Maury Regional Medical Center, Columbia – Level IV Trauma Center Full Designation

2. Nurse Aide/Abuse Registry

VI. CERTIFICATE OF NEED APPLICATIONS

A. Quality Hospice, Jamestown (Fentress County), TN CN2408-022
For the addition of Anderson, Campbell, Cumberland, Putnam, and Roane Counties to its service area (License #621). The address of the project will be 341 West Central Avenue, Suite B, Jamestown (Fentress County), Tennessee 38556. The applicant is owned by All Care Plus, Inc. Estimated project cost: $46,000.

OPPOSITION: Hospice Of Cumberland County; Covenant Homecare; Gentiva Hospice; and Hospice of Chattanooga Holdings

B. KabaFusion TN, LLC, Nashville (Davidson County), TN CN2405-012
For the establishment of a home care organization and the initiation of home health services with a parent office located at 2970 Sidco Drive, Nashville (Davidson County), Tennessee 37204. The proposed project will be limited to providing and administering home infusion and injection products to pharmacy patients of pharmacies which are subsidiaries of KabaFusion Holdings LLC. The project's proposed service area will consist of 67 Tennessee counties. Lake and Perry Counties are both CON exempt under the economically distressed designation. The applicant is owned by KabaFusion Holdings, LLC. Estimated project cost: $116,393.

C. KabaFusion TN, LLC, Nashville (Davidson County), TN CN2408-021
For the establishment of a home care organization and the initiation of home health services with a home office located at 2970 Sidco Drive, Nashville (Davidson County), TN 37204. The application is limited to providing and administering home infusion and injection products to patients of pharmacies which are subsidiaries of KabaFusion Holdings, LLC. The proposed 28-county service area will consist of Anderson, Blount, Campbell, Cheatham, Claiborne, Cocke,

Cumberland, Davidson, Dickson, Fayette, Grainger, Hamblen, Jefferson, Knox, Loudon, Madison, Monroe, Montgomery, Morgan, Roane, Robertson, Rutherford, Scott, Sevier, Sumner, Tipton, Williamson, and Wilson Counties. This application, together with CN2405-012 for 65 counties in Tennessee, which was deemed complete in July 2024, will serve 93 counties of Tennessee. Lake and Perry Counties are currently exempt from the CON process. The applicant is owned by KabaFusion Holdings, LLC. Estimated project cost: $116,393.

D. TriState Infusion, LLC., Memphis (Shelby County), TN CN2409-024

For the addition of 36 counties that include Bedford, Bledsoe, Bradley, Cannon, Cheatham, Clay, Coffee, Cumberland, Davidson, DeKalb, Franklin, Giles, Grundy, Hamilton, Jackson, Lincoln, Macon, Marion, Marshall, Maury, Meigs, Moore, Overton, Pickett, Putnam, Rhea, Robertson, Rutherford, Sequatchie, Smith, Sumner, Trousdale, Van Buren, Warren, White, Williamson, and Wilson to an existing licensed service area that includes 28 counties in Middle and West Tennessee (license #675). Home health services will be limited to infusion therapy nursing. The address of the project will be 1680 Century Center Parkway, Suite 10, Memphis, Shelby County, Tennessee, 38134. Tristate Infusion is owned by PRMc Holdings (90%) and LWS Holdings, LLC (10%), which are each 100% owned by Dr. Ryan McFerrin and Dr. Leah Simmons, respectively. Estimated project cost: $52,200.

E. MGA Home Healthcare Tennessee, LLC., Memphis (Shelby County), TN CN2409-025

To remove the age limitation (currently limited to pediatric patients under Certificate of Need exemption pursuant to TCA 68-11-1607 (s) (1)) from its current Home Health Agency license (#0000000640), so that the agency can initiate full service home health services in Bedford, Cheatham, Davidson, Dickson, Fayette, Rutherford, Shelby, Sumner, Tipton and Williamson Counties. The parent office is currently located at 1669 Kirby Parkway, Suite 100, Memphis (Shelby County), TN 38120 and its branch office is located at 3310 West End Avenue, Suite 500, Nashville (Davidson County), TN 37203. The applicant is owned by MGA Home Healthcare Tennessee Holdings, LLC. Estimated project cost: $1,402,000.

F. PruittHealth - Nashville, LLC., Nashville (Davidson County), TN CN2409-026

For the relocation and replacement of a 111-bed nursing facility formerly known as Crestview Care and Rehabilitation Center located at 2030 25th Avenue North, Nashville (Davidson County), TN 37208 to 1511 Bell Road, Nashville (Davidson County), Tennessee 37211. The service area for the project is Davidson County. The applicant is ultimately owned by United Health Services, Inc. Estimated project cost: $36,276,888.

G. CSH/LP Behavioral Health and Rehabilitation Tennessee, LLC., Ooltewah (Hamilton County), TN CN2409-027

For the establishment of a 40-bed rehabilitation facility located at an unaddressed site on Mountain View Road, Ooltewah (Hamilton County), Tennessee 37363. The service area for the project consists of seven counties from the State of Tennessee: Bradley, Hamilton, McMinn, Meigs, Monroe, Polk and Rhea as well as four additional Georgia counties: Catoosa, Murray, Walker and Whitfield. The applicant is owned by owned by CSH/LP Rehabilitation Holdings, LLC and LPNT IRF Development 76, LLC with an ownership type of Joint Venture and to be managed by CHC Management Services, LLC. Estimated project cost: $79,986,079.

VII. OTHER BUSINESS

VIII. ADJOURNMENT

HEALTH FACILITIES COMMISSION

Certificate of Need

MEETING MINUTES

December 11, 2024

LOCATION: Cordell Hull Senate Hearing Room 1, 425 Rep. John Lewis Way N., Nashville, TN 37243

COMMISSION MEMBERS PRESENT

Melanie Keller, Vice-Chairman
Tim Evans
James Wright
Barbara Brennan
Michael Denney
Jeremy Biggs
Johnny Lai, Designee for TennCare
Nicole Sweitzer, Designee for Comptroller

COMMISSION MEMBERS ABSENT

Lauren Legate
Rick Chinn, Chairman
Mike Ussery

COMMISSION STAFF PRESENT

Phillip Earhart, Deputy Director
Jim Christoffersen, General Counsel
Alecia Craighead, Data and Analysis Administrator
Lowavia Eden-Hoback, Office and Resource Manager
Thomas Pitt, HFC Examiner
Ann R. Reed, Deputy Director of Licensure & Regulation
Joel Clinton, Statistical Research Specialist
Caroline Tippens, Director of Licensure & Regulation

COURT REPORTER

April Daniel

CALL TO ORDER:

The meeting was called to order at 9:00 a.m. by Ms. Melanie Keller with the following members present: Sweitzer, Keller, Evans, Wright, Brennan, Denney, Biggs, and Lai. A quorum was established with Eight members present.

DIRECTOR'S ANNOUNCEMENTS

The January 22, 2025, meeting will be held at the TN Tower, Nashville Hearing Room, 3rd Floor, Nashville TN.

APPROVAL OF MINUTES

Ms. Keller presented the October 23, 2024, minutes for approval.

Ms. Sweitzer moved for approval with Mr. Evans providing the second.

The motion CARRIED [8-0-0] unanimously by voice vote. **APPROVED.**

CERTIFICATE OF NEED APPLICATIONS

PC 557 eliminated TCA § 68-11-1616, which had provided that "each decision rendered by the Health Facilities Commission shall include written documentation and explanation of the factual and legal basis upon which the commission grants or denies the Certificate of Need." PC 557 only requires this for applications that are denied.

Therefore, for applications filed on or after the effective date of the relevant portions of PC 557 (10/1/2021), a simple motion to approve an application will suffice, and a motion to deny must include an explanation of the factual and legal basis as to why one or more of the criteria have not been met.

Five Certificate of Need applications were considered under the regular CON agenda.

Phillip Earhart introduced the following four applications that were under consideration and with four (4) being approved.

1. **KabaFusion TN, LLC, Nashville (Davidson County), TN – CN2405-012**

Request: **For the establishment of a home care organization and the initiation of home health services with a parent office located at 2970 Sidco Drive, Nashville (Davidson County), Tennessee 37204. The proposed project will be limited to providing and administering home infusion and injection products to pharmacy patients of pharmacies which are subsidiaries of KabaFusion Holdings LLC. The project's proposed service area will consist of 67 Tennessee counties. Lake and Perry Counties are both CON exempt under the economically distressed designation. The applicant is owned by KabaFusion Holdings, LLC. Estimated project cost: $116,393.**

RECUSED: Wright, Keller

Limitation: Limited to providing and administering home infusion and injection products to pharmacy patients of pharmacies which are subsidiaries of KabaFusion Holdings, LLC.

Ms. Brennan moved for approval with Mr. Lai providing the second.

Five members voted to approve the application—Lai, Brennan, Denney, Evans, and Biggs. The motion CARRIED [5-0-0].

2. KabaFusion TN, LLC, Nashville (Davidson County), TN – CN2408-021

Request For the establishment of a home care organization and the initiation of home health services with a home office located at 2970 Sidco Drive, Nashville (Davidson County), TN 37204. The application is limited to providing and administering home infusion and injection products to patients of pharmacies which are subsidiaries of KabaFusion Holdings, LLC. The proposed 28-county service area will consist of Anderson, Blount, Campbell, Cheatham, Claiborne, Cocke, Cumberland, Davidson, Dickson, Fayette, Grainger, Hamblen, Jefferson, Knox, Loudon, Madison, Monroe, Montgomery, Morgan, Roane, Robertson, Rutherford, Scott, Sevier, Sumner, Tipton, Williamson, and Wilson Counties. This application, together with CN2405-012 for 65 counties in Tennessee, which was deemed complete in July 2024, will serve 93 counties of Tennessee. Lake and Perry Counties are currently exempt from the CON process. The applicant is owned by KabaFusion Holdings, LLC. Estimated project cost: $116,393.

RECUSED: Wright, Keller

Limitation: Limited to providing and administering home infusion and injection products to pharmacy patients of pharmacies which are subsidiaries of KabaFusion Holdings, LLC.

Mr. Lai moved for approval with Mr. Evans providing the second.

Five members voted to approve the application— Lai, Denney, Evans, Brennan, and Biggs. The motion CARRIED [5-0-0].

3. TriState Infusion, LLC, Memphis (Shelby County), TN – CN2409-024

Request For the addition of 37 counties that include Bedford, Bledsoe, Bradley, Cannon, Cheatham, Clay, Coffee, Cumberland, Davidson, DeKalb, Franklin, Giles, Grundy, Hamilton, Jackson, Lincoln, Macon, Marion, Marshall, Maury, Meigs, Moore, Overton, Pickett, Putnam, Rhea, Robertson, Rutherford, Sequatchie, Smith, Sumner, Trousdale, Van Buren, Warren, White, Williamson, and Wilson to an existing licensed service area that includes 28 counties in Middle and West Tennessee (license #675). Home health services will be limited to infusion therapy nursing. The address of the project will be 1680 Century Center Parkway, Suite 10, Memphis, Shelby County, Tennessee, 38134. Tristate Infusion is owned by PRMc Holdings (90%) and LWS Holdings, LLC (10%), which are each 100% owned by Dr. Ryan McFerrin and Dr. Leah Simmons, respectively. Estimated project cost: $52,200.

LIMITATION: Limited to infusion therapy nursing.

RECUSED: Keller

Ms. Brennan moved for approval with Mr. Evans providing the second.

Six members voted to approve the application— Evans, Denney, Wright, Brennan, Lai, and Biggs. The motion CARRIED [6-0-0].

4. CSH/LO Behavioral Health and Rehabilitation Tennessee, LLC, Ooltewah (Hamilton County), TN – CN2409-027

Request For the establishment of a 40-bed rehabilitation facility located at an unaddressed site on Mountain View Road, Ooltewah (Hamilton County), Tennessee 37363. The service area for the project consists of seven counties from the State of Tennessee: Bradley, Hamilton, McMinn, Meigs, Monroe, Polk and Rhea as well as four additional Georgia counties: Catoosa, Murray, Walker and Whitfield. The applicant is owned by owned by CSH/LP Rehabilitation Holdings, LLC and LPNT IRF Development 76, LLC with an ownership type of Joint Venture and to be managed by CHC Management Services, LLC. Estimated project cost: $79,986,079.

RECUSED: Evans

Ms. Sweitzer moved for approval with Mr. Biggs providing the second.

Six members voted to approve the application— Sweitzer, Denney, Wright, Brennan, Lai, and Biggs. The motion CARRIED [6-0-0].

The following three applications were deferred to the January 22, 2025, Commission meeting:

1. Quality Hospice, Jamestown (Fentress County), TN – CN2408-022

Request: For the addition of Anderson, Campbell, Cumberland, Putnam, and Roane Counties to its service area (License #621). The address of the project will be 341 West Central Avenue, Suite B, Jamestown (Fentress County), Tennessee 38556. The applicant is owned by All Care Plus, Inc. Estimated project cost: $46,000.

(DEFERRED TO JANUARY 2025 DUE TO QUORUM REQUIREMENTS)

2. MGA Home Healthcare Tennessee, LLC, Memphis (Shelby County), TN – CN2409-025

Request: To remove the age limitation (currently limited to pediatric patients under Certificate of Need exemption pursuant to TCA 68-11-1607 (s) (1)) from its current Home Health Agency license (#0000000640), so that the agency can initiate full-service home health services in Bedford, Cheatham, Davidson, Dickson, Fayette, Rutherford, Shelby, Sumner, Tipton and Williamson Counties. The parent office is currently located at 1669 Kirby Parkway, Suite 100, Memphis (Shelby County), TN 38120 and its branch office is located at 3310 West End Avenue, Suite 500,

Nashville (Davidson County), TN 37203. The applicant is owned by MGA Home Healthcare Tennessee Holdings, LLC. Estimated project cost: $1,402,000.

(DEFERRED TO JANUARY 2025 DUE TO QUORUM REQUIREMENTS)

3. Pruitthealth – Nashville, LLC, Nashville (Davidson County), TN – CN2409-026

Request: For the relocation and replacement of a 111-bed nursing facility formerly known as Crestview Care and Rehabilitation Center located at 2030 25th Avenue North, Nashville (Davidson County), TN 37208 to 1511 Bell Road, Nashville (Davidson County), Tennessee 37211. The service area for the project is Davidson County. The applicant is ultimately owned by United Health Services, Inc. Estimated project cost: $36,276,888.

(DEFERRED TO FEBRUARY 28, 2025 (As of 12/6/2024)

OTHER BUSINESS – Not Applicable

ADJOURNMENT
There being no further business, the meeting adjourned.

Logan Grant, Executive Director

HFC Minutes provide a brief summary of commission actions. A detailed record of each meeting (recording and transcript) is available upon request by contacting the HFC office.

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 6 Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
09/07/2022 - 09/08/2022		Nevada		
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Not assigned		Nevada State Board of Pharmacy		
Reason/Charge				
Appearance Regarding Compounding Pharmacy License Application; Agenda and Minutes				
Plaintiff/Defendant/Claimant/Respondent		**Lawsuit/Arbitration/Bankruptcy**		
KabaFusion NV		Appearance		
Name of Business/Industry/Entity				
KabaFusion NV				

Provide explanation below: See Attachment.

Original Signature (electronic, copies or stamps not accepted)

9-29-25
Date

KabaFusion
Patient-Focused Infusion Therapy

Regarding Appearance Before the Nevada State Board of Pharmacy For GTMI Corporation DBA KabaFusion NV (Henderson)

On September 8, 2022, GTMI Corporation DBA KabaFusion NV, appeared to discuss its change of ownership application.

CORPORATE (WEST COAST)
17777 Center Court Dr., Ste. 550, Cerritos, CA 90703
P: 800-435-3020 F: 562-860-6017

CORPORATE (EAST COAST)
80 Hayden Ave., Suite 300, Lexington, MA 02421
P: 844-777-4844 F: 781-862-2002

www.kabafusion.com

9F

BOUNTIFUL PHARMACY

PO Box 823

Yerington, NV 89447

9/26/2025

Nevada Board of Pharmacy

985 Damonte Ranch Parkway, Suite 206

Reno, NV 89521

To Whom it may concern,

I have enclosed the pharmacy application for the Lovelock Pharmacy to change it from a regular pharmacy to a remote site pharmacy. The Pharmacist in Charge will change from Inna Edwards to Matthew Christensen (Lic 17632). I have consulted with the staff at the Board of Pharmacy on multiple occasions about this change and the pharmacy qualifies under the current laws and regulations to be a remote site. I am having to make this change because of the small numbers of prescriptions filled at the site due to small size of the city of Lovelock. I do want to keep the pharmacy open and serving the people of Lovelock and the remote site designation will allow me to do this. Please contact me by email at bountifulpharmacy@gmail.com or on my cell phone, [redacted] if you have any questions.

Thank you for your assistance in this change.

Matthew Christensen

Owner – Bountiful Pharmacy LLC DBA Lovelock Pharmacy

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Pharmacy Application
Non-Refundable $500.00 Fee

Rev (6/11/2024)

Facility Location	Application Type (check all applicable)	Pharmacy Type (check all applicable)	Services the Pharmacy will Provide (check all applicable)
☒ Nevada	☐ New Pharmacy	☒ Retail/Community	☒ Retail/Community
☐ Out-of-Nevada	☐ Ownership Change*	☐ Hospital (# beds _____)	☒ Dangerous drugs
	☐ Location Change *	☐ Internet	☒ Controlled substances
	☒ Service Modification*	☐ Nuclear	DEA #: FB7757517
	☐ Name Change* (if only a Name Change occurred, submit a **$50.00 fee** with the application.)	☐ Other:	☐ Non-sterile Compounding
			☐ Sterile Compounding
			☐ Mail-Order Service
			☐ Off-site Cognitive Services
			☐ Long Term Care
	* Current license #: PH PH02722		☐ Hospital
			☐ Other:

Days of Operation		Ownership Type (check applicable box)
☒ Monday	☒ Friday	☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9, 10, 11, 12)
☒ Tuesday	☐ Saturday	☒ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9, 10, 11, 12)
☒ Wednesday	☐ Sunday	☐ Partnership (complete sections 1, 2, 3, 4, 7, 9, 10, 11, 12)
☒ Thursday	☐ Holidays	☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9, 10, 11, 12)

Section 1: General Information

Pharmacy Name: Bountiful Pharmacy LLC DBA Lovelock Pharmacy

Physical Address: 325 11th St #2

City: Lovelock State: NV Zip: 89419

Mailing Address (if different from physical address): PO Box 823

City: Yerington State: NV Zip: 89447

Telephone: 775-273-1700 Toll Free # (NAC 639.708, NRS 639.23286): _____

Fax: 775-273-9013 Contact Email: bountifulpharmacy@gmail.com

Website: _____

Nevada Business License # (if applicable) NV20181078174

Supervising/Managing Pharmacist Name (NRS 639.220): Matthew Christensen

Supervising/Managing Pharmacist NV Pharmacist Registration # (if applicable): 17632

Section 2: List the name(s) of at least one NEVADA registered pharmacist who practices at the pharmacy, who may be the managing pharmacist or another pharmacist, who will be responsible for any prescriptions dispensed to a patient located in Nevada and responsible for any acts or omissions of pharmacy personnel who are not registered with the Board. NRS 639.2328. (Use a separate piece of paper if additional space is needed.)

Name: Matthew Christensen	NV Pharmacist Registration #: 17632
Name: James Christensen	NV Pharmacist Registration #: 07904
Name: Inna Edwards	NV Pharmacist Registration #: 19158
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:

Section 3: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✔
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration from any jurisdiction?		✔
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been subject of an administrative action, board citation, cite fine, or proceeding relating to the pharmaceutical industry?	✔	
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✔
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✔

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name(s) of the owner(s), their credentials and their percent ownership. Write NA if not applicable. NRS 639.232. (Use a separate piece of paper if additional space is needed.)

Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:

1. The Board shall not issue a license to conduct a pharmacy:
   a) To any practitioner; or
   b) To any partnership, corporation, or association in which a practitioner has a controlling interest or owns more than 10 percent of the available stock.
2. This section does not:
   a) Apply to a hospital pharmacy or a health maintenance organization which holds a certificate of authority under chapter 695C of NRS.
   b) Prohibit ownership by a practitioner of a building in which a pharmacy is located, if space for the pharmacy is rented at the prevailing rate.

Section 5: Publicly Traded Corporation

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Does the number of stockholders/shareholders of the corporation exceed four? NRS 639.231 ☐ Yes ☐ No

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: Nevada

Parent Company (if any): _____

Corporation/Organization Name: Bountiful Pharmacy LLC

Mailing Address: PO Box 823

City: Yerington State: NV Zip: 89447

Telephone: 775-463-2345 Email: bountifulpharmacy@gmail.com

Contact Person Name: Matthew Christensen

Does the number of stockholders/shareholders of the corporation or members exceed four? NRS 639.231 ☐ Yes ☒ No

Section 7: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Please check type of partnership (NAC 639.214) ☐ General ☐ Limited

Does the number of partners or members of the partnership exceed four? NRS 639.231 ☐ Yes ☐ No

Section 8: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Section 10: Affidavit for Pharmacies- MUST BE COMPLETED by pharmacies NOT CURRENTLY PERFORMING Sterile Compounding

Affidavit for Pharmacy License

I, Matthew Christensen hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

1. I am the Owner (title) for Lovelock Pharmacy (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I certify that upon licensure, the Pharmacy will not perform sterile compounding or ship sterile compounds into Nevada.
3. I understand and acknowledge that the Pharmacy and any of its staff members may be subject to discipline by the Board if the Pharmacy performs sterile compounding or ships any sterile compounds into Nevada without first obtaining written authorization from the Board to do so.
4. I certify that if the Pharmacy makes the decision to perform sterile compounding or to ship any sterile compounds into Nevada, the Pharmacy, through an authorized representative, will first notify the Board via a written request, and obtain written approval to perform sterile compounding or to ship any sterile compounds into Nevada.
5. I understand that if the Pharmacy seeks approval to perform sterile compounding or to ship any sterile compounds into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

FURTHER YOUR AFFIANT SAYETH NAUGHT.

Signature

SUBSCRIBED AND SWORN TO
Before me, a notary public this 26th day of September, 2025

Notary Public

ERIN CHRISTOFF
Notary Public, State of Nevada
Appointment No. 22-8059-12
My Appt. Expires Mar 23, 2026

Section 11: Managing Pharmacist Acknowledgement, Professional/Personal History – REQUIRED TO BE COMPLETED BY THE MANAGING PHARMACIST FOR NEVADA LOCATED PHARMACY APPLICANTS ONLY

Managing Pharmacist Name: Matthew Christensen Pharmacist Registration #: 17632

Pharmacy Name: Lovelock Pharmacy

Initial each statement below to indicate you have read and agree with the following:

ml I understand that as the managing pharmacist I am responsible for compliance by the pharmacy and its personnel with all state and federal laws and regulations relating to the operation of the pharmacy and the practice of pharmacy. I understand my license can be revoked or that I can be subject of disciplinary action if such laws or regulations are knowingly violated in the pharmacy in which I am the managing pharmacist.

ml I understand within 48 hours after I report for duty as the managing pharmacist, I shall complete an inventory of all controlled substances of the pharmacy pursuant to 21 CFR Part 1304 and maintain a copy of the inventory in the file at the pharmacy.

ml I understand that if I cease to be managing pharmacist of the above-named pharmacy, I will jointly, with the new managing pharmacist, take an inventory of all controlled substances.

ml I understand that as the managing pharmacist I must ensure that all loss or theft of controlled substances are reported on forms provided by the Nevada State Board of Pharmacy and Department of Public Safety within 10 days after the date of discovery of theft or loss. NRS 453.568. Federal regulations require that registrants notify the Field Division Office of the Administration in his area, in writing, of the theft or significant loss of any controlled substance, disposal receptacles or listed chemicals within one business day of discovery of such loss or theft. The registrant shall also complete and submit to the Field Division Office in his area, DEA Form 106 regarding the loss or theft (21 C.F.R. §1301.76(b) and 21 U.S.C. §830(b)(1)(C)).

ml I understand that as the managing pharmacist I must notify the Nevada State Board of Pharmacy of all employment changes of pharmacy staff within 10 days of the change. NAC 639.540

Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔
2. Have you been charged, arrested, or convicted of a felony or misdemeanor in any state?		✔
3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state?	✔	
4. Has your license been subjected to any discipline for violation of pharmacy or drug laws in any state?	✔	

If you marked YES to any questions above, include the following information and provide a signed statement of explanation. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Board Administrative Action:	State:	Date:	Case #:
	Nevada	6/1/2011	10-043B-RPH-N

Criminal Action:	State:	Date:	Case #:	County:	Court:

I certify under penalty of perjury that the information I have provided on this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Original signature of Managing Pharmacist (copies or stamps not accepted)

9-26-2025
Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Matthew Christensen

Print Name of Authorized Person Submitting Application (If the applicant is a partnership or corporation, the application must be signed by a partner or by an officer of the corporation). NAC 639.215

Original signature of Authorized Person (copies or stamps not accepted)

9-26-2025

Date

Board Use Only	Date Received: 9/29/25	Amount: $500.00

Officers/Directors of Bountiful Pharmacy dba Lovelock Pharmacy

Mattew Christensen	President
Emily Christensen	Treasurer/Secretary

SECRETARY OF STATE

STATE OF NEVADA

CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, FRANCISCO V. AGUILAR, the duly qualified and elected Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporations sole, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence **BOUNTIFUL PHARMACY LLC** as a DOMESTIC LIMITED-LIABILITY COMPANY (86) duly organized or formed and existing, or duly qualified or registered, as applicable, under and by virtue of the laws of the State of Nevada since 01/31/2018, and in good standing in this State.

I further certify that the above DOMESTIC LIMITED-LIABILITY COMPANY (86) has its formation or qualification document and no amendments on file in this office as of the date of this certificate.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of this State, at my office on 12/01/2025.

FRANCISCO V. AGUILAR
Secretary of State

Certificate Number: B202512016320677

You may verify this certificate online at https://www.nvsilverflume.gov/home

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (05/18/2023)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler/Dispensing Site: Lovelock Pharmacy

Pharmacy/MDEG/Wholesaler/Dispensing Practitioner License # (if applicable): PH02722

Physical Address: 325 11th St #2

City: Lovelock State: NV Zip: 89419

Mailing Address (if different from physical address): PO Box 814

City: Yerington State: NV Zip: 89447

Telephone: 775-463-2345 Website:

Licensing Company Email: bountifulpharmacy@gmail.com

Section 2: Personal Information

First: Matthew Middle: Raymond Last: Christensen

Alias(es, nicknames, name changes, etc.):

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☑ M ☐ F ☐ X

Mailing Address: [redacted]

City: [redacted] State: [redacted] Zip: [redacted]

Telephone: [redacted] Email: [redacted]

Are you a citizen of the United States? ☑ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✔
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
University of the Pacific		08/06 - 06/09	
Address	City	State	Zip
751 Brookside Rd	Stockton	CA	95211
Diploma/Degree obtained, if any			
Doctor of Pharmacy			

School Name		From - To (MM/YY – MM/YY)	
University of Nevada Reno		08/04 - 05/06	
Address	City	State	Zip
1664 N. Virginia St	Reno	NV	89557
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Utah State University		08/00 - 12/02	
Address	City	State	Zip
160 Old Main Hill	Logan	UT	84322
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Yerington High School		08/93 - 06/97	
Address	City	State	Zip
751 Brookside Rd	Yerington	NV	89447
Diploma/Degree obtained, if any			
High School Diploma			

School Name		From - To (MM/YY – MM/YY	
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
12/22 - current	[redacted]			
06/09 - 12/22				
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name			From - To (MM/YY – MM/YY)
Rex Drug Co			06/09 to current
Business Address	**City**	**State**	**Zip**
24 N Main St	Yerington	NV	89447
Phone	**Title**		
775-463-2345	Officer / Owner		
Description of Duties			
Manage the day to day and long term operations of the business, work as a pharmacist, took the Job as the PIC for the pharmacy.			

Business Name			From - To (MM/YY – MM/YY)
Bountiful Pharmacy LLC			07/18 to current
Business Address	**City**	**State**	**Zip**
PO Box 823	Yerington	NV	89447
Phone	**Title**		
775-909-4855	Owner		
Description of Duties			
Manage the day to day and long term operations of the business, work as a pharmacist, I was the PIC for theSilver Stage location for 4 years.			

Business Name			From - To (MM/YY – MM/YY)
South Lyon Medical Center Inc			03/12 to 03/21
Business Address	**City**	**State**	**Zip**
213 S Whitacre St	Yerington	NV	89447
Phone	**Title**		
775-463-2301	Member of the Governing board, then president of the Governing Board		
Description of Duties			
Attend monthly meetings review performance of CEO and long term actions of the corporation. review major descisions and help ensure the long term viability of the corporation.			

Business Name			From - To (MM/YY – MM/YY)
Corner Drug LLC			01/21 to 11/24
Business Address	**City**	**State**	**Zip**
1041 Grass Valley Rd Ste A	Winnemucca	NV	89445
Phone	**Title**		
775-625-2777	Owner		
Description of Duties			
Manage the day to day and long term operations of the business			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Continue on next page if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✔
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✔
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)	✔	
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?	✔	
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?	✔	
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✔
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✔
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✔
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 4,5,6. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
04/27/2011	06/01/2011	NV	Reno	Washoe
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
10-043-PH-N, 10-043B-RPH-N		Nevada Board of Pharmacy		
Reason/Charge				
Mis-fill of one medication				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
NV BOP / Matthew Christensen, Rex Drug Co			Administrative action	
Name of Business/Industry/Entity				
Rex Drug Co				

Provide explanation below:

In 2010, I was involved in mis-filling a prescription for a patient. As a result of the errors made in filling this prescription, on June 1, 2011, the Nevada State Board of Pharmacy ordered me to successfully complete a continuing education program approved by the Board called "Your Success Rx." I successfully completed this program during the time frame required by the Nevada Board of Pharmacy.

Original Signature (electronic, copies or stamps not accepted)

9-26-2025
Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Matthew Christensen

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

9-26-2025

Date

Please have this section completed in the presence of a Notary Public.

State of Nevada, ss. County of Lyon

I, Matthew Christensen, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

9-26-2025

Date

Subscribed and Sworn to before me this 26 day of September. 2025

Erin Christoff

Notary Public Signature

ERIN CHRISTOFF
Notary Public, State of Nevada
Appointment No. 22-8059-12
My Appt. Expires Mar 23, 2026

(Seal)

NEVADA STATE BOARD OF PHARMACY
985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (05/18/2023)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler/Dispensing Site: Lovelock Pharmacy

Pharmacy/MDEG/Wholesaler/Dispensing Practitioner License # (if applicable): PH2722

Physical Address: 325 11th St. #2

City: Lovelock State: NV Zip: 89419

Mailing Address (if different from physical address): PO Box 823

City: Yerington State: NV Zip: 89447

Telephone: 775-273-1700 Website:

Licensing Company Email: bountifulpharmacy@gmail.com

Section 2: Personal Information

First: Emily Middle: Larissa Last: Christensen

Alias(es, nicknames, name changes, etc.): Emily Larissa Johnson

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☐ M ☒ F ☐ X

Mailing Address: [redacted]

City: [redacted] State: [redacted] Zip: [redacted]

Telephone: [redacted] Email: [redacted]

Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✔
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Utah State University		08/00-12/02	
Address	**City**	**State**	**Zip**
1400 Old Main Hill	Logan	UT	84322
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Great Falls High School		08/96-08/00	
Address	**City**	**State**	**Zip**
1900 2nd Ave S	Great Falls	MT	59405
Diploma/Degree obtained, if any			
High School Diploma			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
11/22-current	[redacted]			
03/09-11/22				
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name			From - To (MM/YY – MM/YY)
Rex Drug Co			01/03-current
Business Address	**City**	**State**	**Zip**
PO Box 814	Yerington	NV	89447
Phone	**Title**		
775-463-2345	Director		
Description of Duties			
Bookkeeper, Pharmacy Technician			

Business Name			From - To (MM/YY – MM/YY)
Bountiful Pharmacy			07/18-current
Business Address	**City**	**State**	**Zip**
PO Box 823	Yerington	NV	89447
Phone	**Title**		
775-224-8378	Managing Member		
Description of Duties			
Bookkeeper, Pharmacy Technician			

Business Name			From - To (MM/YY – MM/YY)
Corner Drug LLC			01/21-11/24
Business Address	**City**	**State**	**Zip**
1041 Grass Valley Rd Ste A	Winnemucca	NV	89445
Phone	**Title**		
775-625-2777	Managing Member		
Description of Duties			
Bookkeeper, Pharmacy Technician			

Business Name			From - To (MM/YY – MM/YY)
South Lyon Medical Center			03/21-07/24
Business Address	**City**	**State**	**Zip**
213 S Lyon Medical Center	Yerington	NV	89447
Phone	**Title**		
775-463-2301	Director on Governing Board		
Description of Duties			
Attend monthly meetings, review performance of CEO, Plan for long term viability of organization			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Continue on next page if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✔
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✔
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✔
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✔
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✔
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✔
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✔
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✔
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Emily Christensen

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

9-26-25

Date

Please have this section completed in the presence of a Notary Public.

State of Nevada, ss. County of Lyon

I, Emily Christensen, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

9-26-25

Date

Subscribed and Sworn to before me this 26 day of September 2025

Notary Public Signature

ERIN CHRISTOFF
Notary Public, State of Nevada
Appointment No. 22-8059-12
My Appt. Expires Mar 23, 2026

(Seal)

9G

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Pharmacy Application

Non-Refundable $500.00 Fee

Rev (8/25/2023)

Facility Location	Application Type (check all applicable)	Pharmacy Type (check all applicable)	Services the Pharmacy will Provide (check all applicable)
■ Nevada ☐ Out-of-Nevada	☐ New Pharmacy ■ Ownership Change* ☐ Location Change * ☐ Service Modification* ■ Name Change* (if only a Name Change occurred, submit a **$50.00 fee** with the application.) * Current license #: PH 03879	■ Retail/Community ☐ Hospital (# beds _____) ☐ Internet ☐ Nuclear ☐ Other:	■ Retail/Community ■ Dangerous drugs ■ Controlled substances DEA #: _____ ☐ Non-sterile Compounding ☐ Sterile Compounding ☐ Mail-Order Service ☐ Off-site Cognitive Services ☐ Long Term Care ☐ Hospital ☐ Other:

Days of Operation		Ownership Type (check applicable box)
■ Monday	■ Friday	☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9, 10, 11, 12)
■ Tuesday	☐ Saturday	☐ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9, 10, 11, 12)
■ Wednesday	☐ Sunday	■ Partnership (complete sections 1, 2, 3, 4, 7, 9, 10, 11, 12)
■ Thursday	☐ Holidays	☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9, 10, 11, 12)

Section 1: General Information

Pharmacy Name: M. Rx Pharmacy

Physical Address: 3050 E. Bonanza Rd. Suite 160

City: Las Vegas State: NV Zip: 89101

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: 702-778-8087 Toll Free # (NAC 639.708, NRS 639.23286): _____

Fax: 702-675-3984 Contact Email: m.rxrxpharmacy@gmail.com

Website: _____

Nevada Business License # (if applicable) NV20253441594

Supervising/Managing Pharmacist Name (NRS 639.220): Martha Oppong

Supervising/Managing Pharmacist NV Pharmacist Registration # (if applicable): 24431

Section 2: List the name(s) of at least one registered pharmacist who practices at the pharmacy, who may be the managing pharmacist or another pharmacist, who will be responsible for any prescriptions dispensed to a patient located in Nevada and responsible for any acts or omissions of pharmacy personnel who are not registered with the Board. NRS 639.2328. (Use a separate piece of paper if additional space is needed.)

Name: Martha Oppong	NV Pharmacist Registration #: 24431
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:

Section 3: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✓
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration from any jurisdiction?		✓
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been subject of an administrative action, board citation, cite fine, or proceeding relating to the pharmaceutical industry?		✓
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✓
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✓

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name(s) of the owner(s), their credentials and their percent ownership. Write NA if not applicable. NRS 639.232. (Use a separate piece of paper if additional space is needed.)

Name: N/A	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:

1. The Board shall not issue a license to conduct a pharmacy:
   a) To any practitioner; or
   b) To any partnership, corporation, or association in which a practitioner has a controlling interest or owns more than 10 percent of the available stock.
2. This section does not:
   a) Apply to a hospital pharmacy or a health maintenance organization which holds a certificate of authority under chapter 695C of NRS.
   b) Prohibit ownership by a practitioner of a building in which a pharmacy is located, if space for the pharmacy is rented at the prevailing rate.

Section 5: Publicly Traded Corporation

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Does the number of stockholders/shareholders of the corporation exceed four? NRS 639.231 ☐ Yes ☐ No

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: _____

Parent Company (if any): _____

Corporation/Organization Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Does the number of stockholders/shareholders of the corporation or members exceed four? NRS 639.231 ☐ Yes ☐ No

Section 7: Partnership

Partnership Name: M. Rx LLC

Mailing Address: 3050 E. Bonanza Rd. Suite 160

City: Las Vegas State: NV Zip: 89101

Telephone: 702-528-5336 Email: m.rxrxpharmacy@gmail.com

Contact Person Name: Martha Oppong

Please check type of partnership (NAC 639.214) ☐ General ■ Limited

Does the number of partners or members of the partnership exceed four? NRS 639.231 ☐ Yes ■ No

Section 8: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Section 9: Statement of Responsibility - MUST BE COMPLETED by an Authorized Person (NAC 639.945)

Statement of Responsibility

1. I am the managing pharmacist/co-owner (title) for M. Rx Pharmacy (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be responsible for any violations of pharmacy law that may occur in the Pharmacy owned by such owner(s), shareholder(s), member(s), or partner(s).
3. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against the Pharmacy.
4. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) cannot require or permit the pharmacist(s) in said Pharmacy to violate any provision of local, state, or federal laws or regulations pertaining to the practice of pharmacy.
5. I further understand and acknowledge that Nevada law requires that each pharmacist engaged in providing pharmacy services into Nevada is licensed by the Nevada State Board of Pharmacy (NRS 639.100).

MARTHA OPPONG

Print Name of Authorized Person

Original signature of Authorized Person (copies or stamps not accepted)

09/27/25

Date

Section 10: Affidavit for Pharmacies- MUST BE COMPLETED by pharmacies NOT CURRENTLY PERFORMING Sterile Compounding

Affidavit for Pharmacy License

I, MARTHA Y. OPPONG hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

1. I am the PHARMACIST (title) for M. Rx pharmacy (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I certify that upon licensure, the Pharmacy will not perform sterile compounding or ship sterile compounds into Nevada.
3. I understand and acknowledge that the Pharmacy and any of its staff members may be subject to discipline by the Board if the Pharmacy performs sterile compounding or ships any sterile compounds into Nevada without first obtaining written authorization from the Board to do so.
4. I certify that if the Pharmacy makes the decision to perform sterile compounding or to ship any sterile compounds into Nevada, the Pharmacy, through an authorized representative, will first notify the Board via a written request, and obtain written approval to perform sterile compounding or to ship any sterile compounds into Nevada.
5. I understand that if the Pharmacy seeks approval to perform sterile compounding or to ship any sterile compounds into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

FURTHER YOUR AFFIANT SAYETH NAUGHT.

Signature

State of Nevada
County of Clark
SUBSCRIBED AND SWORN TO
Before me, a notary public this 27 day of September, 2025

Notary Public

Christina Goss
Notary Public - State of Nevada
County of Clark
APPT. NO. 23-0847-01
My Appt. Expires: June 1, 2027

Section 11: Managing Pharmacist Acknowledgement, Professional/Personal History – REQUIRED TO BE COMPLETED BY THE MANAGING PHARMACIST FOR NEVADA LOCATED PHARMACY APPLICANTS ONLY

Managing Pharmacist Name: Martha Oppong Pharmacist Registration #: 24431

Pharmacy Name: M. Rx Pharmacy

Initial each statement below to indicate you have read and agree with the following:

MO I understand that as the managing pharmacist I am responsible for compliance by the pharmacy and its personnel with all state and federal laws and regulations relating to the operation of the pharmacy and the practice of pharmacy. I understand my license can be revoked or that I can be subject of disciplinary action if such laws or regulations are knowingly violated in the pharmacy in which I am the managing pharmacist.

MO I understand within 48 hours after I report for duty as the managing pharmacist, I shall complete an inventory of all controlled substances of the pharmacy pursuant to 21 CFR Part 1304 and maintain a copy of the inventory in the file at the pharmacy.

MO I understand that if I cease to be managing pharmacist of the above-named pharmacy, I will jointly, with the new managing pharmacist, take an inventory of all controlled substances.

MO I understand that as the managing pharmacist I must ensure that all loss or theft of controlled substances are reported on forms provided by the Nevada State Board of Pharmacy and Department of Public Safety within 10 days after the date of discovery of theft or loss. NRS 453.568. Federal regulations require that registrants notify the Field Division Office of the Administration in his area, in writing, of the theft or significant loss of any controlled substance, disposal receptacles or listed chemicals within one business day of discovery of such loss or theft. The registrant shall also complete and submit to the Field Division Office in his area, DEA Form 106 regarding the loss or theft (21 C.F.R. §1301.76(b) and 21 U.S.C. §830(b)(1)(C)).

MO I understand that as the managing pharmacist I must notify the Nevada State Board of Pharmacy of all employment changes of pharmacy staff within 10 days of the change. NAC 639.540

Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓
2. Have you been charged, arrested, or convicted of a felony or misdemeanor in any state?		✓
3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state?		✓
4. Has your license been subjected to any discipline for violation of pharmacy or drug laws in any state?		✓

If you marked YES to any questions above, include the following information and provide a signed statement of explanation. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Board Administrative Action:	State:	Date:	Case #:

Criminal Action:	State:	Date:	Case #:	County:	Court:

I certify under penalty of perjury that the information I have provided on this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Original signature of Managing Pharmacist (copies or stamps not accepted)

09/27/25
Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

MARTHA OPPONG

Print Name of Authorized Person Submitting Application (If the applicant is a partnership or corporation, the application must be signed by a partner or by an officer of the corporation). NAC 639.215

Original signature of Authorized Person (copies or stamps not accepted)

09/27/25

Date

Board Use Only	Date Received: 10/7/25	Amount: 500-MO-1977398386

SECRETARY OF STATE

STATE OF NEVADA

CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, FRANCISCO V. AGUILAR, the duly qualified and elected Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporations sole, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence **M. Rx LLC** as a DOMESTIC LIMITED-LIABILITY COMPANY (86) duly organized or formed and existing, or duly qualified or registered, as applicable, under and by virtue of the laws of the State of Nevada since 09/21/2025, and in good standing in this State.

I further certify that the above DOMESTIC LIMITED-LIABILITY COMPANY (86) has its formation or qualification document and no amendments on file in this office as of the date of this certificate.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of this State, at my office on 09/27/2025.

FRANCISCO V. AGUILAR
Secretary of State

Certificate Number: B202509276123048
You may verify this certificate online at https://www.nvsilverflume.gov/home

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (05/18/2023)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler/Dispensing Site M. Rx Pharmacy

Pharmacy/MDEG/Wholesaler/Dispensing Practitioner License # (if applicable) _____

Physical Address 409 COLORFUL RAIN AVE

City North Las Vegas State NV Zip 89031

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone 702-528-5336 Website _____

Licensing Company Email m.rxrxpharmacy@gmail.com

Section 2: Personal Information

First Martha Middle Yaa Last Oppong

Alias(es, nicknames, name changes, etc.) _____

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☐ M ■ F ☐ X

Mailing Address [redacted]

City [redacted] State [redacted] Zi[redacted]

Telephone [redacted] Email [redacted]

Are you a citizen of the United States? ■ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✓

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name			From - To (MM/YY – MM/YY)	
Marshall B. Ketchum University			08/17-05/2021	
Address		City	State	Zip
2575 Yorba Linda Blvd.		Fullerton	CA	92831
Diploma/Degree obtained, if any				
Doctorate Degree				

School Name			From - To (MM/YY – MM/YY)	
Nevada State College			08/13-05/2017	
Address		City	State	Zip
1300 Nevada State Dr.		Henderson	NV	89002
Diploma/Degree obtained, if any				

School Name			From - To (MM/YY – MM/YY)	
College of Southern Nevada			08/2015-05/2016	
Address		City	State	Zip
6375 W. Charleston Blvd.		Las Vegas	NV	89146
Diploma/Degree obtained, if any				

School Name			From - To (MM/YY – MM/YY)	
University of Nevada, Las Vegas			08/2015-08/2016	
Address		City	State	Zip
4505 S Maryland Pkwy		Las Vegas	NV	89154
Diploma/Degree obtained, if any				

School Name			From - To (MM/YY – MM/YY	
Oklahoma State University			08/2007-2011	
Address		City	State	Zip
900 N Portland Ave		Oklahoma city	OK	73107
Diploma/Degree obtained, if any				

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
01/2014 - Present	[redacted]			
10/24 - 03/25				
01/24 - 09/24				
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name			From - To (MM/YY – MM/YY)
Royster Groups/Mike O'Callaghan Military Medical Center			04/23 - present
Business Address	**City**	**State**	**Zip**
4700 Las Vegas Blvd North	Las Vegas	NV	89102
Phone	**Title**		
702-653-3212	Clinical Pharmacist		

Description of Duties

Collaborate with physicians, nurses, and other healthcare providers to optimize medication therapy for patients.

Business Name			From - To (MM/YY – MM/YY)
Department of Health Agency			10/2024 - 03/2025
Business Address	**City**	**State**	**Zip**
Bldg, 390 N Loop Rd,	Fort Irwin	CA	92310
Phone	**Title**		
(866) 957-9224	Pharmacist		

Description of Duties

Provide expert guidance on drug therapy, monitor for interactions and contraindications, and educate patients and healthcare professionals about proper medication use while complying with all legal and regulatory standards.

Business Name			From - To (MM/YY – MM/YY)
Kurt's Pharmacy			01/2024-08/2024
Business Address	**City**	**State**	**Zip**
1203 Filer Ave E,	Twin Falls	ID	83301
Phone	**Title**		
208-734-8177	Pharmacist		

Description of Duties

Provide expert guidance on drug therapy, monitor for interactions and contraindications, and educate patients and healthcare professionals about proper medication use while complying with all legal and regulatory standards.

Business Name			From - To (MM/YY – MM/YY)
RPH on the go			04/2023-09/2023
Business Address	**City**	**State**	**Zip**
1623 Hospital Lp,	Owyhee	NV	89832
Phone	**Title**		
(775) 757-2415	Pharmacist		

Description of Duties

Provide expert guidance on drug therapy, monitor for interactions and contraindications, and educate patients and healthcare professionals about proper medication use while complying with all legal and regulatory standards.

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		

Description of Duties

Continue on next page if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations:	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		✓
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

MARTHA OPPONG

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

10/01/2025

Date

Please have this section completed in the presence of a Notary Public.

State of Nevada, ss. County of Clark

I, MARTHA OPPONG, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

10/01/25

Date

State of Nevada
County of Clark

Subscribed and Sworn to before me this 1st day of October. 2025

Notary Public Signature

Charlotte Logan Goss
Notary Public - State of Nevada
County of Clark
APPT. NO. 23-5880-01
My Appt. Expires: February 22, 2027

(Seal)

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (05/18/2023)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler/Dispensing Site M. Rx Pharmacy

Pharmacy/MDEG/Wholesaler/Dispensing Practitioner License # (if applicable) _____

Physical Address 409 COLORFUL RAIN AVE

City North Las Vegas State NV Zip 89031

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone 702-528-5336 Website _____

Licensing Company Email m.rxrxpharmacy@gmail.com

Section 2: Personal Information

First Perez Middle Saka Last Oppong

Alias(es, nicknames, name changes, etc.) _____

Date of Birth [redacted] SSN or ITIN [redacted] Sex ■ M ☐ F ☐ X

Mailing Addre[redacted]

City [redacted] State [redacted] Zip [redacted]

Telephone [redacted] Email [redacted]

Are you a citizen of the United States? ■ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)	✓	
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✓

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name			From - To (MM/YY – MM/YY)	
University of New England			08/2019-08/2020	
Address		City	State	Zip
11 Hills Beach Road		Biddeford	Maine	04005
Diploma/Degree obtained, if any				
Graduate certificate				
School Name			From - To (MM/YY – MM/YY)	
Grand Canyon University			08/2013-08/2015	
Address		City	State	Zip
3300 W. Camelback Road		Phoenix	AZ	85017
Diploma/Degree obtained, if any				
Masters Degree				
School Name			From - To (MM/YY – MM/YY)	
University of Ghana			08/2005-08/2009	
Address		City	State	Zip
P.O. Box LG 25, Legon		Accra	Ghana	
Diploma/Degree obtained, if any				
Bachelors Degree				
School Name			From - To (MM/YY – MM/YY)	
Mfantsipim High School			08/2001-2004	
Address		City	State	Zip
		Cape Coast	Ghana	
Diploma/Degree obtained, if any				
Diploma				
School Name			From - To (MM/YY – MM/YY	
Address		City	State	Zip
Diploma/Degree obtained, if any				

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	[redacted]			
01/2014 - Present				
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name			From - To (MM/YY – MM/YY)
Department of Health Agency			04/23 - present
Business Address	**City**	**State**	**Zip**
1800 W. Charleston Blvd	Las Vegas	NV	89102
Phone	**Title**		
702-912-9401	Clinical Researcher		

Description of Duties

Collaborate with healthcare providers, research teams to plan, design, conduct, and analyze clinical studies aimed at ethically and safely advancing medical knowledge and improving patient care.

Business Name			From - To (MM/YY – MM/YY)
United States Air Force			05/11 - 06/21
Business Address	**City**	**State**	**Zip**
4700 Las Vegas Blvd North	Nellis Air Force Base	NV	89191
Phone	**Title**		
702-653-3212	Pharmacy Manager		

Description of Duties

Oversaw the daily operations of a pharmacy, ensuring safe, effective, and compliant medication dispensing while leading a team of pharmacists, technicians, and support staff. They are responsible for regulatory compliance, inventory management, customer service, and financial performance, while promoting best practices in pharmaceutical care.

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		

Description of Duties

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		

Description of Duties

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		

Description of Duties

Continue on next page if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		✓
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Perez Oppong

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

9.30.25

Date

Please have this section completed in the presence of a Notary Public.

State of Nevada, ss. County of Clark

I, Perez Oppong, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

9.30.25

Date

Subscribed and Sworn to before me this 30 day of Sept. 2025.

Notary Public Signature

Christina Goss
Notary Public - State of Nevada
County of Clark
APPT. NO. 23-0847-01
My Appt. Expires: June 1, 2027

(Seal)

9H

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Pharmacy Application
Non-Refundable $500.00 Fee

Rev (6/11/2024)

Facility Location	Application Type (check all applicable)	Pharmacy Type (check all applicable)	Services the Pharmacy will Provide (check all applicable)
☒ Nevada	☐ New Pharmacy	☒ Retail/Community	☐ Retail/Community
☐ Out-of-Nevada	☒ Ownership Change*	☐ Hospital (# beds _____)	☐ Dangerous drugs
	☐ Location Change *	☐ Internet	☐ Controlled substances
	☐ Service Modification*	☐ Nuclear	DEA #: pending new permit
	☐ Name Change* (if only a Name Change occurred, submit a **$50.00 fee** with the application.)	☐ Other:	☐ Non-sterile Compounding
			☐ Sterile Compounding
			☐ Mail-Order Service
			☐ Off-site Cognitive Services
			☒ Long Term Care
	* Current license #: PH 04648		☐ Hospital
			☐ Other:

Days of Operation		Ownership Type (check applicable box)
☒ Monday	☒ Friday	☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9, 10, 11, 12)
☒ Tuesday	☒ Saturday	☒ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9, 10, 11, 12)
☒ Wednesday	☐ Sunday	☐ Partnership (complete sections 1, 2, 3, 4, 7, 9, 10, 11, 12)
☒ Thursday	☐ Holidays	☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9, 10, 11, 12)

Section 1: General Information

Pharmacy Name: Tera Pharmacy

Physical Address: 8995 W Flamingo Rd

City: Las Vegas State: NV Zip: 89147

Mailing Address (if different from physical address): same

City: same State: same Zip: same

Telephone: 702-780-4144 Toll Free # (NAC 639.708, NRS 639.23286): n/a

Fax: 702-749-3133 Contact Email: stmaryrxlv@gmail.com

Website: n/a

Nevada Business License # (if applicable) NV20091170440101

Supervising/Managing Pharmacist Name (NRS 639.220): Grace Marielle Singson

Supervising/Managing Pharmacist NV Pharmacist Registration # (if applicable): 24727

Section 2: List the name(s) of at least one NEVADA registered pharmacist who practices at the pharmacy, who may be the managing pharmacist or another pharmacist, who will be responsible for any prescriptions dispensed to a patient located in Nevada and responsible for any acts or omissions of pharmacy personnel who are not registered with the Board. NRS 639.2328. (Use a separate piece of paper if additional space is needed.)

Name: Grace Marielle Singson	NV Pharmacist Registration #: 24727
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:

Section 3: History of Company:	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✓
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration from any jurisdiction?		✓
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been subject of an administrative action, board citation, cite fine, or proceeding relating to the pharmaceutical industry?		✓
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✓
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✓

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name(s) of the owner(s), their credentials and their percent ownership. Write NA if not applicable. NRS 639.232. (Use a separate piece of paper if additional space is needed.)

Name: N/A	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:

1. The Board shall not issue a license to conduct a pharmacy:
   a) To any practitioner; or
   b) To any partnership, corporation, or association in which a practitioner has a controlling interest or owns more than 10 percent of the available stock.
2. This section does not:
   a) Apply to a hospital pharmacy or a health maintenance organization which holds a certificate of authority under chapter 695C of NRS.
   b) Prohibit ownership by a practitioner of a building in which a pharmacy is located, if space for the pharmacy is rented at the prevailing rate.

Section 5: Publicly Traded Corporation

State of Incorporation: n/a

Parent Company (if any): n/a

Corporation Name: n/a

Mailing Address: n/a

City: n/a State: n/a Zip: n/a

Telephone: n/a Email: n/a

Contact Person Name: n/a

Date of SEC Registration: n/a	SEC Registration Number: n/a	Stock Exchange Symbol: n/a

Does the number of stockholders/shareholders of the corporation exceed four? NRS 639.231 ☐ Yes ☐ No

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: Nevada

Parent Company (if any): n/a

Corporation/Organization Name: Saint Mary Pharmacy Inc

Mailing Address: 8995 W Flamingo Rd Ste 120

City: Las Vegas State: NV Zip: 89147

Telephone: 702-780-4144 Email: stmaryrxlv@gmail.com

Contact Person Name: Mark Mahfouz

Does the number of stockholders/shareholders of the corporation or members exceed four? NRS 639.231 ☐ Yes ☒ No

Section 7: Partnership

Partnership Name: n/a

Mailing Address: n/a

City: n/a State: n/a Zip: n/a

Telephone: n/a Email: n/a

Contact Person Name: n/a

Please check type of partnership (NAC 639.214) ☐ General ☐ Limited

Does the number of partners or members of the partnership exceed four? NRS 639.231 ☐ Yes ☐ No

Section 8: Sole Owner

Owner's Name: n/a

Business Name: n/a

Business Address: n/a

City: n/a State: n/a Zip: n/a

Telephone: n/a Email: n/a

Section 9: Statement of Responsibility - MUST BE COMPLETED by an Authorized Person (NAC 639.945)

Statement of Responsibility

1. I am the officer / owner (title) for Tera Pharmacy (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be responsible for any violations of pharmacy law that may occur in the Pharmacy owned by such owner(s), shareholder(s), member(s), or partner(s).
3. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against the Pharmacy.
4. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) cannot require or permit the pharmacist(s) in said Pharmacy to violate any provision of local, state, or federal laws or regulations pertaining to the practice of pharmacy.
5. I further understand and acknowledge that Nevada law requires that each pharmacy located inside the State of Nevada employ only pharmacists, intern pharmacists, pharmaceutical technicians, and technicians in training that are licensed by the Nevada State Board of Pharmacy. (NRS 639.100).
6. I further understand and acknowledge that Nevada law requires that each pharmacy located outside the State of Nevada engaged in providing pharmacy services into Nevada employs at least one pharmacist licensed by the Nevada State Board of Pharmacy who will be responsible for any prescription dispensed to a patient located in Nevada and responsible for any acts or omissions of pharmacy personnel who are not registered with the Board. (NRS 639.2328).

Mark Magdi Mahfouz

Print Name of Authorized Person

Original signature of Authorized Person (copies or stamps not accepted)

11/25/2025

Date

Section 10: Affidavit for Pharmacies. MUST BE COMPLETED by pharmacies NOT CURRENTLY PERFORMING Sterile Compounding

Affidavit for Pharmacy License

I, Mark Mahfouz hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

1. I am the officer / owner (title) for Tera Pharmacy (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I certify that upon licensure, the Pharmacy will not perform sterile compounding or ship sterile compounds into Nevada.
3. I understand and acknowledge that the Pharmacy and any of its staff members may be subject to discipline by the Board if the Pharmacy performs sterile compounding or ships any sterile compounds into Nevada without first obtaining written authorization from the Board to do so.
4. I certify that if the Pharmacy makes the decision to perform sterile compounding or to ship any sterile compounds into Nevada, the Pharmacy, through an authorized representative, will first notify the Board via a written request, and obtain written approval to perform sterile compounding or to ship any sterile compounds into Nevada.
5. I understand that if the Pharmacy seeks approval to perform sterile compounding or to ship any sterile compounds into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

FURTHER YOUR AFFIANT SAYETH NAUGHT.

Signature

SUBSCRIBED AND SWORN TO
Before me, a notary public this 25 day of November, 20 25

Notary Public

PLEASE SEE THE ATTACHMENT
11/25/2025

CALIFORNIA JURAT WITH AFFIANT STATEMENT **GOVERNMENT CODE § 8202**

☑ See Attached Document (Notary to cross out lines 1–6 below)
☐ See Statement Below (Lines 1–6 to be completed only by document signer[s], *not* Notary)

1.
2.
3.
4.
5.
6.

Mark Mahfouz
Signature of Document Signer No. 1

Signature of Document Signer No. 2 (if any)

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California
County of Los Angeles

Subscribed and sworn to (or affirmed) before me on this 25 (Date) day of November (Month), 2025 (Year), by
(1) Mark Mahfouz
(and (2) _____),
Name(s) of Signer(s)

proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

RAMIN MIRAGE
COMM. #2453113
Notary Public - California
Los Angeles County
My Comm. Expires July 13, 2027
NRO1 NRO1

Signature _____
Signature of Notary Public

Seal
Place Notary Seal Above

OPTIONAL

Though this section is optional, completing this information can deter alteration of the document or fraudulent reattachment of this form to an unintended document.

Description of Attached Document
Title or Type of Document: Affidavit For Pharmacy License Document Date: _____
Number of Pages: _____ Signer(s) Other Than Named Above: _____

©2014 National Notary Association • www.NationalNotary.org • 1-800-US NOTARY (1-800-876-6827) Item #5910

Section 11: Managing Pharmacist Acknowledgement, Professional/Personal History – REQUIRED TO BE COMPLETED BY THE MANAGING PHARMACIST FOR NEW AND RELOCATED PHARMACY APPLICANTS ONLY

Managing Pharmacist Name: Grace Marielle Singson Pharmacist Registration #: 24727

Pharmacy Name: Tera Pharmacy

Initial each statement below to indicate you have read and agree with the following:

GS — I understand that as the managing pharmacist I am responsible for compliance by the pharmacy and its personnel with all state and federal laws and regulations relating to the operation of the pharmacy and the practice of pharmacy. I understand my license can be revoked or that I can be subject of disciplinary action if such laws or regulations are knowingly violated in the pharmacy in which I am the managing pharmacist.

GS — I understand within 48 hours after I report for duty as the managing pharmacist, I shall complete an inventory of all controlled substances of the pharmacy pursuant to 21 CFR Part 1304 and maintain a copy of the inventory in the file at the pharmacy.

GS — I understand that if I cease to be managing pharmacist of the above-named pharmacy, I will jointly, with the new managing pharmacist, take an inventory of all controlled substances.

GS — I understand that as the managing pharmacist I must ensure that all loss or theft of controlled substances are reported on forms provided by the Nevada State Board of Pharmacy and Department of Public Safety within 10 days after the date of discovery of theft or loss. NRS 453.568. Federal regulations require that registrants notify the Field Division Office of the Administration in his area, in writing, of the theft or significant loss of any controlled substance, disposal receptacles or listed chemicals within one business day of discovery of such loss or theft. The registrant shall also complete and submit to the Field Division Office in his area, DEA Form 106 regarding the loss or theft (21 C.F.R. §1301.76(b) and 21 U.S.C. §830(b)(1)(C)).

GS — I understand that as the managing pharmacist I must notify the Nevada State Board of Pharmacy of all employment changes of pharmacy staff within 10 days of the change. NAC 639.540

Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓
2. Have you been charged, arrested, or convicted of a felony or misdemeanor in <u>any</u> state?		✓
3. Have you been the subject of a board citation or an administrative action whether completed or pending in <u>any</u> state?		✓
4. Has your license been subjected to any discipline for violation of pharmacy or drug laws in <u>any</u> state?		✓

If you marked YES to any questions above, include the following information and provide a <u>signed statement of explanation</u>. <u>Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.</u>

Board Administrative Action	State	Date	Case #
n/a	n/a	n/a	n/a

Criminal Actions	State	Date	Case #	County	Court
n/a	n/a	n/a	n/a	n/a	n/a

I certify under penalty of perjury that the information I have provided on this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Original signature of Managing Pharmacist (copies or stamps not accepted) — Date: 11/25/2025

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Mark Mahfouz, CEO (officer)

Print Name of Authorized Person Submitting Application (If the applicant is a partnership or corporation, the application must be signed by a partner or by an officer of the corporation). NAC 639.215

Original signature of Authorized Person (copies or stamps not accepted)

11/25/2025
Date

Board Use Only	Date Received: 11/26/25	Amount: $500 cc

SECRETARY OF STATE

STATE OF NEVADA

CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, FRANCISCO V. AGUILAR, the duly qualified and elected Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporations sole, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence **SAINT MARY PHARMACY INC** as a DOMESTIC CORPORATION (78) duly organized or formed and existing, or duly qualified or registered, as applicable, under and by virtue of the laws of the State of Nevada since 09/18/2025, and in good standing in this State.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of this State, at my office on 11/25/2025.

FVAguilar

FRANCISCO V. AGUILAR
Secretary of State

Certificate Number: B202511256305382
You may verify this certificate online at https://www.nvsilverflume.gov/home

Saint Mary Pharmacy Inc

Tera Pharmacy

Listing of officers, directors, and stockholders

Mark Mahfouz – Pres / Treasurer / Director and 100% stockholder

Giselle Acosta – Secretary

NEVADA STATE BOARD OF PHARMACY
985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application
Rev (05/12/2022)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler: Tera Pharmacy
Pharmacy/Wholesaler License # (if applicable): pending change of ownership application
Physical Address: 8995 W Flamingo Rd, Ste 120
City: Las Vegas State: NV Zip: 89147
Mailing Address (if different from physical address): same
City: same State: same Zip: same
Telephone: 702-780-4144 Website: n/a
Licensing Company Email: stmaryrxlv@gmail.com

Section 2: Personal Information

First: Grace Middle: Marielle Last: Singson
Alias(es, nicknames, name changes, etc.): n/a
Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☐ M ☒ F ☐ X
Mailing Address: [redacted]
City: [redacted] State: [redacted] Zip: [redacted]
Telephone: [redacted] Email: [redacted]
Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✓

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name	From - To (MM/YY – MM/YY)		
Miriam College High School	06/07 - 03/11		
Address	City	State	Zip
Katipunan Ave, Loyla Heights	Quezon City, Philippines	NCR	1101
Diploma/Degree obtained, if any			
High School Diploma (Katibayan)			

School Name	From - To (MM/YY – MM/YY)		
University of the Philippines Diliman	06/11 - 03/13		
Address	City	State	Zip
Magsaysay cor. E. Jacinto Ave, Diliman	Quezon City, Philippines	NCR	1101
Diploma/Degree obtained, if any			

School Name	From - To (MM/YY – MM/YY)		
University of Nevada Las Vegas	08/13 - 05/17		
Address	City	State	Zip
4505 S Maryland Pkwy	Las Vegas	NV	89154
Diploma/Degree obtained, if any			
Bachelor of Science in Biochemistry			

School Name	From - To (MM/YY – MM/YY)		
University of Southern California	08/18 - 05/22		
Address	City	State	Zip
1985 Zonal Ave	Las Vegas	NV	89118
Diploma/Degree obtained, if any			
Doctor of Pharmacy (PharmD), Master of Science in Healthcare Decision Analysis			

School Name	From - To (MM/YY – MM/YY)		
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
03/23 - present	[redacted]			
09/22 - 03/23				
08/19 - 09/22				
05/18 - 08/19				
10/16 - 05/18				
07/13 - 10/16				
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7-A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5045) or wholesalers (NAC 639.5985) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs, beginning with the most current list your hours of employment related to the above.

Business Name			From - To (MM/YY – MM/YY)	
Tera Pharmacy			10/25 - present	
Business Address		City	State	Zip
8995 W Flamingo Rd, Ste 120		Las Vegas	NV	89147
Phone	Title		Number of Employed Hours	
702-780-4144	pharmacist		270 and counting	

Description of Duties

Oversse daily pharmacy operations, ensuring presecipriion accuracy, controlled substance compliance, and adherence to state & federal regulations. Supervise techinicians to maintain effecient workflow, high-quality patient care... and more

Business Name			From - To (MM/YY – MM/YY)	
Cencora			02/22 - 03/22	
Business Address		City	State	Zip
5025 Plano Pkwy		Carrollton	Tx	75010
Phone	Title		Number of Employed Hours	
610-727-7000	Managed Care Pharmacy Intern		240	

Description of Duties

Developed dosing and titration guidance for PAH drug products to support accurate dispensing and documentation. Evaluated prescrption drug products, compariong indications, mechanisim of actions, formulations, dosing.... and more

Business Name			From - To (MM/YY – MM/YY)	
Los Angeles County / University of Southern Califoronia Hosptial			11/21 - 12/21	
Business Address		City	State	Zip
1200 N Mission Rd		Los Angeles	CA	90033
Phone	Title		Number of Employed Hours	
323-409-6225	pharmacy intern		240	

Description of Duties

Collaborated with inpatient team during daily bedside round to review medication orders, assess therapy & support safe dipensing and distribution of prescription drugs. Conducted patient education and developed drug materials... and more

Business Name			From - To (MM/YY – MM/YY)	
Regale Medical Group			09/21 - 11/21	
Business Address		City	State	Zip
8510 Balboa Blvd		Northridge	CA	91325
Phone	Title		Number of Employed Hours	
818-357-5000	pharmacy intern		240	

Description of Duties

Interviewed and assessed patients uncontrolled diabetes and congestive heart failure to support appropriate medication therapy mgt and dispensing. Designed Pharmacy Service Protocal for COPD mgt under CPA... and more

Business Name			From - To (MM/YY – MM/YY)	
L.A. Care Health Plan			08/21 - 09/21	
Business Address		City	State	Zip
1200 W 7th St		Los Angeles	CA	90017
Phone	Title		Number of Employed Hours	
213-428-5500	Managed Care Pharmacy Intern		240	

Description of Duties

Conducted prescription drug reviews and prepared drug monographs for pharmacy & therapuetics committee. Administered vaccines, provided patient education, and completed required documentation... and more

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)
Riverside University Health System			02/19 - 05/22
Business Address		**City**	**State** / **Zip**
26600 Cactus Ave		Moreno Valley	CA / 92555
Phone	**Title**		**Number of Employed Hours**
951-988-9520	Pharmacy Intern		3420

Description of Duties

Provided patient counseling and responded to medication-related inquiries. Performed patient interviews and medication reconcilliation, evaluated potential drug interactions, and support propert documentation.... and more

Business Name			From - To (MM/YY – MM/YY)
Jeffrey Goodman Specialty Pharmacy LA LGBT Center			05/21-06/21
Business Address		**City**	**State** / **Zip**
1625 Schrader Blvd		Los Angeles	CA / 90028
Phone	**Title**		**Number of Employed Hours**
323-993-751	Pharmacy Intern		240

Description of Duties

prescription processing, product selection, labeling, verification support, patient counseling, drug utilization reviews, medication therapy management

Business Name			From - To (MM/YY – MM/YY)
986 Specialty Pharmacy			08/19 - 12/20
Business Address		**City**	**State** / **Zip**
1719 E Walnut St		Pasadena	CA / 91106
Phone	**Title**		**Number of Employed Hours**
626-798-6789	Pharmacy intern		160

Description of Duties

Reviewed medication histories and electronic health record to verify medical necessity, appropriateness of therapy and safe dispensing. Prior authorization processing for specialty medications, and daily operations support... and more

Business Name			From - To (MM/YY – MM/YY)
Earth Compounding Pharmacy			06/20 - 08/20
Business Address		**City**	**State** / **Zip**
2060 Lincoln Ave		Pasadena	CA / 91103
Phone	**Title**		**Number of Employed Hours**
310-550-1822	pharmacy intern		160

Description of Duties

prepared non-sterile compounded medications in accordance with USP standards, performing prescription processing and dispensing duties, including data entry, labeling, and packaging, maintain compounding logs and inventory mgt

Business Name			From - To (MM/YY – MM/YY)
CVS Pharmacy			06/17 - 04/18
Business Address		**City**	**State** / **Zip**
9405 W Russell Rd		Las Vegas	NV / 89148
Phone	**Title**		**Number of Employed Hours**
702-262-7854	Pharmaceutical Technician Trainee		906

Description of Duties

Assisted in prescription processing, including data entry of patient and prescriber information, medication selection, label generation, and preparation for prescriptions for pharmacist verfication. Retrieved, stocked, and organized... and more

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section Requires Personal Information	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

I, Grace Singson, **certify that as the designated representative for**

Tera Pharmacy, 8995 W Flamingo Rd, Ste 120, Las Vegas NV 89147,

that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):

1. GS I am at least 21 years of age;
3. GS I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. GS I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. GS I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. GS I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. GS I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

Grace Singson
Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

11/25/2025
Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Grace Singson

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

11/25/2025

Date

Please have this section completed in the presence of a Notary Public.

State of Nevada, ss. County of Clark

I, Grace Marielle Singson, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

11/25/2025

Date

Subscribed and Sworn to before me this 25th day of November, 2025

Notary Public Signature

GIZELLE SUBA
Notary Public, State of Nevada
Appointment No. 25-0831-01
My Appt. Expires Apr 27, 2029

(Seal)

NEVADA STATE BOARD OF PHARMACY
985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (05/18/2023)

Section 1: Pharmacy/MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler/Dispensing Site: Tera Pharmacy

Pharmacy/MDEG/Wholesaler/Dispensing Practitioner License # (if applicable): pending change of ownership

Physical Address: 8995 W Flamingo Rd, Ste 120

City: Las Vega State: NV Zip: 89147

Mailing Address (if different from physical address): same

City: same State: same Zip: same

Telephone: 702-780-4144 Website: n/a

Licensing Company Email: stmaryrxlv@gmail.com

Section 2: Personal Information

First: Mark Middle: Magdi Last: Mahfouz

Alias(es, nicknames, name changes, etc.): n/a

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☒ M ☐ F ☐ X

Mailing Address: [redacted]

City: [redacted] State: [redacted] Zip: [redacted]

Telephone: [redacted] Email: [redacted]

Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.120)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✓

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
University of Phoenix		01/00 - 12/00	
Address	City	State	Zip
10540 Talbert Ave	Fountain Valley	CA	92708
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
California State Polytechnic University, Pomona		01/96 - 09/98	
Address	City	State	Zip
3801 W Temple Ave	Pomona	CA	91768
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
University of California Riverside		06/94 - 12/95	
Address	City	State	Zip
900 University Ave	Riverside	CA	92521
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Walnut High School		09/90 - 06/94	
Address	City	State	Zip
400 Pierre Rd	Walnut	CA	91789
Diploma/Degree obtained, if any			
high school diploma			

School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
05/15 - present	[redacted]			
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7. Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name	From - To (MM/YY – MM/YY)
High Yield Capital	12/23 - present

Business Address	City	State	Zip
3890 11th St, Ste 213	Riverside	CA	92501

Phone	Title
562-533-5906	Managing Member - Head of Investor Relations

Description of Duties

Cultivating and nurtuting relationships with investros and bringin in new investors for opportunities in the commercial real estate space.

Business Name	From - To (MM/YY – MM/YY)
Hammerhead Management Services	06/20 - present

Business Address	City	State	Zip
324 S Diamond Bar Blvd, #425	Diamond Bar	CA	91765

Phone	Title
562-533-5906	Managing Member

Description of Duties

Supporting and aiding businesses with inventory sourcing solutions, as well as administrative support services including staffing and training.

Business Name	From - To (MM/YY – MM/YY)
Sunflower Family Investments	04/18-present

Business Address	City	State	Zip
324 S Diamond Bar Blvd, #425	Diamond Bar	CA	91765

Phone	Title
562-533-5906	President

Description of Duties

Overseeing and managing portfolio of family investments.

Business Name	From - To (MM/YY – MM/YY)

Business Address	City	State	Zip

Phone	Title

Description of Duties

Business Name	From - To (MM/YY – MM/YY)

Business Address	City	State	Zip

Phone	Title

Description of Duties

Continue on next page if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Mark Mahfouz

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

11/25/2025

Date

Please have this section completed in the presence of a Notary Public.

State of California, ss. County of Los Angeles

I, MARK MAHFOUZ, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

11/25/2025

Date

Subscribed and Sworn to before me this 25 day of November 2025

PLEASE SEE THE ATTACHMENT
11/25/2025

Notary Public Signature

(Seal)

CALIFORNIA JURAT WITH AFFIANT STATEMENT **GOVERNMENT CODE § 8202**

☑ See Attached Document (Notary to cross out lines 1–6 below)
☐ See Statement Below (Lines 1–6 to be completed only by document signer[s], *not* Notary)

1 _____
2 _____
3 _____
4 _____
5 _____

Mark Mahfouz
Signature of Document Signer No. 1

_____
Signature of Document Signer No. 2 (if any)

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California
County of Los Angeles

Subscribed and sworn to (or affirmed) before me on this 25 day of November, 2025,
Date *Month* *Year*
by
(1) Mark Mahfouz
(and ~~(2)~~ _____),
Name(~~s~~) of Signer(~~s~~)

proved to me on the basis of satisfactory evidence to be the person(~~s~~) who appeared before me.

RAMIN MIRAGE
COMM. #2453113
Notary Public - California
Los Angeles County
My Comm. Expires July 13, 2027
NRO1 NRO1

Signature _____
Signature of Notary Public

Seal
Place Notary Seal Above

OPTIONAL

Though this section is optional, completing this information can deter alteration of the document or fraudulent reattachment of this form to an unintended document.

Description of Attached Document

Title or Type of Document: Personal History Application Document Date: _____

Number of Pages: _____ Signer(s) Other Than Named Above: _____

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9I

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Pharmacy Application

Non-Refundable $500.00 Fee

Rev (6/11/2024)

Y

Facility Location	Application Type (check all applicable)	Pharmacy Type (check all applicable)	Services the Pharmacy will Provide (check all applicable)
☑ Nevada	☐ New Pharmacy	☑ Retail/Community	☑ Retail/Community
☐ Out-of-Nevada	☑ Ownership Change*	☐ Hospital (# beds _____)	☑ Dangerous drugs
	☐ Location Change *	☐ Internet	☑ Controlled substances
	☐ Service Modification*	☐ Nuclear	DEA #: BW6103838
	☐ Name Change* (if only a Name Change occurred, submit a $50.00 fee with the application.)	☐ Other:	☐ Non-sterile Compounding
			☐ Sterile Compounding
			☐ Mail-Order Service
			☐ Off-site Cognitive Services
			☐ Long Term Care
	* Current license #: PH PH01306		☐ Hospital
			☐ Other:

Days of Operation		Ownership Type (check applicable box)
☑ Monday	☑ Friday	☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9, 10, 11, 12)
☑ Tuesday	☑ Saturday	☑ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9, 10, 11, 12)
☑ Wednesday	☑ Sunday	☐ Partnership (complete sections 1, 2, 3, 4, 7, 9, 10, 11, 12)
☑ Thursday	☐ Holidays	☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9, 10, 11, 12)

Section 1: General Information

Pharmacy Name: WALGREENS #04788

Physical Address: 1465 E WILLIAM ST

City: CARSON CITY State: NV Zip: 89701-3278

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: (775)841-2790 Toll Free # (NAC 639.708, NRS 639.23286): N/A

Fax: (775)841-2796 Contact Email: rxm.04788@store.walgreens.com

Website: https://www.walgreens.com

Nevada Business License # (if applicable) NV19951143510

Supervising/Managing Pharmacist Name (NRS 639.220): TANYA DEMICHELE

Supervising/Managing Pharmacist NV Pharmacist Registration # (if applicable): 16291

Section 2: List the name(s) of at least one NEVADA registered pharmacist who practices at the pharmacy, who may be the managing pharmacist or another pharmacist, who will be responsible for any prescriptions dispensed to a patient located in Nevada and responsible for any acts or omissions of pharmacy personnel who are not registered with the Board. NRS 639.2328. (Use a separate piece of paper if additional space is needed.)

Name: TANYA DEMICHELE	NV Pharmacist Registration #: 16291
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:

Section 3: History of Company	**Yes**	**No**
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✓
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration from any jurisdiction?		✓
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been subject of an administrative action, board citation, cite fine, or proceeding relating to the pharmaceutical industry?	✓	
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✓
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✓

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name(s) of the owner(s), their credentials and their percent ownership. Write NA if not applicable. NRS 639.232. (Use a separate piece of paper if additional space is needed.)

Name: N/A	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:

1. The Board shall not issue a license to conduct a pharmacy:
   a) To any practitioner; or
   b) To any partnership, corporation, or association in which a practitioner has a controlling interest or owns more than 10 percent of the available stock.
2. This section does not:
   a) Apply to a hospital pharmacy or a health maintenance organization which holds a certificate of authority under chapter 695C of NRS.
   b) Prohibit ownership by a practitioner of a building in which a pharmacy is located, if space for the pharmacy is rented at the prevailing rate.

Section 5: Publicly Traded Corporation

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Does the number of stockholders/shareholders of the corporation exceed four? NRS 639.231 ☐ Yes ☐ No

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: Delaware

Parent Company (if any): Walgreens Boots Alliance, Inc.

Corporation/Organization Name: Walgreen Co.

Mailing Address: 108 Wilmot Rd

City: Deerfield State: IL Zip: 60015

Telephone: 847-224-1348 Email: licenseadministration@walgreens.com

Contact Person Name: Kayla Lechner

Does the number of stockholders/shareholders of the corporation or members exceed four? NRS 639.231 ☐ Yes ☒ No

Section 7: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Please check type of partnership (NAC 639.214) ☐ General ☐ Limited

Does the number of partners or members of the partnership exceed four? NRS 639.231 ☐ Yes ☐ No

Section 8: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Richard Gates

Print Name of Authorized Person Submitting Application (If the applicant is a partnership or corporation, the application must be signed by a partner or by an officer of the corporation). NAC 639.215

Richard Gates

Original signature of Authorized Person (copies or stamps not accepted)

08 / 26 / 2025

Date

Board Use Only	Date Received: 9/22/25	Amount: $500 ck JP03 3000111129

Section 11: Managing Pharmacist Acknowledgement, Professional/Personal History – REQUIRED TO BE COMPLETED BY THE MANAGING PHARMACIST FOR NEVADA LOCATED PHARMACY APPLICANTS ONLY

Managing Pharmacist Name: TANYA DEMICHELE Pharmacist Registration #: 16291

Pharmacy Name: WALGREENS #04788

Initial each statement below to indicate you have read and agree with the following:

tmd I understand that as the managing pharmacist I am responsible for compliance by the pharmacy and its personnel with all state and federal laws and regulations relating to the operation of the pharmacy and the practice of pharmacy. I understand my license can be revoked or that I can be subject of disciplinary action if such laws or regulations are knowingly violated in the pharmacy in which I am the managing pharmacist.

tmd I understand within 48 hours after I report for duty as the managing pharmacist, I shall complete an inventory of all controlled substances of the pharmacy pursuant to 21 CFR Part 1304 and maintain a copy of the inventory in the file at the pharmacy.

tmd I understand that if I cease to be managing pharmacist of the above-named pharmacy, I will jointly, with the new managing pharmacist, take an inventory of all controlled substances.

tmd I understand that as the managing pharmacist I must ensure that all loss or theft of controlled substances are reported on forms provided by the Nevada State Board of Pharmacy and Department of Public Safety within 10 days after the date of discovery of theft or loss. NRS 453.568. Federal regulations require that registrants notify the Field Division Office of the Administration in his area, in writing, of the theft or significant loss of any controlled substance, disposal receptacles or listed chemicals within one business day of discovery of such loss or theft. The registrant shall also complete and submit to the Field Division Office in his area, DEA Form 106 regarding the loss or theft (21 C.F.R. §1301.76(b) and 21 U.S.C. §830(b)(1)(C)).

tmd I understand that as the managing pharmacist I must notify the Nevada State Board of Pharmacy of all employment changes of pharmacy staff within 10 days of the change. NAC 639.540

Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?	☐	☑
2. Have you been charged, arrested, or convicted of a felony or misdemeanor in any state?	☐	☑
3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state?	☐	☑
4. Has your license been subjected to any discipline for violation of pharmacy or drug laws in any state?	☐	☑

If you marked YES to any questions above, include the following information and provide a signed statement of explanation. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Board Administrative Action:	State:	Date:	Case #:

Criminal Action:	State:	Date:	Case #:	County:	Court:

I certify under penalty of perjury that the information I have provided on this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

TANYA DEMICHELE

Original signature of Managing Pharmacist (copies or stamps not accepted)

08 / 03 / 2025

Date

Document Ref: 53DPW-GRSXT-A5QHS-JH4DX

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, Petitioner, v. RUSSELL E. SMITH, RPH Certificate of Registration No. 16233 WALGREENS #04788 Certificate of Registration No. PH01306 Respondents.	)	CASE NOS. 13-001-RPH-N 13-001-PH-N STIPULATION AND PROPOSED ORDER

S. Paul Edwards, General Counsel for Petitioner the Nevada State Board of Pharmacy (Board), and Respondents Russell E. Smith, RPH (Mr. Smith) and Walgreens #04788 (collectively Respondents), by and through their counsel, William J. Stilling, of the law firm Parsons Behle & Latimer,

HEREBY STIPULATE AND AGREE AS FOLLOWS:

1. Respondents Mr. Smith and Walgreens #04788 admit to the factual allegations made in the Notice of Intended Action and Accusation on file in the above captioned matter and to the alleged violations set forth in the First and Third Causes of Action therein. They do not, however, admit to the Second Cause of Action, or to any violation of NRS 639.210(16).

2. In light of the Respondents' admissions, Respondents and Board Staff will recommend that the Board impose discipline on Mr. Smith for the First Cause of Action, and that the Board impose the following in association with that discipline:

a. Mr. Smith will step down as the pharmacist in charge (PIC) at Walgreens #04788 as soon as a suitable replacement PIC is found, but in any event, no later than June 7, 2013. Mr. Smith will not work as the PIC in any pharmacy licensed by the Board until after the probation under which he is working is lifted.

b. Mr. Smith will successfully complete the Your Success Program, and provide evidence of the completion of that program to Board Staff.

c. Mr. Smith's registration shall remain on probation until September 14, 2013, the date on which his current probationary period is scheduled to end.

3. Respondents and Board Staff will further recommend that the Board impose discipline against Walgreens #04788 for the Third Cause of Action, and that Walgreens #04788 pay a fine of $500.00 in association with that discipline.

4. Board Counsel will present this Stipulation/Agreement to the Nevada State Board of Pharmacy at its meeting on April 17, 2013.

5. Respondents will appear at the April 17, 2013 meeting to answer questions, if any, put to them by the Board. The Board may discuss and deliberate, and at its sole discretion, may enter a Decision and Order accepting this Stipulation/Agreement and imposing discipline as recommended by the parties, but it is not obligated to do so.

6. If the Board adopts the recommendations set forth above, the fine(s) set forth herein shall be paid by cashier's check or certified check or money order made payable to "State of Nevada, Office of the Treasurer" to be received by the Board's Reno office located at 431 W. Plumb Lane, Reno, NV 89509, within 90 days of the effective date of the Board's Order.

7. If the Board adopts the recommendations set forth above, the Board and Respondents Mr. Smith and Walgreens #04788 each agree to release the others from any and all claims arising from the facts set forth in the Accusation on file herein, whether known or unknown, that might otherwise have existed on or before the effective date of the Board's Order in this matter.

8. If the Board rejects any part or all of this Stipulation/Agreement, and an alternative agreement cannot be reached, the parties agree that a full hearing on the merits of this matter

may be heard by the Board, and that the hearing shall occur at the Board's June 12, 2013 meeting.

9. The terms and admissions in this stipulation may not be used or referred to in a full hearing on the merits of this matter.

Signed this 17th day of April, 2013

S. Paul Edwards, General Counsel
Nevada State Board of Pharmacy

Signed this 17th day of April, 2013

Russell E. Smith, RPH

Authorized Representative for
Walgreens #04788

Eleanor Wong
District Pharmacy Supervisor

DECISION AND ORDER

The Nevada State Board of Pharmacy hereby adopts the foregoing Stipulation in the matter of the Board versus Russell E. Smith, RPH and Walgreens #04788, Case Nos. 13-001-RPH-N and 13-001-PH-N as its decision, and hereby orders that the foregoing Stipulation be made effective. This decision and order shall be effective upon execution.

4/17/2013
DATED

Kam Gandhi, President

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **RUSSELL E. SMITH, RPH** **Certificate of Registration No. 16233** **WALGREENS #04788** **Certificate of Registration No. PH01306** **Respondents** /	)	**CASE NOS. 13-001-RPH-N** **13-001-PH-N** **NOTICE OF INTENDED ACTION AND ACCUSATION**

Larry L. Pinson, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy makes the following that will serve as both a notice of intended action under Nevada Revised Statutes (NRS) 233B.127(3) and as an accusation under NRS 639.241.

I.

The Nevada State Board of Pharmacy (Board) has jurisdiction over this matter and these Respondents because Respondent Russell E. Smith is a pharmacist licensed by the Board. Respondent Walgreens #04788 is a pharmacy licensed by the Board, located at 1465 East Williams Street, Carson City, Nevada.

II.

On or about September 4, 2012, Patient BT was seen by Pamela Hassler, Physician's Assistant-Certified (PAC), and prescribed methadone 5 mg. tablets, to take one tablet by mouth every eight hours as needed. The prescription had a "Do Not Fill Until" date of October 2, 2012. On September 6, 2012, Patient BT presented the prescription to Walgreens #04788, at which time it was date-stamped and placed on hold. On October 2, 2012, Patient BT returned to the pharmacy and had the prescription filled.

III.

During a routine follow-up with PAC Hassler on October 31, 2012, Patient BT reported that the strength of the methadone dispensed to him was 10 mg. tablets, not

the 5 mg. strength prescribed. On or about October 29, 2012, he discarded the bottle after taking the last dose. Patient BT ingested ninety of the methadone 10 mg. tablets before the error was discovered. No ill effects were claimed or reported. PAC Hassler generated Patient BT's profile from the Prescription Monitoring Program (PMP) and verified that Walgreens had dispensed methadone 10 mg. tablets and not the 5 mg. strength which was prescribed.

IV.

During the investigation of this matter, the Board's Investigator learned that a pharmaceutical technician entered the original prescription into the pharmacy computer system. When entering the prescription data, the pharmaceutical technician selected methadone 10 mg., instead of methadone 5 mg. tablets as prescribed. The data was entered and sent to the pharmacist for Product Data Review. During Product Data Review, pharmacist Russell Smith failed to note the error in the strength. Pharmacist Smith filled, labeled, and verified the prescription and staged it for customer pick up. Pharmacist Smith failed to note the error in strength throughout the production sequence of the prescription, and he did not identify the error during patient counseling. In his written statement, Pharmacist Smith indicated that in reviewing the prescription, the image on the pharmacy computer screen was difficult to read and he verified the medication as methadone 10 mg.

V.

At its regularly scheduled Board meeting on June 4, 2008, in Reno, Nevada, the Board heard another matter (Case No. 08-017A-RPH-N) which involved Mr. Smith. Mr. Smith did not contest that he was responsible for verifying a prescription for Ortho-Cyclen that was filled with Ortho-Tri-Cyclen. The patient ingested the wrong medication for twenty-eight days. The error was discovered when the prescription was refilled.

VI.

At its regularly scheduled Board meeting on September 14, 2011, in Reno, Nevada, the Board heard another matter (Case No. 11-060-RPH-N) which involved Mr. Smith. Mr. Smith did not contest that he was responsible for not requiring positive identification from the person picking up a controlled substance prescription which resulted in the releasing of that medication to the wrong person. Walgreens' computer

system showed that the person who was dispensed the medication was counseled, but counseling did not transpire as Mr. Smith had overridden the computer system to allow the purchase. Mr. Smith was placed on probation for two years effective September 14, 2011.

FIRST CAUSE OF ACTION

VII.

By filling and dispensing Patient BT's prescription for methadone 5 mg. tablets with methadone 10 mg. tablets, Respondent Smith violated NRS 639.210(4) and/or NAC 639.945(1)(d) and/or (i).

SECOND CAUSE OF ACTION

VIII.

In being repeatedly negligent in Case 08-017A-RPH-N and in Case 11-060-RPH-N, Mr. Smith violated NRS 639.210(4) and/or (12) and/or (16) and/or NAC 639.945(1)(i) and/or (l).

THIRD CAUSE OF ACTION

IX.

In owning and operating the pharmacy in which Mr. Smith committed the above violations, Walgreens #04788 violated NRS 639.210(4) and/or (12) and/or (16) and NAC 639.945(1)(i) and (2).

WHEREFORE it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to the certificate of registration of the Respondent.

Signed this 21ST day of February, 2013.

Larry L. Pinson, Pharm.D., Executive Secretary
Nevada State Board of Pharmacy

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

FINDINGS OF FACT, CONCLUSIONS OF LAW, AND ORDER

ZACHARY W. BERGAN, R.Ph.,
Certificate of Registration #15889,

Case No. 04-063-RPH-N

WALGREENS PHARMACY #04788,
Certificate of Registration #PH01306,

Case No. 04-063-PH-N

Respondents.
_____/

THIS MATTER was heard by the Nevada State Board of Pharmacy (hereinafter Board) at its regular meeting on December 1, 2004, in Reno, Nevada. The Board was represented by Louis Ling, General Counsel for the Board, and Mr. Bergan and Walgreens Pharmacy #04788 (Walgreens #4788) were represented by Robert Graham. Based on the presentations of the parties, the parties' admissions, and the public records in the possession and control of the Board, the Board issues the following Findings of Fact, Conclusions of Law, and Order:

FINDINGS OF FACT

1. At hearing, the parties agreed that facts as plead in the Notice of Intended Action and Accusation were essentially true and correct. Based upon this understanding, Board staff presented no testimony or evidence.

2. Patient B was a twelve-year-old male who had had a tonsillectomy. Patient B's physician had prescribed Prednisolone 5 mg./5 ml. liquid for him to help with the

healing process. Patient B's mother, Ms. G, took the prescription to Walgreens #4788 on or about September 7, 2004 to be filled.

3. Patient B's father picked up the medication at the drive-through window at Walgreens #4788. Mr. G was not counseled for this new prescription. Ms. G began administering the medication to Patient B as directed on the label. Patient B took the first dose at approximately 5:30 p.m. and a second dose at approximately 10:45 p.m. At that time, Patient B told his mother that the medication burned his throat, made him feel sick, and numbed his mouth.

4. The next morning, Ms. G telephoned the pharmacy and questioned why the medication she received from Walgreens #4788 the previous day was pink and not clear as it had been in the past. Ms. G also telephoned Patient B's physician and was advised to take Patient B to the emergency room to determine what Patient B had ingested. The emergency room report indicated that Patient B had, in all probability, received Prednisolone 15 mg./5 ml. liquid. Board Staff subsequently tested the medication Patient B had taken, and it was determined that Patient B had received Prednisolone 15 mg./5 ml. liquid rather than the prescribed Prednisolone 5 mg./5 ml. liquid.

5. At hearing, Mr. Bergan testified that he was the pharmacist who was the "verifying" pharmacist on duty at the time that Patient B's prescription was filled. Being the "verifying" pharmacist meant that Mr. Bergan was responsible for the final verification of all prescriptions that were filled by other pharmacists and pharmaceutical technicians on duty at the time. Mr. Bergan stated that there were three pharmacists on duty at the time that Patient B's prescription was filled. Mr. Bergan explained that he

usually performs a "sniff test" on liquids to verify the correctness of the liquid, but he did not perform a "sniff test" regarding Patient B's prescription.

6. Mr. Bergan explained that Walgreens #4788 did not have any type of bar code scanning software or hardware: rather, verification of prescriptions at Walgreens #4788 was done by manual and visual means by double-checking the NDC code on the stock bottle with the NDC code on the prescription label. Mr. Bergan explained that it appeared from Patient B's prescription that he had, in fact, done the NDC code comparison, but that still did not reveal to him that the stock bottle and the prescription label did not match. Mr. Bergan could not explain why he did not catch the difference between the two NDC numbers when he verified Patient B's prescription.

7. Mr. Bergan explained that had Walgreens #4788 had the latest version of Walgreens' hardware and software system, the prescription could not have been "rung up" on the cash register until the prescription had been scanned, so the error regarding Patient B's prescription would have been discovered at the time of verification because the bar code scans of the stock bottle and the prescription label would not have matched.

8. Mr. Bergan testified that counseling was the responsibility for all pharmacists on duty when a new prescription is picked up. Mr. Bergan explained that the pharmacy's pharmaceutical technicians and clerks are trained to examine a filled prescription to determine whether it is new or a refill, and when it is new, the staff member is supposed to call a pharmacist for counseling before the prescription is dispensed. Mr. Bergan stated that he did not know which pharmacist would have been the one responsible for counseling Mr. G regarding Patient B's prescription, so he could

not state which pharmacist specifically was responsible for failing to counsel Mr. G. The pharmacy's counseling log contained no entry regarding Patient B's prescription, and the prescription should have been counseled because it was a new prescription.

CONCLUSIONS OF LAW

1. The Board has jurisdiction over this matter because Mr. Bergan is a pharmacist licensed by the Board and Walgreens #4788 is a pharmacy licensed with the Board.

2. In failing to strictly follow the prescription written for Patient B by filling his Prednisolone 5 mg./5 ml. prescription with Prednisolone 15 mg./5ml., Mr. Bergan violated NRS 639.210(4) and NAC 639.945(1)(d) and (i).

3. In owning and operating the pharmacy in which Mr. Bergan's misfilling of Patient B's prescription occurred and in which Patient B's father was not counseled regarding Patient B's prescription, Walgreens #4788 violated NRS 639.210(4) and NAC 639.707 and 639.945(1)(d) and (i) and (2).

4. The Second Cause of Action against Mr. Bergan is dismissed.

ORDER

Based upon the foregoing, the Board hereby orders the following:

1. Mr. Bergan shall pay a fine of $150.00 by cashier's or certified check or money order made payable to "State of Nevada, Office of the Treasurer" to be received by the Board's Reno office within 60 days of the effective date of this Order.

2. Mr. Bergan shall successfully complete three hours of ACPE-approved continuing education regarding prescription errors and their prevention. Evidence of

the completion of the continuing education must be presented to the Board's office within 60 days of the effective date of this Order. The three hours of continuing education ordered in this paragraph shall be in addition to the 30 hours required of Mr. Bergan for the renewal of his license.

3. Walgreens #4788 shall pay a fine of $900.00 ($150.00 for the misfill and $750.00 for the failure to counsel) by cashier's or certified check or money order made payable to "State of Nevada, Office of the Treasurer" to be received by the Board's Reno office within 60 days of the effective date of this Order.

4. Walgreens #4788 shall pay the costs incurred in the investigation and prosecution of this matter of $1,751.80 plus the Board's administrative fee of $250.00, for a total of $2,001.80 by cashier's or certified check or money order made payable to "Nevada State Board of Pharmacy" to be received by the Board's Reno office within 60 days of the effective date of this Order.

5. Walgreens #4788 and other Walgreens personnel shall present to the Board at its regularly schedule meeting on January 12 and 13, 2005 a plan by which it will implement in all of its pharmacies statewide an enhancement to its computer system by which a pharmacy's cash register will be unable to process a prescription transaction until a pharmacist has made an indication on the pharmacy's signature pad or in the pharmacy's computer at the counseling area that the pharmacist has counseled the patient or that the patient has declined to be counseled. The Board and personnel from Walgreens shall discuss the plan proposed by Walgreens #4788 and other Walgreens personnel at the meeting on January 12 and 13, 2005 to assure that the plan proposed

by Walgreens adequately addresses the Board's concerns raised at the hearing of this matter and that the time period proposed for implementation is reasonable.

6. The failure by Mr. Bergan to comply with any term in this order shall result in the immediate suspension of his license and will also result in further discipline, up to and including revocation of the license. The failure by Walgreens #4788 to comply with any term in this order shall result in a fine of $1,000 per day for every day that Walgreens #4788 has failed to comply with the Order until the Order is fully complied with, up to a total fine not to exceed $30,000, and will also result in further discipline, up to and including revocation of the its license.

Signed and effective this 21st day of December, 2004

Joseph L. Kellogg, President
Nevada State Board of Pharmacy

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

NOTICE OF INTENDED ACTION AND ACCUSATION

v.

ZACHARY W. BERGAN, R.PH
Certificate of Registration No. 15889

Case No. 04-063-RPH-N

WALGREENS #4788
Certificate of Registration No. PH01306

Case No. 04-063-PH-N

Respondents.

/

COMES NOW Keith W. Macdonald, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, and makes the following that will serve as both a notice of intended action under Nevada Revised Statutes (NRS) 233B.127(3) and as an accusation under NRS 639.241.

I.

The Nevada State Board of Pharmacy has jurisdiction over this matter and these Respondents because Respondent Zachary W. Bergan, R.Ph, (Certificate Number 15889) is a registered pharmacist with the Board and Respondent Walgreens #4788 is a pharmacy licensed by the Board, located at 1465 East Williams Street, Carson City, Nevada.

II.

Patient B is a twelve-year-old male who had a tonsillectomy. Patient B's physician prescribed Prednisolone 5 mg./5ml. liquid for him to help with the healing process. Patient B's mother, Ms. G, took the prescription to Walgreen's #4788 on or about September 7, 2004 to be filled.

III.

Patient B's father picked up the medication at the drive through window. Mr. G was not counseled for this new prescription. Ms. G began administering it to Patient B.

Patient B took the first dose at approximately 5:30 p.m. and a second dose at approximately 10:45 p.m. At that time Patient B told his mother that the medication burned his throat, made him feel sick, and numbed his mouth.

IV.

The following morning, Ms. G telephoned the pharmacy and questioned why the medication she received from Walgreens #4788 the previous day was pink and not clear as it had been in the past. Ms. G also telephoned Patient B's physician and was advised to take Patient B to the emergency room to determine what Patient B had ingested. The emergency room report indicated that Patient B had, in all probability, received Prednisolone 15 mg./5 ml. The medication was tested and it was determined that Patient B received Prednisolone 15 mg./5 ml. rather that the prescribed Prednisolone 5 mg./5 ml.

FIRST CAUSE OF ACTION

V.

In failing to strictly follow the prescription written for Patient B by filling his Prednisolone 5 mg./5 ml. prescription with Prednisolone 15 mg./5 ml, Mr. Bergan violated Nevada Revised Statutes (NRS) 639.210(4) and Nevada Administrative Code (NAC) 639.945(1)(d) and (i).

SECOND CAUSE OF ACTION

VI.

In failing to counsel Patient B's father on his new prescription, even though Patient B had taken Prednisolone before, Mr. Bergan violated NRS 639.210(4) and 639.266(1) and NAC 639.707 and 639.945(1)(i).

THIRD CAUSE OF ACTION

VII.

In owning and operating the pharmacy in which Mr. Bergan committed the above violations, in particular in which Patient B's prescription was misfilled and in which Patient B;s parents were not counseled regarding Patient B's prescription, Walgreens #4788 violated NRS 639.210(4) and NAC 639.707 and 639.945(1)(d) and (i) and (2).

WHEREFORE it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to the certificate of registration of the Respondent.

Signed this 26th day of October, 2004.

Keith W. Macdonald

Keith W. Macdonald, Executive Secretary
Nevada State Board of Pharmacy

NOTICE TO RESPONDENT

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements regarding your certificate of registration. To do so, you must mail to the Board within 15 days of your receipt of this Notice of Intended Action and Accusation a written statement showing your compliance.

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, Petitioner, v. JENAE JEPPSON SCHRODER, RPH Certificate of Registration No. 18541, BELINDA E. HUBKEY, RPH Certificate of Registration No. 15310, and WALGREENS PHARMACY #04788 Certificate of Registration No. PH01306, Respondents. /	CASE NO. 14-061-RPH-A-N CASE NO. 14-061-RPH-B-N CASE NO. 14-061-PH-N STIPULATION AND ORDER (Hubkey and Walgreens #4788) FILED JUN 10 2015 NEVADA STATE BOARD OF PHARMACY

S. Paul Edwards, General Counsel for Petitioner the NEVADA STATE BOARD OF PHARMACY (Board), and Respondents BELINDA E. HUBKEY, RPH., Certificate of Registration No. 15310 and WALGREENS PHARMACY #4877, Certificate of Registration No. PH01306 ("Walgreens Pharmacy #4788") (collectively "Respondents"), represented by William J. Stilling of Parsons Behle & Latimer,

HEREBY STIPULATE AND AGREE THAT:

1. The Board has jurisdiction over these matters.

2. The Board served a Notice of Intended Action and Accusation (Accusation) on each of the Respondents on or about April 23, 2015.

3. Respondents filed their Answer and Notice of Defense (Answer) on or about May 28, 2015.

4. Respondents, and each of them, are fully aware of their right to seek the advice of counsel in this matter, and obtained the advice of counsel prior to entering into this Stipulation.

5. Respondents, and each of them, are fully aware of their right to a hearing on the matters alleged in the Accusation, their right to reconsideration, their right to appeal, and any and all other rights which may be accorded to them pursuant to the Nevada Administrative Procedure Act and the Nevada Pharmacy Act.

6. Conditioned on the Board's acceptance of this Stipulation, and with the exception of the right to challenge any determination that Respondents have failed to comply with the provisions of this Stipulation, Respondents, and each of them, hereby freely and voluntarily waive their rights to a hearing, reconsideration, appeal, and any and all other rights that may be accorded to them by the Nevada Administrative Procedure Act and the Nevada Pharmacy Act.

7. Respondents, and each of them, admit that evidence exists, and that such evidence could be presented at a hearing, to establish a factual basis for the violations alleged in the Accusation, *to wit*, that:

a. By failing to detect during counseling that the dosing instructions for the prescription for Focalin XR 10 mg. capsules was incorrectly labeled with instructions to take *four (4)* capsules by mouth daily, rather than *one (1)* capsule by mouth daily as prescribed, Ms. Hubkey provided inadequate counseling in violation of NRS 639.266(1) and NAC 639.707(1) and (2), as well as NAC 639.945(1)(i), which are grounds for discipline pursuant to Nevada Revised Statutes NRS 639.255.

b. As the owner of the pharmacy in which the foregoing violation(s), or any one of them, occurred, Respondent Walgreens #4788 is statutorily responsible for the actions of

its employees, and is therefore subject to discipline pursuant to NAC 639.945(2) and NRS 639.255.[1]

8. The foregoing admissions are for the purposes of this proceeding only, and shall have no force or effect in any other case or proceeding before the Board.

9. Based upon the Accusation and the foregoing admissions, Respondents, and each of them, stipulate to the following penalties, which will become binding and enforceable upon approval of this agreement by the Board:

a. Belinda E. Hubkey, R.Ph.: Related to the violation alleged in the Third Cause of Action, Ms. Hubkey shall: (i) pay a fine of $750.00, and (ii) complete two one-hour CE units on the topics of proper prescription verification techniques (1 CE) and elements of effective counseling (1 CE). These CE units are in addition to the CE units Ms. Hubkey is ordinarily required to complete to maintain her pharmacist license.

b. Walgreens #4788: Related to the allegations in the Fourth Cause of Action, Walgreens' Pharmacy #4788 will (i) review with and re-train each pharmacist in Walgreen #4788's district on Walgreens' policies and procedures regarding drug utilization review and counseling, and certify to Board Staff within sixty (60) days in a writing, signed by each pharmacist, that such training has been completed, and (ii) pay an administrative fee of $495.00.

10. Board Counsel will present this Stipulation to the Board for approval at its meeting on June 10, 2015, in Reno, Nevada. Respondents, and each of them, will appear at that meeting to answer questions put to them by members of the Board and Board Staff. The Board

[1] Walgreens Pharmacy #4788 does not stipulate to have acted negligently in this matter.

may discuss and deliberate regarding the Stipulation even if one or more Respondent is absent. The Board has discretion to approve this Stipulation, but it has no obligation to do so.

11. If the Board adopts the recommendations set forth above, Respondents and the Board each agree to release the other from any and all claims arising from the facts set forth in the Accusation, whether known or unknown, which might otherwise have existed on or before the effective date of the Board's Order in this matter.

12. If the Board rejects any part or all of this Stipulation, the parties agree that a full hearing on the merits of this matter may be heard by the Board, and that the hearing shall occur at the Board's September 2-3, 2015 meeting in Reno, Nevada. The terms and admissions herein may not be used or referred to in a full hearing on the merits of this matter.

13. Respondents shall pay the *fines* agreed to herein by *cashier's check* or *certified check* or *money order* made payable to "State of Nevada, Office of the Treasurer" to be received by the Board's Reno office located at 431 W. Plumb Lane, Reno, NV 89509, within 90 days of the effective date of the Board's Order.

14. Respondents shall pay the *administrative fees* agreed to herein by *cashier's check, certified check* or *money order* made payable to the "Nevada State Board of Pharmacy" to be received by the Board's Reno office located at 431 W. Plumb Lane, Reno, NV 89509, within ninety (90) days of the effective date of the Board's Order.

15. Any failure by any Respondent to satisfy the obligations stated herein may result in additional discipline, up to and including suspension or revocation of each Respondent's respective registration/license, until all terms have been satisfied.

Signed this 10 day of June, 2015

S. PAUL EDWARDS, Esq.
General Counsel
Nevada State Board of Pharmacy

Signed this 10 day of June, 2015

BELINDA E. HUBKEY, RPH
Certificate of Registration No. 15310

Signed this 10 day of June, 2015

Authorized Representative
WALGREENS PHARMACY #4788
Certificate of Registration No. PHC02513

DECISION AND ORDER

The Nevada State Board of Pharmacy hereby adopts the foregoing Stipulation as its decision as to Respondents BELINDA E. HUBKEY, RPH, Certificate of Registration No. 15310, and WALGREENS PHARMACY #4788, Certificate of Registration No. PH01306, in case numbers 14-061-RPH-B-N, and 14-061-PH-N, respectively, and hereby orders that the terms of the foregoing Stipulation be made effective upon execution.

Signed this 10 day of June, 2015

Leo Basch, Acting President
Nevada State Board of Pharmacy

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, Petitioner, v. JENAE JEPPSON SCHRODER, RPH Certificate of Registration No. 18541, BELINDA E. HUBKEY, RPH Certificate of Registration No. 15310, and WALGREENS PHARMACY #04788 Certificate of Registration No. PH01306, Respondents.	)	CASE NO. 14-061-RPH-A-N CASE NO. 14-061-RPH-B-N CASE NO. 14-061-PH-N NOTICE OF INTENDED ACTION AND ACCUSATION

NEVADA STATE BOARD OF PHARMACY
APR 23 2015
FILED

Larry L. Pinson, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, makes the following that will serve as both a notice of intended action under Nevada Revised Statutes (NRS) 233B.127(3), and as an accusation under NRS 639.241.

I.

The Nevada State Board of Pharmacy (Board) has jurisdiction over this matter because, at the time of the events alleged herein, Respondent Jenae Jeppson Schroder (Ms. Schroder), Certificate of Registration No. 18541, and Respondent Belinda E. Hubkey (Ms. Hubkey), Certificate of Registration No. 15310, were pharmacists registered with the Board, and Respondent Walgreens Pharmacy #04788 (Walgreens), Certificate of Registration No. PH01306, was a pharmacy registered with the Board.

II.

On or about August 29, 2014, Jacob Vernon (Mr. Vernon) filed a complaint with the Board on behalf of his stepchild, thirteen-year-old S.G. In the complaint, Mr. Vernon alleged that Walgreens filled and dispensed a prescription for S.G. with the incorrect dosing instructions.

III.

On July 2, 2014, S.G. saw her physician who prescribed a quantity of thirty (30) Focalin XR 10 mg. capsules with instructions to take one capsule by mouth every day.

IV.

The prescription was tendered to Walgreens later that day. The following day, July 3, 2014, Walgreens filled the prescription and dispensed the medication to S.G.'s mother.

V.

During the subsequent administration of the Focalin XR to their daughter, the parents felt that the frequency of administration stated on the prescription label (one capsule four times per day) was excessive. They therefore modified the administration to one capsule two times daily.

VI.

S.G. ingested twenty-four (24) Focalin XR 10 mg. capsules over a fourteen (14) day period. Within days of the initial administration of the Focalin XR, SG became withdrawn and emotionally distraught.

VII.

On July 17, 2014, S.G.'s parents contacted the prescriber and learned that the dosing instructions on the prescription label generated by Walgreens were incorrect.

VIII.

According to pharmacy records, pharmaceutical technician Katherine Urrutia (Ms. Urrutia) scanned S.G.'s Focalin XR prescription (prescription number 1206263) into the pharmacy computer system on July 2, 2014, and sent it to a production queue for processing the next day.

IX.

On July 3, 2014, Ms. Urrutia retrieved the Focalin XR prescription from the production queue. During data entry, Ms. Urrutia inadvertently entered "QID" (four times per day) in the patient instructions rather than "QD" (once per day) as written by the prescriber.

X.

Ms. Urrutia sent the prescription data into the data entry verification queue for approval by the pharmacist prior to filling the medication.

XI.

Pharmacist Schroder performed data verification and filled the prescription. She approved the data entry, prescription label and contents of the bottle as accurate, and staged the final product for a pharmacist's final review. Ms. Schroder failed to detect the error in the patient dosing instructions throughout the entire filling and verification process.

XII.

Ms. Schroder performed the final product verification. At the final verification, a drug utilization review (DUR) alert displayed on the computer screen indicating that the dosage entered exceeds the recommended pediatric dosage. Ms. Schroder entered an override for the DUR within (1) second after performing data verification, and approved the final product as accurate and complete. Again, Ms. Schroder failed to identify the error in the patient dosing instructions.

XIII.

On July 3, 2014, S.G.'s mother picked up the prescription from Walgreens. Pharmacist Hubkey provided counseling to S.G.'s mother. Ms. Hubkey did not detect the error in the patient dosing instructions during counseling.

FIRST CAUSE OF ACTION

XIV.

In failing to strictly follow the instructions of S.G.'s physician by verifying and dispensing a prescription for Focalin XR 10 mg. capsules with instructions to take four (4) capsules by mouth daily rather than take one (1) capsule by mouth daily as prescribed by S.G.'s physician, Ms. Schroder violated NAC 639.945(1)(d) and/or (i), which violations are grounds for action pursuant to NRS 639.210(4), (11), and/or (12), and NRS 639.255.

SECOND CAUSE OF ACTION

XV.

By failing to act upon the DUR alert displayed on the computer screen indicating that the

dosage entered exceeds the recommended pediatric dosage, Ms. Schroder violated NRS 639.210(4) and/or NAC 639.945(1)(i), which is grounds for action under NRS 639.255.

THIRD CAUSE OF ACTION

XVI.

By failing to detect during counseling that the dosing instructions for the prescription for Focalin XR 10 mg. capsules was incorrectly labeled with instructions to take four (4) capsules by mouth daily rather than to take one (1) capsule by mouth daily as prescribed, Ms. Hubkey provided inadequate counseling in violation of NRS 639.266(1) and NAC 639.707(1) and (2), as well as NAC 639.945(1)(i), which violations are grounds for action pursuant to NRS 639.210(4), (11) and/or (12), and under NRS 639.255.

FOURTH CAUSE OF ACTION

XVII.

As the pharmacy in which the violations alleged above occurred, Walgreens is statutorily responsible for the actions of respondents Jenae Jeppson Schroder and Belinda E. Hubkey, as alleged herein, pursuant to NAC 639.945(2), which is grounds for discipline pursuant to NRS 639.210(4), (11) and/or (12), and NRS 639.255.

Wherefore, it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to the certificates of registration of these respondents.

Signed this 22nd day of April, 2015.

Larry L. Pinson, Pharm.D., Executive Secretary
Nevada State Board of Pharmacy

NOTICE TO RESPONDENT

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements regarding your certificate of registration. To do so, you must mail to the Board within 15 days of your receipt of this Notice of Intended Action and Accusation a written statement showing your compliance.

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,	)	**CASE NO. 14-061-PH-N**
Petitioner,	)	**STATEMENT TO THE RESPONDENT NOTICE OF INTENDED ACTION AND ACCUSATION RIGHT TO HEARING**
v.	)	
WALGREENS PHARMACY #04788 Certificate of Registration No. PH01306,	)	
Respondent.	)	

TO THE RESPONDENT ABOVE-NAMED: PLEASE TAKE NOTICE THAT:

I.

Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy by NRS 639.241 to NRS 639.2576, inclusive, and NRS chapter 233B, a Notice of Intended Action and Accusation has been filed with the Board by the Petitioner, Larry L. Pinson, Executive Secretary for the Board, alleging grounds for imposition of disciplinary action by the Board against you, as is more fully explained and set forth in the Notice of Intended Action and Accusation served herewith and hereby incorporated reference herein.

II.

You have the right to a hearing before the Nevada State Board of Pharmacy to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. It is required that you complete two copies of the Answer and Notice of Defense documents served herewith and file said copies with the Nevada State Board of Pharmacy within fifteen (15) days of receipt of this Statement and Notice, and of the Notice of Intended Action and Accusation served within.

III.

The Board has reserved Wednesday, June 10, 2015, as the date for a hearing on this matter at the Hyatt Place, 1790 East Plumb Lane, Reno, Nevada. The hour of the hearing will be set by letter to follow.

IV.

Failure to complete and file your Notice of Defense with the Board and thereby request a hearing within the time allowed shall constitute a waiver of your right to a hearing in this matter and give cause for the entering of your default to the Notice of Intended Action and Accusation filed herein, unless the Board, in its sole discretion, elects to grant or hold a hearing nonetheless.

DATED this 22nd day of April, 2015.

Larry L. Pinson, Pharm.D., Executive Secretary
Nevada State Board of Pharmacy

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,	)	**CASE NO. 14-061-PH-N**
	)	
Petitioner,	)	
v.	)	**ANSWER AND NOTICE**
	)	**OF DEFENSE**
WALGREENS PHARMACY #04788	)	
Certificate of Registration No. PH01306,	)	
	)	
Respondent.	/	

Respondent above named, in answer to the Notice of Intended Action and Accusation filed in the above-entitled matter before the Nevada State Board of Pharmacy, declares:

1. That his objection to the Notice of Intended Action and Accusation as being incomplete or failing to state clearly the charges against him, is hereby interposed on the following grounds: (State specific objections or insert "none").

2. That, in answer to the Notice of Intended Action and Accusation, he admits, denies and alleges as follows:

I hereby declare, under penalty of perjury, that the foregoing Answer and Notice of Defense, and all facts therein stated, are true and correct to the best of my knowledge.

DATED this ___ day of _____, 2015.

_____
Authorized Representative for
WALGREENS PHARMACY #04788

Section 9: Statement of Responsibility - MUST BE COMPLETED by an Authorized Person (NAC 639.945)

Statement of Responsibility

1. I am the Vice President (title) for Walgreen Co. (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be responsible for any violations of pharmacy law that may occur in the Pharmacy owned by such owner(s), shareholder(s), member(s), or partner(s).
3. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against the Pharmacy.
4. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) cannot require or permit the pharmacist(s) in said Pharmacy to violate any provision of local, state, or federal laws or regulations pertaining to the practice of pharmacy.
5. I further understand and acknowledge that Nevada law requires that each pharmacy located inside the State of Nevada employ only pharmacists, intern pharmacists, pharmaceutical technicians, and technicians in training that are licensed by the Nevada State Board of Pharmacy. (NRS 639.100).
6. I further understand and acknowledge that Nevada law requires that each pharmacy located outside the State of Nevada engaged in providing pharmacy services into Nevada employs at least one pharmacist licensed by the Nevada State Board of Pharmacy who will be responsible for any prescription dispensed to a patient located in Nevada and responsible for any acts or omissions of pharmacy personnel who are not registered with the Board. (NRS 639.2328).

Richard Gates

Print Name of Authorized Person

Richard Gates

Original signature of Authorized Person (copies or stamps not accepted)

08 / 26 / 2025

Date

Section 10: Affidavit for Pharmacies- MUST BE COMPLETED by pharmacies NOT CURRENTLY PERFORMING Sterile Compounding

Affidavit for Pharmacy License

I, Richard Gates hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

1. I am the Vice President (title) for Walgreen Co. (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I certify that upon licensure, the Pharmacy will not perform sterile compounding or ship sterile compounds into Nevada.
3. I understand and acknowledge that the Pharmacy and any of its staff members may be subject to discipline by the Board if the Pharmacy performs sterile compounding or ships any sterile compounds into Nevada without first obtaining written authorization from the Board to do so.
4. I certify that if the Pharmacy makes the decision to perform sterile compounding or to ship any sterile compounds into Nevada, the Pharmacy, through an authorized representative, will first notify the Board via a written request, and obtain written approval to perform sterile compounding or to ship any sterile compounds into Nevada.
5. I understand that if the Pharmacy seeks approval to perform sterile compounding or to ship any sterile compounds into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

FURTHER YOUR AFFIANT SAYETH NAUGHT.

Signature

SUBSCRIBED AND SWORN TO
Before me, a notary public this 20th day of August, 2025

Zeljka Borosa-Rajcevic
Notary Public

OFFICIAL SEAL
ZELJKA BOROSA RAJCEVIC
Notary Public, State of Illinois
Commission No. 977646
My Commission Expires September 8, 2027

CONFIDENTIAL/EXEMPT FROM
FREEDOM OF INFORMATION ACT AND
SIMILAR STATE REQUESTS

Ownership Information

Ownership & Leadership of Applicant Entity

Applicant: **Walgreen Co.**
108 Wilmot Rd., Deerfield, IL 60015

Ownership: The Applicant entity is wholly owned (100%) by Walgreens Boots Alliance, Inc.

Officers of Walgreen Co.
Michael Motz - CEO
Richard Gates - Senior Vice President, Chief Pharmacy Officer
Cherita Thomas - Secretary
Matthew Spina - CFO
Michael Handal - Licensing and Provider Enrollment Officer

Ownership & Leadership of Walgreens Boots Alliance, Inc.

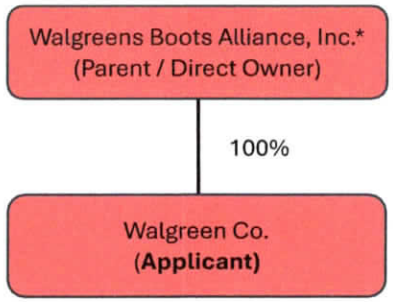
Ownership: Walgreens Boots Alliance, Inc. is wholly owned (100%) by Blazing Star Parent, LLC

Officers of Walgreens Boots Alliance, Inc.
Temporarily vacant - CEO
Mark Weisz - Sr VP, Global Tax
Manmohan Mahajan - Sr VP, Global Controller, CFO
Lanesha Minnix - Corporate Secretary

Please see the attached pre- and post-closing Corporate Organization chart for reference.

Proprietary and Confidential
Not a public record pursuant to
Section 7927.605 of the CPRA and
45 CFR Section 5.31

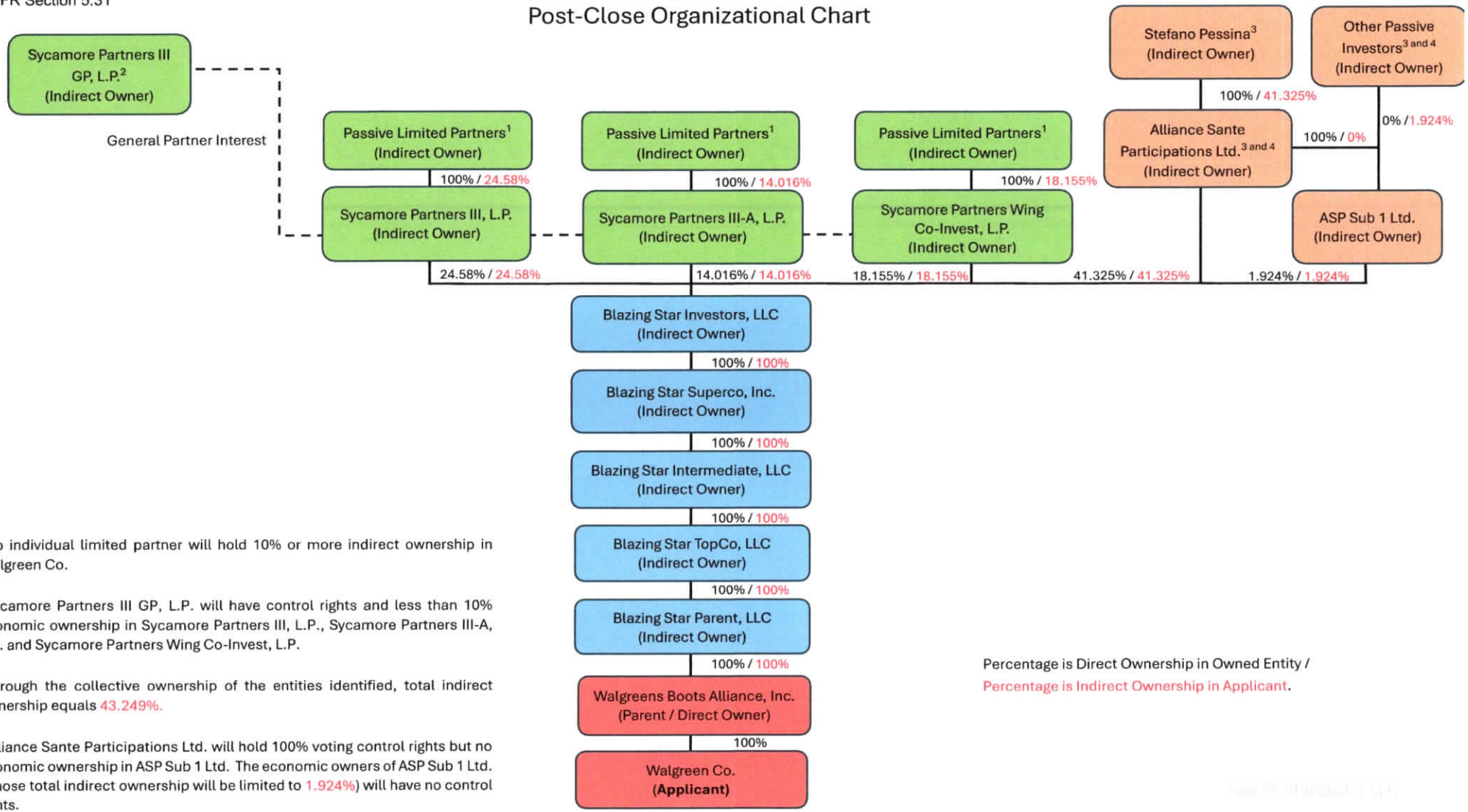
Walgreen Co.
Pre-Close Organizational Chart



Publicly Traded on Nasdaq Stock Market (WBA)

Proprietary and Confidential
Not a public record pursuant to
Section 7927.605 of the CPRA and
45 CFR Section 5.31

Walgreen Co.
Post-Close Organizational Chart



[1]No individual limited partner will hold 10% or more indirect ownership in Walgreen Co.

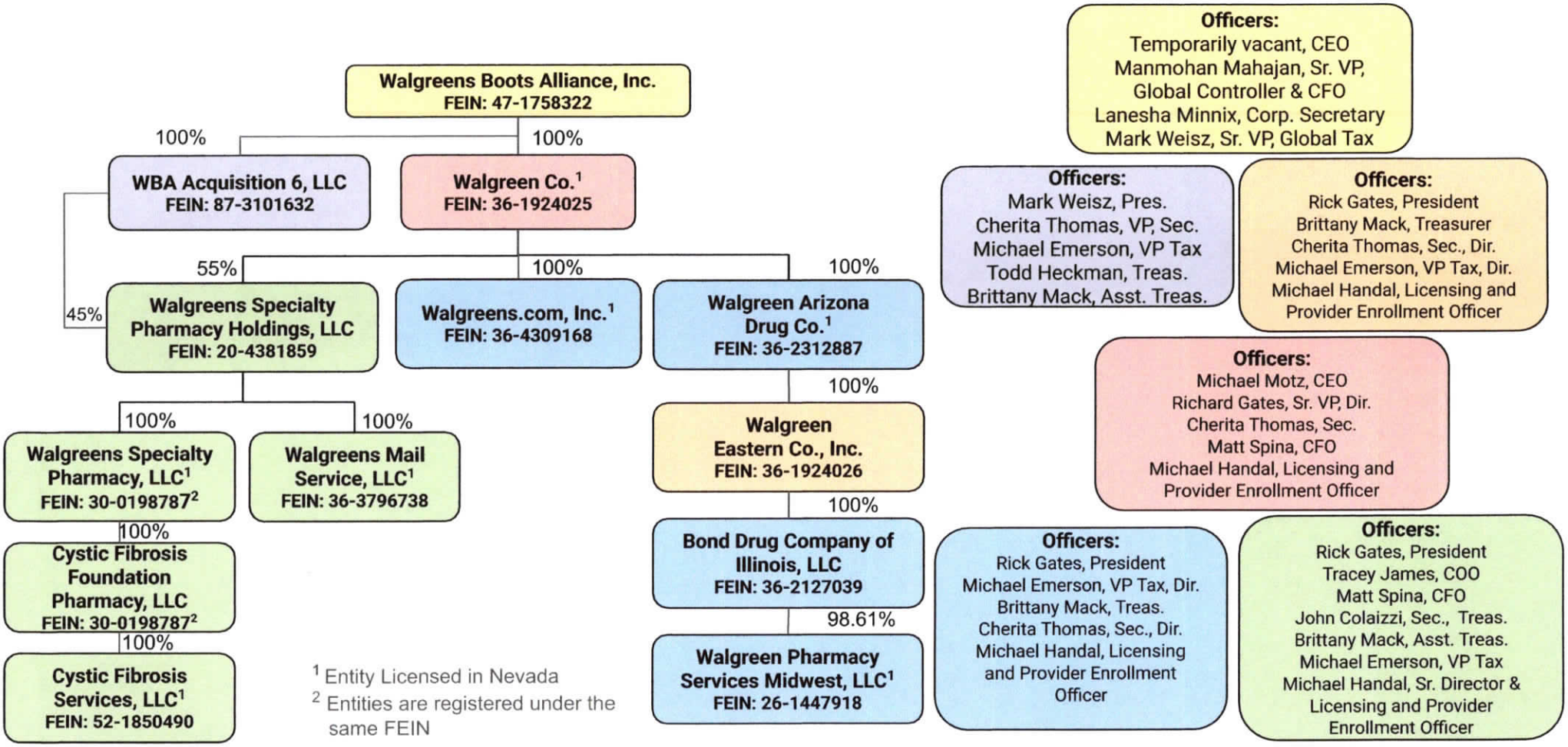
[2]Sycamore Partners III GP, L.P. will have control rights and less than 10% economic ownership in Sycamore Partners III, L.P., Sycamore Partners III-A, L.P. and Sycamore Partners Wing Co-Invest, L.P.

[3]Through the collective ownership of the entities identified, total indirect ownership equals 43.249%.

[4]Alliance Sante Participations Ltd. will hold 100% voting control rights but no economic ownership in ASP Sub 1 Ltd. The economic owners of ASP Sub 1 Ltd. (whose total indirect ownership will be limited to 1.924%) will have no control rights.

Percentage is Direct Ownership in Owned Entity /
Percentage is Indirect Ownership in Applicant.

Walgreen Co.
Post-Close Organizational Chart (cont.)



File Number 1084-348-1

STATE OF ILLINOIS

OFFICE OF THE SECRETARY OF STATE

To all to whom these Presents Shall Come, Greeting:

I, **Alexi Giannoulias,** *Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that*

WALGREEN CO., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON FEBRUARY 15, 1909, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE BUSINESS CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.

In Testimony Whereof, *I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this* 15TH *day of* MAY *A.D.* 2025 .

Authentication #: 2513501622 verifiable until 05/15/2026
Authenticate at: https://www.ilsos.gov

SECRETARY OF STATE

9J

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Pharmacy Application

Non-Refundable $500.00 Fee

Rev (6/11/2024)

Facility Location	Application Type (check all applicable)	Pharmacy Type (check all applicable)	Services the Pharmacy will Provide (check all applicable)
■ Nevada ☐ Out-of-Nevada	☐ New Pharmacy ■ Ownership Change* ☐ Location Change * ☐ Service Modification* ☐ Name Change* (if only a Name Change occurred, submit a $50.00 fee with the application.) * Current license #: PH PH02118	■ Retail/Community ☐ Hospital (# beds _____) ☐ Internet ☐ Nuclear ☐ Other:	■ Retail/Community ■ Dangerous drugs ■ Controlled substances DEA #: BW9704277 ☐ Non-sterile Compounding ☐ Sterile Compounding ☐ Mail-Order Service ☐ Off-site Cognitive Services ☐ Long Term Care ☐ Hospital ☐ Other:

Days of Operation		Ownership Type (check applicable box)
■ Monday	■ Friday	☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9, 10, 11, 12)
■ Tuesday	☐ Saturday	■ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9, 10, 11, 12)
■ Wednesday	☐ Sunday	☐ Partnership (complete sections 1, 2, 3, 4, 7, 9, 10, 11, 12)
■ Thursday	☐ Holidays	☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9, 10, 11, 12)

Section 1: General Information

Pharmacy Name: WALGREENS #09581

Physical Address: 2020 RENO HWY

City: Fallon State: NV Zip: 89406

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: (775)428-6409 Toll Free # (NAC 639.708, NRS 639.23286): N/A

Fax: (775)428-2826 Contact Email: rxm.09581@store.walgreens.com

Website: https://www.walgreens.com

Nevada Business License # (if applicable) NV19951143510

Supervising/Managing Pharmacist Name (NRS 639.220): JAMES GALINDO

Supervising/Managing Pharmacist NV Pharmacist Registration # (if applicable): 10317

Section 2: List the name(s) of at least one NEVADA registered pharmacist who practices at the pharmacy, who may be the managing pharmacist or another pharmacist, who will be responsible for any prescriptions dispensed to a patient located in Nevada and responsible for any acts or omissions of pharmacy personnel who are not registered with the Board. NRS 639.2328. (Use a separate piece of paper if additional space is needed.)

Name: JAMES GALINDO	NV Pharmacist Registration #: 10317
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:

Section 3: History of Company	**Yes**	**No**
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✔
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration from any jurisdiction?		✔
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been subject of an administrative action, board citation, cite fine, or proceeding relating to the pharmaceutical industry?		✔
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✔
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✔

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name(s) of the owner(s), their credentials and their percent ownership. Write NA if not applicable. NRS 639.232. (Use a separate piece of paper if additional space is needed.)

Name: N/A	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:

1. The Board shall not issue a license to conduct a pharmacy:
   a) To any practitioner; or
   b) To any partnership, corporation, or association in which a practitioner has a controlling interest or owns more than 10 percent of the available stock.
2. This section does not:
   a) Apply to a hospital pharmacy or a health maintenance organization which holds a certificate of authority under chapter 695C of NRS.
   b) Prohibit ownership by a practitioner of a building in which a pharmacy is located, if space for the pharmacy is rented at the prevailing rate.

Section 5: Publicly Traded Corporation

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Does the number of stockholders/shareholders of the corporation exceed four? NRS 639.231 ☐ Yes ☐ No

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: Delaware

Parent Company (if any): Walgreens Boots Alliance, Inc.

Corporation/Organization Name: Walgreen Co.

Mailing Address: 108 Wilmot Rd

City: Deerfield State: IL Zip: 60015

Telephone: 847-224-1348 Email: licenseadministration@walgreens.com

Contact Person Name: Kayla Lechner

Does the number of stockholders/shareholders of the corporation or members exceed four? NRS 639.231 ☐ Yes ☒ No

Section 7: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Please check type of partnership (NAC 639.214) ☐ General ☐ Limited

Does the number of partners or members of the partnership exceed four? NRS 639.231 ☐ Yes ☐ No

Section 8: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Richard Gates

Print Name of Authorized Person Submitting Application (If the applicant is a partnership or corporation, the application must be signed by a partner or by an officer of the corporation). NAC 639.215

Richard Gates

Original signature of Authorized Person (copies or stamps not accepted)

08 / 26 / 2025

Date

Board Use Only	Date Received: 9/18/25	Amount: $500 CK JP03-3000111129

Section 11: Managing Pharmacist Acknowledgement, Professional/Personal History – REQUIRED TO BE COMPLETED BY THE MANAGING PHARMACIST FOR NEVADA LOCATED PHARMACY APPLICANTS ONLY

Managing Pharmacist Name: JAMES GALINDO Pharmacist Registration #: 10317

Pharmacy Name: WALGREENS #09581

Initial each statement below to indicate you have read and agree with the following:

J.G. I understand that as the managing pharmacist I am responsible for compliance by the pharmacy and its personnel with all state and federal laws and regulations relating to the operation of the pharmacy and the practice of pharmacy. I understand my license can be revoked or that I can be subject of disciplinary action if such laws or regulations are knowingly violated in the pharmacy in which I am the managing pharmacist.

J.G. I understand within 48 hours after I report for duty as the managing pharmacist, I shall complete an inventory of all controlled substances of the pharmacy pursuant to 21 CFR Part 1304 and maintain a copy of the inventory in the file at the pharmacy.

J.G. I understand that if I cease to be managing pharmacist of the above-named pharmacy, I will jointly, with the new managing pharmacist, take an inventory of all controlled substances.

J.G. I understand that as the managing pharmacist I must ensure that all loss or theft of controlled substances are reported on forms provided by the Nevada State Board of Pharmacy and Department of Public Safety within 10 days after the date of discovery of theft or loss. NRS 453.568. Federal regulations require that registrants notify the Field Division Office of the Administration in his area, in writing, of the theft or significant loss of any controlled substance, disposal receptacles or listed chemicals within one business day of discovery of such loss or theft. The registrant shall also complete and submit to the Field Division Office in his area, DEA Form 106 regarding the loss or theft (21 C.F.R. §1301.76(b) and 21 U.S.C. §830(b)(1)(C)).

J.G. I understand that as the managing pharmacist I must notify the Nevada State Board of Pharmacy of all employment changes of pharmacy staff within 10 days of the change. NAC 639.540

Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?	☐	☑
2. Have you been charged, arrested, or convicted of a felony or misdemeanor in any state?	☐	☑
3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state?	☐	☑
4. Has your license been subjected to any discipline for violation of pharmacy or drug laws in any state?	☐	☑

If you marked YES to any questions above, include the following information and provide a signed statement of explanation. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Board Administrative Action:	State:	Date:	Case #:

Criminal Action:	State:	Date:	Case #:	County:	Court:

I certify under penalty of perjury that the information I have provided on this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

James Galindo

Original signature of Managing Pharmacist (copies or stamps not accepted)

08 / 08 / 2025

Date

Section 10: Affidavit for Pharmacies- MUST BE COMPLETED by pharmacies NOT CURRENTLY PERFORMING Sterile Compounding

Affidavit for Pharmacy License

I, Richard Gates hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

1. I am the Vice President (title) for Walgreen Co. (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I certify that upon licensure, the Pharmacy will not perform sterile compounding or ship sterile compounds into Nevada.
3. I understand and acknowledge that the Pharmacy and any of its staff members may be subject to discipline by the Board if the Pharmacy performs sterile compounding or ships any sterile compounds into Nevada without first obtaining written authorization from the Board to do so.
4. I certify that if the Pharmacy makes the decision to perform sterile compounding or to ship any sterile compounds into Nevada, the Pharmacy, through an authorized representative, will first notify the Board via a written request, and obtain written approval to perform sterile compounding or to ship any sterile compounds into Nevada.
5. I understand that if the Pharmacy seeks approval to perform sterile compounding or to ship any sterile compounds into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

FURTHER YOUR AFFIANT SAYETH NAUGHT.

Signature

SUBSCRIBED AND SWORN TO
Before me, a notary public this 20th day of August, 2025

Zeljka Borosa-Rajcevic
Notary Public

OFFICIAL SEAL
ZELJKA BOROSA RAJCEVIC
Notary Public, State of Illinois
Commission No. 977646
My Commission Expires September 8, 2027

CONFIDENTIAL/EXEMPT FROM FREEDOM OF INFORMATION ACT AND SIMILAR STATE REQUESTS

Ownership Information

Ownership & Leadership of Applicant Entity

Applicant: **Walgreen Co.**
108 Wilmot Rd., Deerfield, IL 60015

Ownership: The Applicant entity is wholly owned (100%) by Walgreens Boots Alliance, Inc.

Officers of Walgreen Co.
Michael Motz - CEO
Richard Gates - Senior Vice President, Chief Pharmacy Officer
Cherita Thomas - Secretary
Matthew Spina - CFO
Michael Handal - Licensing and Provider Enrollment Officer

Ownership & Leadership of Walgreens Boots Alliance, Inc.

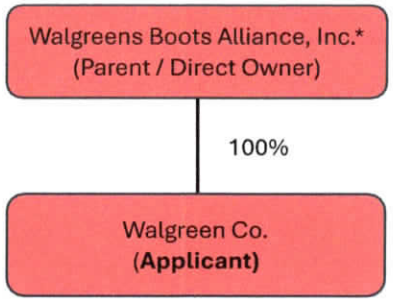
Ownership: Walgreens Boots Alliance, Inc. is wholly owned (100%) by Blazing Star Parent, LLC

Officers of Walgreens Boots Alliance, Inc.
Temporarily vacant - CEO
Mark Weisz - Sr VP, Global Tax
Manmohan Mahajan - Sr VP, Global Controller, CFO
Lanesha Minnix - Corporate Secretary

Please see the attached pre- and post-closing Corporate Organization chart for reference.

Proprietary and Confidential
Not a public record pursuant to
Section 7927.605 of the CPRA and
45 CFR Section 5.31

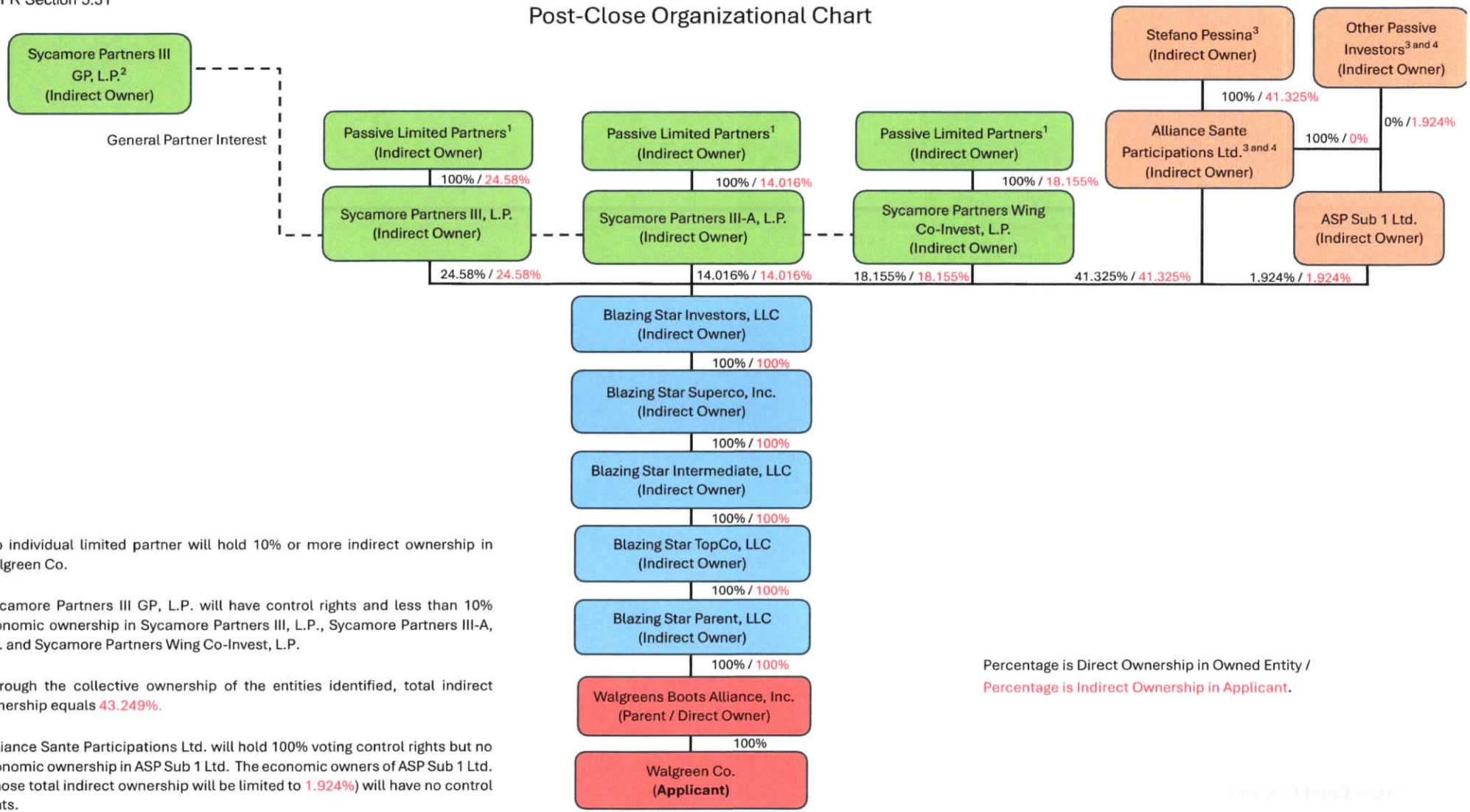
Walgreen Co.
Pre-Close Organizational Chart



Publicly Traded on Nasdaq Stock Market (WBA)

Proprietary and Confidential
Not a public record pursuant to
Section 7927.605 of the CPRA and
45 CFR Section 5.31

Walgreen Co.
Post-Close Organizational Chart



[1]No individual limited partner will hold 10% or more indirect ownership in Walgreen Co.

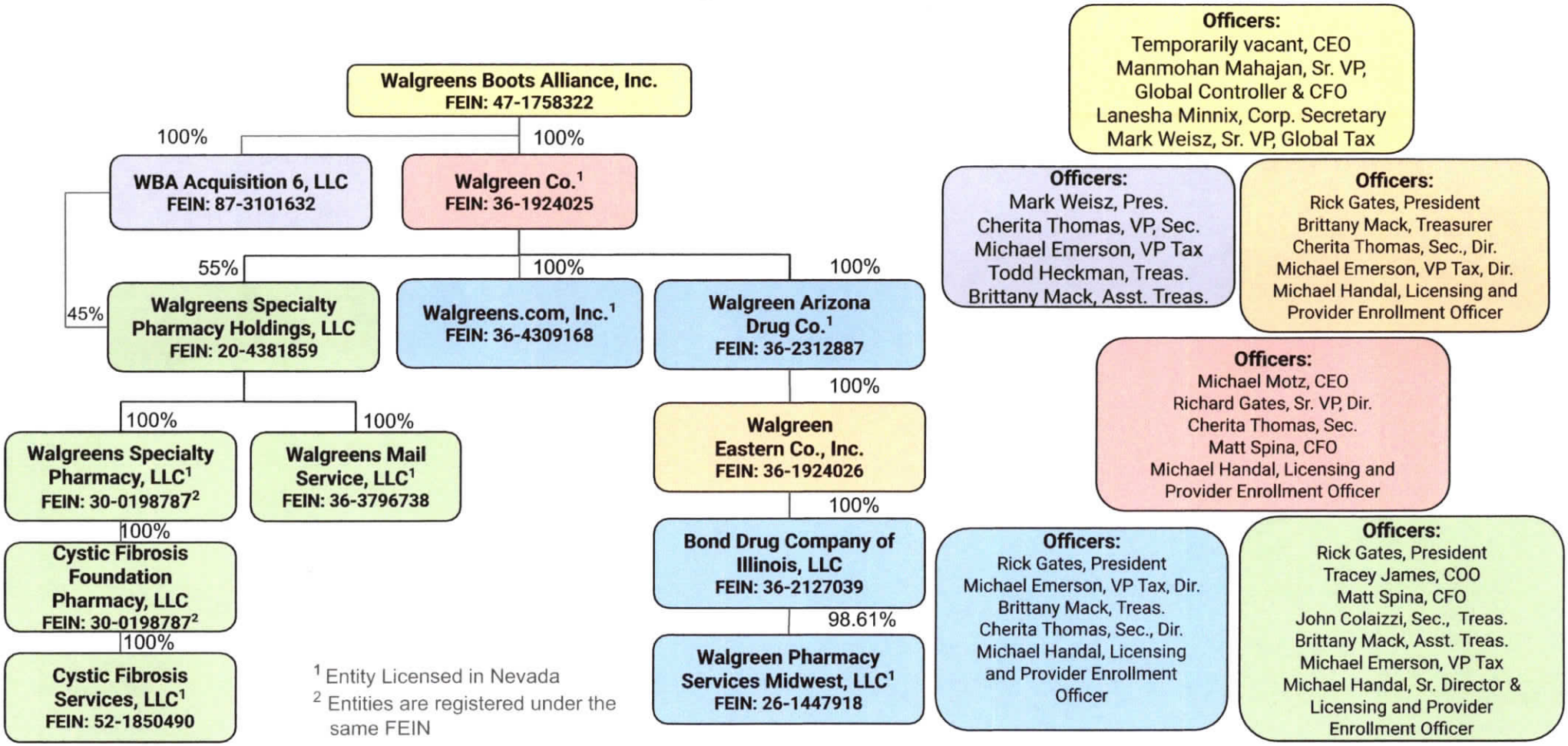
[2]Sycamore Partners III GP, L.P. will have control rights and less than 10% economic ownership in Sycamore Partners III, L.P., Sycamore Partners III-A, L.P. and Sycamore Partners Wing Co-Invest, L.P.

[3]Through the collective ownership of the entities identified, total indirect ownership equals 43.249%.

[4]Alliance Sante Participations Ltd. will hold 100% voting control rights but no economic ownership in ASP Sub 1 Ltd. The economic owners of ASP Sub 1 Ltd. (whose total indirect ownership will be limited to 1.924%) will have no control rights.

Percentage is Direct Ownership in Owned Entity /
Percentage is Indirect Ownership in Applicant.

Walgreen Co.
Post-Close Organizational Chart (cont.)



File Number 1084-348-1

STATE OF ILLINOIS

OFFICE OF THE SECRETARY OF STATE

To all to whom these Presents Shall Come, Greeting:

I, **Alexi Giannoulias,** *Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that*

WALGREEN CO., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON FEBRUARY 15, 1909, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE BUSINESS CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.

In Testimony Whereof, *I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this* 15TH *day of* MAY *A.D.* 2025 .

Authentication #: 2513501622 verifiable until 05/15/2026
Authenticate at: https://www.ilsos.gov

SECRETARY OF STATE

9K

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Pharmacy Application

Non-Refundable $500.00 Fee

Rev (6/11/2024)

Facility Location	Application Type (check all applicable)	Pharmacy Type (check all applicable)	Services the Pharmacy will Provide (check all applicable)
☑ Nevada	☐ New Pharmacy	☑ Retail/Community	☑ Retail/Community
☐ Out-of-Nevada	☑ Ownership Change*	☐ Hospital (# beds _____)	☑ Dangerous drugs
	☐ Location Change *	☐ Internet	☑ Controlled substances
	☐ Service Modification*	☐ Nuclear	DEA #: FW2926484
	☐ Name Change* (if only a Name Change occurred, submit a $50.00 fee with the application.)	☐ Other:	☐ Non-sterile Compounding
			☐ Sterile Compounding
			☐ Mail-Order Service
			☐ Off-site Cognitive Services
			☐ Long Term Care
	* Current license #: PH PH02741		☐ Hospital
			☐ Other:

Days of Operation		Ownership Type (check applicable box)
☑ Monday	☑ Friday	☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9, 10, 11, 12)
☑ Tuesday	☑ Saturday	☑ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9, 10, 11, 12)
☑ Wednesday	☑ Sunday	☐ Partnership (complete sections 1, 2, 3, 4, 7, 9, 10, 11, 12)
☑ Thursday	☐ Holidays	☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9, 10, 11, 12)

Section 1: General Information

Pharmacy Name: WALGREENS #12488

Physical Address: 1280 US Highway 95A N

City: Fernley State: NV Zip: 89408

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: (775)835-6427 Toll Free # (NAC 639.708, NRS 639.23286): N/A

Fax: (775)835-6158 Contact Email: rxm.12488@store.walgreens.com

Website: https://www.walgreens.com

Nevada Business License # (if applicable) NV19951143510

Supervising/Managing Pharmacist Name (NRS 639.220): LOUIS PICKETT

Supervising/Managing Pharmacist NV Pharmacist Registration # (if applicable): 16346

Section 2: List the name(s) of at least one NEVADA registered pharmacist who practices at the pharmacy, who may be the managing pharmacist or another pharmacist, who will be responsible for any prescriptions dispensed to a patient located in Nevada and responsible for any acts or omissions of pharmacy personnel who are not registered with the Board. NRS 639.2328. (Use a separate piece of paper if additional space is needed.)

Name: LOUIS PICKETT	NV Pharmacist Registration #: 16346
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:

Section 3: History of Company	**Yes**	**No**
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✔
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration from any jurisdiction?		✔
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been subject of an administrative action, board citation, cite fine, or proceeding relating to the pharmaceutical industry?	✔	
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✔
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✔

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name(s) of the owner(s), their credentials and their percent ownership. Write NA if not applicable. NRS 639.232. (Use a separate piece of paper if additional space is needed.)

Name: N/A	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:

1. The Board shall not issue a license to conduct a pharmacy:
   a) To any practitioner; or
   b) To any partnership, corporation, or association in which a practitioner has a controlling interest or owns more than 10 percent of the available stock.
2. This section does not:
   a) Apply to a hospital pharmacy or a health maintenance organization which holds a certificate of authority under chapter 695C of NRS.
   b) Prohibit ownership by a practitioner of a building in which a pharmacy is located, if space for the pharmacy is rented at the prevailing rate.

Section 5: Publicly Traded Corporation

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Does the number of stockholders/shareholders of the corporation exceed four? NRS 639.231 ☐ Yes ☐ No

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: Delaware

Parent Company (if any): Walgreens Boots Alliance, Inc.

Corporation/Organization Name: Walgreen Co.

Mailing Address: 108 Wilmot Rd

City: Deerfield State: IL Zip: 60015

Telephone: 847-224-1348 Email: licenseadministration@walgreens.com

Contact Person Name: Kayla Lechner

Does the number of stockholders/shareholders of the corporation or members exceed four? NRS 639.231 ☐ Yes ☒ No

Section 7: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Please check type of partnership (NAC 639.214) ☐ General ☐ Limited

Does the number of partners or members of the partnership exceed four? NRS 639.231 ☐ Yes ☐ No

Section 8: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Print Name of Authorized Person Submitting Application (If the applicant is a partnership or corporation, the application must be signed by a partner or by an officer of the corporation). NAC 639.215

Richard Gates

Original signature of Authorized Person (copies or stamps not accepted)

08 / 29 / 2025

Date

Board Use Only	Date Received: 9/18/25	Amount: $500 - Ch UP03 - 300011129

Document Ref: RYECZ-PI4RB-LXGZM-6KFMY

Section 11: Managing Pharmacist Acknowledgement, Professional/Personal History – REQUIRED TO BE COMPLETED BY THE MANAGING PHARMACIST FOR NEVADA LOCATED PHARMACY APPLICANTS ONLY

Managing Pharmacist Name: LOUIS PICKETT Pharmacist Registration #: 16346

Pharmacy Name: WALGREENS #12488

Initial each statement below to indicate you have read and agree with the following:

L.P. I understand that as the managing pharmacist I am responsible for compliance by the pharmacy and its personnel with all state and federal laws and regulations relating to the operation of the pharmacy and the practice of pharmacy. I understand my license can be revoked or that I can be subject of disciplinary action if such laws or regulations are knowingly violated in the pharmacy in which I am the managing pharmacist.

L.P. I understand within 48 hours after I report for duty as the managing pharmacist, I shall complete an inventory of all controlled substances of the pharmacy pursuant to 21 CFR Part 1304 and maintain a copy of the inventory in the file at the pharmacy.

L.P. I understand that if I cease to be managing pharmacist of the above-named pharmacy, I will jointly, with the new managing pharmacist, take an inventory of all controlled substances.

L.P. I understand that as the managing pharmacist I must ensure that all loss or theft of controlled substances are reported on forms provided by the Nevada State Board of Pharmacy and Department of Public Safety within 10 days after the date of discovery of theft or loss. NRS 453.568. Federal regulations require that registrants notify the Field Division Office of the Administration in his area, in writing, of the theft or significant loss of any controlled substance, disposal receptacles or listed chemicals within one business day of discovery of such loss or theft. The registrant shall also complete and submit to the Field Division Office in his area, DEA Form 106 regarding the loss or theft (21 C.F.R. §1301.76(b) and 21 U.S.C. §830(b)(1)(C)).

L.P. I understand that as the managing pharmacist I must notify the Nevada State Board of Pharmacy of all employment changes of pharmacy staff within 10 days of the change. NAC 639.540

Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?	☐	☑
2. Have you been charged, arrested, or convicted of a felony or misdemeanor in any state?	☐	☑
3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state?	☐	☑
4. Has your license been subjected to any discipline for violation of pharmacy or drug laws in any state?	☐	☑

If you marked YES to any questions above, include the following information and provide a signed statement of explanation. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Board Administrative Action:	State:	Date:	Case #:

Criminal Action:	State:	Date:	Case #:	County:	Court:

I certify under penalty of perjury that the information I have provided on this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

LOUIS PICKETT

Original signature of Managing Pharmacist (copies or stamps not accepted)

08 / 07 / 2025

Date

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, Petitioner, v. MOSTAQUL HUQ, RPH Certificate of Registration No. 18974, and WALGREENS PHARMACY #12488 Certificate of Registration No. PH02741, Respondents.	CASE NO. 16-041-RPH-N 16-041-PH-N STIPULATION

S. PAUL EDWARDS, General Counsel for Petitioner, the Nevada State Board of Pharmacy ("Board"), and Respondents Mostaqul Huq ("Mr. Huq"), Certificate of Registration No. 18974, and Walgreens Pharmacy #12488 ("Walgreens #12488"), Certificate of Registration No. PH02741 (collectively "Respondents"), represented by William J. Stilling of Parsons Behle & Latimer,

HEREBY STIPULATE AND AGREE THAT:

1. The Board has jurisdiction over these matters.

2. The Board served a Notice of Intended Action and Accusation ("Notice") on each of the Respondents on or about January 20, 2017, which each Respondent received.

3. Respondents' and Board's counsel agreed to attempt negotiating a resolution in lieu of a written Answer and Notice of Defense, and this Stipulation embodies their agreement for resolving this case.

4. Respondents, and each of them, are fully aware of their right to seek the advice of counsel in this matter and obtained the advice of counsel prior to entering into this Stipulation.

5. Respondents, and each of them, are aware of their right to a hearing on the matters alleged in the Notice, their right to a rehearing, their right to appeal, and any and all other rights that may be accorded to them pursuant to the Nevada Administrative Procedure Act and the Nevada Pharmacy Act.

6. Conditioned on the acceptance of this Stipulation by the Board, and with the exception of the right to challenge any determination that any one, or all, of them have failed to comply with the provisions of Paragraph 8 below, Respondents hereby freely and voluntarily waive their right to a hearing, rehearing, appeal and any and all other rights related to this action that may be accorded to them by the Nevada Administrative Procedure Act and the Nevada Pharmacy Act.

7. Respondents admit, to the best of their knowledge and belief, that the following factual allegations are true and accurate.

a. Walgreens #12488 is a pharmacy licensed by the Board.

b. Mr. Huq is a pharmacist licensed by the Board.

c. Mr. Huq has been a practicing pharmacist in Nevada and other states since 2008 and has never had any actions or complaints related to his pharmacist license.

d. On April 16, 2016, a prescription for Patient W. R. ("W. R.") was presented to Walgreens #12488 for sixty (60) niacinamide 500 mg. tablets with instructions to take one tablet by mouth twice a day.

e. That same day, Mr. Huq, a pharmacist who worked at Walgreens #12488 filled and dispensed niacin 500 mg. instead of niacinamide.

f. Mr. Huq dispensed niacin because niacinamide was not in stock at the pharmacy and because he believed niacin to be the pharmacological equivalent of niacinamide and entered niacin in the data field.

g. Mr. Huq's belief was based on the following facts among others:

i. Niacin and niacinamide are both forms of vitamin B3.

ii. Niacin and niacinamide are both available without a prescription in 500 mg. dosages.

iii. Niacin is readily converted to niacinamide in the body.

iv. Niacinamide and niacin have similar side effects and niacinamide can produce, among other effects, headaches, nausea, cardiovascular changes, and muscle cramps.

8. Mr. Huq counseled W. R.'s friend, R. C., who picked up the prescription and explained that niacin and niacinamide are available without a prescription, he was dispensing niacin, and in the future a written prescription would not be needed to purchase either product.

9. Respondents, and each of them, admit that evidence exists, and that such evidence could be presented at a hearing, to establish a factual basis for the violations alleged in the Notice, *to wit*, that:

a. By filling and dispensing a prescription for niacin on April 16, 2016, rather than niacinamide, Mr. Huq violated Nevada Administrative Code (NAC) 639.945(1) (d), which violation is a ground for action pursuant to Nevada Revised Statute NRS 639.255.

b. As the owner of the pharmacy in which the foregoing violation occurred, Walgreens Pharmacy #12488 is responsible for the actions of its employees, and therefore subject to discipline pursuant to NAC 639.945(2), which is a ground for action pursuant to NRS 639.255.

10. Based on Respondents' admissions, cause for disciplinary action against Mr. Huq exists under the statutes and regulations cited above in paragraph 9.a.

11. Based on Respondents' admissions, Walgreens Pharmacy #12488 is responsible for the acts of its employees under NAC 639.945(2).[1]

12. Said responsibility as owner of the pharmacy is a ground for discipline pursuant to Nevada Revised Statutes NRS 639.255.

13. The contents of the foregoing paragraphs are for the purposes of this proceeding only and shall have no force or effect in any other case or proceeding before the Board or otherwise.

14. Based upon the Notice and the foregoing admissions, Respondents, and each of them, stipulate to the following penalties, which will become binding and enforceable upon approval of this Stipulation by the Board:

a. Related to the violation alleged in the First Cause of Action, Mr. Huq shall: (i) pay a fine of $500 (five hundred dollars), and (ii), complete a 1 hour continuing education course on the topic of Nevada law, in addition to the continuing education hours he must otherwise complete to maintain his licensure.

b. Related to the allegations in the Third Cause of Action, Walgreens' Pharmacy #12488 will pay an administrative fee of $495.

15. Board Counsel will present this stipulation to the Board for approval at its meeting on March 1, 2017 in Reno, Nevada. Respondents, and each of them, will appear at that meeting to answer questions put to them by members of the Board and Board Staff. The Board may discuss

[1] The Board has not alleged and Walgreens Pharmacy #12488 does not stipulate that Walgreens #12488 acted negligently in this matter.

and deliberate regarding the stipulation even if a Respondent or both of them are absent. The Board has discretion to approve this Stipulation, but it has no obligation to do so.

16. If the Board adopts the recommendations set forth above, Respondents and the Board each agree to release the other from any and all claims arising from the facts set forth in the Notice, whether known or unknown, that might otherwise have existed on or before the effective date of the Board's Order in this matter.

17. If the Board rejects any part or all of this Stipulation and Order, the parties agree that a full hearing on the merits of this matter may be heard by the Board, and that the hearing will occur at the Board's May 31, 2017 meeting in Reno, Nevada. The terms and admissions herein may not be used or referred to in a full hearing on the merits of this matter.

18. Mr. Huq shall pay the fines agreed to herein by *cashier's check* or *certified check* or *money order* made payable to "State of Nevada, Office of the Treasurer" to be received by the Board's Reno office located at 431 W. Plumb Lane, Reno, NV 89509, within 90 days of the effective date of the Board's Order.

19. Walgreens Pharmacy #12488 shall pay the administrative fees agreed to herein by *cashier's check, certified check* or *money order* made payable to the "Nevada State Board of Pharmacy" to be received by the Board's Reno office located at 431 W. Plumb Lane, Reno, NV 89509, within thirty (30) days of the effective date of the Board's Order.

20. Any failure by any Respondent to satisfy the obligations stated herein may result in additional discipline, up to and including suspension or revocation of each Respondent's respective registration/license, until all terms have been satisfied.

Signed this 1st day of March, 2017

S. Paul Edwards,
General Counsel
Nevada State Board of Pharmacy

Signed this ___ day of March, 2017

Mostaqul Huq, R.Ph.
Certificate of Registration No. 18974

Signed this 1st day of March, 2017

Authorized Representative
Walgreens Pharmacy #12488

DECISION AND ORDER

The Nevada State Board of Pharmacy hereby adopts the foregoing Stipulation as its decision as to Respondent Mostaqul Huq, R.Ph., Certificate of Registration No. 18974 and Walgreens Pharmacy #12488, Certificate of Registration No. PH02741, in case numbers 16-041-RPH-N and 16-041-PH-N, and hereby orders that the terms of the foregoing Stipulation be made effective. This decision and order shall be effective upon execution.

3/1/17
DATED

Leo Basch, President
Nevada State Board of Pharmacy

FILED
JAN 20 2017
NEVADA STATE BOARD OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,	)	**CASE NO. 16-041-RPH-N**
	)	**16-041-PH-N**
Petitioner,	)	
v.	)	
	)	
MOSTAQUL HUQ, RPH	)	**NOTICE OF INTENDED ACTION**
Certificate of Registration No. 18974	)	**AND ACCUSATION**
	)	
WALGREENS PHARMACY #12488	)	
Certificate of Registration No. PH02741	)	
	)	
Respondents.	/	

Larry L. Pinson, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, makes the following that will serve as both a notice of intended action under Nevada Revised Statutes (NRS) 233B.127(3), and as an accusation under NRS 639.241.

JURISDICTION

I.

The Nevada State Board of Pharmacy (Board) has jurisdiction over this matter and these respondents because at the time of the alleged events, Respondent Mostaqul Huq (Mr. Huq) was a pharmacist licensed by the Board, and Respondent Walgreens Pharmacy #12488 (Walgreens) was a pharmacy licensed by the Board.

FACTUAL ALLEGATIONS

II.

Patient W.R. filed a complaint with the Board Office alleging that on or about April 16 2016, Walgreens filled and dispensed niacin 500 mg. tablets instead of the niacinamide 500 mg. tablets prescribed by his physician.

III.

On April 11, 2016, W.R. saw his physician for the treatment of recurring skin cancers, and subsequently prescribed sixty (60) niacinamide 500 mg. tablets with instructions to take one tablet by mouth twice a day.

IV.

W.R. presented the prescription to Walgreens on April 16, 2016, which filled and dispensed it that same day. A pharmaceutical technician scanned the prescription into the pharmacy's computer system in preparation for data entry.

V.

Mr. Huq retrieved the scanned prescription and began the data entry process. During data entry, Mr. Huq discovered that the niacinamide tablets prescribed were not in stock.

VI.

Mr. Huq assumed the niacinamide was prescribed as a vitamin supplement. He was not aware that the doctor prescribed it to reduce the incidence of nonmelanoma skin cancers.

VII.

Mr. Huq believed that niacin is the pharmacological equivalent of niacinadmide and entered niacin in the data field.

VIII.

Mr. Huq approved the data entry and forwarded it to the fill queue. Mr. Huq did not contact the prescriber regarding the change to niacin.

IX.

Pharmaceutical technician Meghan Tolley retrieved the prescription and filled it with #60 500 mg. niacin tablets. She staged the prescription for product verification.

X.

Mr. Huq performed the final product verification and staged the prescription for customer pick-up.

XI.

At 4:55 p.m., W.R.'s friend R.C. arrived at the pharmacy to pick up the prescription. During counseling, Mr. Huq advised R.C. that in the future, a written prescription is not needed

to purchase over-the-counter drugs.[1] He did not inform R.C. that he dispensed niacin instead of niacinimide as prescribed.

XII.

On June 13, 2016, W.R. had a follow-up examination with his physician. W.C. reported that he was experiencing headaches, nausea, elevated blood pressure and muscle cramps.

XIII.

During that examination, the physician discovered that the pharmacy misfilled W.R.'s niacinimide prescription with niacin.

XIV.

At the time the error was discovered, W.C. had ingested fifty-six (56) of the wrong medication.

FIRST CAUSE OF ACTION

XV.

NAC 639.945(1)(d) defines unprofessional conduct to include the failure by a licensee to follow strictly the instructions of a prescriber when filling, labeling and dispensing a prescription. Unprofessional conduct also includes performing duties in an "incompetent, unskillful or negligent manner" *See* NAC 639.945(1)(i). Mr. Mostaqul Huq violated NAC 639.945(1)(d) and/or (i) by verifying, labeling and dispensing niacin 500 mg. tablets to W.R., when his prescriber prescribed niacinamide 500 mg. tablets.

SECOND CAUSE OF ACTION

XVI.

NRS 639.266 requires a pharmacist, on receipt of a prescription and after review of the patient's record, to communicate with the patient, or a person caring for the patient, matters that will enhance the patient's therapy through drugs. NAC 639.707(1) and (2) require that discussion to include, among other things, the name of the drug, dosage and administration instructions, the intended use of the drug, common side effects, and other information that is

[1] Niacin and/or niacinimide are available as over-the-counter products that do not require a prescripton.

necessary for the safe and effective use of the drug. Further, NAC 639.945(1)(i) defines unprofessional conduct to include performing duties in an "incompetent, unskillful or negligent manner" See NAC 639.945(1)(i).

Here, Mr. Mostaqul Huq violated NRS 639.266, NAC 639.707(1) and (2), and NAC 639.945(1)(i), when he failed to adequately counsel by not informing W.R.'s friend R.C. at the time R.C. picked up the medication, that he dispensed niacin instead of niacinimide as prescribed.

THIRD CAUSE OF ACTION

XVII.

NAC 639.945(2) states that "[t]he owner of any business or facility licensed, certified or registered by the Board is responsible for the acts of all personnel in his or her employ". Repondent Mr. Mostaqul Huq is Walgreens's employee. As such, Walgreens is responsible for each of the violations alleged herein.

XVIII.

The violations alleged above, including in each cause of action, are grounds for discipline against the licenses of Mostaqul Huq and/or Walgreens #3680 pursuant to NRS 639.210(4), (11) and/or (12), as well as NRS 639.255.

WHEREFORE it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to the certificates of registration of these respondents.

Signed this 19th day of January, 2017.

Larry L. Pinson, Pharm.D., Executive Secretary
Nevada State Board of Pharmacy

Section 10: Affidavit for Pharmacies- MUST BE COMPLETED by pharmacies NOT CURRENTLY PERFORMING Sterile Compounding

Affidavit for Pharmacy License

I, Richard Gates hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

1. I am the Vice President (title) for Walgreen Co. (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I certify that upon licensure, the Pharmacy will not perform sterile compounding or ship sterile compounds into Nevada.
3. I understand and acknowledge that the Pharmacy and any of its staff members may be subject to discipline by the Board if the Pharmacy performs sterile compounding or ships any sterile compounds into Nevada without first obtaining written authorization from the Board to do so.
4. I certify that if the Pharmacy makes the decision to perform sterile compounding or to ship any sterile compounds into Nevada, the Pharmacy, through an authorized representative, will first notify the Board via a written request, and obtain written approval to perform sterile compounding or to ship any sterile compounds into Nevada.
5. I understand that if the Pharmacy seeks approval to perform sterile compounding or to ship any sterile compounds into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

FURTHER YOUR AFFIANT SAYETH NAUGHT.

Signature

SUBSCRIBED AND SWORN TO
Before me, a notary public this 20th day of August, 20 25

Zeljka Borosa-Rajcevic
Notary Public

OFFICIAL SEAL
ZELJKA BOROSA RAJCEVIC
Notary Public, State of Illinois
Commission No. 977646
My Commission Expires September 8, 2027

CONFIDENTIAL/EXEMPT FROM
FREEDOM OF INFORMATION ACT AND
SIMILAR STATE REQUESTS

Ownership Information

Ownership & Leadership of Applicant Entity

Applicant: **Walgreen Co.**
108 Wilmot Rd., Deerfield, IL 60015

Ownership: The Applicant entity is wholly owned (100%) by Walgreens Boots Alliance, Inc.

Officers of Walgreen Co.
Michael Motz - CEO
Richard Gates - Senior Vice President, Chief Pharmacy Officer
Cherita Thomas - Secretary
Matthew Spina - CFO
Michael Handal - Licensing and Provider Enrollment Officer

Ownership & Leadership of Walgreens Boots Alliance, Inc.

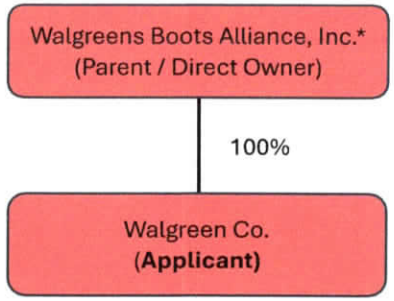
Ownership: Walgreens Boots Alliance, Inc. is wholly owned (100%) by Blazing Star Parent, LLC

Officers of Walgreens Boots Alliance, Inc.
Temporarily vacant - CEO
Mark Weisz - Sr VP, Global Tax
Manmohan Mahajan - Sr VP, Global Controller, CFO
Lanesha Minnix - Corporate Secretary

Please see the attached pre- and post-closing Corporate Organization chart for reference.

Proprietary and Confidential
Not a public record pursuant to
Section 7927.605 of the CPRA and
45 CFR Section 5.31

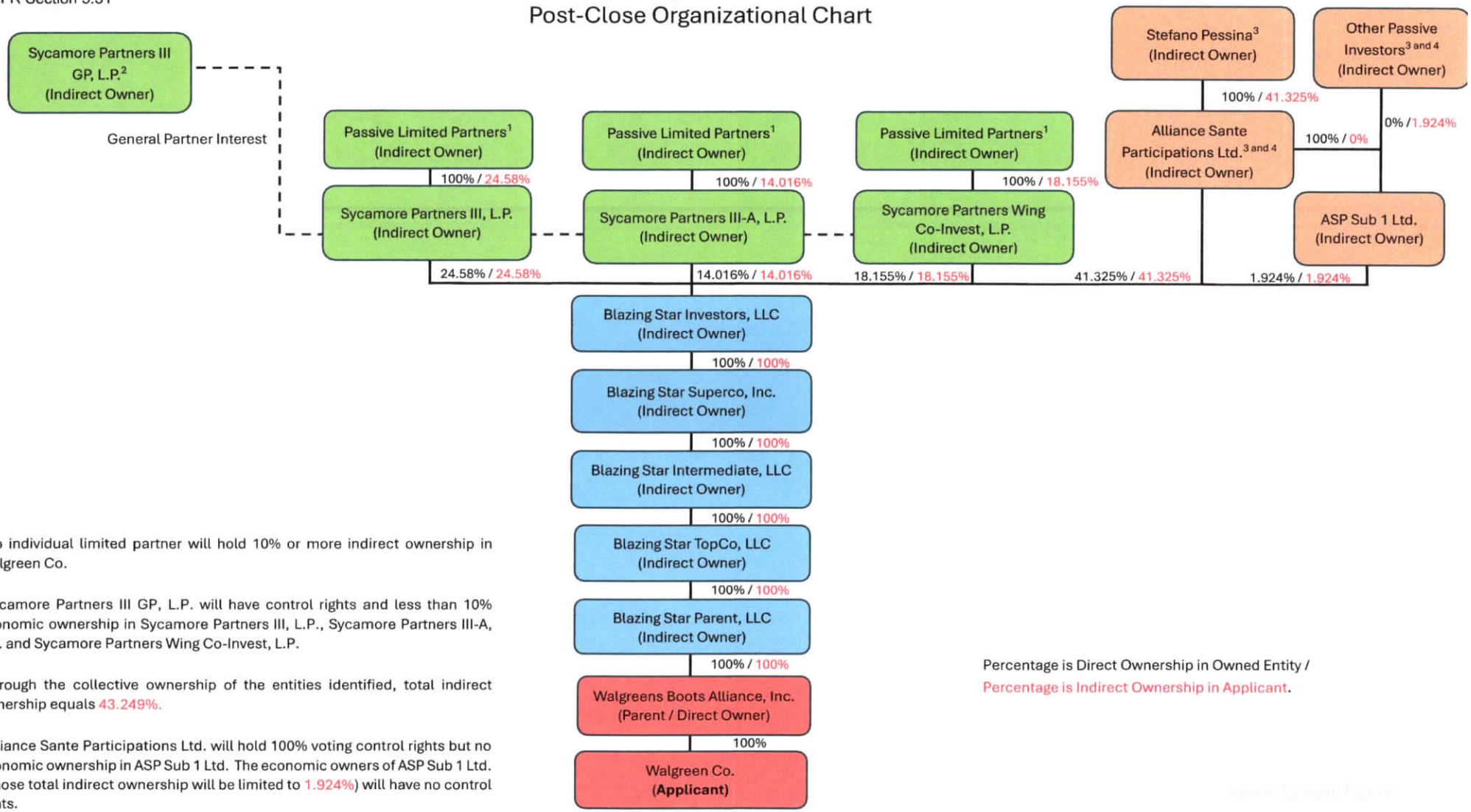
Walgreen Co.
Pre-Close Organizational Chart



Publicly Traded on Nasdaq Stock Market (WBA)

Proprietary and Confidential
Not a public record pursuant to
Section 7927.605 of the CPRA and
45 CFR Section 5.31

Walgreen Co.
Post-Close Organizational Chart



[1]No individual limited partner will hold 10% or more indirect ownership in Walgreen Co.

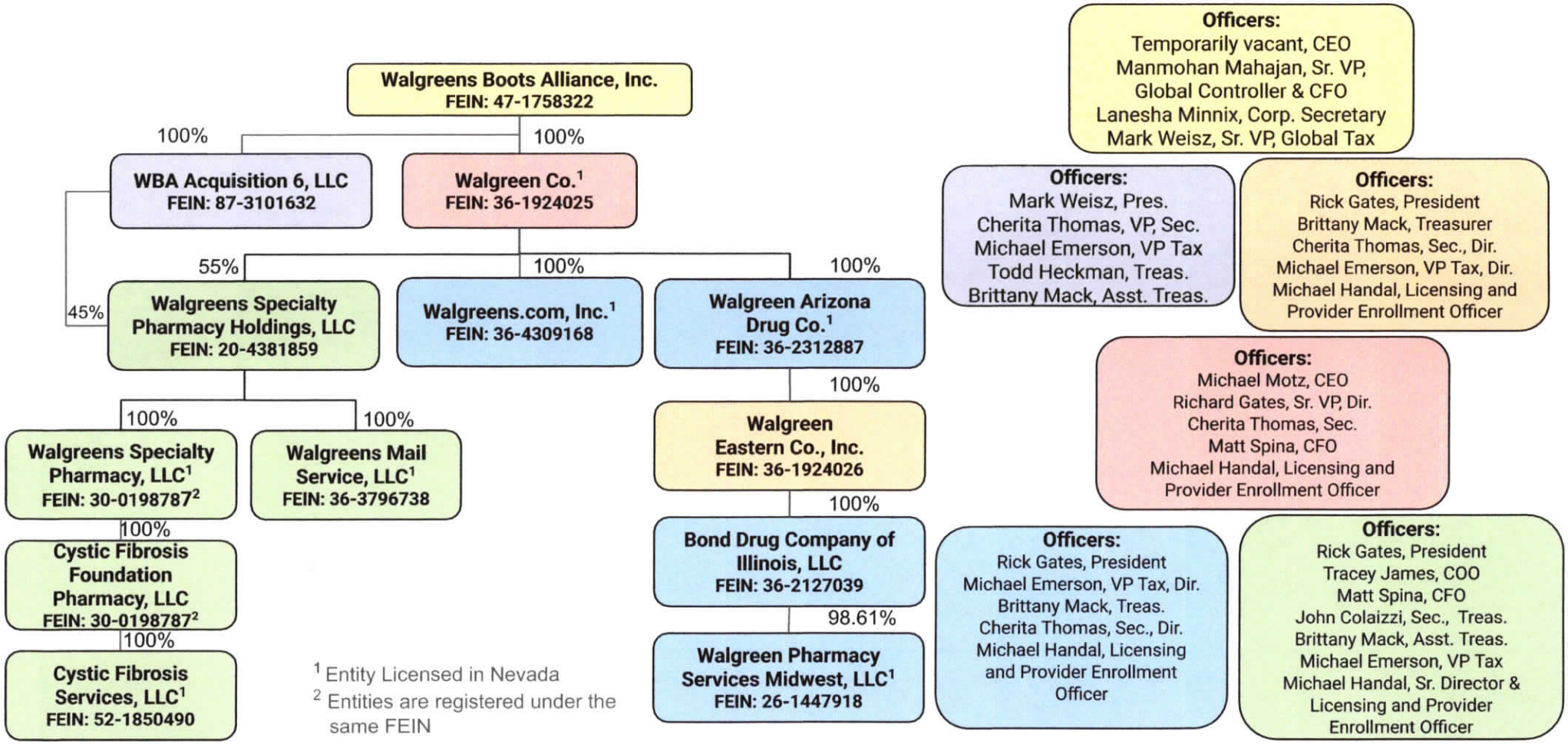
[2]Sycamore Partners III GP, L.P. will have control rights and less than 10% economic ownership in Sycamore Partners III, L.P., Sycamore Partners III-A, L.P. and Sycamore Partners Wing Co-Invest, L.P.

[3]Through the collective ownership of the entities identified, total indirect ownership equals 43.249%.

[4]Alliance Sante Participations Ltd. will hold 100% voting control rights but no economic ownership in ASP Sub 1 Ltd. The economic owners of ASP Sub 1 Ltd. (whose total indirect ownership will be limited to 1.924%) will have no control rights.

Percentage is Direct Ownership in Owned Entity /
Percentage is Indirect Ownership in Applicant.

Walgreen Co.
Post-Close Organizational Chart (cont.)



File Number 1084-348-1

STATE OF ILLINOIS

OFFICE OF THE SECRETARY OF STATE

To all to whom these Presents Shall Come, Greeting:

I, **Alexi Giannoulias,** *Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that*

WALGREEN CO., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON FEBRUARY 15, 1909, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE BUSINESS CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.

In Testimony Whereof, *I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this* 15TH *day of* MAY *A.D.* 2025 .

Authentication #: 2513501622 verifiable until 05/15/2026
Authenticate at: https://www.ilsos.gov

Alexi Giannoulias
SECRETARY OF STATE

9L

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Pharmacy Application

Non-Refundable $500.00 Fee

Rev (6/11/2024)

Facility Location	Application Type (check all applicable)	Pharmacy Type (check all applicable)	Services the Pharmacy will Provide (check all applicable)
☑ Nevada ☐ Out-of-Nevada	☐ New Pharmacy ☑ Ownership Change* ☐ Location Change * ☐ Service Modification* ☐ Name Change* (if only a Name Change occurred, submit a $50.00 fee with the application.) * Current license #: PH PH02244	☑ Retail/Community ☐ Hospital (# beds _____) ☐ Internet ☐ Nuclear ☐ Other:	☑ Retail/Community ☑ Dangerous drugs ☑ Controlled substances DEA #: FW0195215 ☐ Non-sterile Compounding ☐ Sterile Compounding ☐ Mail-Order Service ☐ Off-site Cognitive Services ☐ Long Term Care ☐ Hospital ☐ Other:

Days of Operation		Ownership Type (check applicable box)
☑ Monday ☑ Tuesday ☑ Wednesday ☑ Thursday	☑ Friday ☑ Saturday ☑ Sunday ☐ Holidays	☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9, 10, 11, 12) ☑ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9, 10, 11, 12) ☐ Partnership (complete sections 1, 2, 3, 4, 7, 9, 10, 11, 12) ☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9, 10, 11, 12)

Section 1: General Information

Pharmacy Name: WALGREENS #09864

Physical Address: 1342 US HWY 395 N

City: Gardnerville State: NV Zip: 89410

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: (775)782-0537 Toll Free # (NAC 639.708, NRS 639.23286): N/A

Fax: (775)783-1973 Contact Email: rxm.09864@store.walgreens.com

Website: https://www.walgreens.com

Nevada Business License # (if applicable) NV19951143510

Supervising/Managing Pharmacist Name (NRS 639.220): ALEXIS MERKLEY

Supervising/Managing Pharmacist NV Pharmacist Registration # (if applicable): 19330

Section 2: List the name(s) of at least one NEVADA registered pharmacist who practices at the pharmacy, who may be the managing pharmacist or another pharmacist, who will be responsible for any prescriptions dispensed to a patient located in Nevada and responsible for any acts or omissions of pharmacy personnel who are not registered with the Board. NRS 639.2328. (Use a separate piece of paper if additional space is needed.)

Name: ALEXIS MERKLEY	NV Pharmacist Registration #: 19330
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:

Section 3: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✔
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration from any jurisdiction?		✔
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been subject of an administrative action, board citation, cite fine, or proceeding relating to the pharmaceutical industry?		✔
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✔
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✔

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name(s) of the owner(s), their credentials and their percent ownership. Write NA if not applicable. NRS 639.232. (Use a separate piece of paper if additional space is needed.)

Name: N/A	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:

1. The Board shall not issue a license to conduct a pharmacy:
   a) To any practitioner; or
   b) To any partnership, corporation, or association in which a practitioner has a controlling interest or owns more than 10 percent of the available stock.
2. This section does not:
   a) Apply to a hospital pharmacy or a health maintenance organization which holds a certificate of authority under chapter 695C of NRS.
   b) Prohibit ownership by a practitioner of a building in which a pharmacy is located, if space for the pharmacy is rented at the prevailing rate.

Section 5: Publicly Traded Corporation

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Does the number of stockholders/shareholders of the corporation exceed four? NRS 639.231 ☐ Yes ☐ No

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: Delaware

Parent Company (if any): Walgreens Boots Alliance, Inc.

Corporation/Organization Name: Walgreen Co.

Mailing Address: 108 Wilmot Rd

City: Deerfield State: IL Zip: 60015

Telephone: 847-224-1348 Email: licenseadministration@walgreens.com

Contact Person Name: Kayla Lechner

Does the number of stockholders/shareholders of the corporation or members exceed four? NRS 639.231 ☐ Yes ☒ No

Section 7: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Please check type of partnership (NAC 639.214) ☐ General ☐ Limited

Does the number of partners or members of the partnership exceed four? NRS 639.231 ☐ Yes ☐ No

Section 8: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Richard Gates

Print Name of Authorized Person Submitting Application (If the applicant is a partnership or corporation, the application must be signed by a partner or by an officer of the corporation). NAC 639.215

Richard Gates

Original signature of Authorized Person (copies or stamps not accepted)

08 / 26 / 2025

Date

Board Use Only	Date Received: 9/18/25	Amount: $500 CK JP03-3000111129

Section 11: Managing Pharmacist Acknowledgement, Professional/Personal History – REQUIRED TO BE COMPLETED BY THE MANAGING PHARMACIST FOR NEVADA LOCATED PHARMACY APPLICANTS ONLY

Managing Pharmacist Name: ALEXIS MERKLEY Pharmacist Registration #: 19330

Pharmacy Name: WALGREENS #09864

Initial each statement below to indicate you have read and agree with the following:

A.S.M. I understand that as the managing pharmacist I am responsible for compliance by the pharmacy and its personnel with all state and federal laws and regulations relating to the operation of the pharmacy and the practice of pharmacy. I understand my license can be revoked or that I can be subject of disciplinary action if such laws or regulations are knowingly violated in the pharmacy in which I am the managing pharmacist.

A.S.M. I understand within 48 hours after I report for duty as the managing pharmacist, I shall complete an inventory of all controlled substances of the pharmacy pursuant to 21 CFR Part 1304 and maintain a copy of the inventory in the file at the pharmacy.

A.S.M. I understand that if I cease to be managing pharmacist of the above-named pharmacy, I will jointly, with the new managing pharmacist, take an inventory of all controlled substances.

A.S.M. I understand that as the managing pharmacist I must ensure that all loss or theft of controlled substances are reported on forms provided by the Nevada State Board of Pharmacy and Department of Public Safety within 10 days after the date of discovery of theft or loss. NRS 453.568. Federal regulations require that registrants notify the Field Division Office of the Administration in his area, in writing, of the theft or significant loss of any controlled substance, disposal receptacles or listed chemicals within one business day of discovery of such loss or theft. The registrant shall also complete and submit to the Field Division Office in his area, DEA Form 106 regarding the loss or theft (21 C.F.R. §1301.76(b) and 21 U.S.C. §830(b)(1)(C)).

A.S.M. I understand that as the managing pharmacist I must notify the Nevada State Board of Pharmacy of all employment changes of pharmacy staff within 10 days of the change. NAC 639.540

Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?	☐	☑
2. Have you been charged, arrested, or convicted of a felony or misdemeanor in any state?	☐	☑
3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state?	☐	☑
4. Has your license been subjected to any discipline for violation of pharmacy or drug laws in any state?	☐	☑

If you marked YES to any questions above, include the following information and provide a signed statement of explanation. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Board Administrative Action:	State:	Date:	Case #:

Criminal Action:	State:	Date:	Case #:	County:	Court:

I certify under penalty of perjury that the information I have provided on this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

ALEXIS MERKLEY

Original signature of Managing Pharmacist (copies or stamps not accepted)

08 / 04 / 2025

Date

Section 10: Affidavit for Pharmacies- MUST BE COMPLETED by pharmacies NOT CURRENTLY PERFORMING Sterile Compounding

Affidavit for Pharmacy License

I, Richard Gates hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

1. I am the Vice President (title) for Walgreen Co. (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I certify that upon licensure, the Pharmacy will not perform sterile compounding or ship sterile compounds into Nevada.
3. I understand and acknowledge that the Pharmacy and any of its staff members may be subject to discipline by the Board if the Pharmacy performs sterile compounding or ships any sterile compounds into Nevada without first obtaining written authorization from the Board to do so.
4. I certify that if the Pharmacy makes the decision to perform sterile compounding or to ship any sterile compounds into Nevada, the Pharmacy, through an authorized representative, will first notify the Board via a written request, and obtain written approval to perform sterile compounding or to ship any sterile compounds into Nevada.
5. I understand that if the Pharmacy seeks approval to perform sterile compounding or to ship any sterile compounds into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

FURTHER YOUR AFFIANT SAYETH NAUGHT.

Signature

SUBSCRIBED AND SWORN TO
Before me, a notary public this 20th day of August, 2025

Zeljka Borosa-Rajcevic
Notary Public

OFFICIAL SEAL
ZELJKA BOROSA RAJCEVIC
Notary Public, State of Illinois
Commission No. 977646
My Commission Expires September 8, 2027

CONFIDENTIAL/EXEMPT FROM
FREEDOM OF INFORMATION ACT AND
SIMILAR STATE REQUESTS

Ownership Information

Ownership & Leadership of Applicant Entity

Applicant: **Walgreen Co.**
108 Wilmot Rd., Deerfield, IL 60015

Ownership: The Applicant entity is wholly owned (100%) by Walgreens Boots Alliance, Inc.

Officers of Walgreen Co.
Michael Motz - CEO
Richard Gates - Senior Vice President, Chief Pharmacy Officer
Cherita Thomas - Secretary
Matthew Spina - CFO
Michael Handal - Licensing and Provider Enrollment Officer

Ownership & Leadership of Walgreens Boots Alliance, Inc.

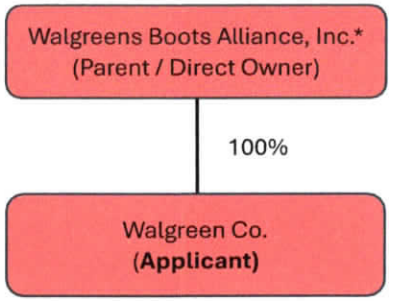
Ownership: Walgreens Boots Alliance, Inc. is wholly owned (100%) by Blazing Star Parent, LLC

Officers of Walgreens Boots Alliance, Inc.
Temporarily vacant - CEO
Mark Weisz - Sr VP, Global Tax
Manmohan Mahajan - Sr VP, Global Controller, CFO
Lanesha Minnix - Corporate Secretary

Please see the attached pre- and post-closing Corporate Organization chart for reference.

Proprietary and Confidential
Not a public record pursuant to
Section 7927.605 of the CPRA and
45 CFR Section 5.31

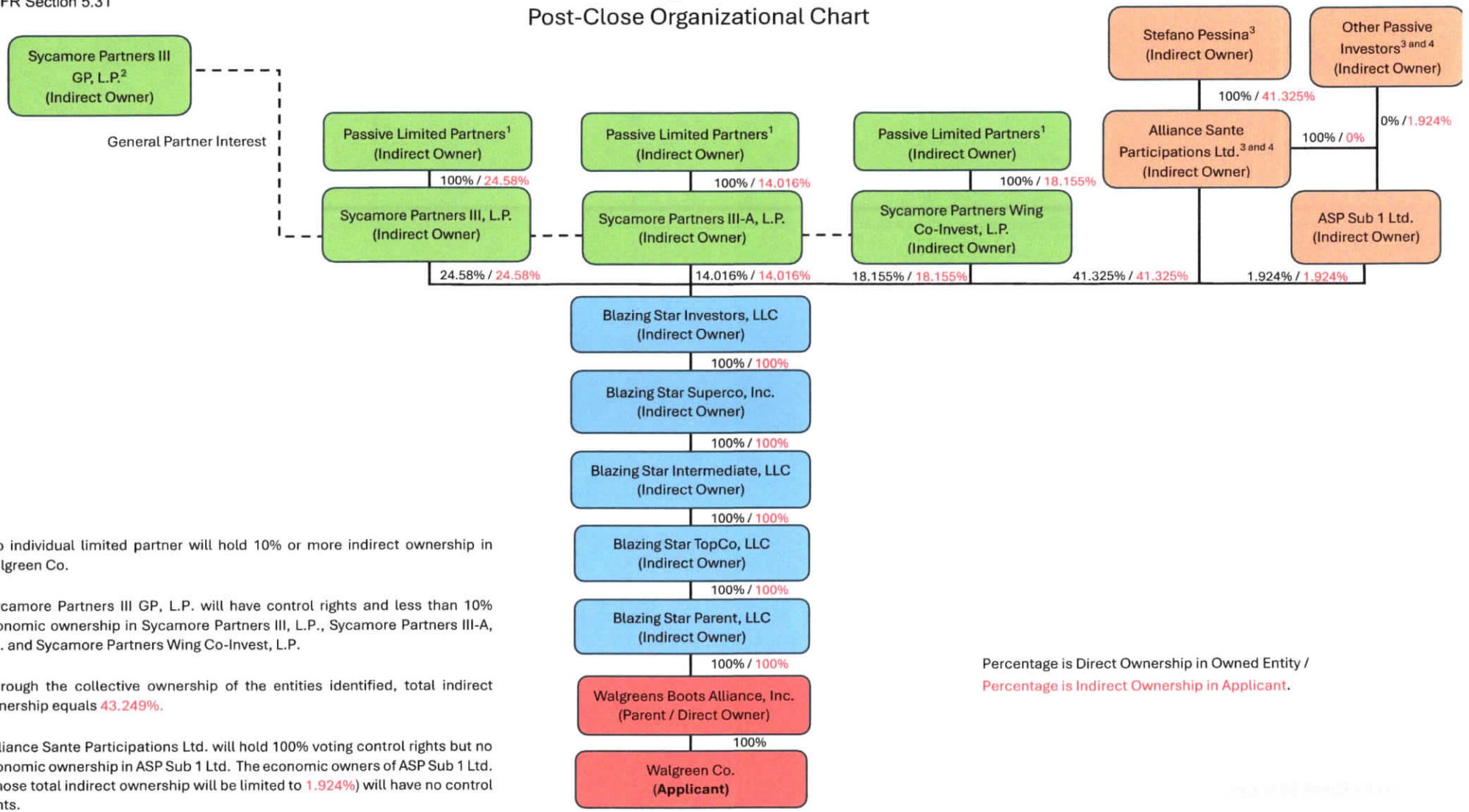
Walgreen Co.
Pre-Close Organizational Chart



Publicly Traded on Nasdaq Stock Market (WBA)

Proprietary and Confidential
Not a public record pursuant to
Section 7927.605 of the CPRA and
45 CFR Section 5.31

Walgreen Co.
Post-Close Organizational Chart



[1]No individual limited partner will hold 10% or more indirect ownership in Walgreen Co.

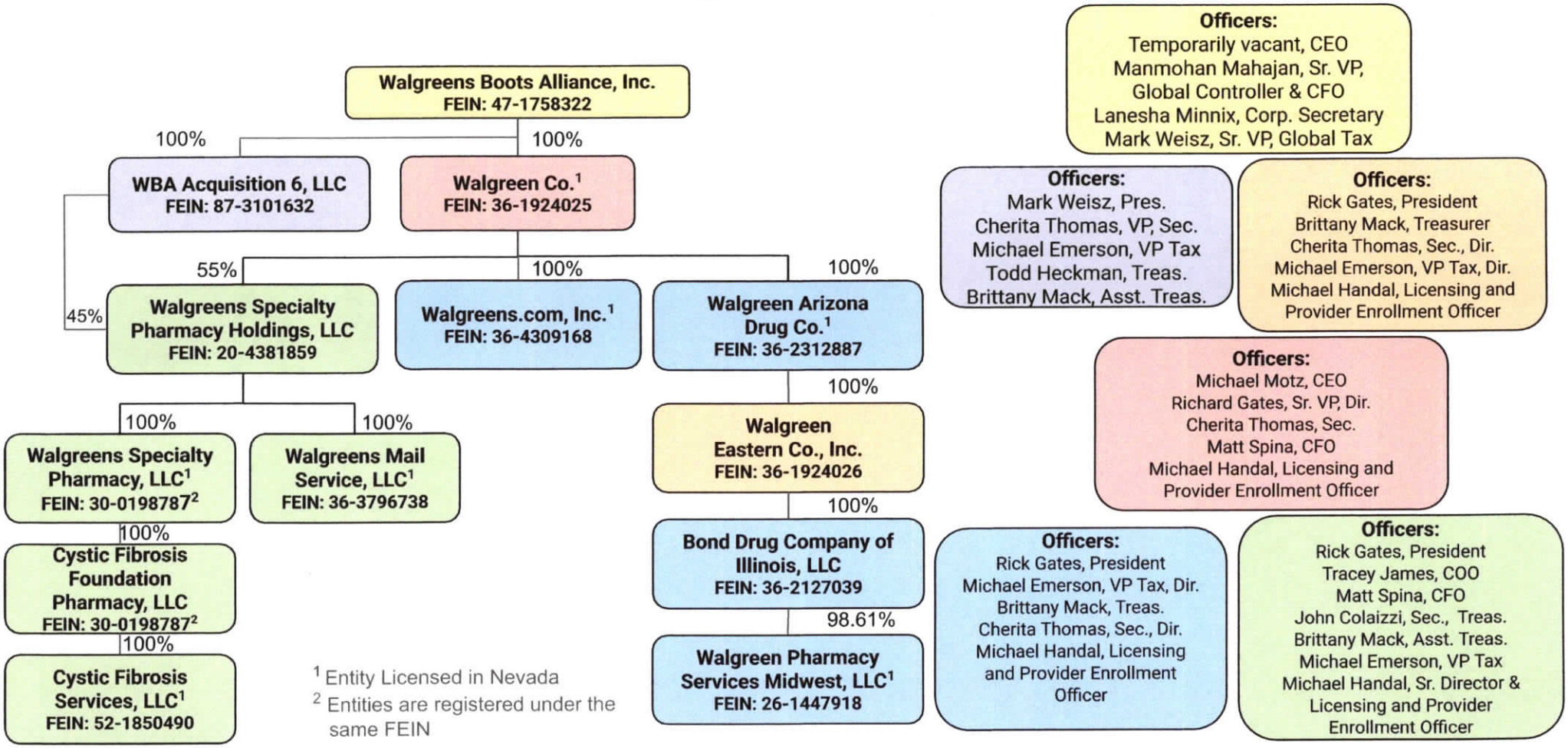
[2]Sycamore Partners III GP, L.P. will have control rights and less than 10% economic ownership in Sycamore Partners III, L.P., Sycamore Partners III-A, L.P. and Sycamore Partners Wing Co-Invest, L.P.

[3]Through the collective ownership of the entities identified, total indirect ownership equals 43.249%.

[4]Alliance Sante Participations Ltd. will hold 100% voting control rights but no economic ownership in ASP Sub 1 Ltd. The economic owners of ASP Sub 1 Ltd. (whose total indirect ownership will be limited to 1.924%) will have no control rights.

Percentage is Direct Ownership in Owned Entity /
Percentage is Indirect Ownership in Applicant.

Walgreen Co.
Post-Close Organizational Chart (cont.)



File Number 1084-348-1

STATE OF ILLINOIS

OFFICE OF THE SECRETARY OF STATE

To all to whom these Presents Shall Come, Greeting:

I, **Alexi Giannoulias,** *Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that*

WALGREEN CO., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON FEBRUARY 15, 1909, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE BUSINESS CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.

In Testimony Whereof, *I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this* 15TH *day of* MAY *A.D.* 2025 .

Authentication #: 2513501622 verifiable until 05/15/2026
Authenticate at: https://www.ilsos.gov

Alexi Giannoulias
SECRETARY OF STATE

9M

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Pharmacy Application

Non-Refundable $500.00 Fee

Rev (6/11/2024)

Facility Location	Application Type (check all applicable)	Pharmacy Type (check all applicable)	Services the Pharmacy will Provide (check all applicable)
☑ Nevada ☐ Out-of-Nevada	☐ New Pharmacy ☑ Ownership Change* ☐ Location Change * ☐ Service Modification* ☐ Name Change* (if only a Name Change occurred, submit a $50.00 fee with the application.) * Current license #: PH PH01080	☑ Retail/Community ☐ Hospital (# beds _____) ☐ Internet ☐ Nuclear ☐ Other:	☑ Retail/Community ☑ Dangerous drugs ☑ Controlled substances DEA #: BW5089277 ☐ Non-sterile Compounding ☐ Sterile Compounding ☐ Mail-Order Service ☐ Off-site Cognitive Services ☐ Long Term Care ☐ Hospital ☐ Other:

Days of Operation		Ownership Type (check applicable box)
☑ Monday	☑ Friday	☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9, 10, 11, 12)
☑ Tuesday	☑ Saturday	☑ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9, 10, 11, 12)
☑ Wednesday	☑ Sunday	☐ Partnership (complete sections 1, 2, 3, 4, 7, 9, 10, 11, 12)
☑ Thursday	☐ Holidays	☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9, 10, 11, 12)

Section 1: General Information

Pharmacy Name: WALGREENS #03871

Physical Address: 1701 N GREEN VALLEY PKWY STE 14

City: HENDERSON State: NV Zip: 89074-5885

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: (702)897-5884 Toll Free # (NAC 639.708, NRS 639.23286): N/A

Fax: (702)897-4797 Contact Email: rxm.03871@store.walgreens.com

Website: https://www.walgreens.com

Nevada Business License # (if applicable) NV19951143510

Supervising/Managing Pharmacist Name (NRS 639.220): BEHSHAD VU

Supervising/Managing Pharmacist NV Pharmacist Registration # (if applicable): 16947

Section 2: List the name(s) of at least one NEVADA registered pharmacist who practices at the pharmacy, who may be the managing pharmacist or another pharmacist, who will be responsible for any prescriptions dispensed to a patient located in Nevada and responsible for any acts or omissions of pharmacy personnel who are not registered with the Board. NRS 639.2328. (Use a separate piece of paper if additional space is needed.)

Name: BEHSHAD VU	NV Pharmacist Registration #: 16947
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:

Section 3: History of Company	**Yes**	**No**
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✔
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration from any jurisdiction?		✔
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been subject of an administrative action, board citation, cite fine, or proceeding relating to the pharmaceutical industry?		✔
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✔
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✔

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name(s) of the owner(s), their credentials and their percent ownership. Write NA if not applicable. NRS 639.232. (Use a separate piece of paper if additional space is needed.)

Name: N/A	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:

1. The Board shall not issue a license to conduct a pharmacy:
   a) To any practitioner; or
   b) To any partnership, corporation, or association in which a practitioner has a controlling interest or owns more than 10 percent of the available stock.
2. This section does not:
   a) Apply to a hospital pharmacy or a health maintenance organization which holds a certificate of authority under chapter 695C of NRS.
   b) Prohibit ownership by a practitioner of a building in which a pharmacy is located, if space for the pharmacy is rented at the prevailing rate.

Section 5: Publicly Traded Corporation

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Does the number of stockholders/shareholders of the corporation exceed four? NRS 639.231 ☐ Yes ☐ No

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: Delaware

Parent Company (if any): Walgreens Boots Alliance, Inc.

Corporation/Organization Name: Walgreen Co.

Mailing Address: 108 Wilmot Rd

City: Deerfield State: IL Zip: 60015

Telephone: 847-224-1348 Email: licenseadministration@walgreens.com

Contact Person Name: Kayla Lechner

Does the number of stockholders/shareholders of the corporation or members exceed four? NRS 639.231 ☐ Yes ☒ No

Section 7: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Please check type of partnership (NAC 639.214) ☐ General ☐ Limited

Does the number of partners or members of the partnership exceed four? NRS 639.231 ☐ Yes ☐ No

Section 8: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Richard Gates

Print Name of Authorized Person Submitting Application (If the applicant is a partnership or corporation, the application must be signed by a partner or by an officer of the corporation). NAC 639.215

Richard Gates

Original signature of Authorized Person (copies or stamps not accepted)

08 / 26 / 2025

Date

Board Use Only	Date Received: 9/22/25	Amount: $800 - ch JP05-3000111129

Section 11: Managing Pharmacist Acknowledgement, Professional/Personal History – REQUIRED TO BE COMPLETED BY THE MANAGING PHARMACIST FOR NEVADA LOCATED PHARMACY APPLICANTS ONLY

Managing Pharmacist Name: BEHSHAD VU Pharmacist Registration #: 16947

Pharmacy Name: WALGREENS #03871

Initial each statement below to indicate you have read and agree with the following:

BV I understand that as the managing pharmacist I am responsible for compliance by the pharmacy and its personnel with all state and federal laws and regulations relating to the operation of the pharmacy and the practice of pharmacy. I understand my license can be revoked or that I can be subject of disciplinary action if such laws or regulations are knowingly violated in the pharmacy in which I am the managing pharmacist.

BV I understand within 48 hours after I report for duty as the managing pharmacist, I shall complete an inventory of all controlled substances of the pharmacy pursuant to 21 CFR Part 1304 and maintain a copy of the inventory in the file at the pharmacy.

BV I understand that if I cease to be managing pharmacist of the above-named pharmacy, I will jointly, with the new managing pharmacist, take an inventory of all controlled substances.

BV I understand that as the managing pharmacist I must ensure that all loss or theft of controlled substances are reported on forms provided by the Nevada State Board of Pharmacy and Department of Public Safety within 10 days after the date of discovery of theft or loss. NRS 453.568. Federal regulations require that registrants notify the Field Division Office of the Administration in his area, in writing, of the theft or significant loss of any controlled substance, disposal receptacles or listed chemicals within one business day of discovery of such loss or theft. The registrant shall also complete and submit to the Field Division Office in his area, DEA Form 106 regarding the loss or theft (21 C.F.R. §1301.76(b) and 21 U.S.C. §830(b)(1)(C)).

BV I understand that as the managing pharmacist I must notify the Nevada State Board of Pharmacy of all employment changes of pharmacy staff within 10 days of the change. NAC 639.540

Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?	☐	☑
2. Have you been charged, arrested, or convicted of a felony or misdemeanor in any state?	☐	☑
3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state?	☐	☑
4. Has your license been subjected to any discipline for violation of pharmacy or drug laws in any state?	☐	☑

If you marked YES to any questions above, include the following information and provide a signed statement of explanation. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Board Administrative Action:	State:	Date:	Case #:

Criminal Action:	State:	Date:	Case #:	County:	Court:

I certify under penalty of perjury that the information I have provided on this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

BEHSHAD VU

Original signature of Managing Pharmacist (copies or stamps not accepted)

08 / 02 / 2025

Date

Section 9: Statement of Responsibility - MUST BE COMPLETED by an Authorized Person (NAC 639.945)

Statement of Responsibility

1. I am the Vice President (title) for Walgreen Co. (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be responsible for any violations of pharmacy law that may occur in the Pharmacy owned by such owner(s), shareholder(s), member(s), or partner(s).
3. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against the Pharmacy.
4. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) cannot require or permit the pharmacist(s) in said Pharmacy to violate any provision of local, state, or federal laws or regulations pertaining to the practice of pharmacy.
5. I further understand and acknowledge that Nevada law requires that each pharmacy located inside the State of Nevada employ only pharmacists, intern pharmacists, pharmaceutical technicians, and technicians in training that are licensed by the Nevada State Board of Pharmacy. (NRS 639.100).
6. I further understand and acknowledge that Nevada law requires that each pharmacy located outside the State of Nevada engaged in providing pharmacy services into Nevada employs at least one pharmacist licensed by the Nevada State Board of Pharmacy who will be responsible for any prescription dispensed to a patient located in Nevada and responsible for any acts or omissions of pharmacy personnel who are not registered with the Board. (NRS 639.2328).

Richard Gates

Print Name of Authorized Person

Richard Gates

Original signature of Authorized Person (copies or stamps not accepted)

08 / 26 / 2025

Date

Section 10: Affidavit for Pharmacies- MUST BE COMPLETED by pharmacies NOT CURRENTLY PERFORMING Sterile Compounding

Affidavit for Pharmacy License

I, Richard Gates hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

1. I am the Vice President (title) for Walgreen Co. (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I certify that upon licensure, the Pharmacy will not perform sterile compounding or ship sterile compounds into Nevada.
3. I understand and acknowledge that the Pharmacy and any of its staff members may be subject to discipline by the Board if the Pharmacy performs sterile compounding or ships any sterile compounds into Nevada without first obtaining written authorization from the Board to do so.
4. I certify that if the Pharmacy makes the decision to perform sterile compounding or to ship any sterile compounds into Nevada, the Pharmacy, through an authorized representative, will first notify the Board via a written request, and obtain written approval to perform sterile compounding or to ship any sterile compounds into Nevada.
5. I understand that if the Pharmacy seeks approval to perform sterile compounding or to ship any sterile compounds into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

FURTHER YOUR AFFIANT SAYETH NAUGHT.

Signature

SUBSCRIBED AND SWORN TO
Before me, a notary public this 20th day of August, 2025

Zeljka Borosa-Rajcevic
Notary Public

OFFICIAL SEAL
ZELJKA BOROSA RAJCEVIC
Notary Public, State of Illinois
Commission No. 977646
My Commission Expires September 8, 2027

CONFIDENTIAL/EXEMPT FROM
FREEDOM OF INFORMATION ACT AND
SIMILAR STATE REQUESTS

Ownership Information

Ownership & Leadership of Applicant Entity

Applicant: **Walgreen Co.**
108 Wilmot Rd., Deerfield, IL 60015

Ownership: The Applicant entity is wholly owned (100%) by Walgreens Boots Alliance, Inc.

Officers of Walgreen Co.
Michael Motz - CEO
Richard Gates - Senior Vice President, Chief Pharmacy Officer
Cherita Thomas - Secretary
Matthew Spina - CFO
Michael Handal - Licensing and Provider Enrollment Officer

Ownership & Leadership of Walgreens Boots Alliance, Inc.

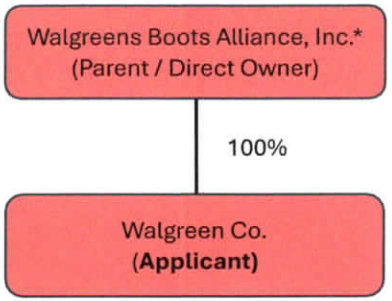
Ownership: Walgreens Boots Alliance, Inc. is wholly owned (100%) by Blazing Star Parent, LLC

Officers of Walgreens Boots Alliance, Inc.
Temporarily vacant - CEO
Mark Weisz - Sr VP, Global Tax
Manmohan Mahajan - Sr VP, Global Controller, CFO
Lanesha Minnix - Corporate Secretary

Please see the attached pre- and post-closing Corporate Organization chart for reference.

Proprietary and Confidential
Not a public record pursuant to
Section 7927.605 of the CPRA and
45 CFR Section 5.31

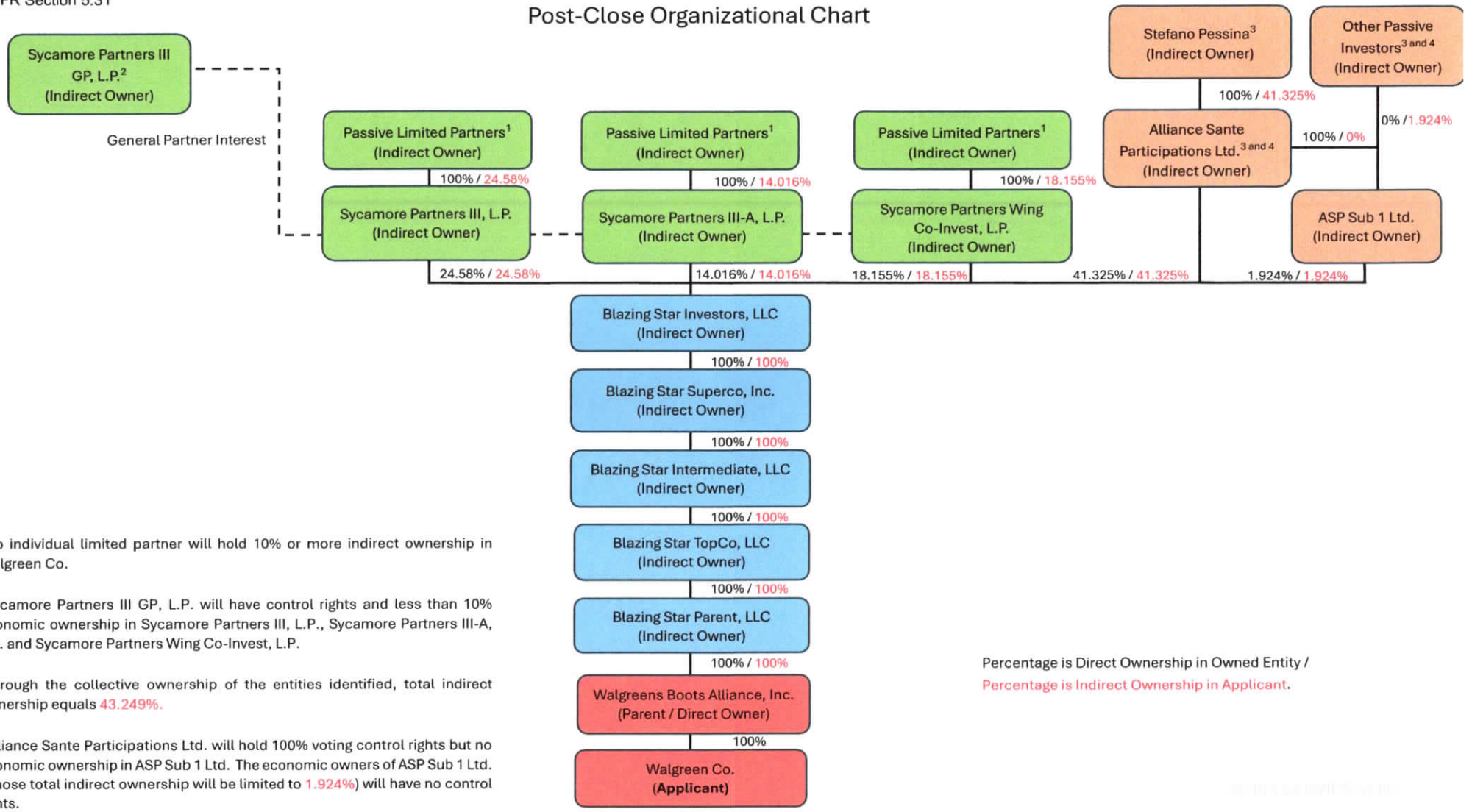
Walgreen Co.
Pre-Close Organizational Chart



Publicly Traded on Nasdaq Stock Market (WBA)

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Walgreen Co.
Post-Close Organizational Chart



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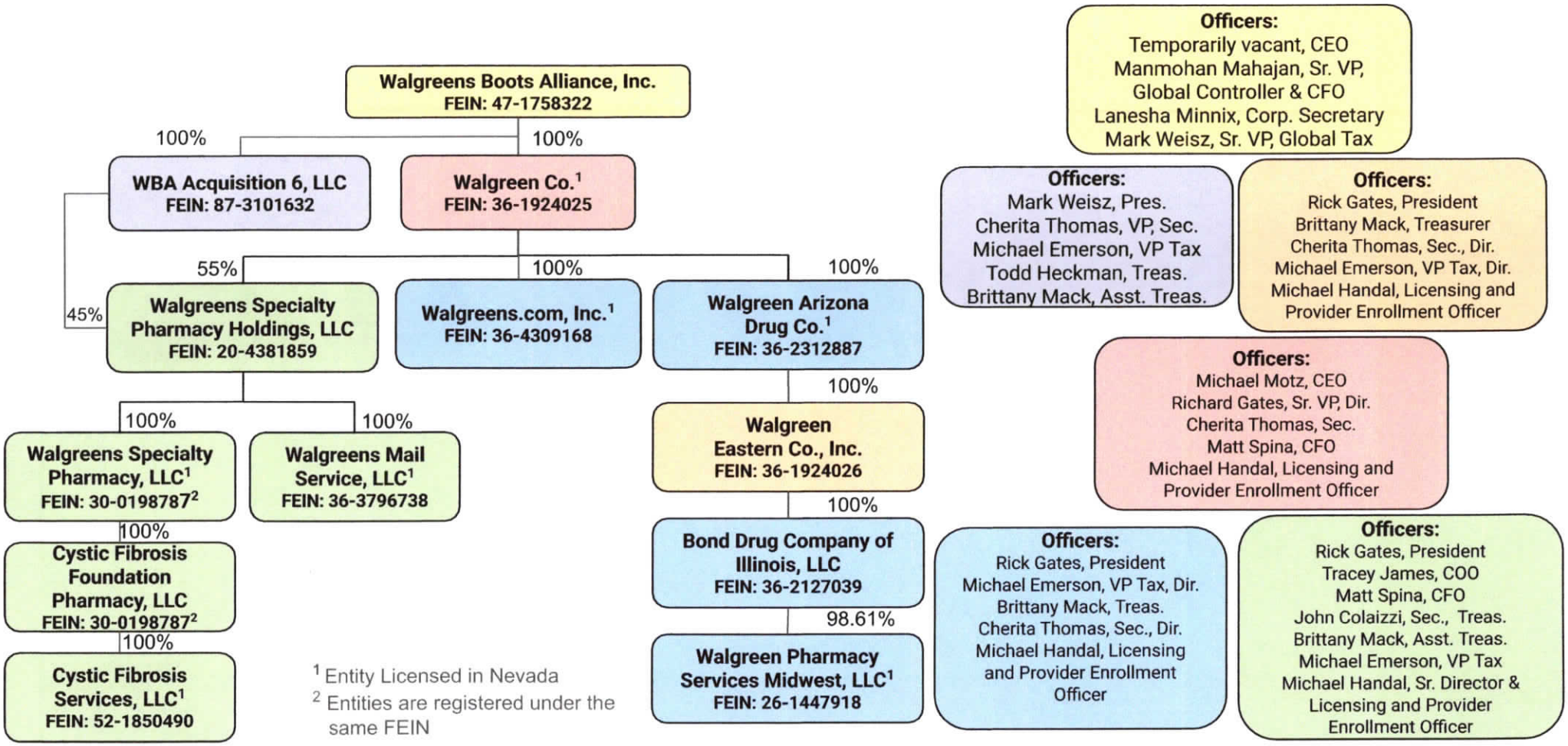
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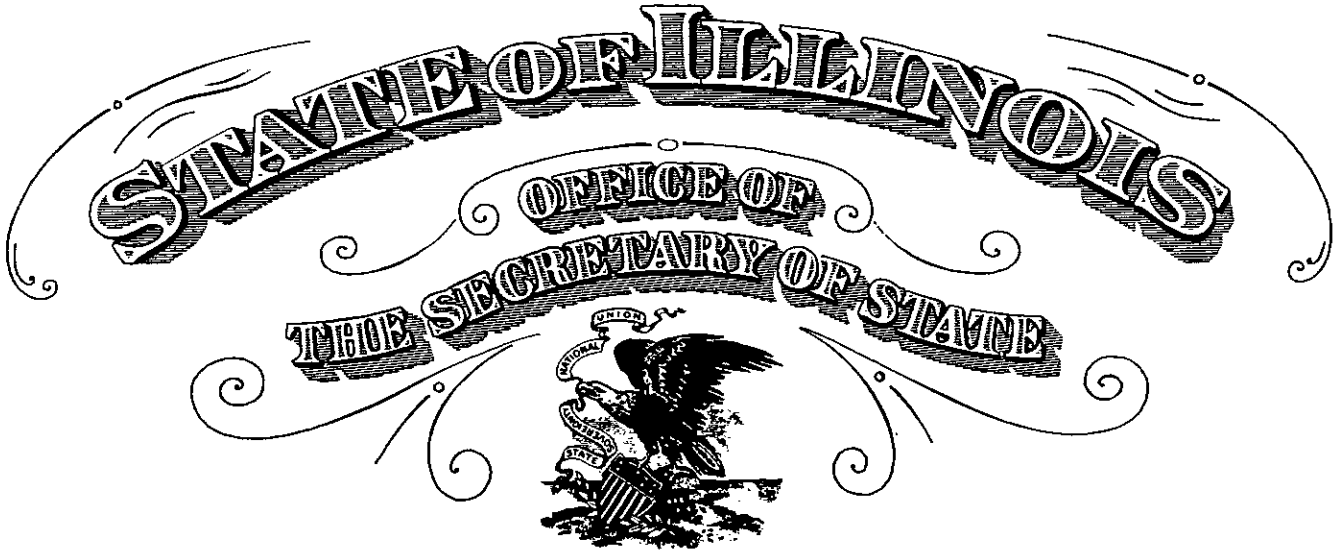
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Percentage is Direct Ownership in Owned Entity /
Percentage is Indirect Ownership in Applicant.

Walgreen Co.
Post-Close Organizational Chart (cont.)



File Number 1084-348-1



To all to whom these Presents Shall Come, Greeting:

I, **Alexi Giannoulias,** *Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that*

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In Testimony Whereof, *I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this* 15TH *day of* MAY *A.D.* 2025 .

Authentication #: 2513501622 verifiable until 05/15/2026
Authenticate at: https://www.ilsos.gov

Alexi Giannoulias
SECRETARY OF STATE

9N

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Pharmacy Application

Non-Refundable $500.00 Fee

Rev (6/11/2024)

Y

Facility Location	Application Type (check all applicable)	Pharmacy Type (check all applicable)	Services the Pharmacy will Provide (check all applicable)
☑ Nevada	☐ New Pharmacy	☑ Retail/Community	☑ Retail/Community
☐ Out-of-Nevada	☑ Ownership Change*	☐ Hospital (# beds _____)	☑ Dangerous drugs
	☐ Location Change *	☐ Internet	☑ Controlled substances
	☐ Service Modification*	☐ Nuclear	DEA #: BW6678809
	☐ Name Change* (if only a Name Change occurred, submit a $50.00 fee with the application.)	☐ Other:	☐ Non-sterile Compounding
			☐ Sterile Compounding
			☐ Mail-Order Service
			☐ Off-site Cognitive Services
			☐ Long Term Care
	* Current license #: PH PH01485		☐ Hospital
			☐ Other:

Days of Operation		Ownership Type (check applicable box)
☑ Monday	☑ Friday	☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9, 10, 11, 12)
☑ Tuesday	☑ Saturday	☑ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9, 10, 11, 12)
☑ Wednesday	☑ Sunday	☐ Partnership (complete sections 1, 2, 3, 4, 7, 9, 10, 11, 12)
☑ Thursday	☐ Holidays	☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9, 10, 11, 12)

Section 1: General Information

Pharmacy Name: WALGREENS #05369

Physical Address: 1500 S BOULDER HWY

City: HENDERSON State: NV Zip: 89015-8506

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: (702)567-5454 Toll Free # (NAC 639.708, NRS 639.23286): N/A

Fax: (702)567-5409 Contact Email: rxm.05369@store.walgreens.com

Website: https://www.walgreens.com

Nevada Business License # (if applicable) NV19951143510

Supervising/Managing Pharmacist Name (NRS 639.220): ESTELLE OLSON

Supervising/Managing Pharmacist NV Pharmacist Registration # (if applicable): 20241

Document Ref: INFF6-8WFF8-8CZPJ-WU7EQ

Section 2: List the name(s) of at least one NEVADA registered pharmacist who practices at the pharmacy, who may be the managing pharmacist or another pharmacist, who will be responsible for any prescriptions dispensed to a patient located in Nevada and responsible for any acts or omissions of pharmacy personnel who are not registered with the Board. NRS 639.2328. (Use a separate piece of paper if additional space is needed.)

Name: ESTELLE OLSON	NV Pharmacist Registration #: 20241
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:

Section 3: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✓
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration from any jurisdiction?		✓
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been subject of an administrative action, board citation, cite fine, or proceeding relating to the pharmaceutical industry?	✓	
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✓
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✓

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name(s) of the owner(s), their credentials and their percent ownership. Write NA if not applicable. NRS 639.232. (Use a separate piece of paper if additional space is needed.)

Name: N/A	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:

1. The Board shall not issue a license to conduct a pharmacy:
   a) To any practitioner; or
   b) To any partnership, corporation, or association in which a practitioner has a controlling interest or owns more than 10 percent of the available stock.
2. This section does not:
   a) Apply to a hospital pharmacy or a health maintenance organization which holds a certificate of authority under chapter 695C of NRS.
   b) Prohibit ownership by a practitioner of a building in which a pharmacy is located, if space for the pharmacy is rented at the prevailing rate.

Section 5: Publicly Traded Corporation

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Does the number of stockholders/shareholders of the corporation exceed four? NRS 639.231 ☐ Yes ☐ No

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: Delaware

Parent Company (if any): Walgreens Boots Alliance, Inc.

Corporation/Organization Name: Walgreen Co.

Mailing Address: 108 Wilmot Rd

City: Deerfield State: IL Zip: 60015

Telephone: 847-224-1348 Email: licenseadministration@walgreens.com

Contact Person Name: Kayla Lechner

Does the number of stockholders/shareholders of the corporation or members exceed four? NRS 639.231 ☐ Yes ☒ No

Section 7: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Please check type of partnership (NAC 639.214) ☐ General ☐ Limited

Does the number of partners or members of the partnership exceed four? NRS 639.231 ☐ Yes ☐ No

Section 8: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Document Ref: INFF6-8WFF8-8CZPJ-WU7EQ

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Richard Gates

Print Name of Authorized Person Submitting Application (If the applicant is a partnership or corporation, the application must be signed by a partner or by an officer of the corporation). NAC 639.215

Richard Gates

Original signature of Authorized Person (copies or stamps not accepted)

08 / 26 / 2025

Date

Board Use Only	Date Received: 9/22/25	Amount: $510 CK JP03-3000 111129

Section 11: Managing Pharmacist Acknowledgement, Professional/Personal History – REQUIRED TO BE COMPLETED BY THE MANAGING PHARMACIST FOR NEVADA LOCATED PHARMACY APPLICANTS ONLY

Managing Pharmacist Name: ESTELLE OLSON Pharmacist Registration #: 20241

Pharmacy Name: WALGREENS #05369

Initial each statement below to indicate you have read and agree with the following:

E.S. I understand that as the managing pharmacist I am responsible for compliance by the pharmacy and its personnel with all state and federal laws and regulations relating to the operation of the pharmacy and the practice of pharmacy. I understand my license can be revoked or that I can be subject of disciplinary action if such laws or regulations are knowingly violated in the pharmacy in which I am the managing pharmacist.

E.S. I understand within 48 hours after I report for duty as the managing pharmacist, I shall complete an inventory of all controlled substances of the pharmacy pursuant to 21 CFR Part 1304 and maintain a copy of the inventory in the file at the pharmacy.

E.S. I understand that if I cease to be managing pharmacist of the above-named pharmacy, I will jointly, with the new managing pharmacist, take an inventory of all controlled substances.

E.S. I understand that as the managing pharmacist I must ensure that all loss or theft of controlled substances are reported on forms provided by the Nevada State Board of Pharmacy and Department of Public Safety within 10 days after the date of discovery of theft or loss. NRS 453.568. Federal regulations require that registrants notify the Field Division Office of the Administration in his area, in writing, of the theft or significant loss of any controlled substance, disposal receptacles or listed chemicals within one business day of discovery of such loss or theft. The registrant shall also complete and submit to the Field Division Office in his area, DEA Form 106 regarding the loss or theft (21 C.F.R. §1301.76(b) and 21 U.S.C. §830(b)(1)(C)).

E.S. I understand that as the managing pharmacist I must notify the Nevada State Board of Pharmacy of all employment changes of pharmacy staff within 10 days of the change. NAC 639.540

Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?	☐	☑
2. Have you been charged, arrested, or convicted of a felony or misdemeanor in any state?	☐	☑
3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state?	☐	☑
4. Has your license been subjected to any discipline for violation of pharmacy or drug laws in any state?	☐	☑

If you marked YES to any questions above, include the following information and provide a signed statement of explanation. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Board Administrative Action:	State:	Date:	Case #:

Criminal Action:	State:	Date:	Case #:	County:	Court:

I certify under penalty of perjury that the information I have provided on this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

ESTELLE OLSON

Original signature of Managing Pharmacist (copies or stamps not accepted)

08 / 04 / 2025

Date

Document Ref: NFWNA-OVGE5-7BIIV-92ZMK

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner, STIPULATION AND ORDER

v.

HEIDI WICKHAM, R.Ph.,
Certificate of Registration #16474, Case No. 11-030-RPH-S

WALGREENS #05369
Certificate of Registration PH01485 Case No. 11-030-PH-S

Respondents.
_____/

Carolyn J. Cramer, General Counsel for the Nevada State Board of Pharmacy, and Respondent, Heidi Wickham and Walgreens #05369 and Rob Graham, Esq. of Rob Graham & Associates, stipulate and agree as follows:

1. Respondent Walgreens #05369 admits the factual allegations made in the Second Cause of Action in the Notice of Intended Action and Accusation.

2. Respondent Wickham shall be dismissed ~~missed~~ from the First Cause of Action in the Notice of Intended Action and Accusation.

3. The Board Staff concluded after investigation that the error in this case was made because a Walgreen's employee returned to stock a bottle that was labeled metaxalone but was originally misfiled with Metformin but was placed on the shelf behind the metaxalone and was used to fill [redacted] metaxalone prescription. Preventive measures need to be implemented to ensure this does not happen again.

4. Respondent Walgreens #05369 fully recognizes the error that was made and understands that it must take corrective action to avoid such an error in the future.

5. The parties shall present this Stipulation and Agreement to the Board at its meeting on October 12, 2011. The parties agree that the Board may ask questions of the parties' counsel, may discuss and deliberate regarding the presentations, and shall enter an Order that may impose discipline as recommended by the parties.

6. Board Staff and Respondent Walgreens #05369 will recommend that the Board impose discipline for the Second Cause of Action by requiring Walgreens #05369 to successfully complete the Your Success Rx program to be paid for by Respondent Walgreens #05369 with the managing pharmacist Heidi Wickham participating in the review on behalf of Respondent Walgreens #05369. The Your Success Rx program will emphasize the return to stock of medications that were not dispensed to patients and a review of any policies or procedures that could be implemented to prevent a return to stock error in the future. Additionally the program will include the following:

a. That Respondent Walgreens #05369 shall cooperate fully and genuinely with the needs, demands, and requirements of the program and contact the program within 10 days of the acceptance of the Stipulation and Order by the Board.

b. When Respondent Walgreens #05369 has completed the program, the program shall submit to Board Staff a final report regarding Respondent Walgreens #05369 participation in the program. Board Staff will set a meeting with Respondent Walgreens #05369 managing pharmacist, Heidi Wickham and Respondent Walgreens #05369 district manager and the program administrator to review and to discuss the report and whether any policies or changes could be adopted to address return to stock issues by Respondent Walgreens #05369.

7. Board Staff and Respondent Walgreens #05369 will recommend that the Board impose discipline for the Second Cause of Action by imposing a fine in the amount of $1,000.00, by cashier's or certified check or money order made payable to "State of Nevada, Office of the Treasurer" to be received by the Board's Reno office within 90 days of the effective date of this Order.

8. If the Board rejects any part or all of this stipulation, the parties agree that a full hearing on the merits of this matter may be heard by the Board and that the Board would hear this matter at its meeting on January 18, 2012. The terms and admissions in this stipulation may not be used or referred to in the full hearing on the merits of this matter.

9. The Board and the Respondent shall each agree to release the other from any and all claims, whether known or unknown, that might otherwise have existed on or before the effective date of the Board's Order in this matter.

Signed this 12th day of October, 2011.

OFFICE OF THE GENERAL COUNSEL
Nevada State Board of Pharmacy

Carolyn J. Cramer, General Counsel

Rob Graham, Esq.

DECISION AND ORDER

The Nevada State Board of Pharmacy hereby adopts the foregoing Stipulation as its decision and hereby orders that the foregoing Stipulation be made effective. This decision and order shall be effective on the 12th day of October, 2011.

10/12/2011
DATED

Beth Foster, RPh
Beth Foster, President
Nevada State Board of Pharmacy

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

NOTICE OF INTENDED ACTION AND ACCUSATION

HEIDI WICKHAM, R.Ph.,
Certificate of Registration #16474,

Case No. 11-030-RPH-S

WALGREENS #05369
Certificate of Registration PH01485

Case No. 11-030-PH-S

Respondents.

COMES NOW Larry L. Pinson, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, and makes the following that will serve as both a notice of intended action under Nevada Revised Statutes (NRS) 233B.127(3) and as an accusation under NRS 639.241.

I.

The Nevada State Board of Pharmacy has jurisdiction over this matter because Respondent Heidi Wickham is a pharmacist licensed by the Board and Respondent Walgreens #05369 is licensed by the Board, located at 1500 South Boulder Highway, Henderson, Nevada.

II.

On or about March 16, 2011, [redacted] had a prescription filled for metaxalone 800 mg. tablets. Ms. [redacted]'s husband picked up the prescription that evening. When he arrived home and gave his wife the medication that was dispensed to him, Ms. [redacted] noticed that there were two different pink tablets in the bottle. Mr. [redacted] returned

to the pharmacy and spoke with Heidi Wickham regarding the two different tablets in the prescription bottle. Ms. Wickham checked the Clinical Pharmacology program in the pharmacy's computer and could not identify the second tablets. Ms. Wickham then went to the shelf where metaxalone is stocked to see if there were different manufacturers. The only bottle present at the time was a previously deleted patient's bottle labeled metaxalone. Ms. Wickham checked the contents of the bottle and found the same pink tablets in question that she could not identify and presumed it was a different manufacturer and advised Mr. [redacted] that it was safe for his wife to take.

III.

Ms. [redacted] began taking the tablets that she was familiar with first for several days. Ms. [redacted] began taking the tablets that she was not familiar with and she became light headed, nauseous, had diarrhea and a headache for three days. On or about March 22, 2011 Mr. [redacted] received a telephone call from Heidi Wickham asking to speak with Ms. [redacted]. Ms. [redacted] was not available to come to the telephone and Ms. Wickham told Mr. [redacted] that the pink tablets in question in Ms. [redacted]'s prescription bottle were not metaxalone as previously thought, and that they were Metformin, a prescription medication used to treat diabetes. Ms. Wickham advised Mr. [redacted] to have Ms. [redacted] stop taking the medication dispensed to him and return it to the pharmacy for replacement.

IV.

During the investigation of this matter, it was learned that the prescription bottle that was returned to stock and was labeled metaxalone was originally misfilled with

Metformin but was placed on the shelf behind the metaxalone and was used to fill Ms. [redacted]'s prescription.

FIRST CAUSE OF ACTION

V.

In verifying and dispensing a combination of 800 mg. metaxalone tablets and Metformin tablets to Ms. [redacted] instead of only metaxalone tablets as prescribed, Ms. Wickham violated Nevada Revised Statutes (NRS) 639.210(4) and/or Nevada Administrative Code (NAC) 639.945(1)(d) and/or (i).

SECOND CAUSE OF ACTION

VI.

In owning and operating the pharmacy in which an unidentified employee misshelved the mislabeled returned to stock bottle of Metformin directly behind the metaxalone stock bottle and where Ms. Wickham misfiled Ms. [redacted]'s prescription with a combination of metaxalone tablets and Metformin tablets, Walgreens #05369 violated NRS 639.210(4) and/or NAC 639.945(1)(d) and/or (l) and/or (2).

WHEREFORE it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to the certificates of registration of the Respondents.

Signed this 8th day of September, 2011.

Larry L. Pinson, Executive Secretary
Nevada State Board of Pharmacy

Section 9: Statement of Responsibility - MUST BE COMPLETED by an Authorized Person (NAC 639.945)

Statement of Responsibility

1. I am the Vice President (title) for Walgreen Co. (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be responsible for any violations of pharmacy law that may occur in the Pharmacy owned by such owner(s), shareholder(s), member(s), or partner(s).
3. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against the Pharmacy.
4. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) cannot require or permit the pharmacist(s) in said Pharmacy to violate any provision of local, state, or federal laws or regulations pertaining to the practice of pharmacy.
5. I further understand and acknowledge that Nevada law requires that each pharmacy located inside the State of Nevada employ only pharmacists, intern pharmacists, pharmaceutical technicians, and technicians in training that are licensed by the Nevada State Board of Pharmacy. (NRS 639.100).
6. I further understand and acknowledge that Nevada law requires that each pharmacy located outside the State of Nevada engaged in providing pharmacy services into Nevada employs at least one pharmacist licensed by the Nevada State Board of Pharmacy who will be responsible for any prescription dispensed to a patient located in Nevada and responsible for any acts or omissions of pharmacy personnel who are not registered with the Board. (NRS 639.2328).

Richard Gates

Print Name of Authorized Person

Richard Gates

Original signature of Authorized Person (copies or stamps not accepted)

08 / 26 / 2025

Date

Section 10: Affidavit for Pharmacies- MUST BE COMPLETED by pharmacies NOT CURRENTLY PERFORMING Sterile Compounding

Affidavit for Pharmacy License

I, Richard Gates hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

1. I am the Vice President (title) for Walgreen Co. (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I certify that upon licensure, the Pharmacy will not perform sterile compounding or ship sterile compounds into Nevada.
3. I understand and acknowledge that the Pharmacy and any of its staff members may be subject to discipline by the Board if the Pharmacy performs sterile compounding or ships any sterile compounds into Nevada without first obtaining written authorization from the Board to do so.
4. I certify that if the Pharmacy makes the decision to perform sterile compounding or to ship any sterile compounds into Nevada, the Pharmacy, through an authorized representative, will first notify the Board via a written request, and obtain written approval to perform sterile compounding or to ship any sterile compounds into Nevada.
5. I understand that if the Pharmacy seeks approval to perform sterile compounding or to ship any sterile compounds into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

FURTHER YOUR AFFIANT SAYETH NAUGHT.

Signature

SUBSCRIBED AND SWORN TO
Before me, a notary public this 20th day of August, 2025

Zeljka Borosa-Rajcevic
Notary Public

OFFICIAL SEAL
ZELJKA BOROSA RAJCEVIC
Notary Public, State of Illinois
Commission No. 977646
My Commission Expires September 8, 2027

CONFIDENTIAL/EXEMPT FROM FREEDOM OF INFORMATION ACT AND SIMILAR STATE REQUESTS

Ownership Information

Ownership & Leadership of Applicant Entity

Applicant: **Walgreen Co.**
108 Wilmot Rd., Deerfield, IL 60015

Ownership: The Applicant entity is wholly owned (100%) by Walgreens Boots Alliance, Inc.

Officers of Walgreen Co.
Michael Motz - CEO
Richard Gates - Senior Vice President, Chief Pharmacy Officer
Cherita Thomas - Secretary
Matthew Spina - CFO
Michael Handal - Licensing and Provider Enrollment Officer

Ownership & Leadership of Walgreens Boots Alliance, Inc.

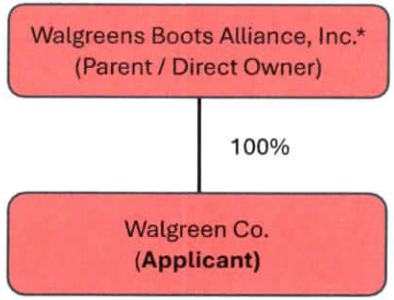
Ownership: Walgreens Boots Alliance, Inc. is wholly owned (100%) by Blazing Star Parent, LLC

Officers of Walgreens Boots Alliance, Inc.
Temporarily vacant - CEO
Mark Weisz - Sr VP, Global Tax
Manmohan Mahajan - Sr VP, Global Controller, CFO
Lanesha Minnix - Corporate Secretary

Please see the attached pre- and post-closing Corporate Organization chart for reference.

Proprietary and Confidential
Not a public record pursuant to
Section 7927.605 of the CPRA and
45 CFR Section 5.31

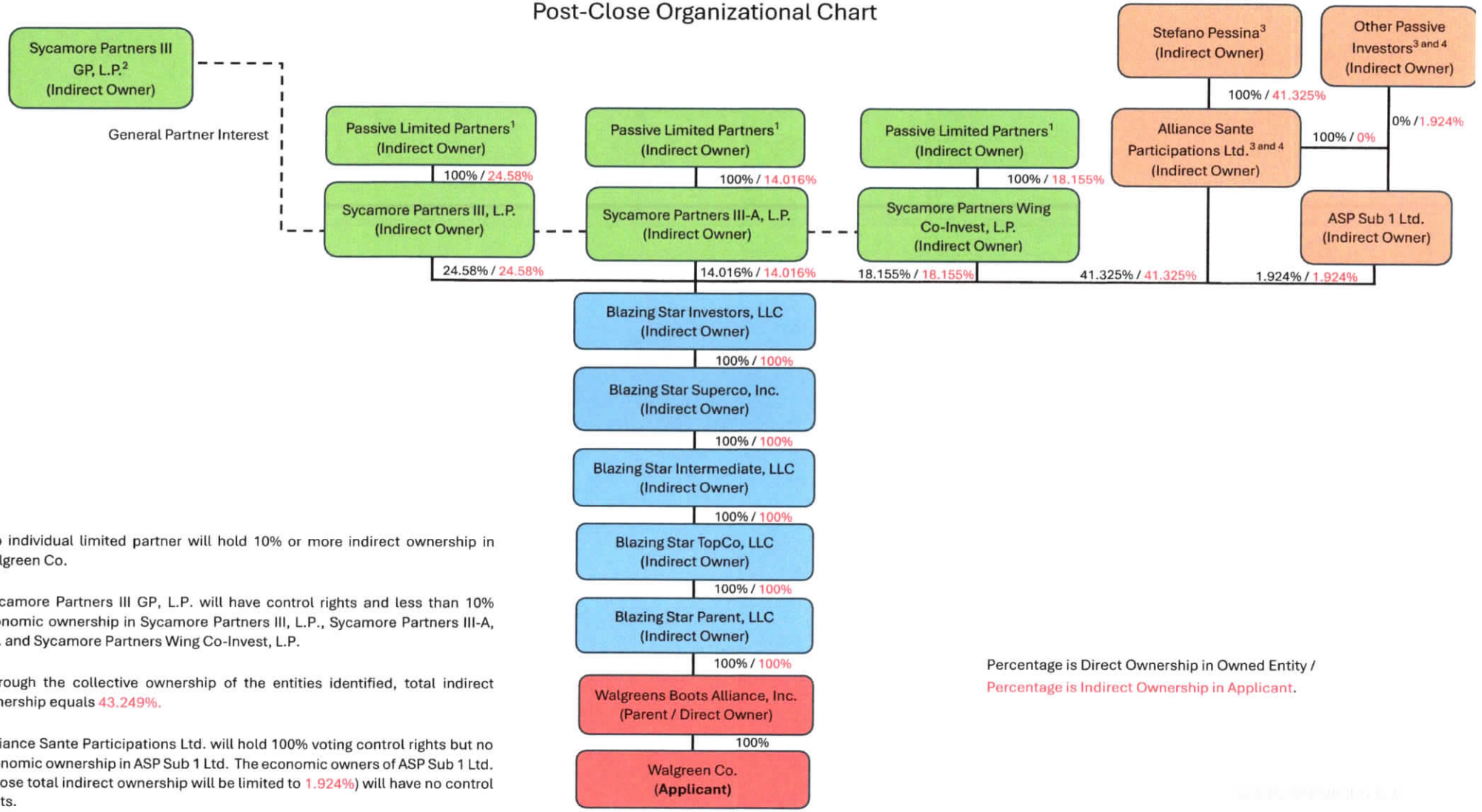
Walgreen Co.
Pre-Close Organizational Chart



Publicly Traded on Nasdaq Stock Market (WBA)

Proprietary and Confidential
Not a public record pursuant to
Section 7927.605 of the CPRA and
45 CFR Section 5.31

Walgreen Co.
Post-Close Organizational Chart



[1]No individual limited partner will hold 10% or more indirect ownership in Walgreen Co.

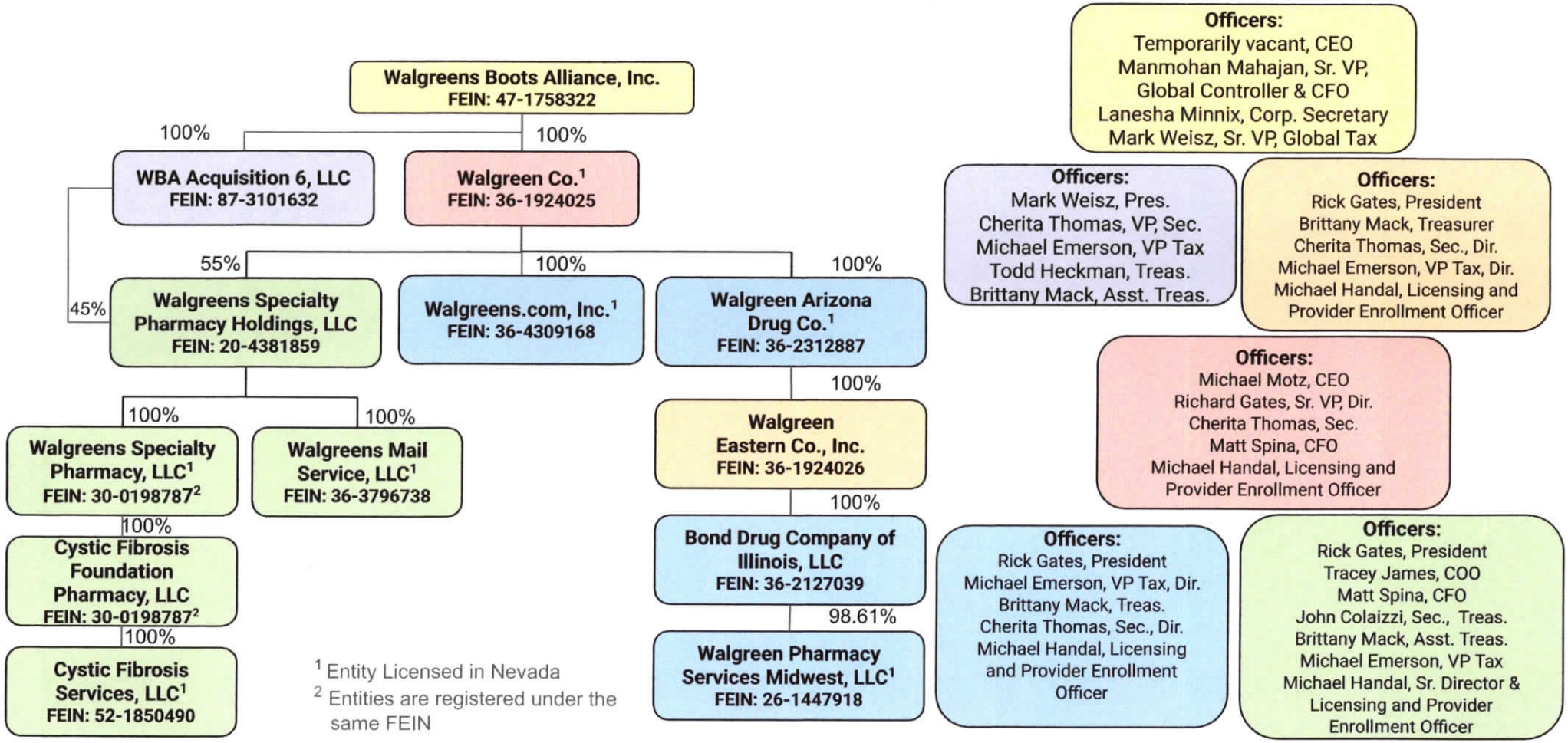
[2]Sycamore Partners III GP, L.P. will have control rights and less than 10% economic ownership in Sycamore Partners III, L.P., Sycamore Partners III-A, L.P. and Sycamore Partners Wing Co-Invest, L.P.

[3]Through the collective ownership of the entities identified, total indirect ownership equals 43.249%.

[4]Alliance Sante Participations Ltd. will hold 100% voting control rights but no economic ownership in ASP Sub 1 Ltd. The economic owners of ASP Sub 1 Ltd. (whose total indirect ownership will be limited to 1.924%) will have no control rights.

Percentage is Direct Ownership in Owned Entity /
Percentage is Indirect Ownership in Applicant.

Walgreen Co.
Post-Close Organizational Chart (cont.)



File Number 1084-348-1

STATE OF ILLINOIS

OFFICE OF THE SECRETARY OF STATE

To all to whom these Presents Shall Come, Greeting:

I, **Alexi Giannoulias,** *Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that*

WALGREEN CO., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON FEBRUARY 15, 1909, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE BUSINESS CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.

In Testimony Whereof, *I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this* 15TH *day of* MAY *A.D.* 2025 .

Authentication #: 2513501622 verifiable until 05/15/2026
Authenticate at: https://www.ilsos.gov

SECRETARY OF STATE

90

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Pharmacy Application

Non-Refundable $500.00 Fee

Rev (6/11/2024)

Y

Facility Location	Application Type (check all applicable)	Pharmacy Type (check all applicable)	Services the Pharmacy will Provide (check all applicable)
■ Nevada ☐ Out-of-Nevada	☐ New Pharmacy ■ Ownership Change* ☐ Location Change * ☐ Service Modification* ☐ Name Change* (if only a Name Change occurred, submit a $50.00 fee with the application.) * Current license #: PH PH01560	■ Retail/Community ☐ Hospital (# beds _____) ☐ Internet ☐ Nuclear ☐ Other:	■ Retail/Community ■ Dangerous drugs ■ Controlled substances DEA #: BW7552789 ☐ Non-sterile Compounding ☐ Sterile Compounding ☐ Mail-Order Service ☐ Off-site Cognitive Services ☐ Long Term Care ☐ Hospital ☐ Other:

Days of Operation		Ownership Type (check applicable box)
■ Monday	■ Friday	☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9, 10, 11, 12)
■ Tuesday	■ Saturday	■ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9, 10, 11, 12)
■ Wednesday	■ Sunday	☐ Partnership (complete sections 1, 2, 3, 4, 7, 9, 10, 11, 12)
■ Thursday	☐ Holidays	☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9, 10, 11, 12)

Section 1: General Information

Pharmacy Name: WALGREENS #05862

Physical Address: 401 N ARROYO GRANDE BLVD

City: HENDERSON State: NV Zip: 89014-3974

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: (702)436-7106 Toll Free # (NAC 639.708, NRS 639.23286): N/A

Fax: (702)436-7698 Contact Email: rxm.05862@store.walgreens.com

Website: https://www.walgreens.com

Nevada Business License # (if applicable) NV19951143510

Supervising/Managing Pharmacist Name (NRS 639.220): JENNIFER JOHNSON

Supervising/Managing Pharmacist NV Pharmacist Registration # (if applicable): 18830

Document Ref: INFF6-8WFF8-8CZPJ-WU7EQ

Section 2: List the name(s) of at least one NEVADA registered pharmacist who practices at the pharmacy, who may be the managing pharmacist or another pharmacist, who will be responsible for any prescriptions dispensed to a patient located in Nevada and responsible for any acts or omissions of pharmacy personnel who are not registered with the Board. NRS 639.2328. (Use a separate piece of paper if additional space is needed.)

Name: JENNIFER JOHNSON	NV Pharmacist Registration #: 18830
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:

Section 3: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✓
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration from any jurisdiction?		✓
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been subject of an administrative action, board citation, cite fine, or proceeding relating to the pharmaceutical industry?	✓	
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✓
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✓

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name(s) of the owner(s), their credentials and their percent ownership. Write NA if not applicable. NRS 639.232. (Use a separate piece of paper if additional space is needed.)

Name: N/A	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:

1. The Board shall not issue a license to conduct a pharmacy:
   a) To any practitioner; or
   b) To any partnership, corporation, or association in which a practitioner has a controlling interest or owns more than 10 percent of the available stock.
2. This section does not:
   a) Apply to a hospital pharmacy or a health maintenance organization which holds a certificate of authority under chapter 695C of NRS.
   b) Prohibit ownership by a practitioner of a building in which a pharmacy is located, if space for the pharmacy is rented at the prevailing rate.

Section 5: Publicly Traded Corporation

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Does the number of stockholders/shareholders of the corporation exceed four? NRS 639.231 ☐ Yes ☐ No

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: Delaware

Parent Company (if any): Walgreens Boots Alliance, Inc.

Corporation/Organization Name: Walgreen Co.

Mailing Address: 108 Wilmot Rd

City: Deerfield State: IL Zip: 60015

Telephone: 847-224-1348 Email: licenseadministration@walgreens.com

Contact Person Name: Kayla Lechner

Does the number of stockholders/shareholders of the corporation or members exceed four? NRS 639.231 ☐ Yes ☒ No

Section 7: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Please check type of partnership (NAC 639.214) ☐ General ☐ Limited

Does the number of partners or members of the partnership exceed four? NRS 639.231 ☐ Yes ☐ No

Section 8: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Richard Gates

Print Name of Authorized Person Submitting Application (If the applicant is a partnership or corporation, the application must be signed by a partner or by an officer of the corporation). NAC 639.215

Richard Gates

Original signature of Authorized Person (copies or stamps not accepted)

08 / 26 / 2025

Date

Board Use Only	Date Received: 9/22/25	Amount: $800 CK JP03-30000111129

Section 11: Managing Pharmacist Acknowledgement, Professional/Personal History – REQUIRED TO BE COMPLETED BY THE MANAGING PHARMACIST FOR NEVADA LOCATED PHARMACY APPLICANTS ONLY

Managing Pharmacist Name: JENNIFER JOHNSON Pharmacist Registration #: 18830

Pharmacy Name: WALGREENS #05862

Initial each statement below to indicate you have read and agree with the following:

J.J I understand that as the managing pharmacist I am responsible for compliance by the pharmacy and its personnel with all state and federal laws and regulations relating to the operation of the pharmacy and the practice of pharmacy. I understand my license can be revoked or that I can be subject of disciplinary action if such laws or regulations are knowingly violated in the pharmacy in which I am the managing pharmacist.

J.J I understand within 48 hours after I report for duty as the managing pharmacist, I shall complete an inventory of all controlled substances of the pharmacy pursuant to 21 CFR Part 1304 and maintain a copy of the inventory in the file at the pharmacy.

J.J I understand that if I cease to be managing pharmacist of the above-named pharmacy, I will jointly, with the new managing pharmacist, take an inventory of all controlled substances.

J.J I understand that as the managing pharmacist I must ensure that all loss or theft of controlled substances are reported on forms provided by the Nevada State Board of Pharmacy and Department of Public Safety within 10 days after the date of discovery of theft or loss. NRS 453.568. Federal regulations require that registrants notify the Field Division Office of the Administration in his area, in writing, of the theft or significant loss of any controlled substance, disposal receptacles or listed chemicals within one business day of discovery of such loss or theft. The registrant shall also complete and submit to the Field Division Office in his area, DEA Form 106 regarding the loss or theft (21 C.F.R. §1301.76(b) and 21 U.S.C. §830(b)(1)(C)).

J.J I understand that as the managing pharmacist I must notify the Nevada State Board of Pharmacy of all employment changes of pharmacy staff within 10 days of the change. NAC 639.540

Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?	☐	☑
2. Have you been charged, arrested, or convicted of a felony or misdemeanor in any state?	☐	☑
3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state?	☐	☑
4. Has your license been subjected to any discipline for violation of pharmacy or drug laws in any state?	☐	☑

If you marked YES to any questions above, include the following information and provide a signed statement of explanation. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Board Administrative Action:	State:	Date:	Case #:

Criminal Action:	State:	Date:	Case #:	County:	Court:

I certify under penalty of perjury that the information I have provided on this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

JENNIFER JOHNSON
Original signature of Managing Pharmacist (copies or stamps not accepted)

08 / 02 / 2025
Date

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

FINDINGS OF FACT, CONCLUSIONS OF LAW, AND ORDER

ELIRY A GREELEY, R.Ph.,
Certificate of Registration #15126,

Case No. 05-046-RPH-S

WALGREENS #05862,
Certificate of Registration #PH01560,

Case No. 05-046-PH-S

Respondents.
_____/

THIS MATTER was heard by the Nevada State Board of Pharmacy (hereinafter Board) at its regular meeting on January 11, 2006 in Las Vegas, Nevada. The Board was represented by Louis Ling, General Counsel to the Board. All Respondents were represented by Robert C. Graham. Based on the presentations of the parties and the public records in the possession and control of the Board, the Board issues the following Findings of Fact, Conclusions of Law, and Order:

FINDINGS OF FACT

1. At hearing, the parties agreed that Respondents would not contest the facts as plead in the Notice of Intended Action and Accusation. Because of the agreement of the parties, Board Staff presented no testimony or evidence. Respondents presented the testimony of Ms. Greeley and Holly Prievo. Based upon the presentations of the parties, the Board finds the following to be the facts of this matter.

2. On August 11, 2005, Patient MSG visited her physician, Dr. DeBelen. Based upon the visit, Dr. DeBelen telephoned a prescription for Amoxicillin 500 mg. tablets for Patient MSG to Walgreens #05862. Ms. Greeley filled and verified Patient MSG's

Amoxicillin prescription. Though Patient MSG's penicillin allergy was contained in Walgreens #05862's computer system, Ms. Greeley failed to notice or act upon Patient MSG's penicillin allergy. At hearing, Ms. Greeley admitted that Walgreens #05862's computer system contained the penicillin allergy and would have alerted her to the allergy, she could not explain how or why she did not notice or act upon Ms. Greeley's penicillin allergy.

3. Patient MSG's boyfriend picked up the prescription on August 11, 2005 and took it to Patient MSG's house where she began taking the Amoxicillin as directed. Patient MSG ingested one capsule and thereafter broke out in a rash. Patient MSG contacted Dr. DeBelen in the afternoon of August 11, 2005, and Dr. DeBelen told her to come to his office the following Monday (August 15). Patient MSG's rash became worse, and she went to the emergency room at St. Rose where it was determined that she had been given Amoxicillin even though she had an allergy to penicillin. Patient MSG attributes her rash to taking one dosage unit of Amoxicillin.

4. At hearing, Ms. Greeley testified that she did not remember any specific facts regarding the incident involving Patient MSG. She testified that generally she counsels all new prescriptions, which Patient MSG's prescription was, and that she always reviews with the patient the name of the medication, what it is used for, how to take it, and possible side effects.

CONCLUSIONS OF LAW

1. The Nevada State Board of Pharmacy has jurisdiction over this matter because Respondent Greeley is a pharmacist licensed by the Board and Walgreens #05862 is a pharmacy licensed by the Board.

2. In dispensing a prescription to Patient MSG for Amoxicillin where Walgreens #05862's computer system contained Patient MSG's allergy to penicillin and in counseling inadequately regarding the allergy, Ms. Greeley violated NRS 639.210(4) and NAC 639.707(4)(d)(3) and 639.945(1)(i).

3. In owning and operating the pharmacy in which Ms. Greeley's violations occurred, Walgreens #05862 violated NRS 639.210(4) and NAC 639.945(1)(i) and (2).

ORDER

Based upon the foregoing, the Board hereby orders the following:

1. Ms. Greeley shall pay a fine of $250.00 by cashier's or certified check or money order made payable to "State of Nevada, Office of the Treasurer" to be received by the Board's Reno office within 90 days of the effective date of this Order.

2. Ms. Greeley shall pay one-half of the Board's costs and attorney's fees of $270.00 and the Board's administrative fee of $250.00, for a total of $260.00 ($270.00 + $250.00 / 2 = $260.00) by cashier's or certified check or money order made payable to "Nevada State Board of Pharmacy" to be received by the Board's Reno office within 90 days of the effective date of this Order.

3. Walgreens #05862 shall pay a fine of $250.00 by cashier's or certified check or money order made payable to "State of Nevada, Office of the Treasurer" to be received by the Board's Reno office within 90 days of the effective date of this Order.

4. Walgreens #05862 shall pay one-half of the Board's costs and attorney's fees of $270.00 and the Board's administrative fee of $250.00, for a total of $260.00 ($270.00 + $250.00 / 2 = $260.00) by cashier's or certified check or money order made payable to "Nevada State Board of Pharmacy" to be received by the Board's Reno office within 90 days of the effective date of this Order.

5. The failure by Ms. Greeley to comply with any term in this order shall result in the immediate suspension of her license and will also result in further discipline, up to and including revocation of the her license. The failure by Walgreens #05862 to comply with any term in this order shall result in a fine of $1,000 per day for every day that it has failed to comply with the Order until the Order is fully complied with, up to a total fine not to exceed $30,000, and will also result in further discipline, up to and including revocation of the its license.

Signed this 8th day of February, 2006.

Joseph R. Kellogg, President
Nevada State Board of Pharmacy

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

NOTICE OF INTENDED ACTION AND ACCUSATION

ELIRY A. GREELEY, R.Ph.,
Certificate of Registration #15126,

Case No. 05-046-RPH-S

WALGREENS #05862,
Certificate of Registration #PH01560,

Case No. 05-046-PH-S

Respondents.
_____/

COMES NOW Larry L. Pinson, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, and makes the following that will serve as both a notice of intended action under Nevada Revised Statutes (NRS) 233B.127(3) and as an accusation under NRS 639.241.

I.

The Nevada State Board of Pharmacy has jurisdiction over this matter because Respondent Eliry A. Greeley is a pharmacist licensed by the Board and Walgreens #05862 (Walgreens #05862) is a pharmacy licensed by the Board, located at 401 North Arroyo Grande, Henderson, Nevada.

II.

On or about August 11, 2005 Patient MSG visited her physician, Dr. DeBelen. Dr. DeBelen telephoned a prescription for Amoxicillin 500 mg. tablets for Patient MSG to Walgreens #05862 to be filled. Ms. Greeley filled and verified the prescription for Amoxicillin 500 mg. Though Patient MSG's penicillin allergy was contained in Walgreens

#05862's computer system, Ms. Greeley failed to notice or act upon Patient MSG's penicillin allergy.

III.

Patient MSG's boyfriend picked up the prescription on August 11, 2005 and took it to Patient MSG's house where she began her medication therapy. Patient MSG ingested one capsule and broke out in a rash. Patient MSG contacted her doctor the afternoon of Thursday, August 11, 2005, and Dr. DeBelen told Patient MSG to come to his office the following Monday. Patient MSG's rash became worse and she went to the emergency room at St. Rose where it was determined that she had been given Amoxicillin even though she had an allergy to penicillin. Patient MSG attributes her rash to taking one dosage unit of Amoxicillin.

IV.

Ms. Greeley admits that she filled Patient MSG's prescription, however she does not recall seeing an allergy warning on her computer. Ms. Greeley stated that she would have called the prescribing physician had she seen the warning for confirmation and clarification.

V.

Ms. Greeley does not specifically remember counseling Patient MSG's boyfriend, however the counseling log indicates that she did counsel because her initials are on the counseling log. Ms. Greeley stated that during counseling on a new prescription she always reviews the name of the medication, what it is used for, how to take the medication, and possible side effects. Patient MSG's boyfriend does not recall being counseled.

FIRST CAUSE OF ACTION

VI.

In dispensing a prescription to Patient MSG for amoxicillin where Walgreens #05862's computer system contained Patient MSG's allergy to penicillin and in counseling inadequately, Ms. Greeley violated NRS 639.210(4) and NAC 639.707(4)(d)(3) and 639.945(1)(i).

SECOND CAUSE OF ACTION

VII.

In owning and operating the pharmacy in which Ms. Greeley's violation occurred, Walgreens #05862 violated NRS 639.210(4) and NAC 639.945(1)(i) and (2).

WHEREFORE it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to the certificates of registration of the Respondents.

Signed this 30th day of November, 2005.

Larry L. Pinson, Executive Secretary
Nevada State Board of Pharmacy

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner, **STIPULATION AND ORDER**

v.

WALGREENS #05862 **Case No. 03-040-PH-S**
Certificate of Registration No. PH01560

Respondent.

The Nevada State Board of Pharmacy and Respondent Walgreens #05862, hereby stipulate as follows:

1. That Notice of Intended Action and Accusation was sent to Respondent and that Respondent received said Notice.

2. That Respondent is fully aware of his right to be served with an Accusation and have a hearing on the matters alleged in the Notice of Intended Action, his right to reconsideration, his right to appeal, and any and all other rights which may be accorded to him pursuant to the Nevada Administrative Procedure Act and the Nevada Pharmacy Act.

3. That Respondent hereby freely and voluntarily waives his rights to a hearing, reconsideration, appeal, and any and all other rights that may be accorded to him by the Nevada Administrative Procedure Act and the Nevada Pharmacy Act.

4. That Respondent admits the truth of the matters alleged in the Notice of Intended Action and Accusation.

5. That cause for disciplinary action against the Respondent exists pursuant to the provisions of Nevada Revised Statutes (NRS) 639.210(4), Nevada Administrative Code (NAC) 639.945(1) (d) and (i) and (2).

6. That the admissions made herein are for the purpose of this proceeding only and shall have no force or effect in any other case or proceeding.

7. That based upon the Notice of Intended Action and Accusation and the foregoing admissions, it is stipulated that the following penalty is imposed:

Respondent shall pay to the State of Nevada a fine of $250.00 certified check, or money order made payable to "State of Nevada, Office of the Treasurer". All moneys shall be mailed to and received by the Board office no later than fifteen days from the receipt of the Board's decision and order in this matter.

Respondent's failure to timely comply with the above-listed conditions shall result in a in a fine of $1000 per day for every day the term is not complied with, up to a maximum of $30,000, and will result in further discipline, up to and including revocation of the Respondent's license.

8. If this Stipulation is not accepted in its entirety by the Nevada State Board of Pharmacy, it shall have no effect whatsoever.

I have fully considered the charges and allegations contained in the Notice of Intended Action. I understand my right to a hearing, as well as my right to reconsideration, appeal, and any and all other rights accorded me pursuant to the Nevada Administrative Procedure Act and the Nevada Pharmacy Practice Act, including my right to be represented by counsel at my own expense. **I hereby freely and voluntarily waive all these rights and agree to the terms of this Stipulation.**

3.17.04
DATED

DENNIS O'DELL
type or print name

Dennis O'Dell, VICE PRESIDENT
for Walgreens #05862

DECISION AND ORDER

The Nevada State Board of Pharmacy hereby adopts the foregoing Stipulation as its decision and hereby orders that the foregoing Stipulation be made effective. This decision and order shall be effective on the 13th day of ~~April~~ MAY, 2004.

5/13/04
DATED

Larry L. Pinson, President
Nevada State Board of Pharmacy

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

GEOFFREY S. SHEININ, R.Ph.,
Certificate of Registration #13689,

WALGREENS #05862
Certificate of Registration No. PH01560

Respondents.

NOTICE OF INTENDED ACTION AND ACCUSATION

Case No. 03-040-RPH-S

Case No. 03-040-PH-S

COMES NOW Keith W. Macdonald, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, and makes the following that will serve as both a notice of intended action under Nevada Revised Statutes (NRS) 233B.127(3) and as an accusation under NRS 639.241.

I.

The Nevada State Board of Pharmacy has jurisdiction over this matter because Respondent Geoffrey S. Sheinin is a pharmacist licensed by the Board and Walgreens #05862 is a pharmacy licensed by the Board, located at 401 North Arroyo Grande, Henderson, Nevada.

II.

Patient H was being treated for glaucoma by her physician and had been taking methazolamide 50 mg. tablets. Patient H had her prescription for methazolamide tablets filled on or about June 25, 2003. Patient H received the medication from Walgreens #05862 and mentioned to her husband that they looked different and he told her that medications change all the time. Patient H ingested 19 or 20 tablets and

noticed that her eyes were irritated and had begun burning and tearing.

III.

Patient H contacted Walgreens #05862 and was asked to describe the tablets she had been taking. At that time it was discovered that Patient H had been dispensed methimazole 5 mg. tablets that were for the treatment of a thyroid condition. It was also determined that Mr. Sheinin was the pharmacist that filled the prescription. Fortunately, Patient H suffered no harm beyond her discomfort previously described.

FIRST CAUSE OF ACTION

IV.

In failing to follow the order of Patient H's physician, namely by filling Patient H's prescription with methimazole 50 mg. tablets rather than mathazolamide 50 mg. tablets that had been ordered, Mr. Sheinin violated NRS 639.210(4) and NAC 639.945(1)(d) and (i).

SECOND CAUSE OF ACTION

V.

In owning and operating the pharmacy in which Mr. Sheinin's violation occurred and from which Patient H's prescription was dispensed incorrectly, Walgreens #05862 violated NRS 639.210(4) and NAC 639.945(1)(d) and (i) and (2).

WHEREFORE it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to the certificates of registration of the Respondents.

Signed this 3rd day of March, 2004.

Keith W. Macdonald

Keith W. Macdonald, Executive Secretary
Nevada State Board of Pharmacy

NOTICE TO RESPONDENT

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements regarding your certificate of registration. To do so, you must mail to the Board within 15 days of your receipt of this Notice of Intended Action and Accusation a written statement showing your compliance.

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

TRAC T. NGUYEN, R.Ph.,
Certificate of Registration No. 16159,

WALGREENS #05862,
Certificate of Registration No. PH01560,

Respondents.

Case No. 06-020-RPH-S

FINDINGS OF FACT, CONCLUSIONS OF LAW, AND ORDER

THIS MATTER was heard by the Nevada State Board of Pharmacy (hereinafter Board) at its regular meeting on October 25, 2006, in Las Vegas, Nevada. The Board was represented by Louis Ling, General Counsel to the Board, and Respondents Trac T. Nguyen and Walgreens #05862 were represented by Rob Graham of Rob Graham & Associates. Based on the presentations of the parties and the public records in the possession and control of the Board, the Board issues the following Findings of Fact, Conclusions of Law, and Order:

FINDINGS OF FACT

1. At hearing, the parties agreed that the facts as plead in the Notice of Intended Action and Accusation were true and correct. Consequently, Board Staff presented no evidence or testimony. Mr. Nguyen appeared and testified on his behalf. Based upon the presentation of Board Staff, the Board finds the following to be the facts of this matter.

2. On March 27, 2006, James M. took a prescription for HalfLytely to Walgreens #5862 to be filled. Mr. Nguyen called "James" to the counter when Mr. Nguyen believed the prescription to be filled. Mr. M went to the counter, purchased the prescription, and went home. Approximately five hours later, Mr. M. decided to begin

taking the medication he had been provided by Mr. Nguyen and Walgreens #05862. When Mr. M. examined the prescription, he discovered that it was for a drug called NuLYTELY and that the patient's name on the prescription was James H., not James M.

3. Mr. M. telephoned Walgreens #05862 and advised the pharmacy of the mistake. Mr. M. traveled back to the pharmacy and obtained the correct prescription and returned Mr. H.'s prescription. Mr. M. was told that the pharmacy had tried to reach him to advise him of the mistake, but the attempted contact was by means of paging him on the store intercom to return to the pharmacy after Mr. M. had already left.

4. At hearing, Mr. Nguyen explained that he had discovered the error approximately an hour after Mr. M. had picked up Mr. H.'s prescription when Mr. H. called to check on his prescription and Mr. Nguyen discovered that Mr. H.'s prescription had already been sold. Because Mr. Nguyen could not locate the pertinent information regarding Mr. M., he could not call him to inform him of the error, so he did all he could, which was to page Mr. M. in the hope that Mr. M. had not yet left the store.

5. Mr. Nguyen admitted that when he dispensed Mr. H.'s prescription to Mr. M., he did not ask Mr. M. for his last name. Mr. Nguyen explained to the Board that he has changed his practice at time of counseling so that he now always ascertains the patients full name when he commences counseling. Mr. Nguyen also stated that he would accept the Board's recommendations that he also get a birth date or address from the patient as an additional check to assure that he was providing the proper prescription to the proper patient.

6. At hearing, Mr. Nguyen admitted that he had failed to notify the Board when he had moved to Nevada to begin working as a pharmacist. He explained that he has now properly notified the Board of his present address in Nevada.

CONCLUSIONS OF LAW

1. The Board has jurisdiction over this matter because Mr. Nguyen is a pharmacist licensed by the Board and because Walgreens #05862 is a pharmacy licensed by the Board.

2. In dispensing Mr. H.'s prescription to Mr. M. so that Mr. M. received a drug not prescribed for him, Mr. Nguyen violated NRS 639.210(4) and NAC 639.945(1)(i).

3. In failing to adequately counsel Mr. M. regarding his new prescription by failing to ascertain Mr. M.'s identity and thereby dispensing to Mr. M. a prescription for another patient with the same first name of James, Mr. Nguyen violated NRS 639.210(4) and NAC 639.707(1) and 639.945(1)(i).

4. In failing to notify the Board's office of his change of address when he moved and began working in Nevada, Mr. Nguyen violated NRS 639.210(4) and NAC 639.225 and 639.945(1)(i).

5. In owning and operating the pharmacy in which Mr. Nguyen's violations occurred, Walgreens #05862 violated NRS 639.210(4) and NAC 639.945(1)(i) and (2).

ORDER

Based upon the foregoing, the Board hereby orders the following:

1. Mr. Nguyen shall pay a fine of $500.00 by certified or cashier's check or money order made payable to "State of Nevada, Office of Treasurer" to be received by the Board's Reno office within 60 days from the effective date of this Order.

2. Mr. Nguyen shall pay the Board's administrative fee of $295.00 by certified or cashier's check or money order made payable to "Nevada State Board of Pharmacy" to be received by the Board's Reno office within 60 days of the effective date of this Order.

3. Mr. Nguyen shall obtain one hour of continuing education in Nevada jurisprudence within 60 days of the effective date of this Order. The additional hour of continuing education in Nevada jurisprudence shall be in addition to and may not be

counted towards the mandatory continuing education hours needed by Mr. Nguyen to renew his license in 2007.

4. Walgreens #05862 shall be on probation for a period of two years from the effective date of this Order. During the period of probation, Walgreens #05862 shall comply with all laws related to the practice and operation of a pharmacy, whether state or federal and whether statutory or regulatory.

5. The failure by Mr. Nguyen to comply with any term in this order shall result in the immediate suspension of his license and will also result in further discipline, up to and including revocation of the license. The failure by Walgreens #05862 to comply with any term in this order shall result in a fine of $1,000 per day for every day that Walgreens #05862 has failed to comply with the Order until the Order is fully complied with, up to a total fine not to exceed $30,000, and will also result in further discipline, up to and including revocation of the its license.

Signed and effective this 21 day of November, 2006.

David Wuest, President
Nevada State Board of Pharmacy

Section 9: Statement of Responsibility - MUST BE COMPLETED by an Authorized Person (NAC 639.945)

Statement of Responsibility

1. I am the Vice President (title) for Walgreen Co. (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be responsible for any violations of pharmacy law that may occur in the Pharmacy owned by such owner(s), shareholder(s), member(s), or partner(s).
3. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against the Pharmacy.
4. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) cannot require or permit the pharmacist(s) in said Pharmacy to violate any provision of local, state, or federal laws or regulations pertaining to the practice of pharmacy.
5. I further understand and acknowledge that Nevada law requires that each pharmacy located inside the State of Nevada employ only pharmacists, intern pharmacists, pharmaceutical technicians, and technicians in training that are licensed by the Nevada State Board of Pharmacy. (NRS 639.100).
6. I further understand and acknowledge that Nevada law requires that each pharmacy located outside the State of Nevada engaged in providing pharmacy services into Nevada employs at least one pharmacist licensed by the Nevada State Board of Pharmacy who will be responsible for any prescription dispensed to a patient located in Nevada and responsible for any acts or omissions of pharmacy personnel who are not registered with the Board. (NRS 639.2328).

Richard Gates

Print Name of Authorized Person

Richard Gates

Original signature of Authorized Person (copies or stamps not accepted)

08 / 26 / 2025

Date

Section 10: Affidavit for Pharmacies- MUST BE COMPLETED by pharmacies NOT CURRENTLY PERFORMING Sterile Compounding

Affidavit for Pharmacy License

I, Richard Gates hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

1. I am the Vice President (title) for Walgreen Co. (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I certify that upon licensure, the Pharmacy will not perform sterile compounding or ship sterile compounds into Nevada.
3. I understand and acknowledge that the Pharmacy and any of its staff members may be subject to discipline by the Board if the Pharmacy performs sterile compounding or ships any sterile compounds into Nevada without first obtaining written authorization from the Board to do so.
4. I certify that if the Pharmacy makes the decision to perform sterile compounding or to ship any sterile compounds into Nevada, the Pharmacy, through an authorized representative, will first notify the Board via a written request, and obtain written approval to perform sterile compounding or to ship any sterile compounds into Nevada.
5. I understand that if the Pharmacy seeks approval to perform sterile compounding or to ship any sterile compounds into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

FURTHER YOUR AFFIANT SAYETH NAUGHT.

Signature

SUBSCRIBED AND SWORN TO
Before me, a notary public this 20th day of August, 2025

Zeljka Borosa-Rajcevic
Notary Public

OFFICIAL SEAL
ZELJKA BOROSA RAJCEVIC
Notary Public, State of Illinois
Commission No. 977646
My Commission Expires September 8, 2027

CONFIDENTIAL/EXEMPT FROM FREEDOM OF INFORMATION ACT AND SIMILAR STATE REQUESTS

Ownership Information

Ownership & Leadership of Applicant Entity

Applicant: **Walgreen Co.**
108 Wilmot Rd., Deerfield, IL 60015

Ownership: The Applicant entity is wholly owned (100%) by Walgreens Boots Alliance, Inc.

Officers of Walgreen Co.
Michael Motz - CEO
Richard Gates - Senior Vice President, Chief Pharmacy Officer
Cherita Thomas - Secretary
Matthew Spina - CFO
Michael Handal - Licensing and Provider Enrollment Officer

Ownership & Leadership of Walgreens Boots Alliance, Inc.

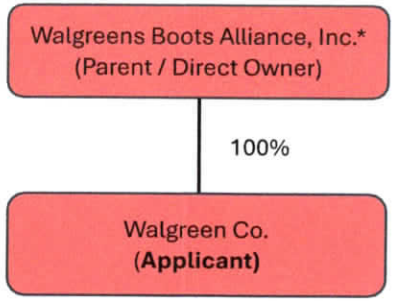
Ownership: Walgreens Boots Alliance, Inc. is wholly owned (100%) by Blazing Star Parent, LLC

Officers of Walgreens Boots Alliance, Inc.
Temporarily vacant - CEO
Mark Weisz - Sr VP, Global Tax
Manmohan Mahajan - Sr VP, Global Controller, CFO
Lanesha Minnix - Corporate Secretary

Please see the attached pre- and post-closing Corporate Organization chart for reference.

Proprietary and Confidential
Not a public record pursuant to
Section 7927.605 of the CPRA and
45 CFR Section 5.31

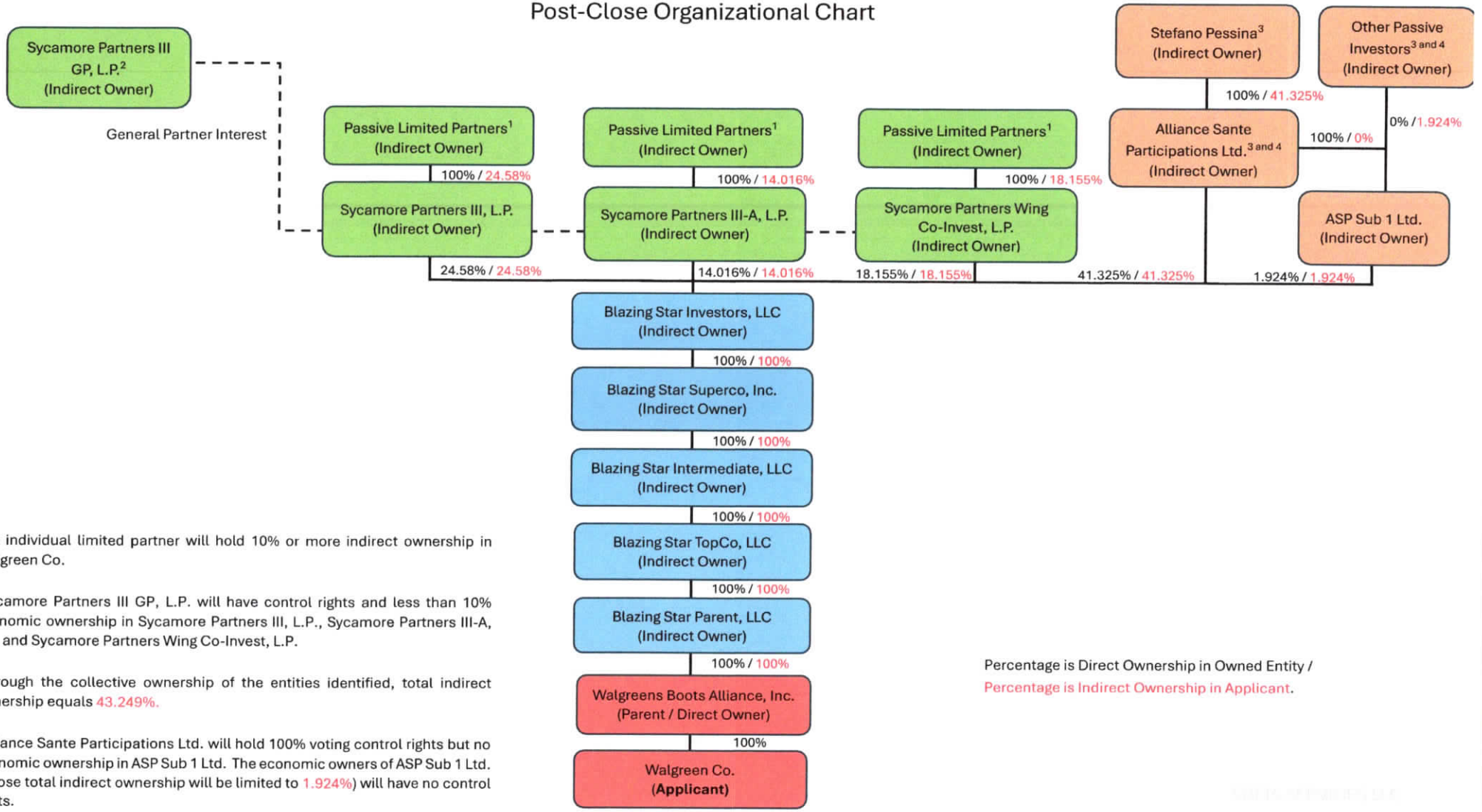
Walgreen Co.
Pre-Close Organizational Chart



Publicly Traded on Nasdaq Stock Market (WBA)

Proprietary and Confidential
Not a public record pursuant to
Section 7927.605 of the CPRA and
45 CFR Section 5.31

Walgreen Co.
Post-Close Organizational Chart



[1]No individual limited partner will hold 10% or more indirect ownership in Walgreen Co.

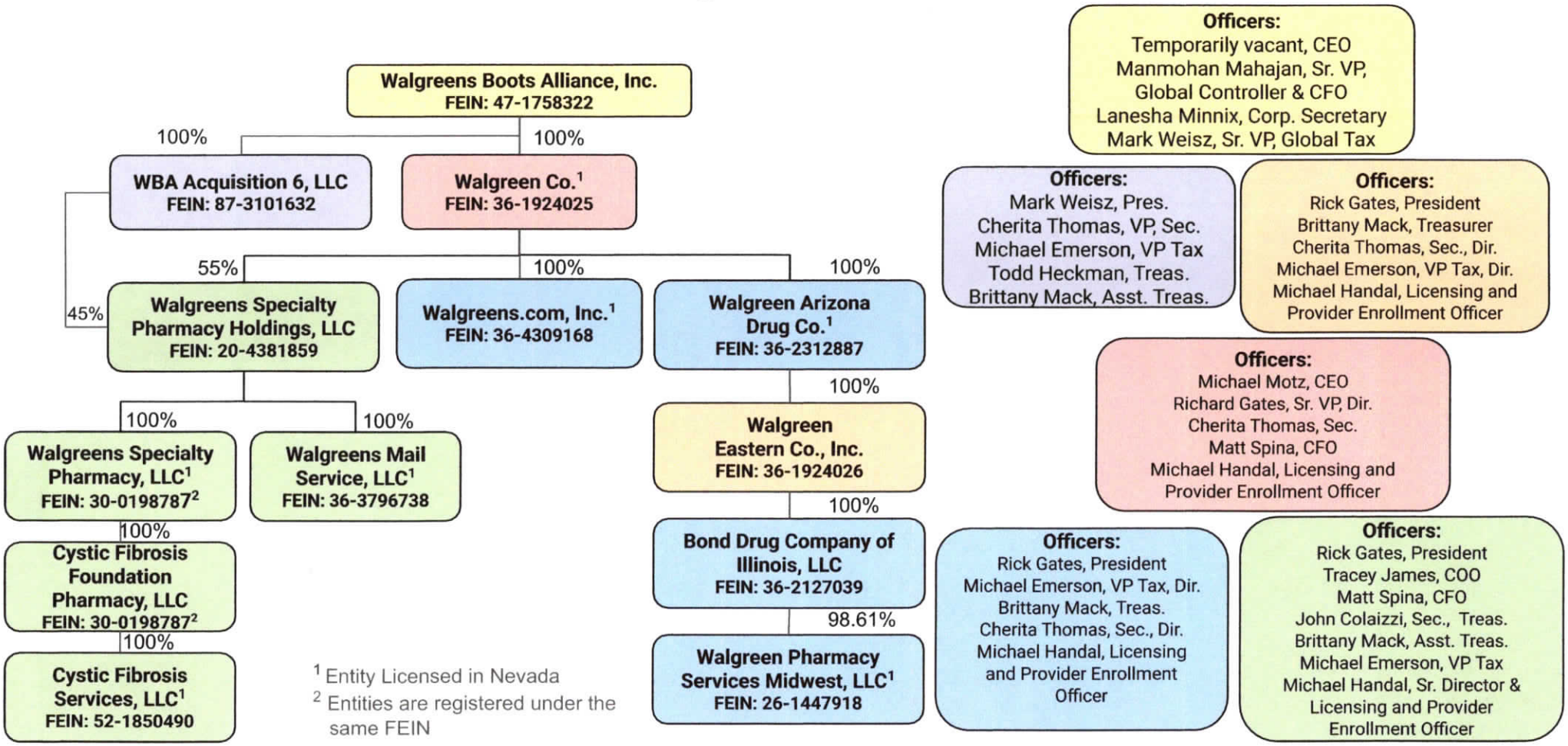
[2]Sycamore Partners III GP, L.P. will have control rights and less than 10% economic ownership in Sycamore Partners III, L.P., Sycamore Partners III-A, L.P. and Sycamore Partners Wing Co-Invest, L.P.

[3]Through the collective ownership of the entities identified, total indirect ownership equals 43.249%.

[4]Alliance Sante Participations Ltd. will hold 100% voting control rights but no economic ownership in ASP Sub 1 Ltd. The economic owners of ASP Sub 1 Ltd. (whose total indirect ownership will be limited to 1.924%) will have no control rights.

Percentage is Direct Ownership in Owned Entity /
Percentage is Indirect Ownership in Applicant.

Walgreen Co.
Post-Close Organizational Chart (cont.)



File Number 1084-348-1

STATE OF ILLINOIS

OFFICE OF THE SECRETARY OF STATE

To all to whom these Presents Shall Come, Greeting:

I, **Alexi Giannoulias,** *Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that*

WALGREEN CO., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON FEBRUARY 15, 1909, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE BUSINESS CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.

In Testimony Whereof, *I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this* 15TH *day of* MAY *A.D.* 2025 .

Authentication #: 2513501622 verifiable until 05/15/2026
Authenticate at: https://www.ilsos.gov

SECRETARY OF STATE

9P

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Pharmacy Application

Non-Refundable $500.00 Fee

Rev (6/11/2024)

Facility Location	Application Type (check all applicable)	Pharmacy Type (check all applicable)	Services the Pharmacy will Provide (check all applicable)
■ Nevada	☐ New Pharmacy	■ Retail/Community	■ Retail/Community
☐ Out-of-Nevada	■ Ownership Change*	☐ Hospital (# beds _____)	■ Dangerous drugs
	☐ Location Change *	☐ Internet	■ Controlled substances
	☐ Service Modification*	☐ Nuclear	DEA #: BW7446431
	☐ Name Change* (if only a Name Change occurred, submit a $50.00 fee with the application.)	☐ Other:	☐ Non-sterile Compounding
			☐ Sterile Compounding
			☐ Mail-Order Service
			☐ Off-site Cognitive Services
			☐ Long Term Care
	* Current license #: PH PH01628		☐ Hospital
			☐ Other:

Days of Operation		Ownership Type (check applicable box)
■ Monday	■ Friday	☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9, 10, 11, 12)
■ Tuesday	■ Saturday	■ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9, 10, 11, 12)
■ Wednesday	■ Sunday	☐ Partnership (complete sections 1, 2, 3, 4, 7, 9, 10, 11, 12)
■ Thursday	☐ Holidays	☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9, 10, 11, 12)

Section 1: General Information

Pharmacy Name: WALGREENS #06424

Physical Address: 1360 W HORIZON RIDGE PKWY

City: HENDERSON State: NV Zip: 89012-2462

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: (702)568-9459 Toll Free # (NAC 639.708, NRS 639.23286): N/A

Fax: (702)568-9729 Contact Email: rxm.06424@store.walgreens.com

Website: https://www.walgreens.com

Nevada Business License # (if applicable) NV19951143510

Supervising/Managing Pharmacist Name (NRS 639.220): JACOB NEWBY

Supervising/Managing Pharmacist NV Pharmacist Registration # (if applicable): 23210

Document Ref: Q4HB6-PWNEG-2NGYM-AO6LZ

Section 2: List the name(s) of at least one NEVADA registered pharmacist who practices at the pharmacy, who may be the managing pharmacist or another pharmacist, who will be responsible for any prescriptions dispensed to a patient located in Nevada and responsible for any acts or omissions of pharmacy personnel who are not registered with the Board. NRS 639.2328. (Use a separate piece of paper if additional space is needed.)

Name: JACOB NEWBY	NV Pharmacist Registration #: 23210
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:

Section 3: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✓
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration from any jurisdiction?		✓
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been subject of an administrative action, board citation, cite fine, or proceeding relating to the pharmaceutical industry?	✓	
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✓
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✓

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name(s) of the owner(s), their credentials and their percent ownership. Write NA if not applicable. NRS 639.232. (Use a separate piece of paper if additional space is needed.)

Name: N/A	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:

1. The Board shall not issue a license to conduct a pharmacy:
   a) To any practitioner; or
   b) To any partnership, corporation, or association in which a practitioner has a controlling interest or owns more than 10 percent of the available stock.
2. This section does not:
   a) Apply to a hospital pharmacy or a health maintenance organization which holds a certificate of authority under chapter 695C of NRS.
   b) Prohibit ownership by a practitioner of a building in which a pharmacy is located, if space for the pharmacy is rented at the prevailing rate.

Section 5: Publicly Traded Corporation

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Does the number of stockholders/shareholders of the corporation exceed four? NRS 639.231 ☐ Yes ☐ No

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: Delaware

Parent Company (if any): Walgreens Boots Alliance, Inc.

Corporation/Organization Name: Walgreen Co.

Mailing Address: 108 Wilmot Rd

City: Deerfield State: IL Zip: 60015

Telephone: 847-224-1348 Email: licenseadministration@walgreens.com

Contact Person Name: Kayla Lechner

Does the number of stockholders/shareholders of the corporation or members exceed four? NRS 639.231 ☐ Yes ☒ No

Section 7: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Please check type of partnership (NAC 639.214) ☐ General ☐ Limited

Does the number of partners or members of the partnership exceed four? NRS 639.231 ☐ Yes ☐ No

Section 8: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Richard Gates

Print Name of Authorized Person Submitting Application (If the applicant is a partnership or corporation, the application must be signed by a partner or by an officer of the corporation). NAC 639.215

Richard Gates

Original signature of Authorized Person (copies or stamps not accepted)

08 / 26 / 2025

Date

Board Use Only	Date Received: 9/22/25	Amount: $500 CK. JP05-3000111129

Section 11: Managing Pharmacist Acknowledgement, Professional/Personal History – REQUIRED TO BE COMPLETED BY THE MANAGING PHARMACIST FOR NEVADA LOCATED PHARMACY APPLICANTS ONLY

Managing Pharmacist Name: JACOB NEWBY Pharmacist Registration #: 23210

Pharmacy Name: WALGREENS #06424

Initial each statement below to indicate you have read and agree with the following:

J.N. I understand that as the managing pharmacist I am responsible for compliance by the pharmacy and its personnel with all state and federal laws and regulations relating to the operation of the pharmacy and the practice of pharmacy. I understand my license can be revoked or that I can be subject of disciplinary action if such laws or regulations are knowingly violated in the pharmacy in which I am the managing pharmacist.

J.N. I understand within 48 hours after I report for duty as the managing pharmacist, I shall complete an inventory of all controlled substances of the pharmacy pursuant to 21 CFR Part 1304 and maintain a copy of the inventory in the file at the pharmacy.

J.N. I understand that if I cease to be managing pharmacist of the above-named pharmacy, I will jointly, with the new managing pharmacist, take an inventory of all controlled substances.

J.N. I understand that as the managing pharmacist I must ensure that all loss or theft of controlled substances are reported on forms provided by the Nevada State Board of Pharmacy and Department of Public Safety within 10 days after the date of discovery of theft or loss. NRS 453.568. Federal regulations require that registrants notify the Field Division Office of the Administration in his area, in writing, of the theft or significant loss of any controlled substance, disposal receptacles or listed chemicals within one business day of discovery of such loss or theft. The registrant shall also complete and submit to the Field Division Office in his area, DEA Form 106 regarding the loss or theft (21 C.F.R. §1301.76(b) and 21 U.S.C. §830(b)(1)(C)).

J.N. I understand that as the managing pharmacist I must notify the Nevada State Board of Pharmacy of all employment changes of pharmacy staff within 10 days of the change. NAC 639.540

Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?	☐	☑
2. Have you been charged, arrested, or convicted of a felony or misdemeanor in any state?	☐	☑
3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state?	☐	☑
4. Has your license been subjected to any discipline for violation of pharmacy or drug laws in any state?	☐	☑

If you marked YES to any questions above, include the following information and provide a signed statement of explanation. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Board Administrative Action:	State:	Date:	Case #:

Criminal Action:	State:	Date:	Case #:	County:	Court:

I certify under penalty of perjury that the information I have provided on this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

JACOB NEWBY
Original signature of Managing Pharmacist (copies or stamps not accepted)

08 / 01 / 2025
Date

FILED
OCT 16 2024
NEVADA STATE BOARD
OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **WALGREENS PHARMACY #06424,** **Pharmacy License No. PH01628,** **and,** **SANETTE SEVERANCE, RPH,** **Certificate of Registration No. 20772,** **Respondents.**	**Case No. 23-310-PH-S** **23-310-RPH-S** **STIPULATION AND ORDER**

J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy ("Board"), by and through the Board's Senior General Counsel, Gregory L. Zunino, Esq., and Respondents Walgreens Pharmacy #06424 ("Respondent Walgreens") and Sanette Severance, RPH ("Respondent Severance"), by and through counsel, William J. Stilling, Esq., hereby stipulate and agree as follows:

1. The Board has jurisdiction over Respondent Walgreens and Respondent Severance (together "Respondents"), and this matter.

2. The Board's staff properly served each of Respondents with the Notice of Intended Action and Accusation ("Accusation") on file in this matter, together with the Statement to Respondent and Notice of Hearing.

3. The Board and Respondents agreed to delay the date for submitting a Notice of Answer and Defense as the parties pursued settlement negotiations.

4. Respondents acknowledge that they understand the terms of this Stipulation and Proposed Order ("Stipulation"), and they have executed it knowingly and voluntarily.

5. Respondents are aware of the right to a hearing on the matters alleged in the Accusation, the right to reconsideration of a Board determination in a contested case, the right to appeal a Board determination in a contested case, and all other rights afforded to Respondents under NRS Chapter

233B, the Nevada Administrative Procedure Act, NRS Chapter 622A, which governs administrative procedure before the Board, NRS Chapter 639, the Nevada Pharmacy Act, and NRS Chapter 453, the Nevada Uniform Controlled Substances Act.

6. Conditioned on the acceptance of this Stipulation by the Board, and excluding the right to challenge any determination that either of Respondents has failed to comply with the provisions of this Stipulation, Respondents hereby freely and voluntarily waive their rights to a hearing, reconsideration, appeal, and other rights related to this action as identified above.

7. Respondent Severance admits that evidence exists, and that the Board staff prosecuting this case could present such evidence at an administrative hearing, to establish a factual basis for the violation alleged in Count One of the Accusation. In the interest of compromise, the parties agree that as it relates to Respondent Severance, Count Two of the Accusation shall be dismissed with prejudice upon approval of this Stipulation by the Board.

8. Respondent Walgreens admits that evidence exists, and that Board staff prosecuting this case could present such evidence at an administrative hearing, to establish a factual basis for the violation alleged in Count One of the Accusation. In the interest of compromise, the parties agree that as it relates to Respondent Walgreens, Count Two of the Accusation shall be dismissed with prejudice upon approval of this Stipulation by the Board.

9. To resolve this matter without incurring any further costs or the expenses associated with a hearing, the Board and Respondent Severance agree to the imposition of the following penalties:

A. For the violation alleged in Count One of the Accusation, Respondent Severance shall pay an administrative fine of Seven Hundred Fifty and No/100 Dollars ($750.00). This sum shall be payable by *cashier's check, certified check, Walgreens company check,* or *money order* written to the **"State of Nevada, Office of the Treasurer."** Respondent Severance shall remit payment in full to the Board's Reno office, located at 985 Damonte Ranch Parkway, Suite 206, Reno, Nevada 89521, on or before November 30, 2024.

B. Respondent Severance shall pay the sum of Five Hundred and 00/100 Dollars ($500.00) to partially reimburse the Board for recoverable attorney's fees and costs incurred in

investigating and prosecuting this matter. This sum shall be payable by *cashier's check, certified check, Walgreens company check,* or *money order* written to the "Nevada State Board of Pharmacy." Respondent Severance shall remit payment in full to the Board's Reno office, located at 985 Damonte Ranch Parkway, Suite 206, Reno, Nevada 89521, on or before November 30, 2024.

10. To resolve this matter without incurring any further costs or the expenses associated with a hearing, the Board and Respondent Walgreens agree to the imposition of the following penalties:

A. For the violation alleged in Count One of the Accusation, Respondent Walgreens shall pay an administrative fine of Seven Hundred Fifty and No/100 Dollars ($750.00). This sum shall be payable by *cashier's check, certified check, Walgreens company check,* or *money order* written to the "State of Nevada, Office of the Treasurer." Respondent Walgreens shall remit payment in full to the Board's Reno office, located at 985 Damonte Ranch Parkway, Suite 206, Reno, Nevada 89521, on or before November 30, 2024.

B. Respondent Walgreens shall pay the sum of Five Hundred and 00/100 Dollars ($500.00) to partially reimburse the Board for recoverable attorney's fees and costs incurred in investigating and prosecuting this matter. This sum shall be payable by *cashier's check, certified check, Walgreens company check,* or *money order* written to the "Nevada State Board of Pharmacy." Respondent Walgreens shall remit payment in full to the Board's Reno office, located at 985 Damonte Ranch Parkway, Suite 206, Reno, Nevada 89521, on or before November 30, 2024.

11. This Stipulation constitutes a full and final resolution of the Accusation in Case No. 23-310-RPH-S as to Respondent Severance, and a full and final resolution of the Accusation in Case No. 22-310-PH-S as to Respondent Walgreens. However, failure by either Respondent to comply with the terms stated herein may result in issuance by the Executive Secretary of an order to show cause, pursuant to NAC 639.965, directing the noncompliant Respondent to appear before the Board at the next regularly scheduled meeting for a show cause hearing. If such a hearing results in a finding of a

violation by that Respondent, the Board may impose additional discipline not inconsistent with the provisions of NRS Chapter 639.

12. The Board's Senior General Counsel will present this Stipulation to the Board for approval pursuant to NRS 622.330 at the Board's regularly scheduled public meeting on September 4, 2024, in Las Vegas, Nevada. The Board Members and Staff may discuss and deliberate regarding this Stipulation, even if Respondents fails to appear for the meeting.

13. The Board may accept this Stipulation, but it is not obligated to do so. If this Stipulation is approved by the Board, it shall be a public record pursuant to NRS 622.330 and shall be reported to the National Practitioner Data Bank pursuant to 42 U.S.C. § 1396r–2 and 45 CFR Part 60.

14. If the Board rejects any part or all this Stipulation, and unless the parties reach an alternative agreement on the record during the hearing, the parties agree that the Board may hear a full contested hearing on the merits of all alleged violations as stated in the Accusation. The terms and admissions herein may not be used, relied upon, or referred to by any party during any such hearing.

15. Subject to the approval of this Stipulation by the Board, the Board and Respondents agree to release each other from any or all additional claims arising from the facts set forth in the Accusation on file herein, whether known or unknown that might otherwise have been asserted by the Board on or before the effective date of this Order.

Respondents have fully considered the charges and allegations contained in the *Notice of Intended Action and Accusation* in this matter, and the terms of this Stipulation, and have freely and voluntarily agreed to the terms set forth herein, and waived certain rights, as stated herein.

AGREED:

Signed this 01 **day of** October **2024.**

Sanette Severance

SANETTE SEVERANCE, RPH
Certificate of Registration No. 20772

Signed this 1st **day of** Oct **2024.**

GREGORY L. ZUNINO
Senior General Counsel

Signed this ___ day of _____2024

WALGREENS PHARMACY # 06424

By:_____
Name:_____
Title:_____

APPROVED AS TO FORM:

10/1/24

WILLIAM J. STILLING, ESQ.
Counsel for Respondents

DECISION AND ORDER

As to Respondent Sanette Severance and Respondent Walgreens Pharmacy #06424, in Case No. 23-310-RPH-S and Case No. 23-310-PH-S, respectively, the Nevada State Board of Pharmacy hereby adopts the foregoing Stipulation as its final decision in the matter and hereby orders that the terms of the foregoing Stipulation be made effective upon the date of entry set forth below.

IT IS SO ORDERED.

Entered this 16th day of October 2024.

Helen Park, President
Nevada State Board of Pharmacy

Signed this 4th day of October 2024

WALGREENS PHARMACY # 06424

By: _____
Name: John L. Colaizzi
Title: VP, Pharmacy Practice

APPROVED AS TO FORM:

_____
WILLIAM J. STILLING, ESQ.
Counsel for Respondents

DECISION AND ORDER

As to Respondent Sanette Severance and Respondent Walgreens Pharmacy #06424, in Case No. 23-310-RPH-S and Case No. 23-310-PH-S, respectively, the Nevada State Board of Pharmacy hereby adopts the foregoing Stipulation as its final decision in the matter and hereby orders that the terms of the foregoing Stipulation be made effective upon the date of entry set forth below.

IT IS SO ORDERED.

Entered this 16th day of October 2024.

_____
Helen Park, President
Nevada State Board of Pharmacy

FILED
JUL 24 2024
NEVADA STATE BOARD OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **WALGREENS PHARMACY #06424, Pharmacy License No. PH01628, and** **SANETTE SEVERANCE, RPH, Certificate of Registration No. 20772,** **Respondents.**	**Case Nos. 23-310-PH-S** **23-310-RPH-S** **NOTICE OF INTENDED ACTION AND ACCUSATION**

J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, files the following document that will serve as both a notice of intended action under NRS 233B.127(3) and an accusation under NRS 622A.300(1) and NRS 639.241.

JURISDICTION

1. The Nevada State Board of Pharmacy (Board) has personal jurisdiction over Pharmacist Sanette Severance (RPH Severance) because RPH Severance is registered by the Board to practice pharmacy in Nevada. RPH Severance has held Certificate of Registration No. 20772 since January 20, 2021. RPH Severance has not previously been disciplined by the Board.

2. The Board has personal jurisdiction over Walgreens Pharmacy #06424 (Walgreens), because Walgreens holds Pharmacy License No. PH01628, issued by the Board pursuant to NRS 639.230. Walgreens has held Pharmacy License No. PH01628 since August 21, 2001. On March 12, 2024, the Board issued a citation to Walgreens concerning a dispensing error committed by a pharmacist other than RPH Severance. Walgreens paid the applicable $500 fine.

3. The Board has jurisdiction over the subject matter of this accusation because the alleged violations involve the dispensing of dangerous drugs and the regulation of the practice of pharmacy. NRS 639.070.

FACTUAL ALLEGATIONS

4. Walgreens operates a pharmacy on West Horizon Ridge Parkway in Henderson, Nevada. In August 2023, Walgreens employed RPH Severance as a staff pharmacist at that pharmacy location.

5. On or about August 8, 2023, patient G.J. arrived at the pharmacy before his prescription was ready for pick-up. RPH Severance filled the prescription for patient G.J. while he waited.

6. Patient G.J.'s health care provider had prescribed cough syrup with codeine, specifically codeine-guaifenesin. This was a new prescription for patient G.J., such that it required patient G.J. to be counseled by a pharmacist before the sale.

7. As she began to fill the prescription, RPH Severance noted that the prescription called for 560ml of cough syrup. This was too large of a quantity to be dispensed in a single store bottle.

8. To save time while patient G.J waited for his prescription, RPH Severance dispensed a portion of the codeine syrup in the manufacturer's stock bottle and poured the balance of the prescription into a store bottle.

9. RPH Severance affixed a label with instructions to each of the bottles. The stock bottle was also labeled with the manufacturer's instructions for use. The two bottles were enclosed in a bag before being delivered to patient G.J.

10. Before delivering the bag to patient G.J., RPH Severance asked patient G.J. whether he had any questions about his new prescription. Patient G.J. stated that he had no questions, and he left the pharmacy with the bag containing two bottles of codeine cough syrup.

11. Aside from asking whether patient G.J. had any questions, RPH Severance communicated no information to patient G.J. concerning his prescription for codeine-guaifenesin, its use, possible side effects, drug interactions, or contraindications.

12. After patient G.J. left the pharmacy, RPH Severance made an entry in pharmacy records indicating that she had counseled patient G.J. concerning his prescription for codeine-guaifenesin.

13. When, at home, patient G.J. opened his prescription bag and discovered two bottles of medication, he mistakenly concluded that he had received two different kinds of medication. Patient G.J. found it confusing that one of the bottles was labeled with two sets of instructions.

14. Concerned by an apparent lack of professionalism by Walgreens and/or RPH Severance, patient G.J.'s spouse made a complaint to the Board.

APPLICABLE LAW

15. The Board may discipline the holder of a license or registration issued by the Board if the holder engages in unprofessional conduct or conduct contrary to the public interest. NRS 639.210(4).

16. Unprofessional conduct includes performing one's duties as the holder of a certificate or registration issued by the Board in an "incompetent, unskillful or negligent manner." NAC 639.945(1)(i).

17. A pharmacist is required to communicate with the patient or a person caring for the patient all matters that will enhance therapy through drugs. NRS 639.266(1). The communication must include appropriate elements of counseling for the patient, as established by the Board. NRS 639.266(1).

18. A pharmacist has a duty to counsel patients and supply all information required by the Board pursuant to NAC 639.707. The information may include, among other things, the name and a description of the drug, the form of dosage, dose, route of administration and duration of drug therapy, the intended use of the drug or device and expected responses from that use, and any common severe side effects, interactions and contraindications that may occur, and recommendations to avoid these side effects, interactions or contraindications, and the action required if they occur. *Id.*

19. A pharmacist has a duty to keep accurate records of whether counseling was given to or refused by a patient. *See* NAC 639.707(6).

20. The owner of any business or facility licensed, certified or registered by the Board is responsible for the acts of its employees. NRS 639.230(5), NAC 639.702 and NAC 639.945(3).

COUNT ONE
Failure by Pharmacist to Counsel
(RPH Severance and Walgreens)

21. Although RPH Severance asked patient G.J. if he had any questions about his medication, RPH Severance failed to communicate matters which would enhance therapy through drugs. Nevada law requires a pharmacist to affirmatively counsel a patient by communicating all matters which will enhance therapy through drugs. Nevada law explicitly lists many of the subjects that a pharmacist should address when counseling a patient. *See* NRS 639.266(1) and NAC 639.707(2). RPH Severance did not discuss a single relevant topic with patient G.J.

22. Having neglected to counsel patient G.J. in a manner that enhances drug therapy, RPH Severance performed her duties in an incompetent, unskillful or negligent manner. This constitutes unprofessional conduct for which RPH Severance may be disciplined. NRS 639.210(4); NAC 639.945(1)(i).

23. As the pharmacy/pharmacy owner at which the violations of law alleged herein occurred, Walgreens is responsible for those violations, including all errors and omissions of RPH Severance. NRS 639.230(5), NAC 639.702, and NAC 639.945(2).

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COUNT TWO

Failure to Make an Accurate Record of Counseling
(RPH Severance and Walgreens)

24. RPH Severance made an entry in pharmacy records indicating that patient G.J. had been counseled even though she did not properly counsel him. Counseling records should only indicate that a patient has been counseled if the patient was counseled properly. *See* NAC 639.707(6). In this case, patient G.J. was not properly counseled.

25. Having made a false, misleading, or incomplete record of counseling, RPH Severance performed her duties in an incompetent, unskillful or negligent manner. This constitutes unprofessional conduct for which RPH Severance may be disciplined. NRS 639.210(4); NAC 639.945(1)(i).

26. As the pharmacy/pharmacy owner at which the violations of law alleged herein occurred, Walgreens is responsible for those violations, including all errors and omissions of RPH Severance. NRS 639.230(5), NAC 639.702, and NAC 639.945(2).

WHEREFORE it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to the certificate of registration of Respondent Sanette Severance and the pharmacy license of Respondent Walgreens Pharmacy #06424.

DATED this 24th day of JULY 2024.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

Section 9: Statement of Responsibility - MUST BE COMPLETED by an Authorized Person (NAC 639.945)

Statement of Responsibility

1. I am the Vice President (title) for Walgreen Co. (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be responsible for any violations of pharmacy law that may occur in the Pharmacy owned by such owner(s), shareholder(s), member(s), or partner(s).
3. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against the Pharmacy.
4. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) cannot require or permit the pharmacist(s) in said Pharmacy to violate any provision of local, state, or federal laws or regulations pertaining to the practice of pharmacy.
5. I further understand and acknowledge that Nevada law requires that each pharmacy located inside the State of Nevada employ only pharmacists, intern pharmacists, pharmaceutical technicians, and technicians in training that are licensed by the Nevada State Board of Pharmacy. (NRS 639.100).
6. I further understand and acknowledge that Nevada law requires that each pharmacy located outside the State of Nevada engaged in providing pharmacy services into Nevada employs at least one pharmacist licensed by the Nevada State Board of Pharmacy who will be responsible for any prescription dispensed to a patient located in Nevada and responsible for any acts or omissions of pharmacy personnel who are not registered with the Board. (NRS 639.2328).

Richard Gates

Print Name of Authorized Person

Richard Gates

Original signature of Authorized Person (copies or stamps not accepted)

08 / 26 / 2025

Date

Section 10: Affidavit for Pharmacies- MUST BE COMPLETED by pharmacies NOT CURRENTLY PERFORMING Sterile Compounding

Affidavit for Pharmacy License

I, Richard Gates hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

1. I am the Vice President (title) for Walgreen Co. (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I certify that upon licensure, the Pharmacy will not perform sterile compounding or ship sterile compounds into Nevada.
3. I understand and acknowledge that the Pharmacy and any of its staff members may be subject to discipline by the Board if the Pharmacy performs sterile compounding or ships any sterile compounds into Nevada without first obtaining written authorization from the Board to do so.
4. I certify that if the Pharmacy makes the decision to perform sterile compounding or to ship any sterile compounds into Nevada, the Pharmacy, through an authorized representative, will first notify the Board via a written request, and obtain written approval to perform sterile compounding or to ship any sterile compounds into Nevada.
5. I understand that if the Pharmacy seeks approval to perform sterile compounding or to ship any sterile compounds into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

FURTHER YOUR AFFIANT SAYETH NAUGHT.

Signature

SUBSCRIBED AND SWORN TO
Before me, a notary public this 20th day of August, 2025

Zeljka Borosa-Rajcevic
Notary Public

OFFICIAL SEAL
ZELJKA BOROSA RAJCEVIC
Notary Public, State of Illinois
Commission No. 977646
My Commission Expires September 8, 2027

CONFIDENTIAL/EXEMPT FROM
FREEDOM OF INFORMATION ACT AND
SIMILAR STATE REQUESTS

Ownership Information

Ownership & Leadership of Applicant Entity

Applicant: **Walgreen Co.**
108 Wilmot Rd., Deerfield, IL 60015

Ownership: The Applicant entity is wholly owned (100%) by Walgreens Boots Alliance, Inc.

Officers of Walgreen Co.
Michael Motz - CEO
Richard Gates - Senior Vice President, Chief Pharmacy Officer
Cherita Thomas - Secretary
Matthew Spina - CFO
Michael Handal - Licensing and Provider Enrollment Officer

Ownership & Leadership of Walgreens Boots Alliance, Inc.

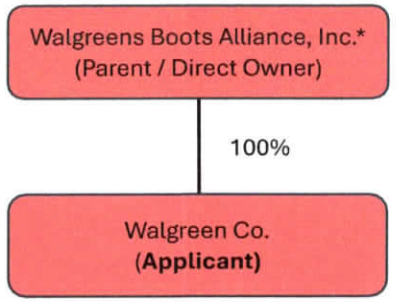
Ownership: Walgreens Boots Alliance, Inc. is wholly owned (100%) by Blazing Star Parent, LLC

Officers of Walgreens Boots Alliance, Inc.
Temporarily vacant - CEO
Mark Weisz - Sr VP, Global Tax
Manmohan Mahajan - Sr VP, Global Controller, CFO
Lanesha Minnix - Corporate Secretary

Please see the attached pre- and post-closing Corporate Organization chart for reference.

Proprietary and Confidential
Not a public record pursuant to
Section 7927.605 of the CPRA and
45 CFR Section 5.31

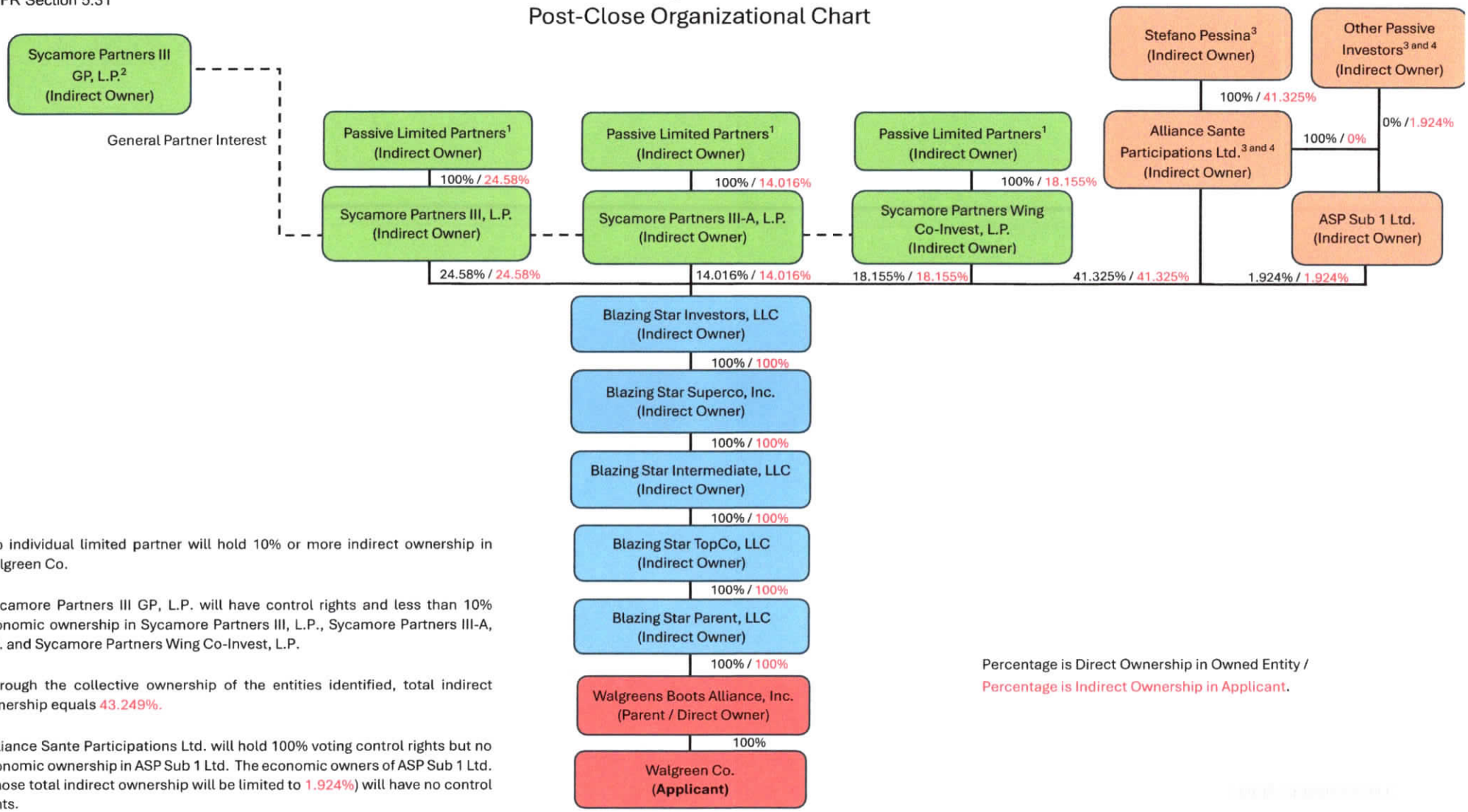
Walgreen Co.
Pre-Close Organizational Chart



Publicly Traded on Nasdaq Stock Market (WBA)

Proprietary and Confidential
Not a public record pursuant to
Section 7927.605 of the CPRA and
45 CFR Section 5.31

Walgreen Co.
Post-Close Organizational Chart



[1]No individual limited partner will hold 10% or more indirect ownership in Walgreen Co.

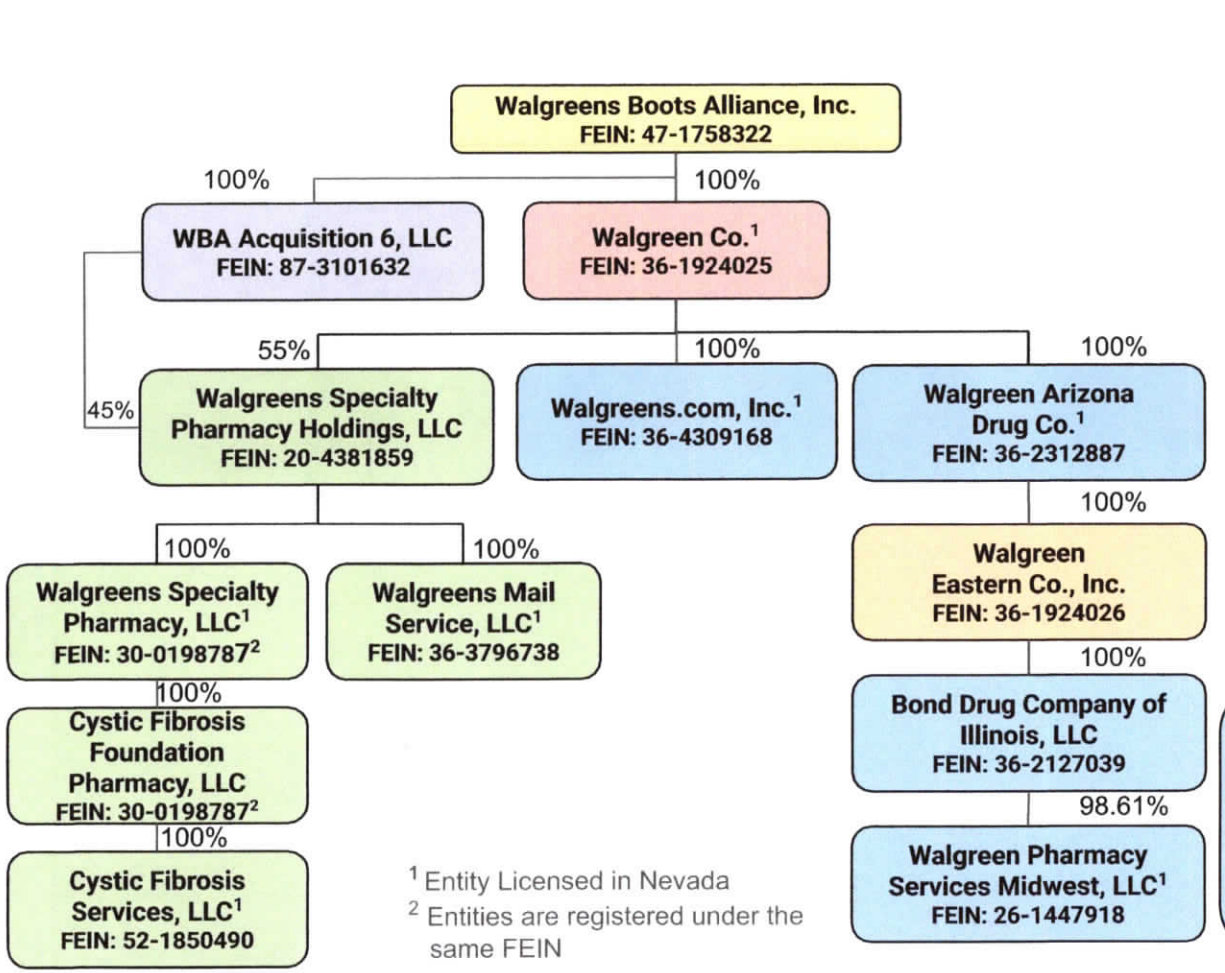
[2]Sycamore Partners III GP, L.P. will have control rights and less than 10% economic ownership in Sycamore Partners III, L.P., Sycamore Partners III-A, L.P. and Sycamore Partners Wing Co-Invest, L.P.

[3]Through the collective ownership of the entities identified, total indirect ownership equals 43.249%.

[4]Alliance Sante Participations Ltd. will hold 100% voting control rights but no economic ownership in ASP Sub 1 Ltd. The economic owners of ASP Sub 1 Ltd. (whose total indirect ownership will be limited to 1.924%) will have no control rights.

Percentage is Direct Ownership in Owned Entity /
Percentage is Indirect Ownership in Applicant.

Walgreen Co.
Post-Close Organizational Chart (cont.)



Officers:
Temporarily vacant, CEO
Manmohan Mahajan, Sr. VP, Global Controller & CFO
Lanesha Minnix, Corp. Secretary
Mark Weisz, Sr. VP, Global Tax

Officers:
Mark Weisz, Pres.
Cherita Thomas, VP, Sec.
Michael Emerson, VP Tax
Todd Heckman, Treas.
Brittany Mack, Asst. Treas.

Officers:
Rick Gates, President
Brittany Mack, Treasurer
Cherita Thomas, Sec., Dir.
Michael Emerson, VP Tax, Dir.
Michael Handal, Licensing and Provider Enrollment Officer

Officers:
Michael Motz, CEO
Richard Gates, Sr. VP, Dir.
Cherita Thomas, Sec.
Matt Spina, CFO
Michael Handal, Licensing and Provider Enrollment Officer

Officers:
Rick Gates, President
Michael Emerson, VP Tax, Dir.
Brittany Mack, Treas.
Cherita Thomas, Sec., Dir.
Michael Handal, Licensing and Provider Enrollment Officer

Officers:
Rick Gates, President
Tracey James, COO
Matt Spina, CFO
John Colaizzi, Sec., Treas.
Brittany Mack, Asst. Treas.
Michael Emerson, VP Tax
Michael Handal, Sr. Director & Licensing and Provider Enrollment Officer

File Number 1084-348-1

STATE OF ILLINOIS

OFFICE OF THE SECRETARY OF STATE

To all to whom these Presents Shall Come, Greeting:

I, **Alexi Giannoulias,** *Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that*

WALGREEN CO., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON FEBRUARY 15, 1909, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE BUSINESS CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.

In Testimony Whereof, *I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this* 15TH *day of* MAY *A.D.* 2025 .

Authentication #: 2513501622 verifiable until 05/15/2026
Authenticate at: https://www.ilsos.gov

Alexi Giannoulias
SECRETARY OF STATE

9Q

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Pharmacy Application

Non-Refundable $500.00 Fee

Rev (6/11/2024)

Facility Location	Application Type (check all applicable)	Pharmacy Type (check all applicable)	Services the Pharmacy will Provide (check all applicable)
■ Nevada ☐ Out-of-Nevada	☐ New Pharmacy ■ Ownership Change* ☐ Location Change * ☐ Service Modification* ☐ Name Change* (if only a Name Change occurred, submit a $50.00 fee with the application.) * Current license #: PH PH01627	■ Retail/Community ☐ Hospital (# beds _____) ☐ Internet ☐ Nuclear ☐ Other:	■ Retail/Community ■ Dangerous drugs ■ Controlled substances DEA #: BW7460645 ☐ Non-sterile Compounding ☐ Sterile Compounding ☐ Mail-Order Service ☐ Off-site Cognitive Services ☐ Long Term Care ☐ Hospital ☐ Other:

Days of Operation		Ownership Type (check applicable box)
■ Monday	■ Friday	☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9, 10, 11, 12)
■ Tuesday	■ Saturday	■ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9, 10, 11, 12)
■ Wednesday	■ Sunday	☐ Partnership (complete sections 1, 2, 3, 4, 7, 9, 10, 11, 12)
■ Thursday	☐ Holidays	☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9, 10, 11, 12)

Section 1: General Information

Pharmacy Name: WALGREENS #06545

Physical Address: 11001 S EASTERN AVE

City: HENDERSON State: NV Zip: 89052-2954

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: (702)948-8355 Toll Free # (NAC 639.708, NRS 639.23286): N/A

Fax: (702)948-8352 Contact Email: rxm.06545@store.walgreens.com

Website: https://www.walgreens.com

Nevada Business License # (if applicable) NV19951143510

Supervising/Managing Pharmacist Name (NRS 639.220): ANONGLACK DOUANGMALA

Supervising/Managing Pharmacist NV Pharmacist Registration # (if applicable): 24310

Document Ref: Q4HB6-PWNEG-2NGYM-AO6LZ

Section 2: List the name(s) of at least one NEVADA registered pharmacist who practices at the pharmacy, who may be the managing pharmacist or another pharmacist, who will be responsible for any prescriptions dispensed to a patient located in Nevada and responsible for any acts or omissions of pharmacy personnel who are not registered with the Board. NRS 639.2328. (Use a separate piece of paper if additional space is needed.)

Name: ANONGLACK DOUANGMALA	NV Pharmacist Registration #: 24310
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:

Section 3: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✓
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration from any jurisdiction?		✓
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been subject of an administrative action, board citation, cite fine, or proceeding relating to the pharmaceutical industry?	✓	
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✓
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✓

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name(s) of the owner(s), their credentials and their percent ownership. Write NA if not applicable. NRS 639.232. (Use a separate piece of paper if additional space is needed.)

Name: N/A	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:

1. The Board shall not issue a license to conduct a pharmacy:
   a) To any practitioner; or
   b) To any partnership, corporation, or association in which a practitioner has a controlling interest or owns more than 10 percent of the available stock.
2. This section does not:
   a) Apply to a hospital pharmacy or a health maintenance organization which holds a certificate of authority under chapter 695C of NRS.
   b) Prohibit ownership by a practitioner of a building in which a pharmacy is located, if space for the pharmacy is rented at the prevailing rate.

Section 5: Publicly Traded Corporation

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Does the number of stockholders/shareholders of the corporation exceed four? NRS 639.231 ☐ Yes ☐ No

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: Delaware

Parent Company (if any): Walgreens Boots Alliance, Inc.

Corporation/Organization Name: Walgreen Co.

Mailing Address: 108 Wilmot Rd

City: Deerfield State: IL Zip: 60015

Telephone: 847-224-1348 Email: licenseadministration@walgreens.com

Contact Person Name: Kayla Lechner

Does the number of stockholders/shareholders of the corporation or members exceed four? NRS 639.231 ☐ Yes ☒ No

Section 7: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Please check type of partnership (NAC 639.214) ☐ General ☐ Limited

Does the number of partners or members of the partnership exceed four? NRS 639.231 ☐ Yes ☐ No

Section 8: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Richard Gates

Print Name of Authorized Person Submitting Application (If the applicant is a partnership or corporation, the application must be signed by a partner or by an officer of the corporation). NAC 639.215

Richard Gates

Original signature of Authorized Person (copies or stamps not accepted)

08 / 26 / 2025

Date

Board Use Only	Date Received: 9/22/25	Amount: $500ck 0103-3000111121

Section 11: Managing Pharmacist Acknowledgement, Professional/Personal History – REQUIRED TO BE COMPLETED BY THE MANAGING PHARMACIST FOR NEVADA LOCATED PHARMACY APPLICANTS ONLY

Managing Pharmacist Name: ANONGLACK DOUANGMALA Pharmacist Registration #: 24310

Pharmacy Name: WALGREENS #06545

Initial each statement below to indicate you have read and agree with the following:

A.D. I understand that as the managing pharmacist I am responsible for compliance by the pharmacy and its personnel with all state and federal laws and regulations relating to the operation of the pharmacy and the practice of pharmacy. I understand my license can be revoked or that I can be subject of disciplinary action if such laws or regulations are knowingly violated in the pharmacy in which I am the managing pharmacist.

A.D. I understand within 48 hours after I report for duty as the managing pharmacist, I shall complete an inventory of all controlled substances of the pharmacy pursuant to 21 CFR Part 1304 and maintain a copy of the inventory in the file at the pharmacy.

A.D. I understand that if I cease to be managing pharmacist of the above-named pharmacy, I will jointly, with the new managing pharmacist, take an inventory of all controlled substances.

A.D. I understand that as the managing pharmacist I must ensure that all loss or theft of controlled substances are reported on forms provided by the Nevada State Board of Pharmacy and Department of Public Safety within 10 days after the date of discovery of theft or loss. NRS 453.568. Federal regulations require that registrants notify the Field Division Office of the Administration in his area, in writing, of the theft or significant loss of any controlled substance, disposal receptacles or listed chemicals within one business day of discovery of such loss or theft. The registrant shall also complete and submit to the Field Division Office in his area, DEA Form 106 regarding the loss or theft (21 C.F.R. §1301.76(b) and 21 U.S.C. §830(b)(1)(C)).

A.D. I understand that as the managing pharmacist I must notify the Nevada State Board of Pharmacy of all employment changes of pharmacy staff within 10 days of the change. NAC 639.540

Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?	☐	☑
2. Have you been charged, arrested, or convicted of a felony or misdemeanor in any state?	☐	☑
3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state?	☐	☑
4. Has your license been subjected to any discipline for violation of pharmacy or drug laws in any state?	☐	☑

If you marked YES to any questions above, include the following information and provide a signed statement of explanation. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Board Administrative Action:	State:	Date:	Case #:

Criminal Action:	State:	Date:	Case #:	County:	Court:

I certify under penalty of perjury that the information I have provided on this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Anonglack Douangmala

Original signature of Managing Pharmacist (copies or stamps not accepted)

08 / 11 / 2025

Date

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

FINDINGS OF FACT, CONCLUSIONS OF LAW, AND ORDER

POORVA M. PARIKH, R.Ph.,
Certificate of Registration #13182,

Case No. 05-037-RPH-S

WALGREENS #06545,
Certificate of Registration #PH01627,

Case No. 05-037-PH-S

WALGREEN CO.,
An Illinois Corporation,

Case No. 05-037-PH-S

Respondents.

THIS MATTER was heard by the Nevada State Board of Pharmacy (hereinafter Board) at its regular meeting on January 11, 2006 in Las Vegas, Nevada. The Board was represented by Louis Ling, General Counsel to the Board. All Respondents were represented by Robert C. Graham. Based on the presentations of the parties and the public records in the possession and control of the Board, the Board issues the following Findings of Fact, Conclusions of Law, and Order:

FINDINGS OF FACT

1. At hearing, the parties agreed that Respondents would not contest the facts as plead in the Notice of Intended Action and Accusation. Because of the agreement of the parties, Board Staff presented no testimony or evidence. Respondents presented the testimony of Ms. Parikh and Matt Forster. Based upon the presentations of the parties, the Board finds the following to be the facts of this matter.

2. On May 17, 2005, Patient O had her prescription for hydromorphone 2 mg./ml. injectable, 20 ml. qty. #32 vials filled at Walgreens #6545. Ms. Parikh filled the prescription. Patient O picked up the prescription and took it home. When Patient O arrived home, she received a telephone call from Ms. Parikh advising Patient O that Ms. Parikh had mislabeled her prescription with the wrong directions for use. Ms. Parikh indicated to Patient O that Patient O's physician had written the wrong directions for use on the prescription. Patient O examined the prescription she had received from Walgreens #6545 and discovered that the directions for use on the label were, "Use 2-6 vials every 2-4 hours as needed as directed."

3. Patient O was a nurse and was, therefore, medically knowledgeable, so she did not inject any of the hydromorphone according to the incorrect directions for use.

4. At hearing, Ms. Parikh explained that she bypassed a high dosage warning that was created by Walgreens #6545's computer system. Ms. Parikh offered as an explanation for bypassing the warning that Patient O had been taking hydromorphone for some time and that she believed that such a high dose (2-6 vials), even though very high, might be correct.

5. At hearing, Ms. Parikh testified that she spoke with Patient O for 30-40 minutes when Patient O picked up the hyrdromorphone prescription at issue. Though the records maintained by Walgreens #6545 showed that Ms. Parikh generally kept good records regarding her counseling of patients, in this matter of Patient O's hydromorphone prescription Ms. Parikh made no record of having counseled Patient O. Mr. Forster testified that new technological advances in Walgreens' computer systems would have required and captured all counseling transactions, including the transaction

with Patient O, so that in the near future a failure to counsel as occurred in this matter would not occur again.

CONCLUSIONS OF LAW

1. The Nevada State Board of Pharmacy has jurisdiction over this matter because Respondent Parikh is a pharmacist licensed by the Board and Walgreens #06545 is a pharmacy licensed by the Board.

2. By filling and dispensing Patient O's prescription for hydromorphone injectable with incorrect directions for use, Ms. Parikh violated NRS 649.210(4) and NAC 639.945(1)(d) and (i).

3. In failing to make or provide any record regarding the prescription for Patient O in the pharmacy's counseling log, Ms. Parikh violated NRS 639.210(4) and NAC 639.707(6) and 639.945(1)(i).

4. In failing to have any record regarding the prescription for Patient O in the pharmacy's counseling log, Walgreens #6545 violated NRS 639.210(4) and NAC 639.707(6) and 639.945(1)(i) and (2).

5. In owning and operating pharmacies that are repeatedly negligent as evidenced by the Board's orders in Case Nos. 04-006-S, 04-029-S, and 05-020-S by repeatedly failing to document patient counseling, Walgreens Co. violated NRS 639.210(4) and (16) and 639.266(1) and NAC 639.707 and 639.945(1)(i) and (2).

6. The Fourth Cause of Action is dismissed.

ORDER

Based upon the foregoing, the Board hereby orders the following:

1. Ms. Parikh shall receive a letter of admonition.

2. Walgreens #06545 shall pay the Board's costs and attorney's fees of $360.00 and the Board's administrative fee of $250.00, for a total of $610.00 by cashier's or certified check or money order made payable to "Nevada State Board of Pharmacy" to be received by the Board's Reno office within 90 days of the effective date of this Order.

3. The Fourth Cause of Action is dismissed.

4. The failure by Walgreens #06545 to comply with any term in this order shall result in a fine of $1,000 per day for every day that it has failed to comply with the Order until the Order is fully complied with, up to a total fine not to exceed $30,000, and will also result in further discipline, up to and including revocation of the its license.

Signed this 8th day of February, 2006.

Joseph R. Kellogg, President
Nevada State Board of Pharmacy

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

POORVA M. PARIKH, RPH
Certificate of Registration No. 13182

WALGREENS #06545
Certificate of Registration No. PH01627,

WALGREEN CO.
An Illinois Corporation

Respondents.

NOTICE OF INTENDED ACTION AND ACCUSATION

Case No. 05-037-RPH-S

Case No. 05-037-PH-S

Case No. 05-037-PH-S

COMES NOW Larry L. Pinson, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, and makes the following that will serve as both a notice of intended action under Nevada Revised Statutes (NRS) 233B.127(3) and as an accusation under NRS 639.241.

I.

The Nevada State Board of Pharmacy has jurisdiction over this matter because Respondent Poorva M. Parikh is a pharmacist licensed by the Board, Walgreens #06545 is a pharmacy licensed by the Board, located at 11001 South Eastern Avenue, Henderson, Nevada.

II.

On or about May 17, 2005, Patient O had her prescription for hydromorphone 2 mg./ml. injectable, 20 ml. qty. #32 vials from filled at Walgreens #6545. Walgreens #6545 and Ms. Parikh filled the prescription, and Patient O picked up her prescription

and took it home. When she arrived home, Patient O received a telephone call from Ms. Parikh advising Patient O that she had mislabeled her prescription with the wrong directions for use. Ms. Parikh indicated to Patient O that Patient O's physician had written the wrong directions for use on the prescription. Patient O examined the medication she had been given at Walgreens #6545 and discovered the directions for use on the label was "Use 2-6 vials every 2-4 hours as needed as directed."

III.

Patient O contacted Mike Eastman, the physician's assistant who had written the prescription and advised him that the prescription she had received for her Dilaudid injectable was written with incorrect directions. PA Eastman obtained a copy of the prescription from Walgreens #6545 and found the directions for use were written correctly. PA Eastman told the pharmacist he spoke with at Walgreens #6545 that had Patient O followed the directions on the prescription label by injecting 2-6 vials rather than mls., Patient O could have been severely harmed or that a dosage that high could possibly have caused death. It was determined that Ms. Parikh had not followed the directions of the physician's assistant and had mislabeled Patient O's prescription.

IV.

Ms. Parikh admitted in a written statement that she bypassed a high dosage warning so she could complete the processing of the prescription. Ms. Parikh also stated that she had spoken with Patient O for approximately 30 to 40 minutes regarding her health, her prescription use, her weight gain issues, and had even reviewed her patient profile to discuss her medication usage. It was found during the investigation of

this matter that Ms. Parikh had failed to enter the prescription for Patient O on the counseling log.

FIRST CAUSE OF ACTION

V.

By filling and dispensing Patient O's prescription for Dilaudid injectable with incorrect directions for use, Respondent Parikh violated NRS 639.210(4) and NAC 639.945(1)(d) and (i).

SECOND CAUSE OF ACTION

VI.

In failing to make or provide any record regarding the prescription for Patient O in the pharmacy's counseling log, Respondent Parikh violated NRS 639.210(4) and NAC 639.707(6) and 639.945(1)(i).

THIRD CAUSE OF ACTION

VII.

In failing to have any record regarding the prescription for Patient O in the pharmacy's counseling log, Walgreens #6545 violated NRS 639.210(4) and NAC 639.707(6) and 639.945(1)(i) and (2).

FOURTH CAUSE OF ACTION

VIII.

On July 21, 2004, Board President Larry L. Pinson accepted and signed a stipulated agreement that was offered and accepted by Walgreens #4755 (*Nevada State Board of Pharmacy v. Walgreens #4755*, Case No. 04-006-S). Walgreens #4755 was charged in case number 04-006-PH-S with failing to counsel on a new prescription

for Mexiletine and failing to have any record regarding the prescription in the pharmacy's counseling log.

X.

On February 3, 2005, the Board entered Findings of Fact, Conclusions of Law, and Order in a case entitled *Nevada State Board of Pharmacy v. Walgreens #03845 and Walgreen Co.* (Case No. 04-029-PH-S). The facts of that case were that Ms. Griego lacerated her index finger while working. Ms. Griego was directed to Walgreens #03845 to handle her industrial accident prescription needs. Ms. Griego was allergic to penicillin. The physician's assistant that treated her for her cut finger wrote a prescription for a product written as "Amox." Walgreen's #03845 did not take any information from Ms. Griego nor was she asked if she had allergies. The prescription was filled and dispensed at the drive-up window and Ms. Griego did not receive any counseling from a pharmacist, nor was there any record or entry on Walgreens #03845's counseling log regarding Ms. Griego's prescription. The Board found that Walgreens #03845 had failed to counsel the patient and had failed to document the counseling. The Board placed Walgreens #03845 on probation for a period of one year while Walgreens studied how to improve its counseling at its Nevada pharmacies.

XI.

On August 18, 2005, the Board entered Findings of Fact, Conclusions of Law, and Order in a case entitled *Nevada State Board of Pharmacy v. Walgreens #03845 and Walgreen Co.* (Case No. 05-020-PH-S). Ms. Mensah appeared at hearing and described the spontaneous fainting episodes she experienced after receiving a prescription for Diltiazem HCL 90 mg. tablets that was not prescribed for her. She

ingested Diltiazem HCL 90 mg. tablets for approximately two months before it was discovered that she had been taking this medication in error. The prescription was filled and dispensed to Ms. Mensah at Walgreens #03845. The Board found that Walgreens #03845 had failed to counsel Ms. Mensah and had failed to document the counseling.

XII.

In being repeatedly negligent as evidenced by the Board's Orders in Case No. 04-006-S, Case No. 04-029-PH-S and Case No. 05-020-PH-S by failing to provide counseling and to document counseling, Walgreens #6545 violated NRS 639.210(4) and (16) and 639.266(1) and NAC 639.707 and 639.945(1)(i) and (2).

FIFTH CAUSE OF ACTION

XIII.

In owning pharmacies that are repeatedly negligent as evidenced by the Board's Orders in Case No. 04-006-S, Case No. 04-029-PH-S and Case No. 05-020-PH-S by failing to document patient counseling, Walgreens Co. violated NRS 639.210(4) and (16) and 639.266(1) and NAC 639.707 and 639.945(1)(i) and (2).

WHEREFORE it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to the certificates of registration of the Respondents.

Signed this 14th day of October, 2005.

Larry L. Pinson, Executive Secretary
Nevada State Board of Pharmacy

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner, **STIPULATION AND ORDER**

v.

WALGREENS PHARMACY #06545 **Case No. 02-102-PH-S**
Certificate of Registration No. PH01627

Respondent.

The Nevada State Board of Pharmacy and Respondent Walgreens Pharmacy #06545, hereby stipulate as follows:

1. That Notice of Intended Action and Accusation was sent to Respondent and that Respondent received said Notice.

2. That Respondent is fully aware of his right to be served with an Accusation and have a hearing on the matters alleged in the Notice of Intended Action, his right to reconsideration, his right to appeal, and any and all other rights which may be accorded to him pursuant to the Nevada Administrative Procedure Act and the Nevada Pharmacy Act.

3. Information provided subsequent to the investigation and filing of the Accusation in this matter showed that Mr. Rogers did not work a regular shift before he worked on October 14, 2002. Consequently, the statements in averment V and VI are modified by this stipulation to indicate that Mr. Rogers worked only from 9:45 a.m. to 4:00 p.m. on October 14, 2002.

4. That Respondent hereby freely and voluntarily waives his rights to a hearing, reconsideration, appeal, and any and all other rights that may be accorded to him by the Nevada Administrative Procedure Act and the Nevada Pharmacy Act.

5. That Respondent admits the truth of the matters alleged in the Notice of Intended Action and Accusation.

6. That cause for disciplinary action against the Respondent exists pursuant to the provisions of Nevada Revised Statutes (NRS) 639.210(4), Nevada Administrative Code (NAC) 639.945(1)(d) and (i) and (2).

7. That the admissions made herein are for the purpose of this proceeding only and shall have no force or effect in any other case or proceeding.

8. That based upon the Notice of Intended Action and Accusation and the foregoing admissions, it is stipulated that the following penalty is imposed:

Respondent shall pay to the State of Nevada a fine of $100.00 certified check, or money order made payable to "State of Nevada, Office of the Treasurer," and an administrative fee of $250.00 certified check, or money order made payable to "Nevada State Board of Pharmacy." All moneys shall be mailed to and received by the Board office no later than fifteen days from the receipt of the Board's decision and order in this matter.

Respondent's failure to timely comply with the above-listed conditions shall result in a in a fine of $1000 per day for every day the term is not complied with, up to a maximum of $30,000, and will result in further discipline, up to and including revocation of the Respondent's license.

9. If this Stipulation is not accepted in its entirety by the Nevada State Board of Pharmacy, it shall have no effect whatsoever.

I have fully considered the charges and allegations contained in the Notice of Intended Action. I understand my right to a hearing, as well as my right to

reconsideration, appeal, and any and all other rights accorded me pursuant to the Nevada Administrative Procedure Act and the Nevada Pharmacy Practice Act, including my right to be represented by counsel at my own expense. **I hereby freely and voluntarily waive all these rights and agree to the terms of this Stipulation.**

4-17-03
DATED

DENNIS O'DELL, VICE PRESIDENT
type or print name

Dennis O'Dell
for Walgreens Pharmacy #06545

DECISION AND ORDER

The Nevada State Board of Pharmacy hereby adopts the foregoing Stipulation as its decision and hereby orders that the foregoing Stipulation be made effective. This decision and order shall be effective on the 23rd day of April, 2003.

4/23/03
DATED

Larry L. Pinson, President
Nevada State Board of Pharmacy

Section 9: Statement of Responsibility - MUST BE COMPLETED by an Authorized Person (NAC 639.945)

Statement of Responsibility

1. I am the Vice President (title) for Walgreen Co. (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be responsible for any violations of pharmacy law that may occur in the Pharmacy owned by such owner(s), shareholder(s), member(s), or partner(s).
3. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against the Pharmacy.
4. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) cannot require or permit the pharmacist(s) in said Pharmacy to violate any provision of local, state, or federal laws or regulations pertaining to the practice of pharmacy.
5. I further understand and acknowledge that Nevada law requires that each pharmacy located inside the State of Nevada employ only pharmacists, intern pharmacists, pharmaceutical technicians, and technicians in training that are licensed by the Nevada State Board of Pharmacy. (NRS 639.100).
6. I further understand and acknowledge that Nevada law requires that each pharmacy located outside the State of Nevada engaged in providing pharmacy services into Nevada employs at least one pharmacist licensed by the Nevada State Board of Pharmacy who will be responsible for any prescription dispensed to a patient located in Nevada and responsible for any acts or omissions of pharmacy personnel who are not registered with the Board. (NRS 639.2328).

Richard Gates

Print Name of Authorized Person

Richard Gates

Original signature of Authorized Person (copies or stamps not accepted)

08 / 26 / 2025

Date

Section 10: Affidavit for Pharmacies- MUST BE COMPLETED by pharmacies NOT CURRENTLY PERFORMING Sterile Compounding

Affidavit for Pharmacy License

I, Richard Gates hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

1. I am the Vice President (title) for Walgreen Co. (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I certify that upon licensure, the Pharmacy will not perform sterile compounding or ship sterile compounds into Nevada.
3. I understand and acknowledge that the Pharmacy and any of its staff members may be subject to discipline by the Board if the Pharmacy performs sterile compounding or ships any sterile compounds into Nevada without first obtaining written authorization from the Board to do so.
4. I certify that if the Pharmacy makes the decision to perform sterile compounding or to ship any sterile compounds into Nevada, the Pharmacy, through an authorized representative, will first notify the Board via a written request, and obtain written approval to perform sterile compounding or to ship any sterile compounds into Nevada.
5. I understand that if the Pharmacy seeks approval to perform sterile compounding or to ship any sterile compounds into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

FURTHER YOUR AFFIANT SAYETH NAUGHT.

Signature

SUBSCRIBED AND SWORN TO
Before me, a notary public this 20th day of August, 2025

Zeljka Borosa-Rajcevic
Notary Public

OFFICIAL SEAL
ZELJKA BOROSA RAJCEVIC
Notary Public, State of Illinois
Commission No. 977646
My Commission Expires September 8, 2027

CONFIDENTIAL/EXEMPT FROM FREEDOM OF INFORMATION ACT AND SIMILAR STATE REQUESTS

Ownership Information

Ownership & Leadership of Applicant Entity

Applicant: **Walgreen Co.**
108 Wilmot Rd., Deerfield, IL 60015

Ownership: The Applicant entity is wholly owned (100%) by Walgreens Boots Alliance, Inc.

Officers of Walgreen Co.
Michael Motz - CEO
Richard Gates - Senior Vice President, Chief Pharmacy Officer
Cherita Thomas - Secretary
Matthew Spina - CFO
Michael Handal - Licensing and Provider Enrollment Officer

Ownership & Leadership of Walgreens Boots Alliance, Inc.

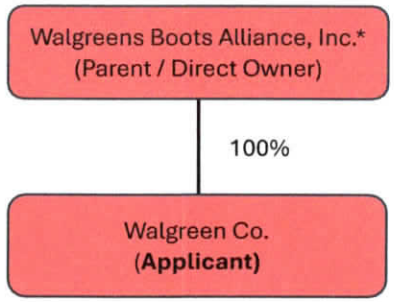
Ownership: Walgreens Boots Alliance, Inc. is wholly owned (100%) by Blazing Star Parent, LLC

Officers of Walgreens Boots Alliance, Inc.
Temporarily vacant - CEO
Mark Weisz - Sr VP, Global Tax
Manmohan Mahajan - Sr VP, Global Controller, CFO
Lanesha Minnix - Corporate Secretary

Please see the attached pre- and post-closing Corporate Organization chart for reference.

Proprietary and Confidential
Not a public record pursuant to
Section 7927.605 of the CPRA and
45 CFR Section 5.31

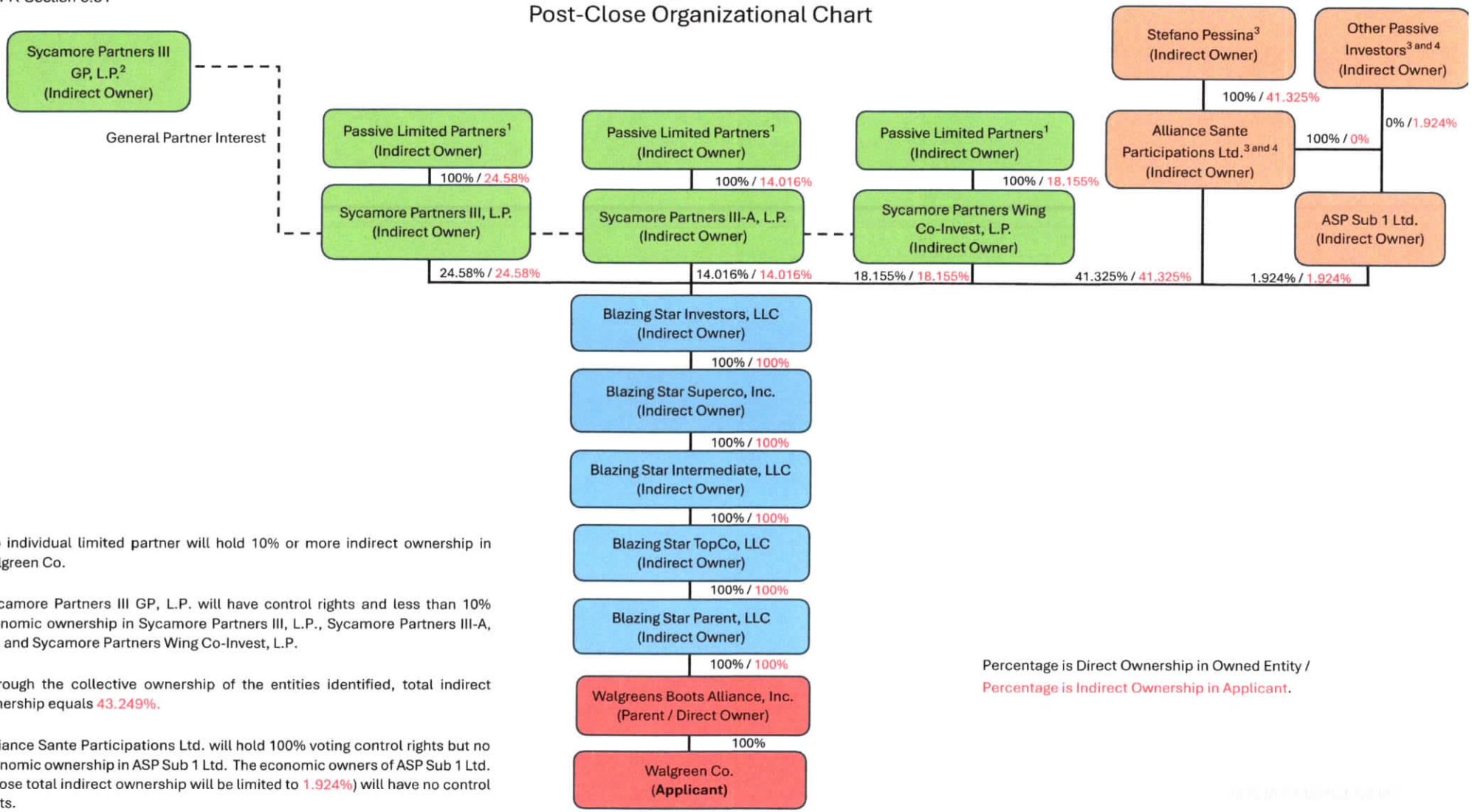
Walgreen Co.
Pre-Close Organizational Chart



Publicly Traded on Nasdaq Stock Market (WBA)

Proprietary and Confidential
Not a public record pursuant to
Section 7927.605 of the CPRA and
45 CFR Section 5.31

Walgreen Co.
Post-Close Organizational Chart



[1]No individual limited partner will hold 10% or more indirect ownership in Walgreen Co.

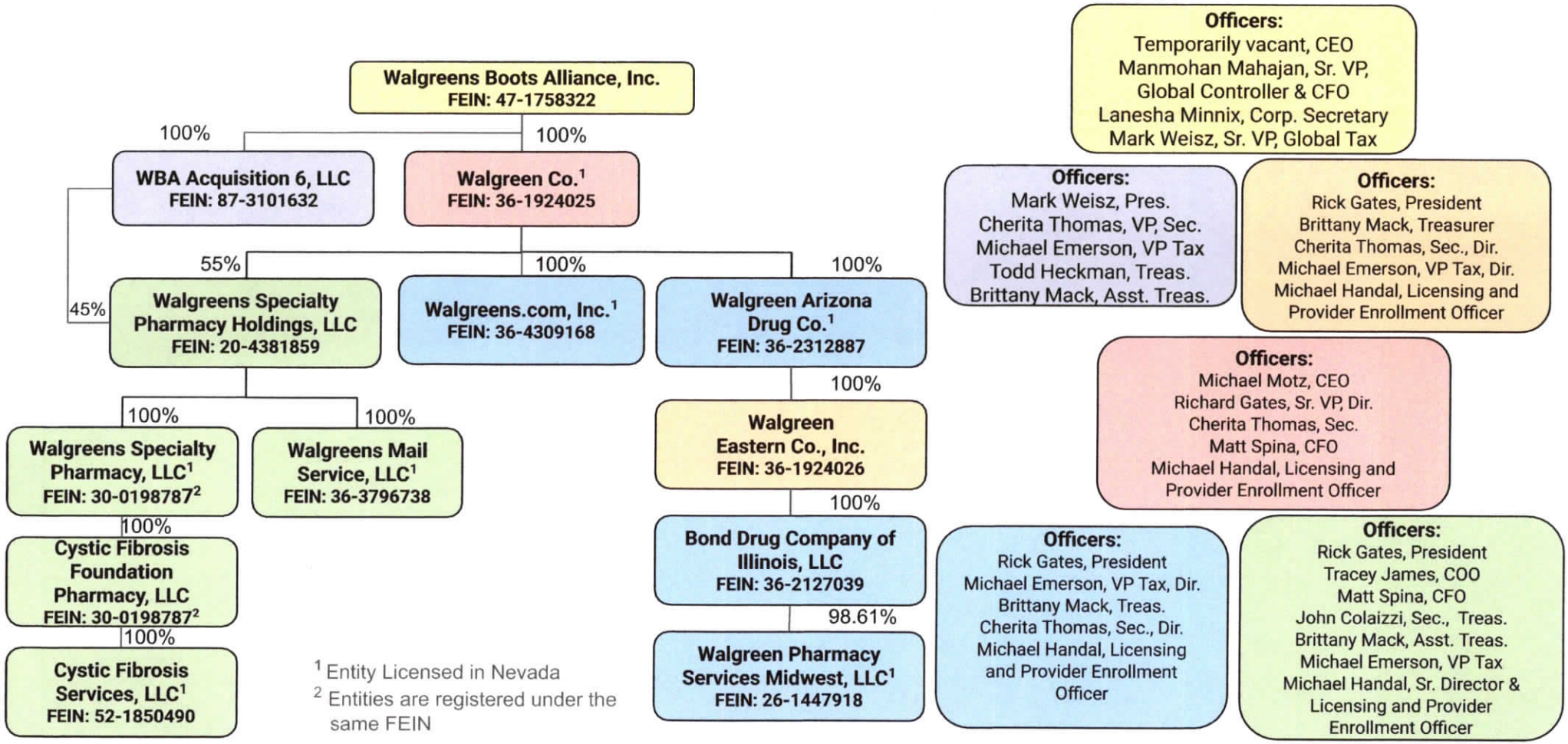
[2]Sycamore Partners III GP, L.P. will have control rights and less than 10% economic ownership in Sycamore Partners III, L.P., Sycamore Partners III-A, L.P. and Sycamore Partners Wing Co-Invest, L.P.

[3]Through the collective ownership of the entities identified, total indirect ownership equals 43.249%.

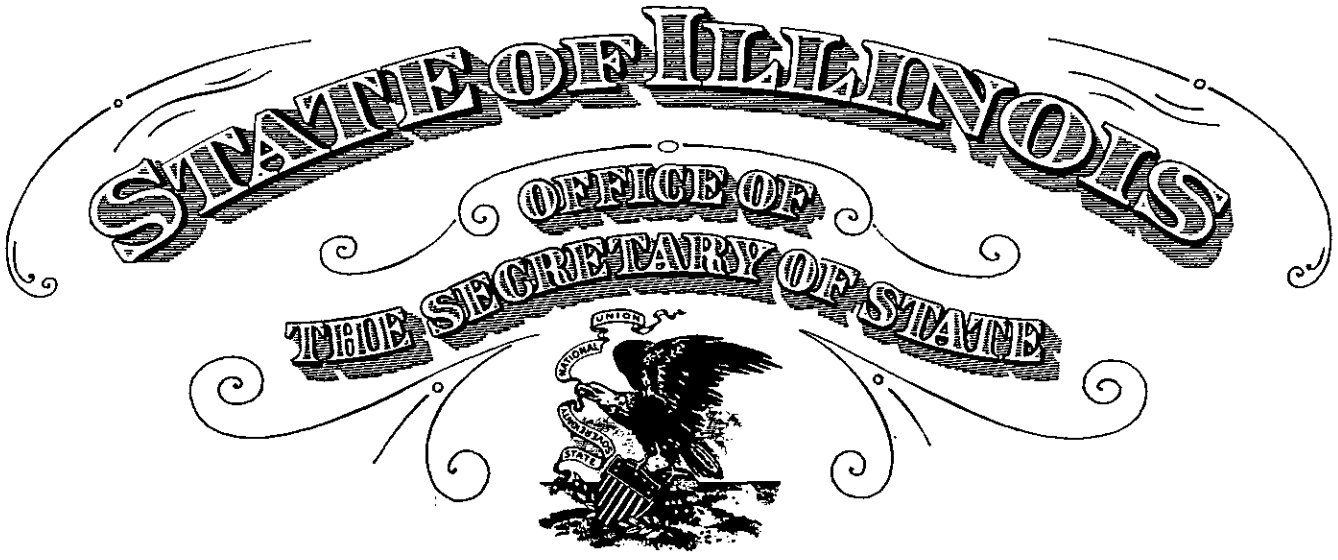
[4]Alliance Sante Participations Ltd. will hold 100% voting control rights but no economic ownership in ASP Sub 1 Ltd. The economic owners of ASP Sub 1 Ltd. (whose total indirect ownership will be limited to 1.924%) will have no control rights.

Percentage is Direct Ownership in Owned Entity /
Percentage is Indirect Ownership in Applicant.

Walgreen Co.
Post-Close Organizational Chart (cont.)



File Number 1084-348-1



To all to whom these Presents Shall Come, Greeting:

I, **Alexi Giannoulias,** *Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that*

WALGREEN CO., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON FEBRUARY 15, 1909, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE BUSINESS CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.



In Testimony Whereof, *I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this* 15TH *day of* MAY *A.D.* 2025 .

Authentication #: 2513501622 verifiable until 05/15/2026
Authenticate at: https://www.ilsos.gov

Alexi Giannoulias
SECRETARY OF STATE

9R

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Pharmacy Application

Non-Refundable $500.00 Fee

Rev (6/11/2024)

Facility Location	Application Type (check all applicable)	Pharmacy Type (check all applicable)	Services the Pharmacy will Provide (check all applicable)
■ Nevada ☐ Out-of-Nevada	☐ New Pharmacy ■ Ownership Change* ☐ Location Change * ☐ Service Modification* ☐ Name Change* (if only a Name Change occurred, submit a $50.00 fee with the application.) * Current license #: PH PH01643	■ Retail/Community ☐ Hospital (# beds _____) ☐ Internet ☐ Nuclear ☐ Other:	■ Retail/Community ■ Dangerous drugs ■ Controlled substances DEA #: BW8002761 ☐ Non-sterile Compounding ☐ Sterile Compounding ☐ Mail-Order Service ☐ Off-site Cognitive Services ☐ Long Term Care ☐ Hospital ☐ Other:

Days of Operation		Ownership Type (check applicable box)
■ Monday	■ Friday	☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9, 10, 11, 12)
■ Tuesday	■ Saturday	■ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9, 10, 11, 12)
■ Wednesday	■ Sunday	☐ Partnership (complete sections 1, 2, 3, 4, 7, 9, 10, 11, 12)
■ Thursday	☐ Holidays	☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9, 10, 11, 12)

Section 1: General Information

Pharmacy Name: WALGREENS #06615

Physical Address: 601 S GREEN VALLEY PKWY

City: HENDERSON State: NV Zip: 89052-0404

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: (702)896-2956 Toll Free # (NAC 639.708, NRS 639.23286): N/A

Fax: (702)896-5783 Contact Email: rxm.06615@store.walgreens.com

Website: https://www.walgreens.com

Nevada Business License # (if applicable) NV19951143510

Supervising/Managing Pharmacist Name (NRS 639.220): JIANNE GANCHERO

Supervising/Managing Pharmacist NV Pharmacist Registration # (if applicable): 20607

Document Ref: Q4HB6-PWNEG-2NGYM-AO6LZ

Section 2: List the name(s) of at least one NEVADA registered pharmacist who practices at the pharmacy, who may be the managing pharmacist or another pharmacist, who will be responsible for any prescriptions dispensed to a patient located in Nevada and responsible for any acts or omissions of pharmacy personnel who are not registered with the Board. NRS 639.2328. (Use a separate piece of paper if additional space is needed.)

Name: JIANNE GANCHERO	NV Pharmacist Registration #: 20607
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:

Section 3: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✓
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration from any jurisdiction?		✓
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been subject of an administrative action, board citation, cite fine, or proceeding relating to the pharmaceutical industry?	✓	
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✓
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✓

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name(s) of the owner(s), their credentials and their percent ownership. Write NA if not applicable. NRS 639.232. (Use a separate piece of paper if additional space is needed.)

Name: N/A	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:

1. The Board shall not issue a license to conduct a pharmacy:
   a) To any practitioner; or
   b) To any partnership, corporation, or association in which a practitioner has a controlling interest or owns more than 10 percent of the available stock.
2. This section does not:
   a) Apply to a hospital pharmacy or a health maintenance organization which holds a certificate of authority under chapter 695C of NRS.
   b) Prohibit ownership by a practitioner of a building in which a pharmacy is located, if space for the pharmacy is rented at the prevailing rate.

Section 5: Publicly Traded Corporation

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Does the number of stockholders/shareholders of the corporation exceed four? NRS 639.231 ☐ Yes ☐ No

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: Delaware

Parent Company (if any): Walgreens Boots Alliance, Inc.

Corporation/Organization Name: Walgreen Co.

Mailing Address: 108 Wilmot Rd

City: Deerfield State: IL Zip: 60015

Telephone: 847-224-1348 Email: licenseadministration@walgreens.com

Contact Person Name: Kayla Lechner

Does the number of stockholders/shareholders of the corporation or members exceed four? NRS 639.231 ☐ Yes ☒ No

Section 7: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Please check type of partnership (NAC 639.214) ☐ General ☐ Limited

Does the number of partners or members of the partnership exceed four? NRS 639.231 ☐ Yes ☐ No

Section 8: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Richard Gates

Print Name of Authorized Person Submitting Application (If the applicant is a partnership or corporation, the application must be signed by a partner or by an officer of the corporation). NAC 639.215

Richard Gates

Original signature of Authorized Person (copies or stamps not accepted)

08 / 26 / 2025

Date

Board Use Only	Date Received: 9/22/25	Amount: $500 - CK. JP03-3000411124

Section 11: Managing Pharmacist Acknowledgement, Professional/Personal History – REQUIRED TO BE COMPLETED BY THE MANAGING PHARMACIST FOR NEVADA LOCATED PHARMACY APPLICANTS ONLY

Managing Pharmacist Name: JIANNE GANCHERO Pharmacist Registration #: 20607

Pharmacy Name: WALGREENS #06615

Initial each statement below to indicate you have read and agree with the following:

JCG — I understand that as the managing pharmacist I am responsible for compliance by the pharmacy and its personnel with all state and federal laws and regulations relating to the operation of the pharmacy and the practice of pharmacy. I understand my license can be revoked or that I can be subject of disciplinary action if such laws or regulations are knowingly violated in the pharmacy in which I am the managing pharmacist.

JCG — I understand within 48 hours after I report for duty as the managing pharmacist, I shall complete an inventory of all controlled substances of the pharmacy pursuant to 21 CFR Part 1304 and maintain a copy of the inventory in the file at the pharmacy.

JCG — I understand that if I cease to be managing pharmacist of the above-named pharmacy, I will jointly, with the new managing pharmacist, take an inventory of all controlled substances.

JCG — I understand that as the managing pharmacist I must ensure that all loss or theft of controlled substances are reported on forms provided by the Nevada State Board of Pharmacy and Department of Public Safety within 10 days after the date of discovery of theft or loss. NRS 453.568. Federal regulations require that registrants notify the Field Division Office of the Administration in his area, in writing, of the theft or significant loss of any controlled substance, disposal receptacles or listed chemicals within one business day of discovery of such loss or theft. The registrant shall also complete and submit to the Field Division Office in his area, DEA Form 106 regarding the loss or theft (21 C.F.R. §1301.76(b) and 21 U.S.C. §830(b)(1)(C)).

JCG — I understand that as the managing pharmacist I must notify the Nevada State Board of Pharmacy of all employment changes of pharmacy staff within 10 days of the change. NAC 639.540

Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?	☐	☑
2. Have you been charged, arrested, or convicted of a felony or misdemeanor in any state?	☐	☑
3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state?	☐	☑
4. Has your license been subjected to any discipline for violation of pharmacy or drug laws in any state?	☐	☑

If you marked YES to any questions above, include the following information and provide a signed statement of explanation. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Board Administrative Action:	State:	Date:	Case #:

Criminal Action:	State:	Date:	Case #:	County:	Court:

I certify under penalty of perjury that the information I have provided on this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

JIANNE GANCHERO

Original signature of Managing Pharmacist (copies or stamps not accepted)

08 / 01 / 2025

Date

Document Ref: 8GNYM-K2WJX-PG3S7-IX5QF

BEFORE THE NEVADA STATE BOARD OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, Petitioner, vs. NANCY QUACH, R.PH. Certificate of Registration No. 16345, WALGREENS PHARMACY #06615 Certificate of Registration No. PH01643, Respondents.	**CASE NOS. 15-001-RPH-S** **15-001-PH-S** **STIPULATION**

NEVADA STATE BOARD OF PHARMACY
APR 15 2015
FILED

S. Paul Edwards, General Counsel for Petitioner the Nevada State Board of Pharmacy ("Board Counsel"), and Respondents Nancy Quach, R.Ph., Certificate of Registration No. 16345 ("Ms. Quach") and Walgreens Pharmacy #06615, Certificate of Registration No. PH001165 ("Walgreens Pharmacy #06615") (collectively "Respondents"), represented by William J. Stilling of Parsons Behle & Latimer,

HEREBY STIPULATE AND AGREE THAT:

1. The Board has jurisdiction over these matters.

2. The Board served a Notice of Intended Action and Accusation (Accusation) on each of the Respondents on or about March 11, 2015.

3. Respondents and Board's counsel agreed to a Stipulation in lieu of a written Answer and Notice of Defense and this Stipulation embodies their agreement for resolving this case.

4. Respondents, and each of them, were fully aware of their right to seek the advice of counsel in this matter, and obtained the advice of counsel prior to entering into this Stipulation.

5. Respondents (Ms. Quach, R.Ph., and Walgreens Pharmacy #06615), and each of them, are fully aware of their right to a hearing on the matters alleged in the Accusation, their right to reconsideration, their right to appeal, and any and all other rights which may be accorded to them pursuant to the Nevada Administrative Procedure Act and the Nevada Pharmacy Act.

6. Conditioned on the Board's acceptance of this Stipulation, and with the exception of the right to challenge any determination that Respondents have failed to comply with the provisions of this Stipulation, Respondents, and each of them, hereby freely and voluntarily waive their rights to a hearing, reconsideration, appeal, and any and all other rights that may be accorded to them by the Nevada Administrative Procedure Act and the Nevada Pharmacy Act.

7. Respondents, and each of them, admit that evidence exists, and that such evidence could be presented at a hearing, to establish a factual basis for the violations alleged in the Accusation, *to wit*, that:

(a) By filling and dispensing a prescription for oxycodone-acetaminophen 10-325 on ~~August 27, 2014~~ July 29, 2014 APE, rather than prescribed oxycodone-acetaminophen 7.5-325, Ms. Quach violated Nevada Administrative Code (NAC) 639.945(1) (d), and/or (i), which violations are grounds for action pursuant to Nevada Revised Statute NRS 639.255.

(b) By filling and dispensing a prescription for hydrocodone-acetaminophen-acetaminophen 7.5-325, on December 22, 2014 rather than prescribed oxycodone-acetaminophen 7.5-325 Ms. Quach violated Nevada Administrative Code (NAC) 639.945(1)(d), and/or (i), which violations are grounds for action pursuant to Nevada Revised Statute NRS 639.255.

(c) As the owner of the pharmacy in which the foregoing violations, or any one of them, occurred, Walgreens Pharmacy #06615 is responsible for the actions of its employees, and therefore subject to discipline pursuant to NAC 639.945(2), which is grounds for action pursuant to NRS 639.255.

8. Based on Respondents' admissions, cause for disciplinary action against Ms. Quach exists under the statutes and regulations cited above.

9. Based on Respondents' admissions, Walgreens Pharmacy #06615 is responsible for the acts of its employees under NAC 639.945(2).[1]

10. Said violations are grounds for discipline pursuant to Nevada Revised Statutes NRS 639.255.

11. The contents of the foregoing paragraphs are for the purposes of this proceeding only and shall have no force or effect in any other case or proceeding before the Board or otherwise.

12. Based upon the Accusation and the foregoing admissions, Respondents, and each of them, stipulate to the following penalties, which will become binding and enforceable upon approval of this Stipulation by the Board:

a. Related to the violation alleged in the First Cause of Action, Ms. Quach shall: (i) pay a fine of $500 (five hundred dollars); (ii) pay an administrative fee of $49 dollars to cover the costs of fingerprinting as required by Nevada law; and (iii) complete a two extra CE hours on the topic of error prevention.

---

[1] The Board has not alleged and Walgreens Pharmacy #06615 does not stipulate that Walgreens #06615 acted negligently in this matter.

b. Related to the violation(s) alleged in the Second Cause of Action, Ms. Quach shall: (i) pay a fine of $1,000 (one thousand dollars) and (ii) complete a two extra CE hours on the topic of error prevention.

c. Related to the allegations in the Third Cause of Action, Walgreens' Pharmacy #06615 will pay two administrative fees of $495 each for a total of $990 (nine hundred ninety dollars).

13. Board Counsel will present this stipulation to the Board for approval at its meeting on April 15, 2015 in Las Vegas, Nevada. Respondents, and each of them, will appear at that meeting to answer questions put to them by members of the Board and Board Staff. The Board may discuss and deliberate regarding the stipulation even if a Respondent or both of them are absent. The Board has discretion to approve this Stipulation, but it has no obligation to do so.

14. If the Board adopts the recommendations set forth above, Respondents and the Board each agree to release the other from any and all claims arising from the facts set forth in the Accusation, whether known or unknown, that might otherwise have existed on or before the effective date of the Board's Order in this matter.

15. If the Board rejects any part or all of this Stipulation and Order, the parties agree that a full hearing on the merits of this matter may be heard by the Board, and that the hearing will occur at the Board's July 22, 2015 meeting in Las Vegas, Nevada. The terms and admissions herein may not be used or referred to in a full hearing on the merits of this matter.

1. Ms. Quach shall pay the fines agreed to herein by *cashier's check* or *certified check* or *money order* made payable to "State of Nevada, Office of the Treasurer" to be received

by the Board's Reno office located at 431 W. Plumb Lane, Reno, NV 89509, within 90 days of the effective date of the Board's Order.

16. Walgreens Pharmacy #06615 shall pay the administrative fees agreed to herein by *cashier's check*, *certified check* or *money order* made payable to the "Nevada State Board of Pharmacy" to be received by the Board's Reno office located at 431 W. Plumb Lane, Reno, NV 89509, within thirty (30) days of the effective date of the Board's Order.

17. Any failure by any Respondent to satisfy the obligations stated herein may result in additional discipline, up to and including suspension or revocation of each Respondent's respective registration/license, until all terms have been satisfied.

Signed this 15 day of April, 2015

S. Paul Edwards,
General Counsel
Nevada State Board of Pharmacy

Signed this ___ day of April, 2015

Nancy Quach, R.Ph.
Certificate of Registration No. 16345

Signed this ___ day of April, 2015

Authorized Representative
Walgreens Pharmacy #06615

DECISION AND ORDER

The Nevada State Board of Pharmacy hereby adopts the foregoing Stipulation as its decision as to Respondent Nancy Quach, R.Ph., Certificate of Registration No. 16345 and Walgreens Pharmacy #06615, Certificate of Registration No. PH016435, in case numbers 15-

001-RPH-S and 15-001-PH-S, and hereby orders that the terms of the foregoing Stipulation be made effective. This decision and order shall be effective upon execution.

4/15/15
DATED

Kamlesh Gandhi, President
Nevada State Board of Pharmacy

NEVADA STATE BOARD OF PHARMACY
MAR 11 2015
FILED

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,	)	**CASE NO. 15-001-RPH-S**
	)	**15-001-PH-S**
Petitioner,	)	
v.	)	
	)	
NANCY QUACH, RPH	)	**NOTICE OF INTENDED ACTION**
Certificate of Registration No. 16345	)	**AND ACCUSATION**
	)	
WALGREENS PHARMACY #06615	)	
Certificate of Registration No. PH01643	)	
	)	
Respondents.	/	

Larry L. Pinson, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, makes the following that will serve as both a notice of intended action under Nevada Revised Statutes (NRS) 233B.127(3), and as an accusation under NRS 639.241.

I.

The Nevada State Board of Pharmacy (Board) has jurisdiction over this matter and these respondents because at the time of the alleged events, Respondent Nancy Quach (Ms. Quach) was a pharmacist licensed by the Board, and Respondent Walgreens Pharmacy #06615 (Walgreens) was a pharmacy licensed by the Board.

II.

This Case involves two prescriptions, both for seventy-three-year-old patient J.H. J.H.'s physician, Beth Goldman, M.D. (Dr. Goldman), filed a complaint with the Board on behalf of J.H. In the complaint, Dr. Goldman alleged that Walgreens filled and dispensed two (2) prescriptions for J.H. with the wrong medication within a six month period.

1. **PRESCRIPTION NO. 580970 – OXYCODONE-ACETAMINOPHEN 7.5-325 MG. TABLETS**

III.

On July 29, 2014, J.H. saw Dr. Goldman, who prescribed a quantity of ninety (90) oxycodone acetaminophen 7.5-325 mg. oral tablets with instructions to take one tablet twice to three times daily.

IV.

Walgreens accepted the prescription and dispensed J.H.'s medication later that day.

V.

On August 27, 2014, J.H. returned to Walgreens to pick up a subsequent prescription for oxycodone-acetaminophen 7.5-325 mg. tablets. At that time, pharmacy staff discovered that Walgreens filled and dispensed J.H.'s July 29, 2014 prescription incorrectly. Rather than dispensing the oxycodone-acetaminophen 7.5-325 mg. tablets J.H.'s doctor prescribed, it dispensed oxycodone-acetaminophen 10-325 mg. tablets.

VI.

J.H. ingested ninety (90) of the erred medication with no reported adverse effects.

VII.

Pharmacist Ms. Quach performed the data entry of prescription number 580970. During data entry, Ms. Quach inadvertently selected oxycodone-acetaminophen 10-325 mg. tablets, rather than the oxycodone-acetaminophen 7.5-325 mg. tablets as prescribed.

VIII.

Ms. Quach performed data entry verification by reviewing the pharmacy computer screens to validate patient, prescriber and drug/product information at 09:10:53 a.m.

IX.

During data input, five Drug Utilization Review (DUR) warnings appeared on the computer screen. Two DUR warnings related to the patient's insurance plan. The other three DUR warnings identified potential drug related problems, including; caution in elderly use, therapeutic duplication

and drugs that interact or are affected by previously dispensed medications. Those warnings were indicated as follows:

- DUR Type: DRUG/HLTH COND
  DUR Description: ELDERLY INDICATES USING CAUTION WITH OXYCODONE/ ACETAMINOPHEN 10-325MG TB

- DUR Type: DUPLICATE THERAPY
  DUR Description: SIGNIFICANCE: ABUSE/DEPENDENCY POTENTIAL
  DUPLICATION ALLOWANCE: 0
  OXYCODONE/ACETAMINOPHEN 10-325MG TB AND OXYCODONE/ ACETAMINOPHEN 7.5-325MG TB ARE MEMBERS OF THE SHORT ACTING NARCOTIC ANALGESICS CLASS AND MAY REPRESENT DUPLICATE THERAPY

- DUR Type: DRUG DOSAGE CONDITION ENCOUNTERED
  DUR Description: 181 DAYS OF OXYCODONE/ACETAMINOPHEN 10-325MG TB AND PREVIOUS PRESCRIPTIONS FOR THIS GENERIC ENTITY(IES) MAY EXCEED THE RECOMMENDED GERIATRIC DURATION: 1-30 DAYS

X.

Per Walgreens' records, Ms. Quach overrode all five DUR warnings at 09:10:54 a.m., one second after performing data verification. During the investigation, Jaclyn Latteri, Walgreens District Pharmacy Supervisor, explained to the Board Investigator that the pharmacist has the option of overriding each DUR warning individually or to override multiple DUR warnings simultaneously.

XI.

Ms. Quach failed to detect the error in the strength of the oxycodone-acetaminophen tablets throughout the data entry and data verification process.

XII.

Ms. Quach was the verifying and dispensing pharmacist for J.H.'s prescription. Ms. Quach failed to detect the error when verifying the final product.

XIII.

Ms. Quach explained to the Board Investigator that when she performs the final product review, she does not always view the scanned image of the hard-copy of the prescription. That process is performed at data entry. Ms. Quach indicated that at the final verification, she validates the color, shape and makings on the drug against the image of the drug on the computer screen.

XIV.

Prescription No. 580970 was a new prescription. Pharmacy records indicate that counseling was declined as J.H. had received the same medication in the past.

2. PRESCRIPTION NO. 603948 – OXYCODONE-ACETAMINOPHEN 7.5-325 MG. TABLETS

XV.

On December 22, 2014, J.H. again saw Dr. Goldman, who prescribed a quantity of ninety (90) oxycodone-acetaminophen 7.5-325 mg. oral tablets, with instructions to take one tablet twice to three times daily.

XVI.

Walgreens accepted the prescription and dispensed the medication the same day.

XVII.

After ingesting eighteen (18) doses of the dispensed medication, J.H. contacted Dr. Goldman indicating that the medication was not working. During that call, J.H. identified the medication dispensed by Walgreens as hydrocodone-acetaminophen 7.5-325 mg. tablets, rather than the oxycodone-acetaminophen 7.5-325 mg. tablets the doctor prescribed.

XVIII.

Pharmaceutical technician Lena Roybal (Ms. Roybal) performed the data entry of prescription number 603948. During data entry, Ms. Roybal inadvertently selected hydrocodone-acetaminophen 7.5-325 mg. tablets.

XIX.

Ms. Quach performed data entry verification by reviewing three pharmacy computer screens to validate patient, prescriber and drug/product information. Ms. Quach failed to identify the error during data entry verification.

XX.

Pharmacy records indicate that Ms. Quach did not sufficiently review the screens as the documented time of review for each individual screen was 02:59:47 p.m. There was no time lapse between the screens reviewed. During data input, a DUR alert displayed on the computer screen as

follows: DUR Type: DRUG/HLTH COND
DUR Description: ELDERLY INDICATES USING CAUTION WITH HYDRODCODONE/ACETAMINOPHEN 7.5-325 T

XXI.

According to pharmacy records, Ms. Quach entered an override for the DUR warnings at 02:59:48 p.m., a one second time lapse between data entry verification and the DUR override.

XXII.

Ms. Quach was the pharmacist who filled, verified and dispensed J.H.'s prescription. She failed to detect the error during the entire filling and verification process.

XXIII.

Ms. Quach stated during the investigation that she recalls focusing on the strength of the medication (7.5-325 mg.) because of the past error that she made on a prescription for the same patient. In doing so, she glanced at the drug name on the prescription and saw "acetaminophen" and thought she was dispensing the correct medication.

XXIV.

During the final product review, Ms. Quach does not always view the scanned image of the hard-copy of the prescription.

XXV.

Prescription number 603948 was a new prescription. Pharmacy records indicate that counseling was declined, as J.H. had received the same medication previously.

FIRST CAUSE OF ACTION
(Prescription No. 580970 – Oxycodone-Acetaminophen 7.5-325 Mg. Tablets)

XXVI.

In failing to strictly follow the instructions of J.H.'s physician by verifying and dispensing oxycodone-acetaminophen 10-325 mg. tablets, rather than the oxycodone-acetaminophen 7.5-325 mg. tablets that were prescribed, Ms. Quach violated Nevada Administrative Code (NAC) 639.945(1)(d) and/or (i), which violations are grounds for action pursuant to NRS 639.210(4), (11), and/or (12), and NRS 639.255.

SECOND CAUSE OF ACTION
(Prescription No. 603948 – Oxycodone-Acetaminophen 7.5-325 mg. Tablets)

XXVII.

In failing to strictly follow the instructions of J.H.'s physician by verifying and dispensing hydrocodone-acetaminophen 7.5-325 mg. tablets, rather than the oxycodone-acetaminophen 7.5-325 mg. tablets Dr. Goldman prescribed, Ms. Quach violated NAC 639.945(1)(d) and/or (i), which violations are grounds for action pursuant to NRS 639.210(4), (11), and/or (12), and NRS 639.255.

THIRD CAUSE OF ACTION
(Prescription Nos. 580970 and 603948 – Oxycodone-Acetaminophen 7.5-325 Mg. Tablets)

XXVIII.

As the pharmacy in which the violations alleged above occurred, Walgreens is statutorily responsible for the actions of respondent Nancy Quach, as alleged herein, pursuant to NAC 639.945(2), which is grounds for discipline pursuant to NRS 639.210(4), (11) and/or (12), and NRS 639.255.

WHEREFORE it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to the certificates of registration of these respondents.

Signed this 10th day of March, 2015.

Larry L. Pinson, Pharm.D., Executive Secretary
Nevada State Board of Pharmacy

NOTICE TO RESPONDENT

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements regarding your certificate of registration. To do so, you must mail to the Board within 15 days of your receipt of this Notice of Intended Action and Accusation a written statement showing your compliance.

Section 9: Statement of Responsibility - MUST BE COMPLETED by an Authorized Person (NAC 639.945)

Statement of Responsibility

1. I am the Vice President (title) for Walgreen Co. (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be responsible for any violations of pharmacy law that may occur in the Pharmacy owned by such owner(s), shareholder(s), member(s), or partner(s).
3. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against the Pharmacy.
4. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) cannot require or permit the pharmacist(s) in said Pharmacy to violate any provision of local, state, or federal laws or regulations pertaining to the practice of pharmacy.
5. I further understand and acknowledge that Nevada law requires that each pharmacy located inside the State of Nevada employ only pharmacists, intern pharmacists, pharmaceutical technicians, and technicians in training that are licensed by the Nevada State Board of Pharmacy. (NRS 639.100).
6. I further understand and acknowledge that Nevada law requires that each pharmacy located outside the State of Nevada engaged in providing pharmacy services into Nevada employs at least one pharmacist licensed by the Nevada State Board of Pharmacy who will be responsible for any prescription dispensed to a patient located in Nevada and responsible for any acts or omissions of pharmacy personnel who are not registered with the Board. (NRS 639.2328).

Richard Gates

Print Name of Authorized Person

Richard Gates

Original signature of Authorized Person (copies or stamps not accepted)

08 / 26 / 2025

Date

Section 10: Affidavit for Pharmacies- MUST BE COMPLETED by pharmacies NOT CURRENTLY PERFORMING Sterile Compounding

Affidavit for Pharmacy License

I, Richard Gates hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

1. I am the Vice President (title) for Walgreen Co. (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I certify that upon licensure, the Pharmacy will not perform sterile compounding or ship sterile compounds into Nevada.
3. I understand and acknowledge that the Pharmacy and any of its staff members may be subject to discipline by the Board if the Pharmacy performs sterile compounding or ships any sterile compounds into Nevada without first obtaining written authorization from the Board to do so.
4. I certify that if the Pharmacy makes the decision to perform sterile compounding or to ship any sterile compounds into Nevada, the Pharmacy, through an authorized representative, will first notify the Board via a written request, and obtain written approval to perform sterile compounding or to ship any sterile compounds into Nevada.
5. I understand that if the Pharmacy seeks approval to perform sterile compounding or to ship any sterile compounds into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

FURTHER YOUR AFFIANT SAYETH NAUGHT.

Signature

SUBSCRIBED AND SWORN TO
Before me, a notary public this 20th day of August, 2025

Zeljka Borosa-Rajcevic
Notary Public

OFFICIAL SEAL
ZELJKA BOROSA RAJCEVIC
Notary Public, State of Illinois
Commission No. 977646
My Commission Expires September 8, 2027

CONFIDENTIAL/EXEMPT FROM
FREEDOM OF INFORMATION ACT AND
SIMILAR STATE REQUESTS

Ownership Information

Ownership & Leadership of Applicant Entity

Applicant: **Walgreen Co.**
108 Wilmot Rd., Deerfield, IL 60015

Ownership: The Applicant entity is wholly owned (100%) by Walgreens Boots Alliance, Inc.

Officers of Walgreen Co.
Michael Motz - CEO
Richard Gates - Senior Vice President, Chief Pharmacy Officer
Cherita Thomas - Secretary
Matthew Spina - CFO
Michael Handal - Licensing and Provider Enrollment Officer

Ownership & Leadership of Walgreens Boots Alliance, Inc.

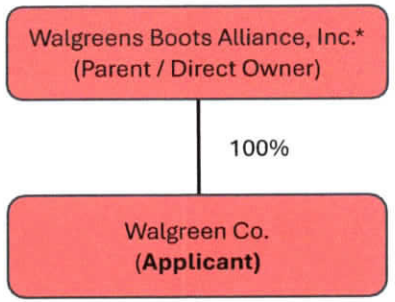
Ownership: Walgreens Boots Alliance, Inc. is wholly owned (100%) by Blazing Star Parent, LLC

Officers of Walgreens Boots Alliance, Inc.
Temporarily vacant - CEO
Mark Weisz - Sr VP, Global Tax
Manmohan Mahajan - Sr VP, Global Controller, CFO
Lanesha Minnix - Corporate Secretary

Please see the attached pre- and post-closing Corporate Organization chart for reference.

Proprietary and Confidential
Not a public record pursuant to
Section 7927.605 of the CPRA and
45 CFR Section 5.31

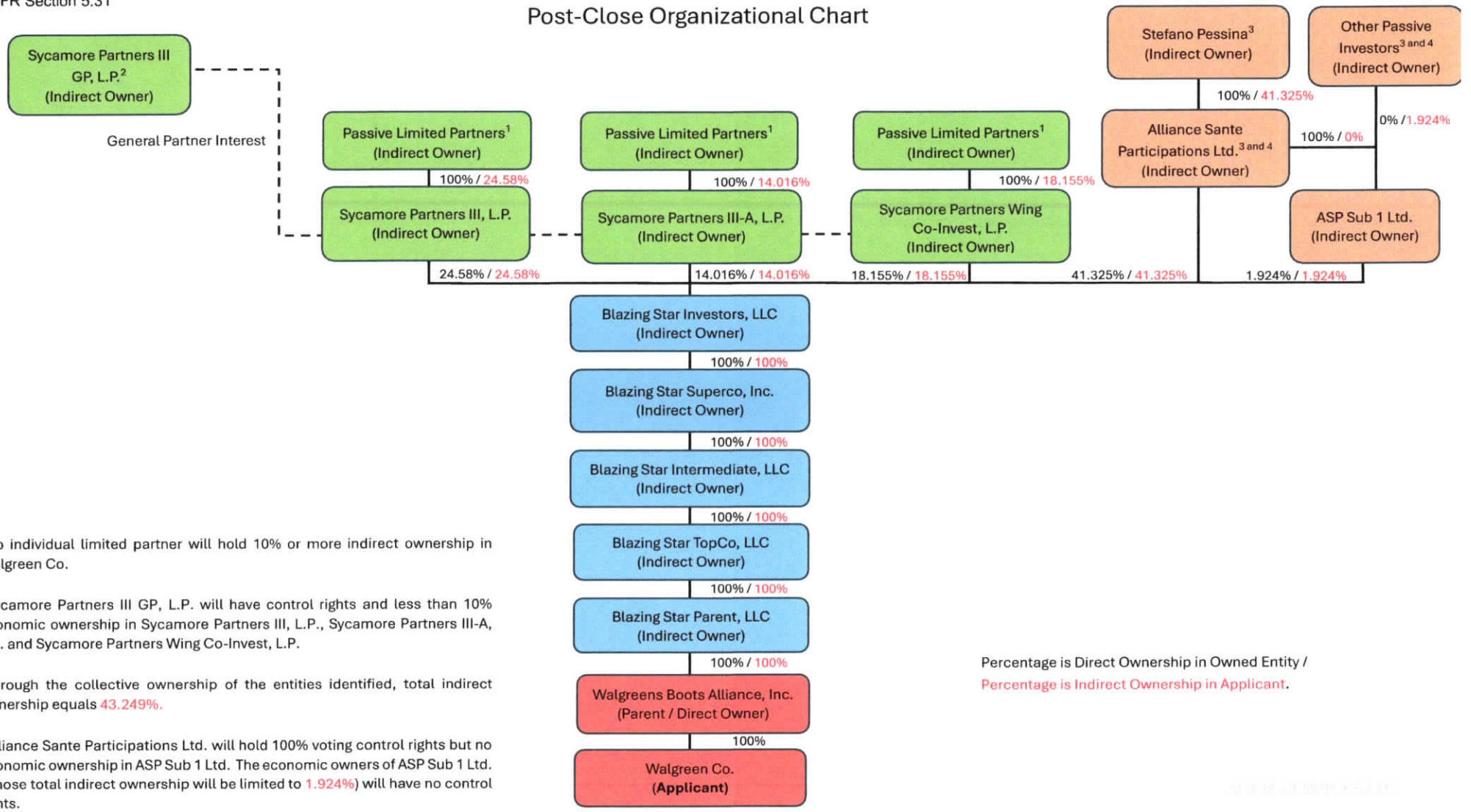
Walgreen Co.
Pre-Close Organizational Chart



Publicly Traded on Nasdaq Stock Market (WBA)

Proprietary and Confidential
Not a public record pursuant to
Section 7927.605 of the CPRA and
45 CFR Section 5.31

Walgreen Co.
Post-Close Organizational Chart



[1]No individual limited partner will hold 10% or more indirect ownership in Walgreen Co.

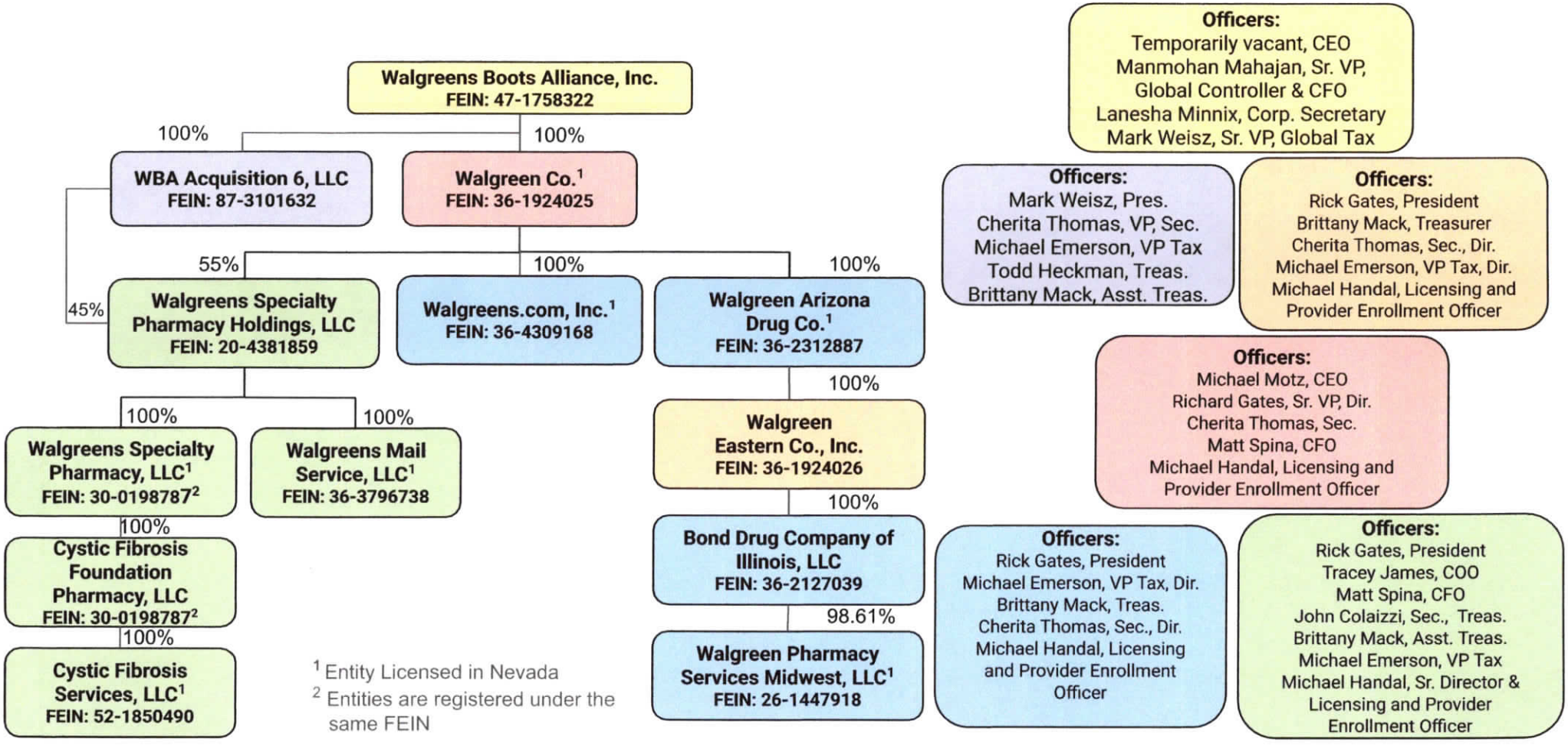
[2]Sycamore Partners III GP, L.P. will have control rights and less than 10% economic ownership in Sycamore Partners III, L.P., Sycamore Partners III-A, L.P. and Sycamore Partners Wing Co-Invest, L.P.

[3]Through the collective ownership of the entities identified, total indirect ownership equals 43.249%.

[4]Alliance Sante Participations Ltd. will hold 100% voting control rights but no economic ownership in ASP Sub 1 Ltd. The economic owners of ASP Sub 1 Ltd. (whose total indirect ownership will be limited to 1.924%) will have no control rights.

Percentage is Direct Ownership in Owned Entity /
Percentage is Indirect Ownership in Applicant.

Walgreen Co.
Post-Close Organizational Chart (cont.)



File Number 1084-348-1

STATE OF ILLINOIS

OFFICE OF THE SECRETARY OF STATE

To all to whom these Presents Shall Come, Greeting:

I, **Alexi Giannoulias,** *Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that*

WALGREEN CO., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON FEBRUARY 15, 1909, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE BUSINESS CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.

In Testimony Whereof, *I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this* 15TH *day of* MAY *A.D.* 2025 .

Authentication #: 2513501622 verifiable until 05/15/2026
Authenticate at: https://www.ilsos.gov

Alexi Giannoulias
SECRETARY OF STATE

9S

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Pharmacy Application

Non-Refundable $500.00 Fee

Rev (6/11/2024)

Y

Facility Location	Application Type (check all applicable)	Pharmacy Type (check all applicable)	Services the Pharmacy will Provide (check all applicable)
☑ Nevada	☐ New Pharmacy	☑ Retail/Community	☑ Retail/Community
☐ Out-of-Nevada	☑ Ownership Change*	☐ Hospital (# beds _____)	☑ Dangerous drugs
	☐ Location Change *	☐ Internet	☑ Controlled substances
	☐ Service Modification*	☐ Nuclear	DEA #: BW8013586
	☐ Name Change* (if only a Name Change occurred, submit a $50.00 fee with the application.)	☐ Other:	☐ Non-sterile Compounding
			☐ Sterile Compounding
			☐ Mail-Order Service
			☐ Off-site Cognitive Services
			☐ Long Term Care
	* Current license #: PH PH01747		☐ Hospital
			☐ Other:

Days of Operation		Ownership Type (check applicable box)
☑ Monday	☑ Friday	☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9, 10, 11, 12)
☑ Tuesday	☑ Saturday	☑ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9, 10, 11, 12)
☑ Wednesday	☑ Sunday	☐ Partnership (complete sections 1, 2, 3, 4, 7, 9, 10, 11, 12)
☑ Thursday	☐ Holidays	☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9, 10, 11, 12)

Section 1: General Information

Pharmacy Name: WALGREENS #07032

Physical Address: 2451 HAMPTON RD

City: HENDERSON State: NV Zip: 89052-7086

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: (702)614-8292 Toll Free # (NAC 639.708, NRS 639.23286): N/A

Fax: (702)614-8848 Contact Email: rxm.07032@store.walgreens.com

Website: https://www.walgreens.com

Nevada Business License # (if applicable) NV19951143510

Supervising/Managing Pharmacist Name (NRS 639.220): JENNIFER ENGLEHAUPT

Supervising/Managing Pharmacist NV Pharmacist Registration # (if applicable): 15287

Document Ref: Q4HB6-PWNEG-2NGYM-AO6LZ

Section 2: List the name(s) of at least one NEVADA registered pharmacist who practices at the pharmacy, who may be the managing pharmacist or another pharmacist, who will be responsible for any prescriptions dispensed to a patient located in Nevada and responsible for any acts or omissions of pharmacy personnel who are not registered with the Board. NRS 639.2328. (Use a separate piece of paper if additional space is needed.)

Name: JENNIFER ENGLEHAUPT	NV Pharmacist Registration #: 15287
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:

Section 3: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✓
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration from any jurisdiction?		✓
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been subject of an administrative action, board citation, cite fine, or proceeding relating to the pharmaceutical industry?	✓	
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✓
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✓

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name(s) of the owner(s), their credentials and their percent ownership. Write NA if not applicable. NRS 639.232. (Use a separate piece of paper if additional space is needed.)

Name: N/A	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:

1. The Board shall not issue a license to conduct a pharmacy:
   a) To any practitioner; or
   b) To any partnership, corporation, or association in which a practitioner has a controlling interest or owns more than 10 percent of the available stock.
2. This section does not:
   a) Apply to a hospital pharmacy or a health maintenance organization which holds a certificate of authority under chapter 695C of NRS.
   b) Prohibit ownership by a practitioner of a building in which a pharmacy is located, if space for the pharmacy is rented at the prevailing rate.

Document Ref: Q4HB6-PWNEG-2NGYM-AO6LZ

Section 5: Publicly Traded Corporation

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Does the number of stockholders/shareholders of the corporation exceed four? NRS 639.231 ☐ Yes ☐ No

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: Delaware

Parent Company (if any): Walgreens Boots Alliance, Inc.

Corporation/Organization Name: Walgreen Co.

Mailing Address: 108 Wilmot Rd

City: Deerfield State: IL Zip: 60015

Telephone: 847-224-1348 Email: licenseadministration@walgreens.com

Contact Person Name: Kayla Lechner

Does the number of stockholders/shareholders of the corporation or members exceed four? NRS 639.231 ☐ Yes ☒ No

Section 7: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Please check type of partnership (NAC 639.214) ☐ General ☐ Limited

Does the number of partners or members of the partnership exceed four? NRS 639.231 ☐ Yes ☐ No

Section 8: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Document Ref: Q4HB6-PWNEG-2NGYM-AO6LZ

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Richard Gates

Print Name of Authorized Person Submitting Application (If the applicant is a partnership or corporation, the application must be signed by a partner or by an officer of the corporation). NAC 639.215

Richard Gates

Original signature of Authorized Person (copies or stamps not accepted)

08 / 26 / 2025

Date

Board Use Only	Date Received: 9/22/25	Amount: $500 ck JP03-30001111291

Section 11: Managing Pharmacist Acknowledgement, Professional/Personal History – REQUIRED TO BE COMPLETED BY THE MANAGING PHARMACIST FOR NEVADA LOCATED PHARMACY APPLICANTS ONLY

Managing Pharmacist Name: JENNIFER ENGLEHAUPT Pharmacist Registration #: 15287

Pharmacy Name: WALGREENS #07032

Initial each statement below to indicate you have read and agree with the following:

J.E. I understand that as the managing pharmacist I am responsible for compliance by the pharmacy and its personnel with all state and federal laws and regulations relating to the operation of the pharmacy and the practice of pharmacy. I understand my license can be revoked or that I can be subject of disciplinary action if such laws or regulations are knowingly violated in the pharmacy in which I am the managing pharmacist.

J.E. I understand within 48 hours after I report for duty as the managing pharmacist, I shall complete an inventory of all controlled substances of the pharmacy pursuant to 21 CFR Part 1304 and maintain a copy of the inventory in the file at the pharmacy.

J.E. I understand that if I cease to be managing pharmacist of the above-named pharmacy, I will jointly, with the new managing pharmacist, take an inventory of all controlled substances.

J.E. I understand that as the managing pharmacist I must ensure that all loss or theft of controlled substances are reported on forms provided by the Nevada State Board of Pharmacy and Department of Public Safety within 10 days after the date of discovery of theft or loss. NRS 453.568. Federal regulations require that registrants notify the Field Division Office of the Administration in his area, in writing, of the theft or significant loss of any controlled substance, disposal receptacles or listed chemicals within one business day of discovery of such loss or theft. The registrant shall also complete and submit to the Field Division Office in his area, DEA Form 106 regarding the loss or theft (21 C.F.R. §1301.76(b) and 21 U.S.C. §830(b)(1)(C)).

J.E. I understand that as the managing pharmacist I must notify the Nevada State Board of Pharmacy of all employment changes of pharmacy staff within 10 days of the change. NAC 639.540

Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?	☐	☑
2. Have you been charged, arrested, or convicted of a felony or misdemeanor in any state?	☐	☑
3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state?	☑	☐
4. Has your license been subjected to any discipline for violation of pharmacy or drug laws in any state?	☑	☐

If you marked YES to any questions above, include the following information and provide a signed statement of explanation. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Board Administrative Action:	State:	Date:	Case #:

Criminal Action:	State:	Date:	Case #:	County:	Court:

I certify under penalty of perjury that the information I have provided on this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

JENNIFER ENGLEHAUPT

Original signature of Managing Pharmacist (copies or stamps not accepted)

08 / 08 / 2025

Date

FILED
MAR 27 2025
NEVADA STATE BOARD OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

WALGREENS PHARMACY #7032, Pharmacy License No. PH01747,

JENNIFER ENGLEHAUPT, RPH, Certificate of Registration No. 15287, and

CATHY QUACH, RPH, Certificate of Registration No. 16344,

Respondents.

Case No. 24-083-PH-S
24-083-RPH-A-S
24-083-RPH-B-S

NOTICE OF CORRECTION TO CAPTION

PLEASE TAKE NOTICE the caption in this matter is hereby corrected to reflect that Walgreens Pharmacy #7032 holds pharmacy license no. PH01747, not pharmacy license no. PH01628 as previously indicated.

Gregory L. Zunino
Senior General Counsel
The Nevada State Board of Pharmacy

Dated: 3/27/25

FILED
MAR 0 5 2025
NEVADA STATE BOARD
OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, Petitioner, v. WALGREENS PHARMACY #7032, Pharmacy License No. PH01747, JENNIFER ENGLEHAUPT, RPH, Certificate of Registration No. 15287, and CATHY QUACH, RPH, Certificate of Registration No. 16344, Respondents.	Case No. 24-083-PH-S 24-083-RPH-A-S 24-083-RPH-B-S STIPULATION AND ORDER (RESPONDENT ENGLEHAUPT ONLY)

J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy ("Board"), by and through the Board's Senior General Counsel, Gregory L. Zunino, Esq., and Respondent Jennifer Englehaupt, RPH ("Respondent"), by and through counsel, William J. Stilling, Esq., hereby stipulate and agree as follows:

1. The Board has jurisdiction over Respondent and this matter.

2. The Board's staff properly served Respondent with the Notice of Intended Action and Accusation ("Accusation") on file in this matter, together with the Statement to Respondent and Notice of Hearing.

3. The Board and Respondent agreed to delay the date for submitting a Notice of Answer and Defense as the parties pursued settlement negotiations.

4. Respondent acknowledges that she understand the terms of this Stipulation and Proposed Order ("Stipulation"), and she has executed it knowingly and voluntarily.

5. Respondent is aware of the right to a hearing on the matters alleged in the Accusation, the right to reconsideration of a Board determination in a contested case, the right to appeal a Board determination in a contested case, and all other rights afforded to Respondent under NRS Chapter 233B, the Nevada Administrative Procedure Act, NRS Chapter 622A, which governs administrative

procedure before the Board, NRS Chapter 639, the Nevada Pharmacy Act, and NRS Chapter 453, the Nevada Uniform Controlled Substances Act.

6. Conditioned on the acceptance of this Stipulation by the Board, and excluding the right to challenge any determination that Respondent has failed to comply with the provisions of this Stipulation, Respondent hereby freely and voluntarily waive the right to hearing, reconsideration, appeal, and other rights related to this action as identified above.

7. Respondent admits that evidence exists, and that the Board staff prosecuting this case could present such evidence at an administrative hearing, to establish a factual basis for the violation alleged in Count Two of the Accusation. The parties agree that Count One of the Accusation is inapplicable to Respondent.

8. To resolve this matter without incurring any further costs or the expenses associated with a hearing, the Board and Respondent agree to the imposition of the following penalties:

A. Respondent shall pay an administrative fine of **Five Hundred and 00/100 Dollars ($500.00)** for the violation alleged in Count Two of the Accusation. This sum shall be payable by *cashier's check, certified check, Walgreens company check,* or *money order* written to the **"State of Nevada, Office of the Treasurer."** Respondent shall remit payment in full to the Board's Reno office, located at 985 Damonte Ranch Parkway, Suite 206, Reno, Nevada 89521, on or before May 1, 2025.

B. Respondent shall pay the sum of **Five Hundred and 00/100 Dollars ($500.00)** to partially reimburse the Board for recoverable attorney's fees and costs incurred in investigating and prosecuting this matter. This sum shall be payable by *cashier's check, certified check, Walgreens company check,* or *money order* written to the **"Nevada State Board of Pharmacy."** Respondent shall remit payment in full to the Board's Reno office, located at 985 Damonte Ranch Parkway, Suite 206, Reno, Nevada 89521, on or before May 1, 2025.

9. This Stipulation constitutes a full and final resolution of the Accusation in Case No. 24-083-RPH-A-S. Failure by Respondent to comply with the terms stated herein may result in issuance by the Executive Secretary of an order to show cause, pursuant to NAC 639.965, directing Respondent

to appear before the Board at the next regularly scheduled meeting for a show cause hearing. If such a hearing results in the finding of a violation by Respondent, the Board may impose additional discipline not inconsistent with the provisions of NRS Chapter 639.

10. The Board's Senior General Counsel will present this Stipulation to the Board for approval pursuant to NRS 622.330 at the Board's regularly scheduled public meeting on March 5, 2025, in Las Vegas, Nevada. The Board Members and Staff may discuss and deliberate regarding this Stipulation, even if Respondent fails to appear at the meeting.

11. The Board may accept this Stipulation, but it is not obligated to do so. If this Stipulation is approved by the Board, it shall be a public record pursuant to NRS 622.330 and shall be reported to the National Practitioner Data Bank pursuant to 42 U.S.C. § 1396r-2 and 45 CFR Part 60.

12. If the Board rejects any part or all of this Stipulation, and unless the parties reach an alternative agreement on the record during the hearing, the parties agree that the Board may hear a full contested hearing on the merits of all alleged violations as stated in the Accusation. The terms and admissions herein may not be used, relied upon, or referred to by any party during any such hearing.

13. Subject to the approval of this Stipulation by the Board, the Board and Respondent agree to release each other from any or all additional claims arising from the facts set forth in the Accusation on file herein, whether known or unknown that might otherwise have been asserted by the Board on or before the effective date of this Order.

Respondent has fully considered the charges and allegations contained in the *Notice of Intended Action and Accusation* in this matter, and the terms of this Stipulation, and has freely and voluntarily agreed to the terms set forth herein, and waived certain rights, as stated herein.

AGREED:

Signed this 3 day of March 2025.

Jennifer Englehaupt, RPH
Certificate of Registration No. 15287

Signed this 3rd day of March 2025.

Gregory L. Zuning
Senior General Counsel
The Nevada State Board of Pharmacy

Signed this 3rd day of March 2025.

Approved at to Form:

William J. Stilling, Esq.
Counsel for Respondent Jennifer Englehaupt

DECISION AND ORDER

As to Respondent Jennifer Englehaupt, RPH, Certificate of Registration No. 15287, in Case No. 24-083-RPH-A-S, the Nevada State Board of Pharmacy hereby adopts the foregoing Stipulation as its final decision in the matter and orders that its terms be made effective upon the date of entry set forth below.

IT IS SO ORDERED.

Entered this 5th day of March 2025.

Helen Park, President
Nevada State Board of Pharmacy

FILED
FEB - 3 2025
NEVADA STATE BOARD OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

WALGREENS PHARMACY #7032,
Pharmacy License No. PH01747,

JENNIFER ENGLEHAUPT, RPH,
Certificate of Registration No. 15287, and

CATHY QUACH, RPH,
Certificate of Registration No. 16344,

Respondents.

Case Nos. 24-083-PH-S
24-083-RPH-A-S
24-083-RPH-B-S

NOTICE OF INTENDED ACTION AND ACCUSATION

J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, files the following document that will serve as both a notice of intended action under NRS 233B.127(3) and an accusation under NRS 622A.300(1) and NRS 639.241.

JURISDICTION

1. The Nevada State Board of Pharmacy (Board) has jurisdiction over Respondent Walgreens Pharmacy #7032 (Walgreens) because the Board has licensed Walgreens to operate a pharmacy at 2541 Hampton Road in Henderson, Nevada.

2. The Board has jurisdiction over Respondent Jennifer Englehaupt (RPH Englehaupt) because the Board has registered RPH Englehaupt to practice pharmacy in Nevada.

3. The Board has jurisdiction over Respondent Cathy Quach (RPH Quach) because the Board has registered RPH Quach to practice pharmacy in Nevada.

FACTUAL ALLEGATIONS

4. Walgreens owns and operates a pharmacy at 2541 Hampton Road in Henderson, Nevada. Walgreens is the holder of Pharmacy License No. PH01747, originally issued by the Board in 2002.

5. RPH Englehaupt is the holder of Certificate of Registration No. 15287, originally issued by the Board in 2001.

6. RPH Quach is the holder of Certificate of Registration No. 16344, originally issued by the Board in 2004.

7. In 2023 and 2024, Walgreens employed RPH Englehaupt and RPH Quach at its pharmacy on Hampton Road in Henderson, Nevada.

8. In November 2023, Walgreens sold patient P.L. a prescription for amlodipine besylate, written by P.L.'s practitioner for 5mg tablets. The pharmacist on duty correctly filled the prescription according to the prescribing practitioner's instructions.

9. On or about January 31, 2024, patient P.L. returned to Walgreens to purchase a refill of the prescription for amlodipine besylate tablets. Pharmacy technician Daniel W. Walters, Jr. (PT Walters), mistakenly refilled the prescription with 10mg tablets instead of 5mg tablets.

10. PT Walters refilled patient P.L.'s prescription with tablets poured from a bottle containing 10mg tablets that had been returned to stock. PT Walters poured the tablets into an amber vial bearing a label indicating that the vial contained patient P.L.'s prescription for 5mg tablets.

11. On or about January 31, 2024, RPH Quach verified patient P.L.'s refilled prescription for amlodipine besylate tablets. RPH Quach failed to notice that the amber vial contained 10mg tablets instead of 5mg tablets as indicated on the label.

12. Having verified patient P.L.'s prescription, RPH Quach caused 10mg tablets to be dispensed to patient P.L. in contravention of the prescribing practitioner's instructions for patient P.L. to take 5mg tablets.

13. Having verified patient P.L.'s prescription, RPH Quach caused patient P.L.'s prescription for amlodipine besylate to be dispensed in a container with an incorrect label.

14. Patient P.L. purchased the tablets from Walgreens and took one tablet per day, as instructed by her prescribing practitioner, for 35 days until she discovered that the dose was too high.

15. With assistance from her practitioner, patient P.L. discovered that she had received an incorrect dose only after she had suffered from joint pain, fatigue, shortness of breath, hypertension, and pitting edema in both legs.

16. After receiving a complaint from patient P.L., Board Investigator Dena McClish investigated the incident as detailed above. During the investigation, Investigator McClish discovered that PT Walters had not signed the pharmacy logbook on January 31, 2024.

17. In an effort to reconcile the logbook discrepancy noted above, Investigator McClish requested payroll records for the pharmacy technicians who were on duty on January 31, 2024.

18. Walgreens' payroll records for January 31, 2024, revealed that seven technicians, including PT Walter and one technician in training, had worked at the pharmacy on that day.

19. The pharmacy logbook, by contrast, showed that only three pharmacy technicians had worked at the pharmacy on January 31, 2024. The other four technicians on duty on January 31, 2024, did not sign into the pharmacy logbook.

20. When questioned about the logbook discrepancy, PT Walters stated that he was unaware of any requirement to sign into the pharmacy logbook. On information and belief, other technicians were also unaware of any requirement to sign into the pharmacy logbook.

21. In January 2024, RPH Englehaupt was employed as Walgreens' managing pharmacist. As the managing pharmacist, RPH Englehaupt had a duty to maintain a written record showing the pharmacists, pharmaceutical technicians and pharmaceutical technicians in training on duty during the hours of business. *See* NRS 639.220; NAC 639.245.

APPLICABLE LAW

22. The Board may discipline the holder of a license or registration issued by the Board if the holder engages in unprofessional conduct or conduct contrary to the public interest. NRS 639.210(4).

23. A pharmacist's conduct is deemed unprofessional if the pharmacist fails to strictly follow the instructions of the person writing, making, or ordering a prescription as to its filling or refilling. NAC 639.945(1)(d). Additionally, a pharmacist's conduct is deemed unprofessional if the pharmacist performs his or her duties in an incompetent, unskillful or negligent manner. NAC 639.945(1)(i).

24. "[E]ach pharmacy must be managed by a registered pharmacist, approved by the Board, who is responsible for compliance by the pharmacy and its personnel with all state and federal laws and regulations relating to the operation of the pharmacy and the practice of pharmacy." NRS 639.220.

25. If a pharmaceutical technician performs one or more of the functions necessary to prepare a prescription, the pharmacist supervising the pharmaceutical technician is responsible for the filled prescription, including, but not limited to verifying the selection and strength of the drug, the dosage form, and the labeling of the prescription. NAC 639.252.

26. A managing pharmacist is responsible for training pharmaceutical technicians to ensure their continuing competence. NAC 639.254.

27. A pharmacy must maintain a written record showing the pharmacists, pharmaceutical technicians and pharmaceutical technicians in training on duty during the hours of business. NAC 639.245. The record must be readily retrievable and retained for 2 years. *Id.*

28. "The owner of a pharmacy, the managing pharmacist of the pharmacy and the registered pharmacist on duty at the pharmacy are responsible for the acts and omissions of pharmaceutical technicians and other personnel who are not pharmacists working in or for the pharmacy, including, but not limited to, any errors committed or unauthorized work performed by such personnel, if the owner, managing pharmacist or registered pharmacist knew or reasonably should have known of the act or omission." NAC 639.702.

29. The owner of any business or facility licensed, certified or registered by the Board is responsible for the acts of its employees. NRS 639.230(5), NAC 639.702 and NAC 639.945(3).

COUNT ONE

Failure by Pharmacist to Follow Practitioner's Instructions
(RPH Quach and Walgreens)

30. On or about January 31, 2024, as alleged above, RPH Quach verified patient P.L.'s refilled prescription for amlodipine besylate tablets. RPH Quach failed to notice that the amber vial contained 10mg tablets instead of 5mg tablets as indicated on the label.

31. As the pharmacist who verified patient P.L.'s refilled prescription for amlodipine besylate tablets, RPH Quach was responsible for the acts and/or omissions of PT Walters.

32. RPH Quach knew or should have known that PT Walters incorrectly prepared the refill with 10mg tablets instead of 5mg tablets.

33. RPH Quach caused the incorrect dose to be dispensed to patient P.L. in contravention of the prescribing practitioner's instructions.

34. RPH Quach caused patient P.L.'s prescription to be dispensed to patient P.L. in an incorrectly labeled container.

35. By causing the incorrect dose to be dispensed to patient P.L. in contravention of the prescribing practitioner's instructions, and/or by causing the prescription to be dispensed in an incorrectly labeled container, RPH Quach performed her duties in an incompetent, unskillful or negligent manner.

36. RPH Quach is subject to discipline for having engaged in unprofessional conduct as described above. NRS 639.210(4); NAC 639.945(1)(d) and (i).

37. As the owner/operator of the pharmacy at which RPH Quach was employed, Walgreens is liable for RPH Quach's conduct as described above. Accordingly, the Board may discipline Walgreens pursuant to NRS 639.230(5) and NAC 639.945(3).

COUNT TWO
Failure to Maintain Pharmacy Logbook
(RPH Englehaupt and Walgreens)

38. Pursuant to NAC 639.245, Walgreens had a duty to maintain a written record showing the pharmacists, pharmaceutical technicians and pharmaceutical technicians in training on duty during the hours of business on January 31, 2024. Walgreens maintained a pharmacy logbook for this purpose.

39. Pursuant to NRS 639.220, RPH Englehaupt had a duty as Walgreens' managing pharmacist to ensure that the pharmacy logbook was accurate and complete.

40. In January 2024, as alleged above, RPH Englehaupt was the managing pharmacist responsible for training pharmaceutical technicians and pharmaceutical technicians in training regarding their duty to sign into the pharmacy logbook.

41. RPH Englehaupt knew or should have known that certain pharmaceutical technicians and/or pharmaceutical technicians in training were unaware of any requirement to sign into the pharmacy logbook.

42. By failing to properly train pharmacy personnel regarding their duty to sign into the pharmacy logbook, RPH Englehaupt performed her duties in an incompetent, unskillful or negligent manner.

43. By failing to ensure that the pharmacy logbook contained an accurate and complete record of the pharmaceutical technicians and pharmaceutical technicians in training on duty during the hours of business on January 31, 2024, RPH Englehaupt performed her duties in an incompetent, unskillful or negligent manner.

44. As the owner/operator of the pharmacy at which RPH Englehaupt was employed, Walgreens is liable for RPH Englehaupt's conduct as described above. Accordingly, the Board may discipline Walgreens pursuant to NRS 639.230(5) and NAC 639.945(3).

WHEREFORE it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to the certificates of registration of Respondents Jennifer Englehaupt and Cathy Quach and the pharmacy license of Respondent Walgreens Pharmacy #7032.

DATED this 3rd day of FEBRUARY 2025.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

FILED
JAN 15 2020
NEVADA STATE BOARD OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **CATHY QUACH, RPH,** **Certificate of Registration No. 16344,** **JENNIFER ENGLEHAUPT, RPH,** **Certificate of Registration No. 15287, and** **WALGREENS PHARMACY #7032,** **Pharmacy License No. PH01747,** **Respondents.**	**CASE NOS. 17-121-RPH-A-S** **17-121-RPH-A-S** **17-121-PH-S** **STIPULATION AND ORDER** **(Respondents Quach and Walgreens Pharmacy #7032)**

Brett Kandt, General Counsel for Petitioner the Nevada State Board of Pharmacy (Board), Respondent CATHY QUACH, RPH (Quach), Certificate of Registration No. 16344, and Respondent WALGREENS PHARMACY #7032, Pharmacy License No. PH01747 (collectively "Respondents"), by and through their counsel, William J. Stilling, Esq., **HEREBY STIPULATE AND AGREE THAT**:

1. The Board has jurisdiction over Respondents and this matter.

2. On or about November 15, 2019, Board Staff properly served each Respondent with the Notice of Intended Action and Accusation (Accusation) on file in this matter together with the Statement to Respondent and Notice of Hearing.

3. On or about December 20, 2019, Respondents jointly filed an Answer and Notice of Defense to the Accusation.

4. Respondents are fully aware of their right to seek the advice of counsel in this matter and obtained the advice of counsel prior to entering into this Stipulation.

5. Respondents are aware of the right to a hearing on the matters alleged in the Accusation, their right to reconsideration, their right to appeal and any and all other rights which

may be accorded to them pursuant to NRS Chapter 233B (Nevada Administrative Procedure Act), NRS Chapter 622A (Administrative Procedure Before Certain Regulatory Bodies), and NRS Chapter 639 (Nevada Pharmacy Act).

6. Conditioned on the acceptance of this Stipulation by the Board, and with the exception of the right to challenge any determination that Respondents, or any of them, have failed to comply with the provisions of Paragraphs 10, 11, 16 and 17 below, Respondents hereby freely and voluntarily waive their rights to a hearing, reconsideration, appeal and any and all other rights related to this action that may be accorded to them by NRS Chapter 233B (Nevada Administrative Procedure Act), NRS Chapter 622A (Administrative Procedure Before Certain Regulatory Bodies), and NRS Chapter 639 (Nevada Pharmacy Act).

7. The Second Cause of Action against Respondent Jennifer Englehaupt, R.Ph., Certificate of Registration No. 15287, Paragraph VIII of the Accusation, is hereby dismissed pursuant to NRS 622A.320(4). Englehaupt is not a party to this Stipulation.

8. Respondents do not contest the remaining allegations in the Accusation, but acknowledge that Board staff prosecuting this case could present such evidence at an administrative hearing to establish a factual basis for the violations alleged therein, *to wit,* that:

A. Prescription Rx #1070713 for Metolazone 2.5 mg 30 tablets was processed at Respondent Walgreens Pharmacy #7032;

B. The patient was given a partial fill of 10 tablets properly labeled Sandoz, and a separate fill of the remaining 20 that were Mylan brand tablets; the manufacturer name "Sandoz" and the quantity of tablets were lined out and the name "Mylan" and the quantity of 20 tablets were hand written on the second label. Both labels identified the tablet as "Oval Purple Tablet" when in fact the Mylan tablet is a "Small Round White Tablet" in violation of NRS 585.410;

C. Respondent Quach violated NAC 639.945(1)(d) and (i) when she verified the data entered on Prescription Rx #1070713 as accurate when it was not and failed to identify the misbranding error; and

D. As the pharmacy/pharmacy owner at which the violations of law alleged herein occurred and where Quach was employed, Respondent Walgreens Pharmacy ##7032 is responsible for any violations of law by Quach pursuant to NRS 639.230(5), NAC 639.702 and NAC 639.945(2).

9. Those violations are plead with particularity in the Accusation, and are grounds for action pursuant to NRS 639.210 and NRS 639.255.

10. In order to resolve this matter without incurring any further costs or the expense associated with a hearing, and without Respondent Quach admitting to the allegations in the Accusation, the Board and Respondent Quach stipulate to the following penalties. Respondent Cathy Quach, R.Ph., Certificate of Registration No. 16344, shall:

A. Pay a fine of Two-Hundred and Fifty Dollars ($250.00) for the alleged violations;

B. Pay Two-Hundred Fifty Dollars ($250.00) to partially reimburse the Board for recoverable attorney's fees and costs incurred in investigating and prosecuting this matter; and

C. Complete two (2) extra hours of continuing education (CE) on error prevention, in addition to the CE hours she must otherwise complete to maintain licensure. Respondent must provide certificates demonstrating that she completed those additional CEs within sixty (60) days of the effective date of this Order.

11. In order to resolve this matter without incurring any further costs or the expense associated with a hearing, and without Respondent Walgreens Pharmacy ##7032 admitting to the allegations in the Accusation, the Board and Respondent Walgreens Pharmacy ##7032 stipulate

to the following penalties. Respondent Walgreens Pharmacy ##7032, Pharmacy License No. PH01747, shall:

A. Pay a fine of Three-Thousand Dollars ($3000.00) for the alleged violations; and

B. Pay Two-Hundred and Fifty Dollars ($250.00) to partially reimburse the Board for recoverable attorney's fees and costs incurred in investigating and prosecuting this matter.

12. Any failure by either Respondent Quach or Respondent Walgreens Pharmacy ##7032 to comply with the terms of this Order may result in issuance by the Executive Secretary of an order to show cause pursuant to NAC 639.965 directing that Respondent to appear before the Board at the next regularly-scheduled meeting for a show cause hearing. If such a hearing results in a finding of a violation of this Order by that Respondent, the Board may impose additional discipline upon that Respondent not inconsistent with the provisions of NRS Chapter 639.

13. General Counsel will present this Stipulation to the Board for approval pursuant to NRS 622.330 at the Board's regularly scheduled public meeting on January 15, 2020, in Las Vegas, Nevada. Respondents and their authorized representative(s) will appear at the meeting to answer questions from the Board Members and/or Board Staff. The Board Members and Staff may discuss and deliberate regarding this Stipulation, even if Respondents or their counsel are not present at the meeting.

14. The Board has discretion to accept this Stipulation, but it is not obligated to do so. If this Stipulation is approved by the Board it shall be a public record pursuant to NRS 622.330.

15. If the Board rejects any part or all of this Stipulation, and unless they reach an alternative agreement on the record during the hearing, the parties agree that a full hearing on the merits of this matter may be heard by the Board. The terms and admissions herein may not be used or referred to in a full hearing on the merits of this matter.

16. Upon approval of this Stipulation by the Board, Respondents shall pay the fines agreed to herein by *cashier's check* or *certified check* or *money order* made payable to "State of Nevada, Office of the Treasurer," to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within thirty (30) days of the effective date of this order.

17. Upon approval of this Stipulation by the Board, Respondents shall pay the attorney's fees and costs agreed to herein by *cashier's check* or *certified check* or *money order* made payable to "Nevada State Board of Pharmacy," to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within thirty (30) of the effective date of this order.

18. Subject to the approval of this Stipulation by the Board, the Board and Respondents, and each of them, agree to release each other from any and all additional claims arising from the facts set forth in the Accusation on file herein, whether known or unknown that might otherwise have existed on or before the effective date of this Order.

Respondents, and each of them, have fully considered the charges and allegations contained in the *Notice of Intended Action and Accusation* in this matter, and the terms of this Stipulation, and have freely and voluntarily agreed to the terms set forth herein, and waived certain rights, as stated herein.

AGREED:

Signed this ___ day of January, 2020

CATHY QUACH, RPH,
Certificate of Registration No. 16344

Signed this ___ day of January, 2020

Signed this 15TH day of January, 2020

BRETT KANDT, ESQ.
General Counsel
Nevada State Board of Pharmacy

Signed this ___ day of January, 2020

WALGREENS PHARMACY #7032,
Pharmacy License No. PH01747

APPROVED AS TO FORM AND CONTENT this 15th day of January, 2020.

WILLIAM J. STILLING, ESQ.
Counsel for Respondents

Respondents, and each of them, have fully considered the charges and allegations contained in the *Notice of Intended Action and Accusation* in this matter, and the terms of this Stipulation, and have freely and voluntarily agreed to the terms set forth herein, and waived certain rights, as stated herein.

AGREED:

Signed this 15th day of January, 2020

CATHY QUACH, RPH,
Certificate of Registration No. 16344

Signed this 15th day of January, 2020

Signed this 15th day of January, 2020

BRETT KANDT, ESQ.
General Counsel
Nevada State Board of Pharmacy

Signed this ___ day of January, 2020

WALGREENS PHARMACY #7032,
Pharmacy License No. PH01747

APPROVED AS TO FORM AND CONTENT this 15th day of January, 2020

WILLIAM J. STILLING, ESQ.
Counsel for Respondents

DECISION AND ORDER

The Nevada State Board of Pharmacy hereby adopts the foregoing Stipulation as its decision as to Respondent Cathy Quach, R.Ph., Certificate of Registration No. 16344, and Respondent Walgreens Pharmacy ##7032, Pharmacy License No. PH01747, in Case No. 17-121 and hereby orders that the terms of the foregoing Stipulation be made effective upon execution below.

IT IS SO ORDERED.

Entered this 15th day of January, 2020.

Helen Park, President
Nevada State Board of Pharmacy

FILED
NOV 15 2019
NEVADA STATE BOARD
OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **CATHY QUACH, RPH** **Certificate of Registration No. 16344,** **JENNIFER ENGLEHAUPT, RPH** **Certificate of Registration No. 15287, and** **WALGREENS PHARMACY #7032** **Certificate of Registration No. PH01747,** **Respondents.**	**CASE NOS. 17-121-RPH-A-S** **17-121-RPH-B-S** **17-121-PH-S** **NOTICE OF INTENDED ACTION AND ACCUSATION**

J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, makes the following that will serve as both a notice of intended action under Nevada Revised Statutes (NRS) 233B.127(3) and as an accusation under NRS 622A.300(1) and NRS 639.241.

JURISDICTION

I.

The Nevada State Board of Pharmacy (Board) has jurisdiction over this matter because at the time of the events alleged herein, respondents Cathy Quach (Quach), Certificate of Registration No. 16344, and Jennifer Englehaupt (Englehaupt), Certificate of Registration No. 15287, were pharmacists registered by the Board, respondent Walgreens Pharmacy #7032, Certificate of Registration No. PH01747, was a pharmacy registered by the Board, and Quach and Englehaupt were employed by Walgreens Pharmacy #7032.

FACTUAL ALLEGATIONS

II.

On October 20, 2017, an electronic prescription was sent to Walgreens Pharmacy #7032 for patient D.C. The prescription was for Metolazone 2.5 mg 30 tablets.

III.

The prescription was processed on October 21, 2017, and the computer system designated the prescription as Rx #1070713.

IV.

The patient was given a partial fill of 10 tablets properly labeled Sandoz, and a separate fill of the remaining 20 that were Mylan brand tablets; the manufacturer name "Sandoz" and the quantity of tablets were lined out and the name "Mylan" and the quantity of 20 tablets were hand written on the second label. Both labels identified the tablet as "Oval Purple Tablet" when in fact the Mylan tablet is a "Small Round White Tablet".

V.

Quach was the verifying pharmacist for Prescription Rx #1070713. She failed to detect the misbranding error on the second label when she verified data entry, verified the final product as accurate, and filled the prescription.

VI.

Walgreen's Retail computer patient counseling field documents that patient consultation was completed. Englehaupt was the counseling pharmacist of record. Englehaupt documented that counseling was declined on October 23, 2017, by D.C. The Metolazone 2.5mg was a new prescription requiring mandatory counseling.

FIRST CAUSE OF ACTION
Unprofessional Conduct, Failure to Verify the Dispensed Medication
(Respondent Quach)

VII.

A drug shall be deemed to be misbranded if its labeling is false or misleading in any particular. NRS 585.410. Unprofessional conduct includes the failure by a licensee to follow strictly the instructions of a practitioner when filling, labeling, and dispensing a prescription. NAC 639.945(1)(d). It also includes a licensee performing his or her duties in an "incompetent, unskillful, or negligent manner." NAC 639.945(1)(i). Quach violated NAC 639.945(1)(d) and

(i) when she verified the data entered on Prescription Rx #1070713 as accurate when it was not and failed to identify the misbranding error. Quach is therefore subject to discipline pursuant to NRS 639.210(4) and (12).

SECOND CAUSE OF ACTION
Failure to Adequately Counsel
(Respondent Englehaupt)

VIII.

NRS 639.266(1) requires a pharmacist to "communicate matters which will enhance therapy through drugs with the patient or a person caring for the patient." NAC 639.707(1), (2) and/or (4) further require counseling for all new prescriptions and provide a list of elements to be included as part of proper counseling, including, but not limited to, dose, intended use, expected response and precautions. Additionally, NAC 639.707(6) requires the pharmacist to create a record regarding counseling "at the time that counseling is provided or refused."

By marking that counseling was completed, and, to the extent any counseling actually occurred, by failing to discuss the medication sufficiently to detect the misbranding, Englehaupt violated NRS 639.266(1), NAC 639.707(1), (2), (4) and/or (6), and/or NAC 639.945(1)(i), and is therefore subject to discipline pursuant to NRS 639.210(4) and (12).

THIRD CAUSE OF ACTION
Pharmacy/Pharmacy Owner Responsibility
(Respondent Walgreens Pharmacy #7032)

IX.

NRS 639.230(5) provides: "Any violation of any of the provisions of this chapter [NRS Chapter 639] by a managing pharmacist or by personnel of the pharmacy under the supervision of the managing pharmacist is cause for the suspension or revocation of the license of the pharmacy by the Board."

Additionally, "[t]he owner of a pharmacy, the managing pharmacist of the pharmacy and the registered pharmacist on duty at the pharmacy are responsible for the acts and omissions of pharmaceutical technicians and other personnel who are not pharmacists working in or for the

pharmacy, including, but not limited to, any errors committed or unauthorized work performed by such personnel, if the owner, managing pharmacist or registered pharmacist knew or reasonably should have known of the act or omission." NAC 639.702.

Further, the owner of any business or facility licensed, certified or registered by the Board is responsible for the acts of all personnel in his or her employ. NAC 639.945(2).

As the pharmacy/pharmacy owner at which the violations of law alleged herein occurred, Walgreens Pharmacy #7032 is responsible for any violations of law by Quach and Englehaupt pursuant to NRS 639.230(5), NAC 639.702 and NAC 639.945(2).

WHEREFORE it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to the certificates of registration of these respondents.

Signed this 15th day of November, 2019.

J. David Wuest, Executive Secretary
Nevada State Board of Pharmacy

NOTICE TO RESPONDENT

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241. To do so, you must complete and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Notice of Intended Action and Accusation. NRS 639.320; NRS 639.243.

FILED
MAR 27 2025
NEVADA STATE BOARD
OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

WALGREENS PHARMACY #7032,
Pharmacy License No. PH01747,

JENNIFER ENGLEHAUPT, RPH,
Certificate of Registration No. 15287, and

CATHY QUACH, RPH,
Certificate of Registration No. 16344,

Respondents.

Case No. 24-083-PH-S
24-083-RPH-A-S
24-083-RPH-B-S

NOTICE OF CORRECTION TO CAPTION

PLEASE TAKE NOTICE the caption in this matter is hereby corrected to reflect that Walgreens Pharmacy #7032 holds pharmacy license no. PH01747, not pharmacy license no. PH01628 as previously indicated.

Gregory L. Zunino
Senior General Counsel
The Nevada State Board of Pharmacy

Dated: 3/27/25

FILED
MAR 0 5 2025
NEVADA STATE BOARD OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, Petitioner, v. WALGREENS PHARMACY #7032, Pharmacy License No. PH01747, JENNIFER ENGLEHAUPT, RPH, Certificate of Registration No. 15287, and CATHY QUACH, RPH, Certificate of Registration No. 16344, Respondents.	Case No. 24-083-PH-S 24-083-RPH-A-S 24-083-RPH-B-S STIPULATION AND ORDER (RESPONDENT WALGREENS ONLY)

J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy ("Board"), by and through the Board's Senior General Counsel, Gregory L. Zunino, Esq., and Respondent Walgreens Pharmacy #7032 ("Respondent"), by and through counsel, William J. Stilling, Esq., hereby stipulate and agree as follows:

1. The Board has jurisdiction over Respondent and this matter.

2. The Board's staff properly served Respondent with the Notice of Intended Action and Accusation ("Accusation") on file in this matter, together with the Statement to Respondent and Notice of Hearing.

3. The Board and Respondent agreed to delay the date for submitting a Notice of Answer and Defense as the parties pursued settlement negotiations.

4. Respondent acknowledges that its authorized representatives understand the terms of this Stipulation and Proposed Order ("Stipulation"), and they have executed it knowingly and voluntarily.

5. Respondent is aware of the right to a hearing on the matters alleged in the Accusation, the right to reconsideration of a Board determination in a contested case, the right to appeal a Board determination in a contested case, and all other rights afforded to Respondent under NRS Chapter

233B, the Nevada Administrative Procedure Act, NRS Chapter 622A, which governs administrative procedure before the Board, NRS Chapter 639, the Nevada Pharmacy Act, and NRS Chapter 453, the Nevada Uniform Controlled Substances Act.

6. Conditioned on the acceptance of this Stipulation by the Board, and excluding the right to challenge any determination that Respondent has failed to comply with the provisions of this Stipulation, Respondent hereby freely and voluntarily waive the right to a hearing, reconsideration, appeal, and other rights related to this action as identified above.

7. Respondent admits that evidence exists, and that the Board staff prosecuting this case could present such evidence at an administrative hearing, to establish a factual basis for the violations alleged in Count One and Count Two of the Accusation.

8. To resolve this matter without incurring any further costs or the expenses associated with a hearing, the Board and Respondent agree to the imposition of the following penalties:

A. Respondent shall pay an administrative fine of One Thousand and 00/100 Dollars ($1,000.00) for each of the violations alleged in Count One and Count Two of the accusation for a total fine of **Two Thousand and 00/100 Dollars ($2,000.00).** This sum shall be payable by *cashier's check, certified check, Walgreens company check,* or *money order* written to the **"State of Nevada, Office of the Treasurer."** Respondent shall remit payment in full to the Board's Reno office, located at 985 Damonte Ranch Parkway, Suite 206, Reno, Nevada 89521, on or before May 1, 2025.

B. Respondent shall pay the sum of **Five Hundred and 00/100 Dollars ($500.00)** to partially reimburse the Board for recoverable attorney's fees and costs incurred in investigating and prosecuting this matter. This sum shall be payable by *cashier's check, certified check, Walgreens company check,* or *money order* written to the **"Nevada State Board of Pharmacy."** Respondent shall remit payment in full to the Board's Reno office, located at 985 Damonte Ranch Parkway, Suite 206, Reno, Nevada 89521, on or before May 1, 2025.

9. This Stipulation constitutes a full and final resolution of the Accusation in Case No. 24-083-PH-S. Failure by Respondent to comply with the terms stated herein may result in issuance by the

Executive Secretary of an order to show cause, pursuant to NAC 639.965, directing Respondent to appear before the Board at the next regularly scheduled meeting for a show cause hearing. If such a hearing results in the finding of a violation by Respondent, the Board may impose additional discipline not inconsistent with the provisions of NRS Chapter 639.

10. The Board's Senior General Counsel will present this Stipulation to the Board for approval pursuant to NRS 622.330 at the Board's regularly scheduled public meeting on March 5, 2025, in Las Vegas, Nevada. The Board Members and Staff may discuss and deliberate regarding this Stipulation, even if Respondent fails to appear at the meeting.

11. The Board may accept this Stipulation, but it is not obligated to do so. If this Stipulation is approved by the Board, it shall be a public record pursuant to NRS 622.330 and shall be reported to the National Practitioner Data Bank pursuant to 42 U.S.C. § 1396r–2 and 45 CFR Part 60.

12. If the Board rejects any part or all this Stipulation, and unless the parties reach an alternative agreement on the record during the hearing, the parties agree that the Board may hear a full contested hearing on the merits of all alleged violations as stated in the Accusation. The terms and admissions herein may not be used, relied upon, or referred to by any party during any such hearing.

13. Subject to the approval of this Stipulation by the Board, the Board and Respondent agree to release each other from any or all additional claims arising from the facts set forth in the Accusation on file herein, whether known or unknown that might otherwise have been asserted by the Board on or before the effective date of this Order.

Respondent has fully considered the charges and allegations contained in the *Notice of Intended Action and Accusation* in this matter, and the terms of this Stipulation, and has freely and voluntarily agreed to the terms set forth herein, and waived certain rights, as stated herein.

AGREED:

Signed this 25th **day of February 2025.**

WALGREENS PHARMACY #7032

By: _____

Name: John L. Colaizzi

Title: GVP, Head of Enterprise Pharmacy Practice

Signed this 5th **day of March 2025.**

_____

Gregory L. Zunino
Senior General Counsel
The Nevada State Board of Pharmacy

Signed this 3rd day of March 2025.

APPROVED AS TO FORM:

William J. Stilling, Esq.
Counsel for Respondent Walgreens #7032

DECISION AND ORDER

As to Respondent Walgreens Pharmacy #7032, in Case No. 24-083-PH-S, the Nevada State Board of Pharmacy hereby adopts the foregoing Stipulation as its final decision in the matter and orders that its terms be made effective upon the date of entry set forth below.

IT IS SO ORDERED.

Entered this 5th day of March 2025.

Helen Park, President
Nevada State Board of Pharmacy

FILED
FEB - 3 2025
NEVADA STATE BOARD
OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **WALGREENS PHARMACY #7032,** **Pharmacy License No. PH01747,** **JENNIFER ENGLEHAUPT, RPH,** **Certificate of Registration No. 15287, and** **CATHY QUACH, RPH,** **Certificate of Registration No. 16344,** **Respondents.**	**Case Nos. 24-083-PH-S** **24-083-RPH-A-S** **24-083-RPH-B-S** **NOTICE OF INTENDED ACTION AND ACCUSATION**

J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, files the following document that will serve as both a notice of intended action under NRS 233B.127(3) and an accusation under NRS 622A.300(1) and NRS 639.241.

JURISDICTION

1. The Nevada State Board of Pharmacy (Board) has jurisdiction over Respondent Walgreens Pharmacy #7032 (Walgreens) because the Board has licensed Walgreens to operate a pharmacy at 2541 Hampton Road in Henderson, Nevada.

2. The Board has jurisdiction over Respondent Jennifer Englehaupt (RPH Englehaupt) because the Board has registered RPH Englehaupt to practice pharmacy in Nevada.

3. The Board has jurisdiction over Respondent Cathy Quach (RPH Quach) because the Board has registered RPH Quach to practice pharmacy in Nevada.

FACTUAL ALLEGATIONS

4. Walgreens owns and operates a pharmacy at 2541 Hampton Road in Henderson, Nevada. Walgreens is the holder of Pharmacy License No. PH01747, originally issued by the Board in 2002.

5. RPH Englehaupt is the holder of Certificate of Registration No. 15287, originally issued by the Board in 2001.

6. RPH Quach is the holder of Certificate of Registration No. 16344, originally issued by the Board in 2004.

7. In 2023 and 2024, Walgreens employed RPH Englehaupt and RPH Quach at its pharmacy on Hampton Road in Henderson, Nevada.

8. In November 2023, Walgreens sold patient P.L. a prescription for amlodipine besylate, written by P.L.'s practitioner for 5mg tablets. The pharmacist on duty correctly filled the prescription according to the prescribing practitioner's instructions.

9. On or about January 31, 2024, patient P.L. returned to Walgreens to purchase a refill of the prescription for amlodipine besylate tablets. Pharmacy technician Daniel W. Walters, Jr. (PT Walters), mistakenly refilled the prescription with 10mg tablets instead of 5mg tablets.

10. PT Walters refilled patient P.L.'s prescription with tablets poured from a bottle containing 10mg tablets that had been returned to stock. PT Walters poured the tablets into an amber vial bearing a label indicating that the vial contained patient P.L.'s prescription for 5mg tablets.

11. On or about January 31, 2024, RPH Quach verified patient P.L.'s refilled prescription for amlodipine besylate tablets. RPH Quach failed to notice that the amber vial contained 10mg tablets instead of 5mg tablets as indicated on the label.

12. Having verified patient P.L.'s prescription, RPH Quach caused 10mg tablets to be dispensed to patient P.L. in contravention of the prescribing practitioner's instructions for patient P.L. to take 5mg tablets.

13. Having verified patient P.L.'s prescription, RPH Quach caused patient P.L.'s prescription for amlodipine besylate to be dispensed in a container with an incorrect label.

14. Patient P.L. purchased the tablets from Walgreens and took one tablet per day, as instructed by her prescribing practitioner, for 35 days until she discovered that the dose was too high.

15. With assistance from her practitioner, patient P.L. discovered that she had received an incorrect dose only after she had suffered from joint pain, fatigue, shortness of breath, hypertension, and pitting edema in both legs.

16. After receiving a complaint from patient P.L., Board Investigator Dena McClish investigated the incident as detailed above. During the investigation, Investigator McClish discovered that PT Walters had not signed the pharmacy logbook on January 31, 2024.

17. In an effort to reconcile the logbook discrepancy noted above, Investigator McClish requested payroll records for the pharmacy technicians who were on duty on January 31, 2024.

18. Walgreens' payroll records for January 31, 2024, revealed that seven technicians, including PT Walter and one technician in training, had worked at the pharmacy on that day.

19. The pharmacy logbook, by contrast, showed that only three pharmacy technicians had worked at the pharmacy on January 31, 2024. The other four technicians on duty on January 31, 2024, did not sign into the pharmacy logbook.

20. When questioned about the logbook discrepancy, PT Walters stated that he was unaware of any requirement to sign into the pharmacy logbook. On information and belief, other technicians were also unaware of any requirement to sign into the pharmacy logbook.

21. In January 2024, RPH Englehaupt was employed as Walgreens' managing pharmacist. As the managing pharmacist, RPH Englehaupt had a duty to maintain a written record showing the pharmacists, pharmaceutical technicians and pharmaceutical technicians in training on duty during the hours of business. *See* NRS 639.220; NAC 639.245.

APPLICABLE LAW

22. The Board may discipline the holder of a license or registration issued by the Board if the holder engages in unprofessional conduct or conduct contrary to the public interest. NRS 639.210(4).

23. A pharmacist's conduct is deemed unprofessional if the pharmacist fails to strictly follow the instructions of the person writing, making, or ordering a prescription as to its filling or refilling. NAC 639.945(1)(d). Additionally, a pharmacist's conduct is deemed unprofessional if the pharmacist performs his or her duties in an incompetent, unskillful or negligent manner. NAC 639.945(1)(i).

24. "[E]ach pharmacy must be managed by a registered pharmacist, approved by the Board, who is responsible for compliance by the pharmacy and its personnel with all state and federal laws and regulations relating to the operation of the pharmacy and the practice of pharmacy." NRS 639.220.

25. If a pharmaceutical technician performs one or more of the functions necessary to prepare a prescription, the pharmacist supervising the pharmaceutical technician is responsible for the filled prescription, including, but not limited to verifying the selection and strength of the drug, the dosage form, and the labeling of the prescription. NAC 639.252.

26. A managing pharmacist is responsible for training pharmaceutical technicians to ensure their continuing competence. NAC 639.254.

27. A pharmacy must maintain a written record showing the pharmacists, pharmaceutical technicians and pharmaceutical technicians in training on duty during the hours of business. NAC 639.245. The record must be readily retrievable and retained for 2 years. *Id.*

28. "The owner of a pharmacy, the managing pharmacist of the pharmacy and the registered pharmacist on duty at the pharmacy are responsible for the acts and omissions of pharmaceutical technicians and other personnel who are not pharmacists working in or for the pharmacy, including, but not limited to, any errors committed or unauthorized work performed by such personnel, if the owner, managing pharmacist or registered pharmacist knew or reasonably should have known of the act or omission." NAC 639.702.

29. The owner of any business or facility licensed, certified or registered by the Board is responsible for the acts of its employees. NRS 639.230(5), NAC 639.702 and NAC 639.945(3).

COUNT ONE

Failure by Pharmacist to Follow Practitioner's Instructions
(RPH Quach and Walgreens)

30. On or about January 31, 2024, as alleged above, RPH Quach verified patient P.L.'s refilled prescription for amlodipine besylate tablets. RPH Quach failed to notice that the amber vial contained 10mg tablets instead of 5mg tablets as indicated on the label.

31. As the pharmacist who verified patient P.L.'s refilled prescription for amlodipine besylate tablets, RPH Quach was responsible for the acts and/or omissions of PT Walters.

32. RPH Quach knew or should have known that PT Walters incorrectly prepared the refill with 10mg tablets instead of 5mg tablets.

33. RPH Quach caused the incorrect dose to be dispensed to patient P.L. in contravention of the prescribing practitioner's instructions.

34. RPH Quach caused patient P.L.'s prescription to be dispensed to patient P.L. in an incorrectly labeled container.

35. By causing the incorrect dose to be dispensed to patient P.L. in contravention of the prescribing practitioner's instructions, and/or by causing the prescription to be dispensed in an incorrectly labeled container, RPH Quach performed her duties in an incompetent, unskillful or negligent manner.

36. RPH Quach is subject to discipline for having engaged in unprofessional conduct as described above. NRS 639.210(4); NAC 639.945(1)(d) and (i).

37. As the owner/operator of the pharmacy at which RPH Quach was employed, Walgreens is liable for RPH Quach's conduct as described above. Accordingly, the Board may discipline Walgreens pursuant to NRS 639.230(5) and NAC 639.945(3).

COUNT TWO
Failure to Maintain Pharmacy Logbook
(RPH Englehaupt and Walgreens)

38. Pursuant to NAC 639.245, Walgreens had a duty to maintain a written record showing the pharmacists, pharmaceutical technicians and pharmaceutical technicians in training on duty during the hours of business on January 31, 2024. Walgreens maintained a pharmacy logbook for this purpose.

39. Pursuant to NRS 639.220, RPH Englehaupt had a duty as Walgreens' managing pharmacist to ensure that the pharmacy logbook was accurate and complete.

40. In January 2024, as alleged above, RPH Englehaupt was the managing pharmacist responsible for training pharmaceutical technicians and pharmaceutical technicians in training regarding their duty to sign into the pharmacy logbook.

41. RPH Englehaupt knew or should have known that certain pharmaceutical technicians and/or pharmaceutical technicians in training were unaware of any requirement to sign into the pharmacy logbook.

42. By failing to properly train pharmacy personnel regarding their duty to sign into the pharmacy logbook, RPH Englehaupt performed her duties in an incompetent, unskillful or negligent manner.

43. By failing to ensure that the pharmacy logbook contained an accurate and complete record of the pharmaceutical technicians and pharmaceutical technicians in training on duty during the hours of business on January 31, 2024, RPH Englehaupt performed her duties in an incompetent, unskillful or negligent manner.

44. As the owner/operator of the pharmacy at which RPH Englehaupt was employed, Walgreens is liable for RPH Englehaupt's conduct as described above. Accordingly, the Board may discipline Walgreens pursuant to NRS 639.230(5) and NAC 639.945(3).

WHEREFORE it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to the certificates of registration of Respondents Jennifer Englehaupt and Cathy Quach and the pharmacy license of Respondent Walgreens Pharmacy #7032.

DATED this 3 day of FEBRUARY 2025.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

Section 9: Statement of Responsibility - MUST BE COMPLETED by an Authorized Person (NAC 639.945)

Statement of Responsibility

1. I am the Vice President (title) for Walgreen Co. (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be responsible for any violations of pharmacy law that may occur in the Pharmacy owned by such owner(s), shareholder(s), member(s), or partner(s).
3. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against the Pharmacy.
4. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) cannot require or permit the pharmacist(s) in said Pharmacy to violate any provision of local, state, or federal laws or regulations pertaining to the practice of pharmacy.
5. I further understand and acknowledge that Nevada law requires that each pharmacy located inside the State of Nevada employ only pharmacists, intern pharmacists, pharmaceutical technicians, and technicians in training that are licensed by the Nevada State Board of Pharmacy. (NRS 639.100).
6. I further understand and acknowledge that Nevada law requires that each pharmacy located outside the State of Nevada engaged in providing pharmacy services into Nevada employs at least one pharmacist licensed by the Nevada State Board of Pharmacy who will be responsible for any prescription dispensed to a patient located in Nevada and responsible for any acts or omissions of pharmacy personnel who are not registered with the Board. (NRS 639.2328).

Richard Gates

Print Name of Authorized Person

Richard Gates

Original signature of Authorized Person (copies or stamps not accepted)

08 / 26 / 2025

Date

Section 10: Affidavit for Pharmacies- MUST BE COMPLETED by pharmacies NOT CURRENTLY PERFORMING Sterile Compounding

Affidavit for Pharmacy License

I, Richard Gates hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

1. I am the Vice President (title) for Walgreen Co. (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I certify that upon licensure, the Pharmacy will not perform sterile compounding or ship sterile compounds into Nevada.
3. I understand and acknowledge that the Pharmacy and any of its staff members may be subject to discipline by the Board if the Pharmacy performs sterile compounding or ships any sterile compounds into Nevada without first obtaining written authorization from the Board to do so.
4. I certify that if the Pharmacy makes the decision to perform sterile compounding or to ship any sterile compounds into Nevada, the Pharmacy, through an authorized representative, will first notify the Board via a written request, and obtain written approval to perform sterile compounding or to ship any sterile compounds into Nevada.
5. I understand that if the Pharmacy seeks approval to perform sterile compounding or to ship any sterile compounds into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

FURTHER YOUR AFFIANT SAYETH NAUGHT.

Signature

SUBSCRIBED AND SWORN TO
Before me, a notary public this 20th day of August, 2025

Zeljka Borosa-Rajcevic
Notary Public

OFFICIAL SEAL
ZELJKA BOROSA RAJCEVIC
Notary Public, State of Illinois
Commission No. 977646
My Commission Expires September 8, 2027

CONFIDENTIAL/EXEMPT FROM FREEDOM OF INFORMATION ACT AND SIMILAR STATE REQUESTS

Ownership Information

Ownership & Leadership of Applicant Entity

Applicant: **Walgreen Co.**
108 Wilmot Rd., Deerfield, IL 60015

Ownership: The Applicant entity is wholly owned (100%) by Walgreens Boots Alliance, Inc.

Officers of Walgreen Co.
Michael Motz - CEO
Richard Gates - Senior Vice President, Chief Pharmacy Officer
Cherita Thomas - Secretary
Matthew Spina - CFO
Michael Handal - Licensing and Provider Enrollment Officer

Ownership & Leadership of Walgreens Boots Alliance, Inc.

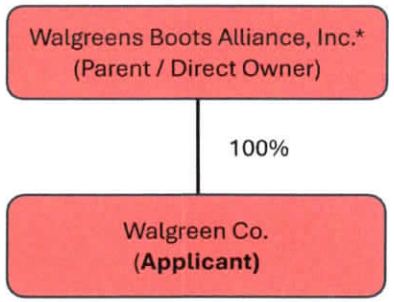
Ownership: Walgreens Boots Alliance, Inc. is wholly owned (100%) by Blazing Star Parent, LLC

Officers of Walgreens Boots Alliance, Inc.
Temporarily vacant - CEO
Mark Weisz - Sr VP, Global Tax
Manmohan Mahajan - Sr VP, Global Controller, CFO
Lanesha Minnix - Corporate Secretary

Please see the attached pre- and post-closing Corporate Organization chart for reference.

Proprietary and Confidential
Not a public record pursuant to
Section 7927.605 of the CPRA and
45 CFR Section 5.31

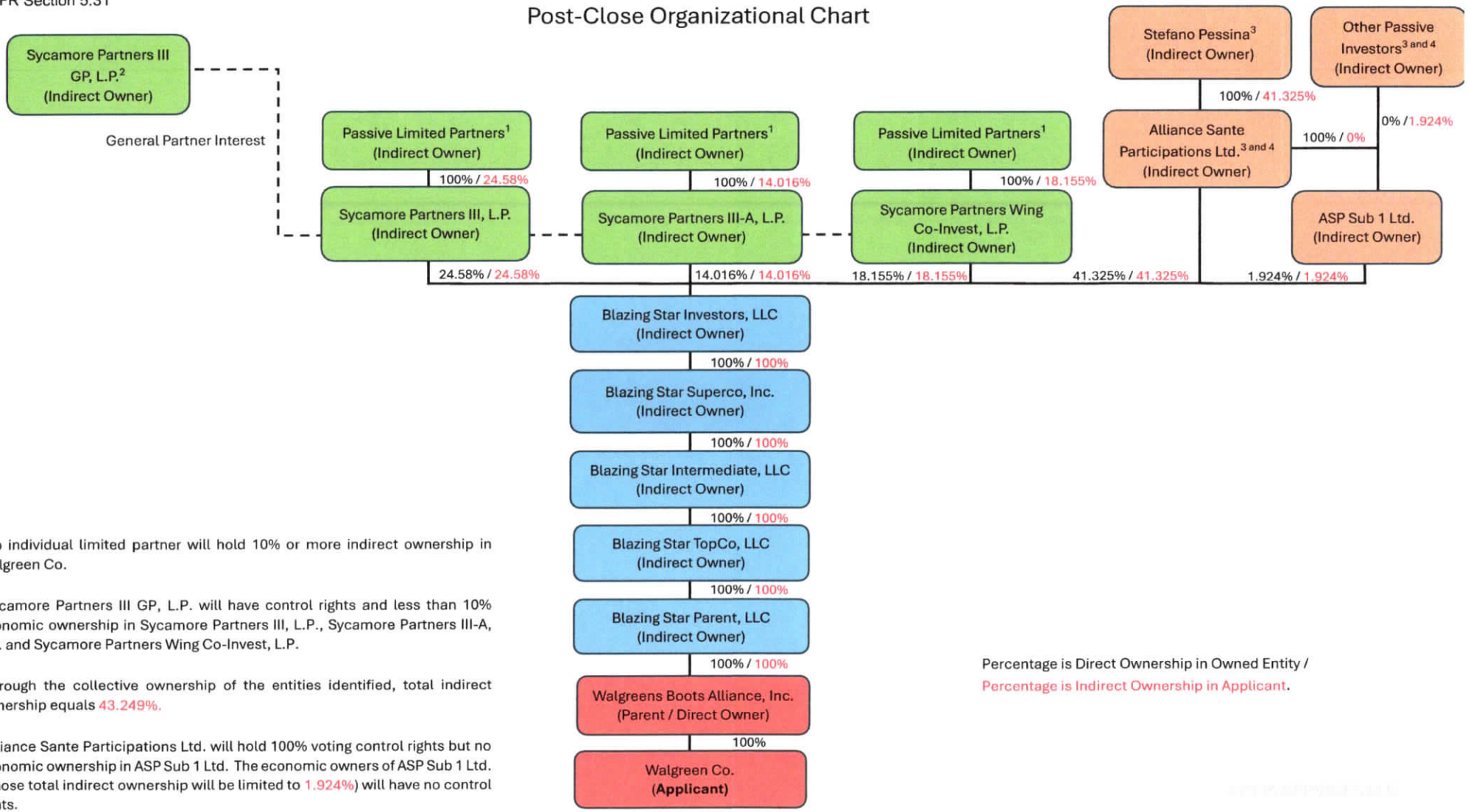
Walgreen Co.
Pre-Close Organizational Chart



Publicly Traded on Nasdaq Stock Market (WBA)

Proprietary and Confidential
Not a public record pursuant to
Section 7927.605 of the CPRA and
45 CFR Section 5.31

Walgreen Co.
Post-Close Organizational Chart



[1]No individual limited partner will hold 10% or more indirect ownership in Walgreen Co.

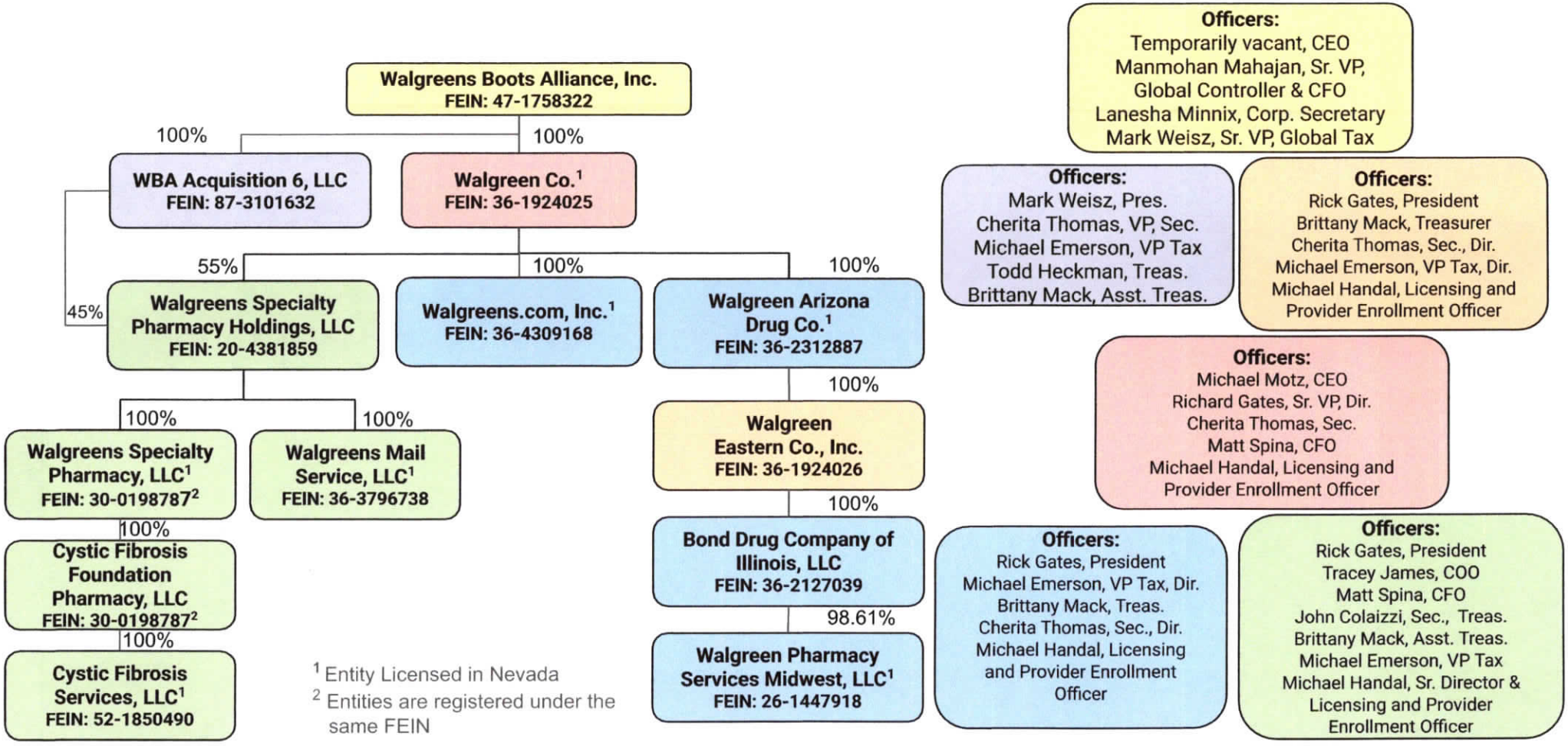
[2]Sycamore Partners III GP, L.P. will have control rights and less than 10% economic ownership in Sycamore Partners III, L.P., Sycamore Partners III-A, L.P. and Sycamore Partners Wing Co-Invest, L.P.

[3]Through the collective ownership of the entities identified, total indirect ownership equals 43.249%.

[4]Alliance Sante Participations Ltd. will hold 100% voting control rights but no economic ownership in ASP Sub 1 Ltd. The economic owners of ASP Sub 1 Ltd. (whose total indirect ownership will be limited to 1.924%) will have no control rights.

Percentage is Direct Ownership in Owned Entity /
Percentage is Indirect Ownership in Applicant.

Walgreen Co.
Post-Close Organizational Chart (cont.)



File Number 1084-348-1

STATE OF ILLINOIS

OFFICE OF THE SECRETARY OF STATE

To all to whom these Presents Shall Come, Greeting:

I, **Alexi Giannoulias,** *Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that*

WALGREEN CO., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON FEBRUARY 15, 1909, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE BUSINESS CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.

In Testimony Whereof, *I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this* 15TH *day of* MAY *A.D.* 2025 .

Authentication #: 2513501622 verifiable until 05/15/2026
Authenticate at: https://www.ilsos.gov

SECRETARY OF STATE

9T

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Pharmacy Application

Non-Refundable $500.00 Fee

Rev (6/11/2024)

Y

Facility Location	Application Type (check all applicable)	Pharmacy Type (check all applicable)	Services the Pharmacy will Provide (check all applicable)
■ Nevada ☐ Out-of-Nevada	☐ New Pharmacy ■ Ownership Change* ☐ Location Change * ☐ Service Modification* ☐ Name Change* (if only a Name Change occurred, submit a $50.00 fee with the application.) * Current license #: PH PH01919	■ Retail/Community ☐ Hospital (# beds _____) ☐ Internet ☐ Nuclear ☐ Other:	■ Retail/Community ■ Dangerous drugs ■ Controlled substances DEA #: BW8813405 ☐ Non-sterile Compounding ☐ Sterile Compounding ☐ Mail-Order Service ☐ Off-site Cognitive Services ☐ Long Term Care ☐ Hospital ☐ Other:

Days of Operation		Ownership Type (check applicable box)
■ Monday ■ Tuesday ■ Wednesday ■ Thursday	■ Friday ■ Saturday ■ Sunday ☐ Holidays	☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9, 10, 11, 12) ■ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9, 10, 11, 12) ☐ Partnership (complete sections 1, 2, 3, 4, 7, 9, 10, 11, 12) ☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9, 10, 11, 12)

Section 1: General Information

Pharmacy Name: WALGREENS #07164

Physical Address: 101 E LAKE MEAD PKWY

City: HENDERSON State: NV Zip: 89015-5532

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: (702)566-9706 Toll Free # (NAC 639.708, NRS 639.23286): N/A

Fax: (702)566-1762 Contact Email: rxm.07164@store.walgreens.com

Website: https://www.walgreens.com

Nevada Business License # (if applicable) NV19951143510

Supervising/Managing Pharmacist Name (NRS 639.220): ELISCIA GIAMPAPA

Supervising/Managing Pharmacist NV Pharmacist Registration # (if applicable): 17013

Section 2: List the name(s) of at least one NEVADA registered pharmacist who practices at the pharmacy, who may be the managing pharmacist or another pharmacist, who will be responsible for any prescriptions dispensed to a patient located in Nevada and responsible for any acts or omissions of pharmacy personnel who are not registered with the Board. NRS 639.2328. (Use a separate piece of paper if additional space is needed.)

Name: ELISCIA GIAMPAPA	NV Pharmacist Registration #: 17013
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:

Section 3: History of Company	**Yes**	**No**
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✓
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration from any jurisdiction?		✓
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been subject of an administrative action, board citation, cite fine, or proceeding relating to the pharmaceutical industry?	✓	
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✓
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✓

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name(s) of the owner(s), their credentials and their percent ownership. Write NA if not applicable. NRS 639.232. (Use a separate piece of paper if additional space is needed.)

Name: N/A	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:

1. The Board shall not issue a license to conduct a pharmacy:
   a) To any practitioner; or
   b) To any partnership, corporation, or association in which a practitioner has a controlling interest or owns more than 10 percent of the available stock.
2. This section does not:
   a) Apply to a hospital pharmacy or a health maintenance organization which holds a certificate of authority under chapter 695C of NRS.
   b) Prohibit ownership by a practitioner of a building in which a pharmacy is located, if space for the pharmacy is rented at the prevailing rate.

Section 5: Publicly Traded Corporation

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Does the number of stockholders/shareholders of the corporation exceed four? NRS 639.231 ☐ Yes ☐ No

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: Delaware

Parent Company (if any): Walgreens Boots Alliance, Inc.

Corporation/Organization Name: Walgreen Co.

Mailing Address: 108 Wilmot Rd

City: Deerfield State: IL Zip: 60015

Telephone: 847-224-1348 Email: licenseadministration@walgreens.com

Contact Person Name: Kayla Lechner

Does the number of stockholders/shareholders of the corporation or members exceed four? NRS 639.231 ☐ Yes ☒ No

Section 7: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Please check type of partnership (NAC 639.214) ☐ General ☐ Limited

Does the number of partners or members of the partnership exceed four? NRS 639.231 ☐ Yes ☐ No

Section 8: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Document Ref: Q4HB6-PWNEG-2NGYM-AO6LZ

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Richard Gates

Print Name of Authorized Person Submitting Application (If the applicant is a partnership or corporation, the application must be signed by a partner or by an officer of the corporation). NAC 639.215

Richard Gates

Original signature of Authorized Person (copies or stamps not accepted)

08 / 26 / 2025

Date

Board Use Only	Date Received: 9/22/25	Amount: $500 - Ch. #803-3000111129

Section 11: Managing Pharmacist Acknowledgement, Professional/Personal History – REQUIRED TO BE COMPLETED BY THE MANAGING PHARMACIST FOR NEVADA LOCATED PHARMACY APPLICANTS ONLY

Managing Pharmacist Name: ELISCIA GIAMPAPA Pharmacist Registration #: 17013

Pharmacy Name: WALGREENS #07164

Initial each statement below to indicate you have read and agree with the following:

E.G. I understand that as the managing pharmacist I am responsible for compliance by the pharmacy and its personnel with all state and federal laws and regulations relating to the operation of the pharmacy and the practice of pharmacy. I understand my license can be revoked or that I can be subject of disciplinary action if such laws or regulations are knowingly violated in the pharmacy in which I am the managing pharmacist.

E.G. I understand within 48 hours after I report for duty as the managing pharmacist, I shall complete an inventory of all controlled substances of the pharmacy pursuant to 21 CFR Part 1304 and maintain a copy of the inventory in the file at the pharmacy.

E.G. I understand that if I cease to be managing pharmacist of the above-named pharmacy, I will jointly, with the new managing pharmacist, take an inventory of all controlled substances.

E.G. I understand that as the managing pharmacist I must ensure that all loss or theft of controlled substances are reported on forms provided by the Nevada State Board of Pharmacy and Department of Public Safety within 10 days after the date of discovery of theft or loss. NRS 453.568. Federal regulations require that registrants notify the Field Division Office of the Administration in his area, in writing, of the theft or significant loss of any controlled substance, disposal receptacles or listed chemicals within one business day of discovery of such loss or theft. The registrant shall also complete and submit to the Field Division Office in his area, DEA Form 106 regarding the loss or theft (21 C.F.R. §1301.76(b) and 21 U.S.C. §830(b)(1)(C)).

E.G. I understand that as the managing pharmacist I must notify the Nevada State Board of Pharmacy of all employment changes of pharmacy staff within 10 days of the change. NAC 639.540

Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?	☐	☑
2. Have you been charged, arrested, or convicted of a felony or misdemeanor in any state?	☐	☑
3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state?	☐	☑
4. Has your license been subjected to any discipline for violation of pharmacy or drug laws in any state?	☐	☑

If you marked YES to any questions above, include the following information and provide a signed statement of explanation. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Board Administrative Action:	State:	Date:	Case #:

Criminal Action:	State:	Date:	Case #:	County:	Court:

I certify under penalty of perjury that the information I have provided on this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

ELISCIA GIAMPAPA

Original signature of Managing Pharmacist (copies or stamps not accepted)

08 / 14 / 2025

Date

FILED
OCT 12 2016
NEVADA STATE BOARD
OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,	)	**CASE NO. 16-024-RPH-A-S**
	)	**16-024-RPH-B-S**
Petitioner,	)	**16-024-PH-S**
v.	)	
	)	
MICHAEL LESSER, RPH,	)	**STIPULATION AND ORDER**
Certificate of Registration No. 15213	)	**(All Respondents)**
	)	
STEPHAN CHO, RPH,	)	
Certificate of Registration No. 18193	)	
	)	
WALGREENS PHARMACY #07164,	)	
Certificate of Registration No. PH01919	)	
	)	
Respondents.	/	

S. PAUL EDWARDS, General Counsel for Petitioner the Nevada State Board of Pharmacy (Board), and Respondents MICHAEL LESSER, RPH, Certificate of Registration No. 15213 (Mr. Lesser); STEPHAN CHO, RPH, Certificate of Registration No. 18193 (Mr. Cho); and WALGREENS PHARMACY #07164, Certificate of Registration No. PH01919 (Walgreens), (collectively Respondents), represented by William J. Stilling of Parsons Behle & Latimer,

HEREBY STIPULATE AND AGREE THAT

1. The Board has jurisdiction over these parties and this matter.

2. The Board properly served a *Notice of Intended Action and Accusation* (Accusation) on the Respondents, and each of them, on or about September 6, 2016.

3. Respondents did not file a written answer in this matter, however, they have been in contact with Board Staff by and through their counsel, Mr. Stilling.

4. Respondents, and each of them, are fully aware of their right to seek the advice of counsel in this matter and have either obtained the advice of counsel, or hereby waive that right to seek the advice of counsel by signing this Stipulation below.

5. Respondents, and each of them, are aware of their right to a hearing on the matters alleged in the Accusation, their right to reconsideration, their right to appeal and any and all other rights which may be accorded to them pursuant to the Nevada Administrative Procedure Act and the Nevada Pharmacy Act.

6. Conditioned on the acceptance of this Stipulation by the Board, and with the exception of the right to challenge any determination that any one, or all, of them have failed to comply with the provisions of Paragraph 9 below, Respondents hereby freely and voluntarily waive their right to a hearing, reconsideration, appeal and any and all other rights related to this action that may be accorded to them by the Nevada Administrative Procedure Act and the Nevada Pharmacy Act.

7. Respondents admit, to the best of their knowledge and belief, that the factual allegations in the Accusation are true and accurate, including, but not limited to, as follows:

a. PRESCRIPTION NO. 1428538

i. In July 2015, patient J.C.'s pediatrician prescribed a quantity of thirty (30) montelukast 4 mg. chewable tablets with instructions to take one tablet by mouth every day.

ii. The prescription included authorization for six refills.

iii. The pediatrician's office electronically transmitted the prescription to Walgreens, which assigned prescription number 1428538 and filled the prescription.

iv. On February 24, 2016, approximately seven (7) months later, Walgreens processed an automatic refill of Prescription No. 1428538.

v. Walgreens' system generated a prescription label that contained the correct drug, strength, and dosing instructions as prescribed.

vi. The prescription label was applied to a stock bottle of montelukast chewable tablets.

vii. After purchasing the medication, the patient's mother discovered that the tablets were square rather than the rectangular tablets she was accustomed to for her son's montelukast 4 mg. chewable tablets.

viii. Under the prescription label applied by Walgreens, the label on the stock bottle read montelukast 5 mg. chewable tablets.

ix. After the error was reported to Walgreens, it verified that it had dispensed the incorrect strength of medication.

x. J.C. and his twin brother each ingested two (2) tablets of the erred medication with no reported adverse effects.[1]

xi. Pharmacy records indicate that an Automatic Refill of Prescription No. 1428538 entered Walgreens' pharmacy computer system queue on February 24, 2016.

xii. Respondent Mr. Lesser filled the prescription and performed product verification for the medication.

xiii. He failed to detect that the bottle contained montelukast 5 mg. chewable tablets rather than the montelukast 4 mg. chewable tablets as prescribed.

xiv. In a written statement, Mr. Lesser explained that bottles of the 4 mg. and 5 mg. montelukast chewable tablets are stored next to each other on the pharmacy's fast rack. The manufacturer uses the same size stock bottle for both strengths.

b. PRESCRIPTION NO. 1516165

i. In March 2016, J.C.'s pediatrician wrote a new prescription for J.C. for thirty (30) montelukast 4 mg. chewable tablets with instructions to take one tablet by mouth every day.

ii. The prescription included authorization for six refills.

[1] J.C. and his twin brother are both prescribed montelukast 4 mg. chewable tablets. The parents take the tablets from one brother's montelukast 4 mg. medication bottle at a time for administration to each brother.

iii. J.C.'s parents tendered the prescription to Walgreens, which processed the first fill of the prescription (Prescription No. 1516165) and dispensed it on March 22, 2016.

iv. After purchasing the medication, J.C.'s mother opened the medication bottle and again discovered that the tablets were square rather than rectangular.

v. Walgreens had again dispensed montelukast 5 mg. chewable tablets rather than the montelukast 4 mg. chewable tablets as prescribed.

vi. Pharmacy records indicate that pharmaceutical technician Nicole Cramer (Ms. Cramer) performed the data entry of Prescription No. 1516165. Ms. Cramer entered the correct drug, strength, and dosing instructions.

vii. Pharmacy records indicate that the error occurred when Ms. Cramer filled the prescription with the incorrect 5 mg. dosage.

viii. Pharmacy security video shows Ms. Cramer manually entering the NDC when the stock bottle failed to scan. It is unknown from where Ms. Cramer obtained the NDC that she entered.

ix. Pharmacist Stephan Cho performed the product verification of Prescription No. 1516165.

x. Mr. Cho failed to detect the error when verifying the final product.

xi. According to pharmacy records, [redacted] (Treatment) accepted counseling, which Mr. Cho provided.

xii. Mr. Cho did not detect the medication error during counseling.

8. Respondents further admit that the evidence here supports the conclusions that:

a. By dispensing montelukast 5 mg. chewable tablets rather than the montelukast 4 mg. chewable tablets that were prescribed, Mr. Lesser acted unskillfully in failing to strictly follow the instructions of C.J.'s prescriber when filling, labeling and dispensing prescription number 1428538. Those actions fall within the definition of unprofessional conduct,

as described at NAC 639.945(1)(d) and (i). That conduct is subject to discipline pursuant to NRS 639.255.

b. By dispensing montelukast 5 mg. chewable tablets rather than the montelukast 4 mg. chewable tablets that were prescribed, Mr. Cho acted unskillfully in failing to strictly follow the instructions of C.J.'s prescriber when filling, labeling and dispensing prescription number 1516165. Those actions fall within the definition of unprofessional conduct, as described at NAC 639.945(1)(d) and (i). That conduct is subject to discipline pursuant to NRS 639.255.

c. As the owner of the pharmacy in which the errors described above occurred, Walgreens is responsible for those errors. NAC 639.945(2).

9. Based upon the Accusation and the foregoing admissions, the Board and Respondents stipulate to the following penalties:

Prescription No. 1428535

Mr. Lesser shall: (i) pay a total fine of one thousand dollars ($1,000.00) associated with the violations indicated above; and (ii) complete two (2) continuing education credits (CEUs) on the topic of error prevention and/or correct product verification. Those CEUs shall be in addition to the CEU's Mr. Lesser is ordinarily required to complete to maintain his license.

Walgreens shall pay an administrative fee of four hundred and ninety five dollars ($495.00), and meaningfully investigate the cause of the repeat errors at issue in the instant action. Within 30 days of the Board's acceptance of this Order, Walgreens will report to Board Staff the cause of the errors and its proposed plan to prevent this error from occurring in the future. Within 30 days of Board Staff's approval of Walgreens plan, Walgreens shall implement that plan in all Nevada stores, and report back to the Board that all pharmacists and pharmacy personnel have been trained on the new policy and procedure.

Prescription No. 1516165

Mr. Cho shall: (i) pay a total fine of one thousand dollars ($1,000.00) associated with the violations indicated above; and (ii) complete two (2) continuing education credits (CEUs) on the

topic of error prevention and/or correct product verification. Those CEUs shall be in addition to the CEU's Mr. Cho is ordinarily required to complete to maintain his license.

Walgreens shall pay a second administrative fee of four hundred and ninety five dollars ($495.00), and complete the process described above for identifying the cause and implementing a remedy for the repeat errors at issue in this action.

10. The Board recognizes the facts in this Stipulation reflect the first time that Respondent Lesser and Respondent Cho has had to appear before the Board for any errors in practice. Nonetheless, the Board reminds and cautions each Respondent that checking prescriptions for accuracy is an essential part of pharmacy practice and that any lapse in concentration can result in an error and potential harm. Accordingly, Respondents each need to take steps to prevent the type of error described in this Stipulation from occurring in the future.

11. Board Counsel will present this Stipulation to the Board Members for approval at the Board's regularly scheduled meeting on October 12, 2016, in Las Vegas, Nevada. Respondents, including a representative of Walgreens, will appear at the meeting to answer questions from the Board Members and/or Board Staff. The Board Members and Staff may discuss and deliberate regarding this Stipulation, even if Respondents are not present at the meeting.

12. The Board has discretion to accept this Stipulation, but it is not obligated to do so.

13. If the Board rejects any part or all of this Stipulation, the parties agree that a full hearing on the merits of this matter may be heard by the Board, and that the hearing shall occur at the Board's December 2016 meeting in Reno, Nevada. The terms and admissions herein may not be used or referred to in a full hearing on the merits of this matter.

14. Upon approval of this Stipulation by the Board, Mr. Lesser and Mr. Cho shall pay the fines agreed to herein by *cashier's check* or *certified check* or *money order* made payable to "State of Nevada, Office of the Treasurer," to be received by the Board's Reno office located at 431 W. Plumb Lane, Reno, Nevada 89509, within thirty (30) days of the effective date of the Board's Order.

15. Respondent Walgreens shall pay the administrative fee agreed to herein by *cashier's check* or *certified check* or *money order* made payable to "Nevada State Board of Pharmacy," to be received by the Board's Reno office located at 431 W. Plumb Lane, Reno, Nevada 89509, within thirty (30) days of the effective date of the Board's Order;

16. Any failure by any Respondent to satisfy the obligations stated herein may result in additional discipline, up to and including suspension or revocation of that Respondent's respective registrations, until all terms have been complied with.

Respondents MICHAEL LESSER, RPH, Certificate of Registration No. 15213, STEPHAN CHO, RPH, Certificate of Registration No. 18193, and WALGREENS PHARMACY #07164, Certificate of Registration No. PH01919, have each fully considered the charges and allegations contained in the Notice of Intended Action and Accusation in this matter, and the terms of this Stipulation, and each freely and voluntarily agrees to the terms set forth herein, and waived certain rights, as stated herein.

AGREED:

Signed this 12th day of October, 2016

S. Paul Edwards, Esq.
General Counsel
Nevada State Board of Pharmacy

Signed this 12th day of October, 2016

Michael Lesser, R.Ph.
Certificate of Registration No. 15213

Signed this 12th day of October, 2016

Stephan Cho, R.Ph.
Certificate of Registration No. 18193

Signed this ___ day of October, 2016

Authorized Representative of Walgreens
#07164
Certificate of Registration No. PH01919

15. Respondent Walgreens shall pay the administrative fee agreed to herein by *cashier's check* or *certified check* or *money order* made payable to "Nevada State Board of Pharmacy," to be received by the Board's Reno office located at 431 W. Plumb Lane, Reno, Nevada 89509, within thirty (30) days of the effective date of the Board's Order;

16. Any failure by any Respondent to satisfy the obligations stated herein may result in additional discipline, up to and including suspension or revocation of that Respondent's respective registrations, until all terms have been complied with.

Respondents MICHAEL LESSER, RPH, Certificate of Registration No. 15213, STEPHAN CHO, RPH, Certificate of Registration No. 18193, and WALGREENS PHARMACY #07164, Certificate of Registration No. PH01919, have each fully considered the charges and allegations contained in the Notice of Intended Action and Accusation in this matter, and the terms of this Stipulation, and each freely and voluntarily agrees to the terms set forth herein, and waived certain rights, as stated herein.

AGREED:

Signed this ___ day of October, 2016

S. Paul Edwards, Esq.
General Counsel
Nevada State Board of Pharmacy

Signed this ___ day of October, 2016

Michael Lesser, R.Ph.
Certificate of Registration No. 15213

Signed this ___ day of October, 2016

Stephen Cho, R.Ph.
Certificate of Registration No. 18193

Signed this ___ day of October, 2016

Authorized Representative of Walgreens
#07164
Certificate of Registration No. PH01919

DECISION AND ORDER

The Nevada State Board of Pharmacy hereby adopts the foregoing Stipulation as its decision as to Respondents MICHAEL LESSER, RPH, Certificate of Registration No. 15213, STEPHAN CHO, RPH, Certificate of Registration No. 18193, and WALGREENS PHARMACY #07164, Certificate of Registration No. PH01919, and hereby orders that the terms of the foregoing Stipulation be made effective upon execution.

October 12 2016
Dated

Leo Basch, President
Nevada State Board of Pharmacy

FILED
SEP - 6 2016
NEVADA STATE BOARD OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,	)	**CASE NO. 16-024-RPH-A-S**
	)	**16-024-RPH-B-S**
Petitioner,	)	**16-024-PH-S**
v.	)	
	)	
MICHAEL LESSER, RPH,	)	**NOTICE OF INTENDED ACTION**
Certificate of Registration No. 15213	)	**AND ACCUSATION**
	)	
STEPHAN CHO, RPH,	)	
Certificate of Registration No. 18193	)	
	)	
WALGREENS PHARMACY #07164,	)	
Certificate of Registration No. PH01919	)	
	)	
Respondents.	/	

Larry L. Pinson, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, makes the following that will serve as both a notice of intended action under Nevada Revised Statutes (NRS) 233B.127(3), and as an accusation under NRS 639.241.

JURISDICTION

I.

The Nevada State Board of Pharmacy (Board) has jurisdiction over this matter and these respondents because, at the time of the alleged events, Respondent Michael Lesser (Mr. Lesser), Certificate of Registration No. 15213, was a pharmacist licensed by the Board, Respondent Stephan Cho (Mr. Cho), Certificate of Registration No. 18193, was a pharmacist licensed by the Board, and Respondent Walgreens Pharmacy #07164 (Walgreens), Certificate of Registration No. PH01919, was a pharmacy licensed by the Board.

FACTUAL ALLEGATIONS

II.

This case involves two prescriptions for four-year-old patient J.C.

III.

On or about March 31, 2016, Gina Christensen (Ms. Christensen) filed a complaint with

the Board Office on behalf of her four-year-old son J.C. In the complaint, Ms. Christensen alleges that Walgreens filled and dispensed two prescriptions within a two month period for J.C. In both cases, the Respondents dispensed the wrong strength of the medication.

1. **PRESCRIPTION NO. 1428538 – MONTELUKAST (SINGULAIR®) 4 MG. TABLETS**

IV.

On July 23, 2015, patient J.C.'s pediatrician prescribed a quantity of thirty (30) montelukast 4 mg. chewable tablets with instructions to take one tablet by mouth every day. The prescription included authorization for six refills. The pediatrician's office electronically transmitted the prescription to Walgreens, which assigned prescription number 1428538 and filled the prescription.

V.

On February 24, 2016, approximately seven (7) months later, Walgreens processed an automatic refill of Prescription No. 1428538.

VI.

Walgreens' system generated a prescription label that contained the correct drug, strength, and dosing instructions as prescribed. The prescription label was applied to a stock bottle of montelukast chewable tablets.

VII.

When Ms. Christensen opened the medication bottle, she noticed that the tablets were square rather than the rectangular tablets she was accustomed to for her son's montelukast **4 mg.** chewable tablets.

VIII.

Ms. Christensen peeled back the prescription label from the stock bottle of the montelukast tablets. The label read montelukast **5 mg.** chewable tablets.

IX.

Ms. Christensen contacted Walgreens and reported the error. Walgreens verified the

strength on the written prescription as **4 mg.**, and verified that Walgreens dispensed the incorrect strength of **5 mg.** tablets.

X.

J.C. and his twin brother each ingested two (2) tablets of the erred medication with no reported adverse effects.[1]

XI.

Pharmacy records indicate that an Automatic Refill of Prescription No. 1428538 entered Walgreens' pharmacy computer system queue on February 24, 2016.

XII.

Mr. Lesser filled the prescription and performed the final verification of the product.[2] He failed to detect that the bottle contained montelukast **5 mg.** chewable tablets rather than the montelukast **4 mg.** chewable tablets as prescribed.

XIII.

In a written statement, Mr. Lesser indicates that bottles of the 4 mg. and 5 mg. montelukast chewable tablets are stored next to each other on the pharmacy's fast rack. The manufacturer uses the same size stock bottle for both strengths.

XIV.

Mr. Lesser thinks that he may have retrieved a return-to-stock bottle that contained the 5 mg. strength and was not able to scan the National Drug Code (NDC). If he had been able to scan the 5 mg. NDC code from the bottle, the pharmacy system's scale would have alerted him to the error in the strength.

XV.

Mr. Lesser assumes that he manually entered the NDC from either a 4 mg. strength bottle or the leaflet which reflected the correct strength.

[1] J.C. and his twin brother are both prescribed montelukast 4 mg. chewable tablets. The parents take the tablets from one brother's montelukast 4 mg. medication bottle at a time for administration to each brother.

[2] Walgreens' Audit/Board of Pharmacy Inspection Report documents pharmaceutical technician K.M. Nasife filled the prescription. Technician Nasife failed to log off of the system at the end of her shift. Mr. Lesser was the only one on duty during the filling process of this prescription.

2. PRESCRIPTION NO. 1516165 – MONTELUKAST (SINGULAIR®) 4 MG. TABLETS

XVI.

On March 15, 2016, J.C.'s pediatrician wrote a new prescription for J.C. for thirty (30) montelukast 4 mg. chewable tablets with instructions to take one tablet by mouth every day. The prescription included authorization for six refills.

XVII.

The prescription was tendered to Walgreens, which processed the first fill of the prescription (Prescription No. 1516165) and dispensed it on March 22, 2016.

XVIII.

Ms. Christensen opened the medication bottle and again discovered that the tablets were square rather than rectangular. Walgreens again dispensed montelukast **5 mg.** chewable tablets rather than the montelukast **4 mg.** chewable tablets as prescribed.

XIX.

Pharmacy records indicate that pharmaceutical technician Nicole Cramer (Ms. Cramer) performed the data entry of Prescription No. 1516165. Ms. Cramer entered the correct drug, strength, and dosing instructions.

XX.

Pharmacist M.R. performed data entry verification remotely at Walgreens' Central Facility in Orlando, Florida.

XXI.

Pharmacy records indicate that the error occurred when Ms. Cramer filled the prescription with the incorrect 5 mg. dosage. Pharmacy security video shows Ms. Cramer manually entering the NDC when the stock bottle failed to scan. It is unknown where Ms. Cramer obtained the NDC that she scanned. Ms. Cramer has no recollection of the incident.

XXII.

Pharmacist Stephan Cho performed the product verification of Prescription No. 1516165.

Mr. Cho failed to detect the error when verifying the final product.

XXIII.

According to pharmacy records, Ms. Christensen accepted counseling, which Mr. Cho provided. Mr. Cho did not detect the medication error during counseling.

FIRST CAUSE OF ACTION
(Prescription No. 1428538 – Montelukast (Singulair®) 4 mg. tablets)
(Michael Lesser)

XXIV.

NAC 639.945(1)(d) defines unprofessional conduct to include the failure by a licensee to follow strictly the instructions of a prescriber when filling, labeling and dispensing a prescription. Unprofessional conduct also includes performing duties in an "incompetent, unskillful or negligent manner". *See* NAC 639.945(1)(i). Mr. Lesser acted unprofessionally per NAC 639.945(1)(d) and/or (i) by filling, verifying, and dispensing montelukast **5 mg.** chewable tablets rather than the montelukast **4 mg.** chewable tablets that were prescribed.

SECOND CAUSE OF ACTION
(Prescription No. 1428538 – Montelukast (Singulair®) 4 mg. tablets)
(Walgreens Pharmacy #07164)

XXV.

NAC 639.945(2) states that "[t]he owner of any business or facility licensed, certified or registered by the Board is responsible for the acts of all personnel in his or her employ". Respondent Mr. Lesser is Walgreens' employee. As such, Walgreens is responsible for each of the violations alleged herein.

XXVI.

The violations alleged above, including in each cause of action, are grounds for discipline against the licenses of Michael Lesser and/or Walgreens #07164 pursuant to NRS 639.210(4), (11) and/or (12), as well as NRS 639.255.

THIRD CAUSE OF ACTION
(Prescription No. 1516165 – Montelukast (Singulair®) 5 mg. tablets)
(Stephan Cho)

XXVII.

NAC 639.945(1)(d) defines unprofessional conduct to include the failure by a licensee to follow strictly the instructions of a prescriber when filling, labeling and dispensing a prescription. Unprofessional conduct also includes performing duties in an "incompetent, unskillful or negligent manner". *See* NAC 639.945(1)(i). Mr. Cho acted unprofessionally per NAC 639.945(1)(d) and/or (i) by filling, verifying, and dispensing montelukast **5 mg.** chewable tablets rather than the montelukast **4 mg.** chewable tablets that were prescribed.

FOURTH CAUSE OF ACTION
(Prescription No. 1516165 – Montelukast (Singulair®) 5 mg. tablets)
(Walgreens #07164)

XXVIII.

NAC 639.945(2) states that "[t]he owner of any business or facility licensed, certified or registered by the Board is responsible for the acts of all personnel in his or her employ". Respondent Mr. Cho is Walgreens' employee. As such, Walgreens is responsible for each of the violations alleged herein.

XXIX.

The violations alleged above, including in each cause of action, are grounds for discipline against the licenses of Stephan Cho and/or Walgreens #07164 pursuant to NRS 639.210(4), (11) and/or (12), as well as NRS 639.255.

WHEREFORE it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to the certificates of registration of these respondents.

Signed this 2nd day of September, 2016.

Larry Pinson, Pharm.D., Executive Secretary
Nevada State Board of Pharmacy

Section 9: Statement of Responsibility - MUST BE COMPLETED by an Authorized Person (NAC 639.945)

Statement of Responsibility

1. I am the Vice President (title) for Walgreen Co. (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be responsible for any violations of pharmacy law that may occur in the Pharmacy owned by such owner(s), shareholder(s), member(s), or partner(s).
3. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against the Pharmacy.
4. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) cannot require or permit the pharmacist(s) in said Pharmacy to violate any provision of local, state, or federal laws or regulations pertaining to the practice of pharmacy.
5. I further understand and acknowledge that Nevada law requires that each pharmacy located inside the State of Nevada employ only pharmacists, intern pharmacists, pharmaceutical technicians, and technicians in training that are licensed by the Nevada State Board of Pharmacy. (NRS 639.100).
6. I further understand and acknowledge that Nevada law requires that each pharmacy located outside the State of Nevada engaged in providing pharmacy services into Nevada employs at least one pharmacist licensed by the Nevada State Board of Pharmacy who will be responsible for any prescription dispensed to a patient located in Nevada and responsible for any acts or omissions of pharmacy personnel who are not registered with the Board. (NRS 639.2328).

Richard Gates

Print Name of Authorized Person

Richard Gates

Original signature of Authorized Person (copies or stamps not accepted)

08 / 26 / 2025

Date

Section 10: Affidavit for Pharmacies- MUST BE COMPLETED by pharmacies NOT CURRENTLY PERFORMING Sterile Compounding

Affidavit for Pharmacy License

I, Richard Gates hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

1. I am the Vice President (title) for Walgreen Co. (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I certify that upon licensure, the Pharmacy will not perform sterile compounding or ship sterile compounds into Nevada.
3. I understand and acknowledge that the Pharmacy and any of its staff members may be subject to discipline by the Board if the Pharmacy performs sterile compounding or ships any sterile compounds into Nevada without first obtaining written authorization from the Board to do so.
4. I certify that if the Pharmacy makes the decision to perform sterile compounding or to ship any sterile compounds into Nevada, the Pharmacy, through an authorized representative, will first notify the Board via a written request, and obtain written approval to perform sterile compounding or to ship any sterile compounds into Nevada.
5. I understand that if the Pharmacy seeks approval to perform sterile compounding or to ship any sterile compounds into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

FURTHER YOUR AFFIANT SAYETH NAUGHT.

Signature

SUBSCRIBED AND SWORN TO
Before me, a notary public this 20th day of August, 2025

Zeljka Borosa-Rajcevic
Notary Public

OFFICIAL SEAL
ZELJKA BOROSA RAJCEVIC
Notary Public, State of Illinois
Commission No. 977646
My Commission Expires September 8, 2027

Ownership Information

Ownership & Leadership of Applicant Entity

Applicant: **Walgreen Co.**
108 Wilmot Rd., Deerfield, IL 60015

Ownership: The Applicant entity is wholly owned (100%) by Walgreens Boots Alliance, Inc.

Officers of Walgreen Co.
Michael Motz - CEO
Richard Gates - Senior Vice President, Chief Pharmacy Officer
Cherita Thomas - Secretary
Matthew Spina - CFO
Michael Handal - Licensing and Provider Enrollment Officer

Ownership & Leadership of Walgreens Boots Alliance, Inc.

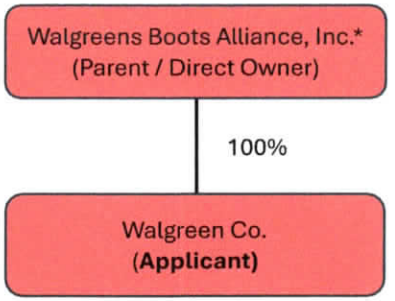
Ownership: Walgreens Boots Alliance, Inc. is wholly owned (100%) by Blazing Star Parent, LLC

Officers of Walgreens Boots Alliance, Inc.
Temporarily vacant - CEO
Mark Weisz - Sr VP, Global Tax
Manmohan Mahajan - Sr VP, Global Controller, CFO
Lanesha Minnix - Corporate Secretary

Please see the attached pre- and post-closing Corporate Organization chart for reference.

Proprietary and Confidential
Not a public record pursuant to
Section 7927.605 of the CPRA and
45 CFR Section 5.31

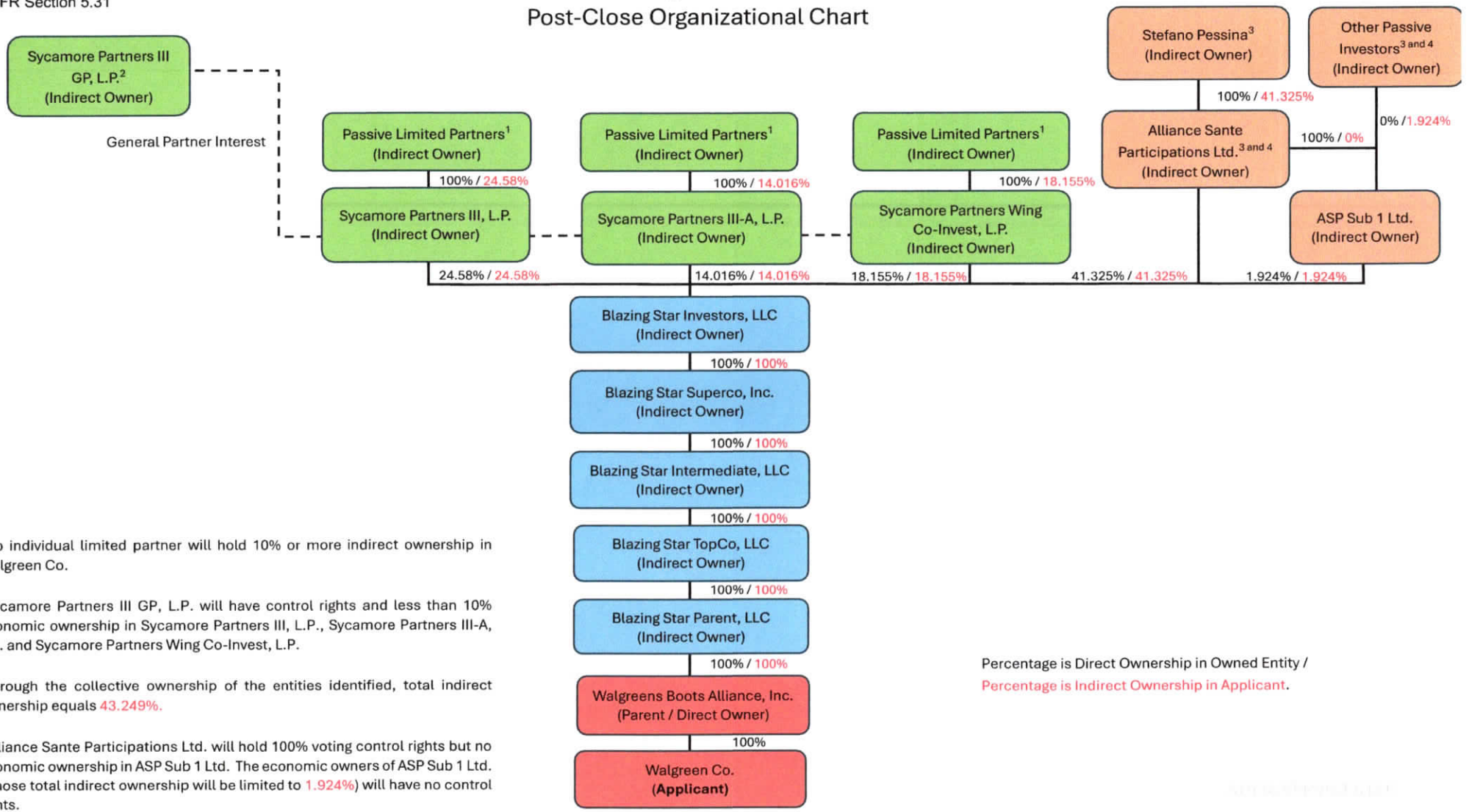
Walgreen Co.
Pre-Close Organizational Chart



Publicly Traded on Nasdaq Stock Market (WBA)

Proprietary and Confidential
Not a public record pursuant to
Section 7927.605 of the CPRA and
45 CFR Section 5.31

Walgreen Co.
Post-Close Organizational Chart



[1]No individual limited partner will hold 10% or more indirect ownership in Walgreen Co.

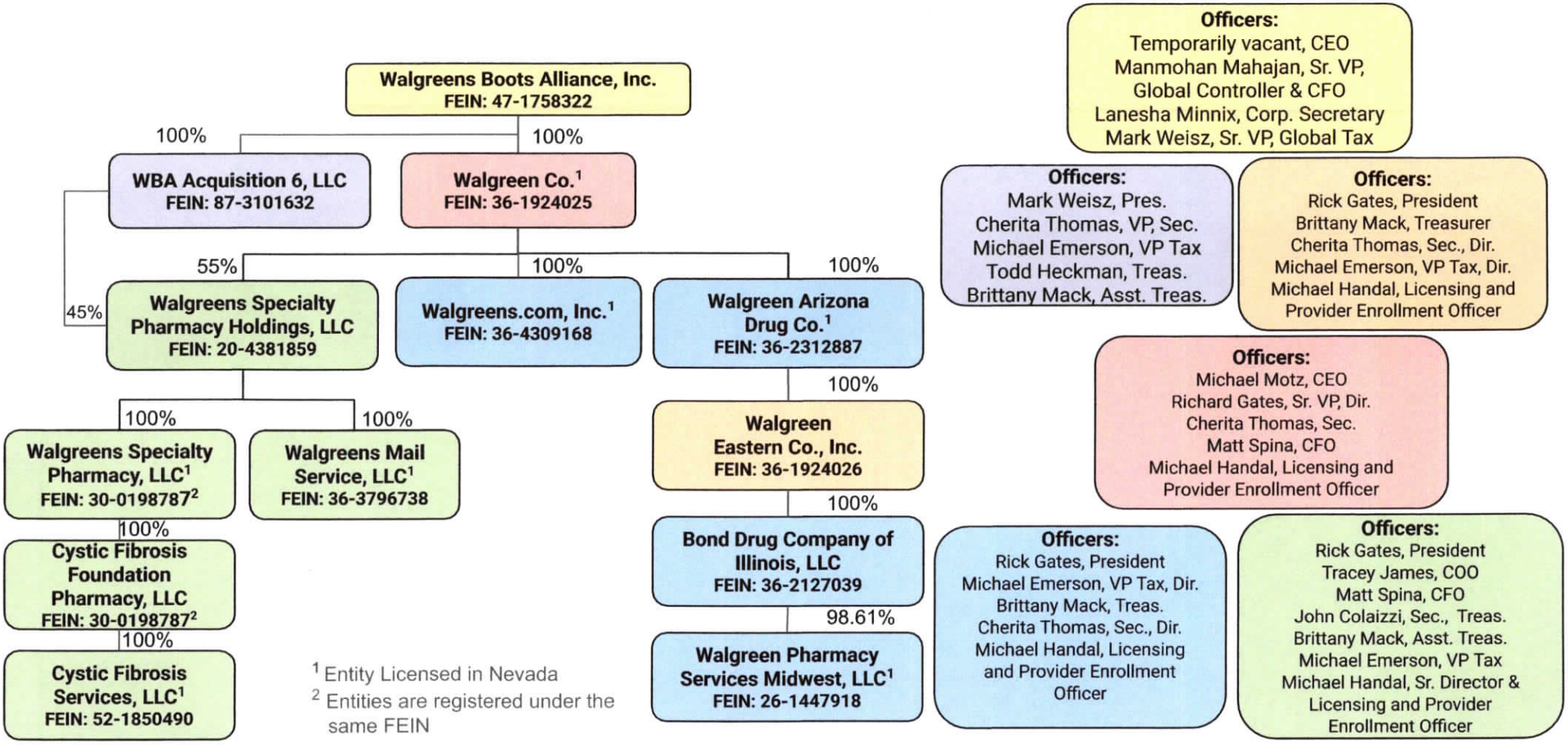
[2]Sycamore Partners III GP, L.P. will have control rights and less than 10% economic ownership in Sycamore Partners III, L.P., Sycamore Partners III-A, L.P. and Sycamore Partners Wing Co-Invest, L.P.

[3]Through the collective ownership of the entities identified, total indirect ownership equals 43.249%.

[4]Alliance Sante Participations Ltd. will hold 100% voting control rights but no economic ownership in ASP Sub 1 Ltd. The economic owners of ASP Sub 1 Ltd. (whose total indirect ownership will be limited to 1.924%) will have no control rights.

Percentage is Direct Ownership in Owned Entity /
Percentage is Indirect Ownership in Applicant.

Walgreen Co.
Post-Close Organizational Chart (cont.)



File Number 1084-348-1

STATE OF ILLINOIS

OFFICE OF THE SECRETARY OF STATE

To all to whom these Presents Shall Come, Greeting:

I, **Alexi Giannoulias,** *Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that*

WALGREEN CO., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON FEBRUARY 15, 1909, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE BUSINESS CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.

In Testimony Whereof, *I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this* 15TH *day of* MAY *A.D.* 2025 .

Authentication #: 2513501622 verifiable until 05/15/2026
Authenticate at: https://www.ilsos.gov

Alexi Giannoulias
SECRETARY OF STATE

9U

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Pharmacy Application

Non-Refundable $500.00 Fee

Rev (6/11/2024)

Facility Location	Application Type (check all applicable)	Pharmacy Type (check all applicable)	Services the Pharmacy will Provide (check all applicable)
☐ Nevada ☐ Out-of-Nevada	☐ New Pharmacy ☐ Ownership Change* ☐ Location Change * ☐ Service Modification* ☐ Name Change* (if only a Name Change occurred, submit a $50.00 fee with the application.) * Current license #: PH PH02121	☐ Retail/Community ☐ Hospital (# beds _____) ☐ Internet ☐ Nuclear ☐ Other:	☐ Retail/Community ☐ Dangerous drugs ☐ Controlled substances DEA #: BW9717616 ☐ Non-sterile Compounding ☐ Sterile Compounding ☐ Mail-Order Service ☐ Off-site Cognitive Services ☐ Long Term Care ☐ Hospital ☐ Other:

Days of Operation		Ownership Type (check applicable box)
☐ Monday	☐ Friday	☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9, 10, 11, 12)
☐ Tuesday	☐ Saturday	☐ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9, 10, 11, 12)
☐ Wednesday	☐ Sunday	☐ Partnership (complete sections 1, 2, 3, 4, 7, 9, 10, 11, 12)
☐ Thursday	☐ Holidays	☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9, 10, 11, 12)

Section 1: General Information

Pharmacy Name: WALGREENS #02598

Physical Address: 7685 S Rainbow Blvd

City: Las Vegas State: NV Zip: 89139

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: (702)614-3094 Toll Free # (NAC 639.708, NRS 639.23286): N/A

Fax: (702)614-3189 Contact Email: rxm.02598@store.walgreens.com

Website: https://www.walgreens.com

Nevada Business License # (if applicable) NV19951143510

Supervising/Managing Pharmacist Name (NRS 639.220): AUBRION NOLAN

Supervising/Managing Pharmacist NV Pharmacist Registration # (if applicable): 23270

Section 2: List the name(s) of at least one NEVADA registered pharmacist who practices at the pharmacy, who may be the managing pharmacist or another pharmacist, who will be responsible for any prescriptions dispensed to a patient located in Nevada and responsible for any acts or omissions of pharmacy personnel who are not registered with the Board. NRS 639.2328. (Use a separate piece of paper if additional space is needed.)

Name: AUBRION NOLAN	NV Pharmacist Registration #: 23270
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:

Section 3: History of Company	**Yes**	**No**
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✔
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration from any jurisdiction?		✔
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been subject of an administrative action, board citation, cite fine, or proceeding relating to the pharmaceutical industry?		✔
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✔
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✔

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name(s) of the owner(s), their credentials and their percent ownership. Write NA if not applicable. NRS 639.232. (Use a separate piece of paper if additional space is needed.)

Name: N/A	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:

1. The Board shall not issue a license to conduct a pharmacy:
   a) To any practitioner; or
   b) To any partnership, corporation, or association in which a practitioner has a controlling interest or owns more than 10 percent of the available stock.
2. This section does not:
   a) Apply to a hospital pharmacy or a health maintenance organization which holds a certificate of authority under chapter 695C of NRS.
   b) Prohibit ownership by a practitioner of a building in which a pharmacy is located, if space for the pharmacy is rented at the prevailing rate.

Section 5: Publicly Traded Corporation

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Does the number of stockholders/shareholders of the corporation exceed four? NRS 639.231 ☐ Yes ☐ No

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: Delaware

Parent Company (if any): Walgreens Boots Alliance, Inc.

Corporation/Organization Name: Walgreen Co.

Mailing Address: 108 Wilmot Rd

City: Deerfield State: IL Zip: 60015

Telephone: 847-224-1348 Email: licenseadministration@walgreens.com

Contact Person Name: Kayla Lechner

Does the number of stockholders/shareholders of the corporation or members exceed four? NRS 639.231 ☐ Yes ☑ No

Section 7: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Please check type of partnership (NAC 639.214) ☐ General ☐ Limited

Does the number of partners or members of the partnership exceed four? NRS 639.231 ☐ Yes ☐ No

Section 8: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Richard Gates

Print Name of Authorized Person Submitting Application (If the applicant is a partnership or corporation, the application must be signed by a partner or by an officer of the corporation). NAC 639.215

Richard Gates

Original signature of Authorized Person (copies or stamps not accepted)

08 / 26 / 2025

Date

Board Use Only	Date Received: 9/22/25	Amount: $500 ck JP05-3000111129

Section 11: Managing Pharmacist Acknowledgement, Professional/Personal History – REQUIRED TO BE COMPLETED BY THE MANAGING PHARMACIST FOR NEVADA LOCATED PHARMACY APPLICANTS ONLY

Managing Pharmacist Name: AUBRION NOLAN Pharmacist Registration #: 23270

Pharmacy Name: WALGREENS #02598

Initial each statement below to indicate you have read and agree with the following:

A.U. I understand that as the managing pharmacist I am responsible for compliance by the pharmacy and its personnel with all state and federal laws and regulations relating to the operation of the pharmacy and the practice of pharmacy. I understand my license can be revoked or that I can be subject of disciplinary action if such laws or regulations are knowingly violated in the pharmacy in which I am the managing pharmacist.

A.U. I understand within 48 hours after I report for duty as the managing pharmacist, I shall complete an inventory of all controlled substances of the pharmacy pursuant to 21 CFR Part 1304 and maintain a copy of the inventory in the file at the pharmacy.

A.U. I understand that if I cease to be managing pharmacist of the above-named pharmacy, I will jointly, with the new managing pharmacist, take an inventory of all controlled substances.

A.U. I understand that as the managing pharmacist I must ensure that all loss or theft of controlled substances are reported on forms provided by the Nevada State Board of Pharmacy and Department of Public Safety within 10 days after the date of discovery of theft or loss. NRS 453.568. Federal regulations require that registrants notify the Field Division Office of the Administration in his area, in writing, of the theft or significant loss of any controlled substance, disposal receptacles or listed chemicals within one business day of discovery of such loss or theft. The registrant shall also complete and submit to the Field Division Office in his area, DEA Form 106 regarding the loss or theft (21 C.F.R. §1301.76(b) and 21 U.S.C. §830(b)(1)(C)).

A.U. I understand that as the managing pharmacist I must notify the Nevada State Board of Pharmacy of all employment changes of pharmacy staff within 10 days of the change. NAC 639.540

Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?	☐	☑
2. Have you been charged, arrested, or convicted of a felony or misdemeanor in any state?	☐	☑
3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state?	☐	☑
4. Has your license been subjected to any discipline for violation of pharmacy or drug laws in any state?	☐	☑

If you marked YES to any questions above, include the following information and provide a signed statement of explanation. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Board Administrative Action:	State:	Date:	Case #:

Criminal Action:	State:	Date:	Case #:	County:	Court:

I certify under penalty of perjury that the information I have provided on this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

AUBRION NOLAN

Original signature of Managing Pharmacist (copies or stamps not accepted)

08 / 05 / 2025

Date

Section 9: Statement of Responsibility - MUST BE COMPLETED by an Authorized Person (NAC 639.945)

Statement of Responsibility

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Richard Gates

Print Name of Authorized Person

Richard Gates

Original signature of Authorized Person (copies or stamps not accepted)

08 / 26 / 2025

Date

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FURTHER YOUR AFFIANT SAYETH NAUGHT.

Signature

SUBSCRIBED AND SWORN TO
Before me, a notary public this 20th day of August, 2025

Zeljka Borosa-Rajcevic
Notary Public

OFFICIAL SEAL
ZELJKA BOROSA RAJCEVIC
Notary Public, State of Illinois
Commission No. 977646
My Commission Expires September 8, 2027

CONFIDENTIAL/EXEMPT FROM
FREEDOM OF INFORMATION ACT AND
SIMILAR STATE REQUESTS

Ownership Information

Ownership & Leadership of Applicant Entity

Applicant: **Walgreen Co.**
108 Wilmot Rd., Deerfield, IL 60015

Ownership: The Applicant entity is wholly owned (100%) by Walgreens Boots Alliance, Inc.

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Ownership & Leadership of Walgreens Boots Alliance, Inc.

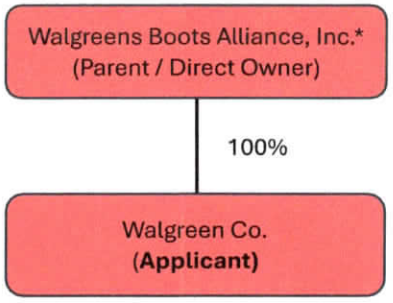
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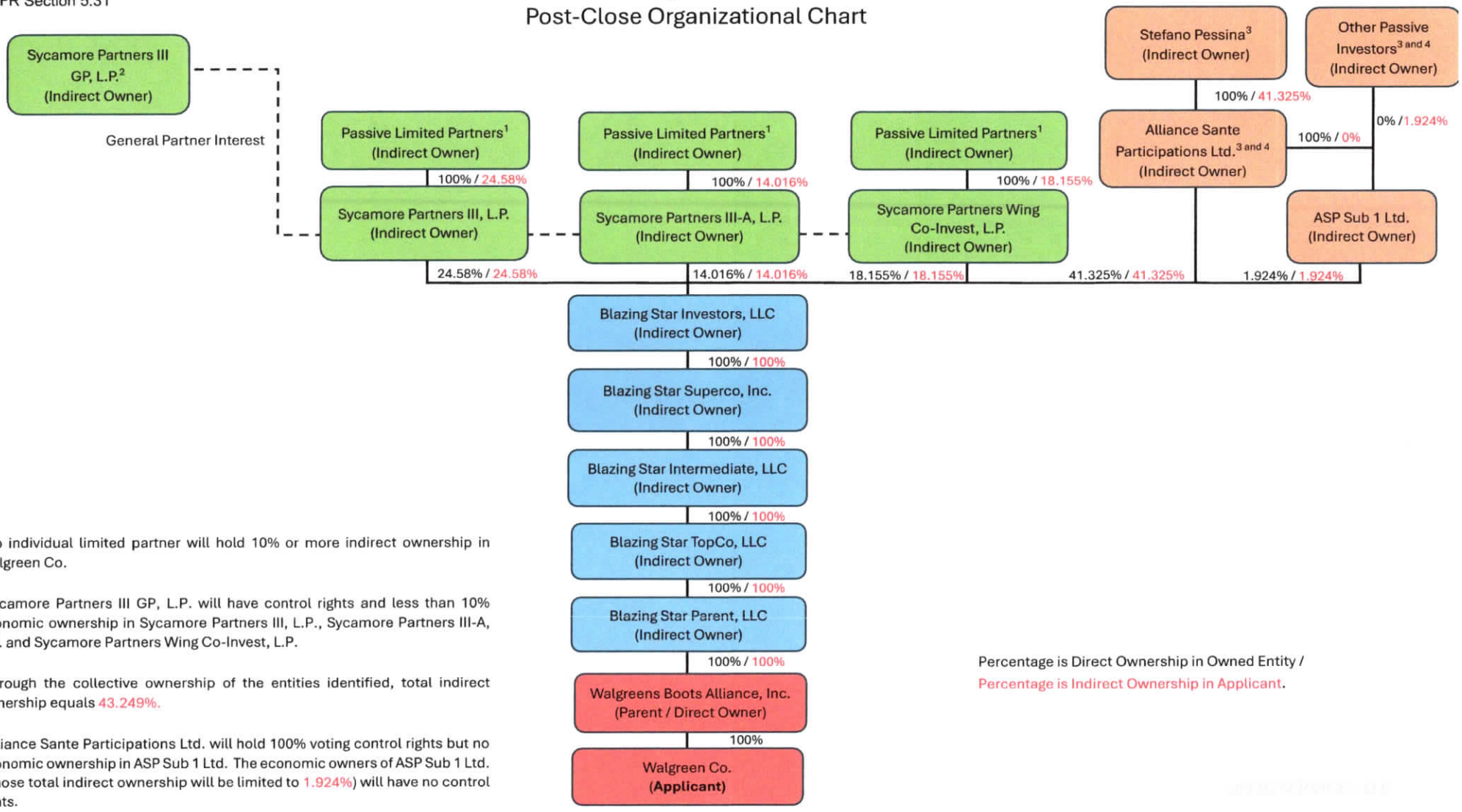
Walgreen Co.
Pre-Close Organizational Chart



Publicly Traded on Nasdaq Stock Market (WBA)

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Walgreen Co.
Post-Close Organizational Chart



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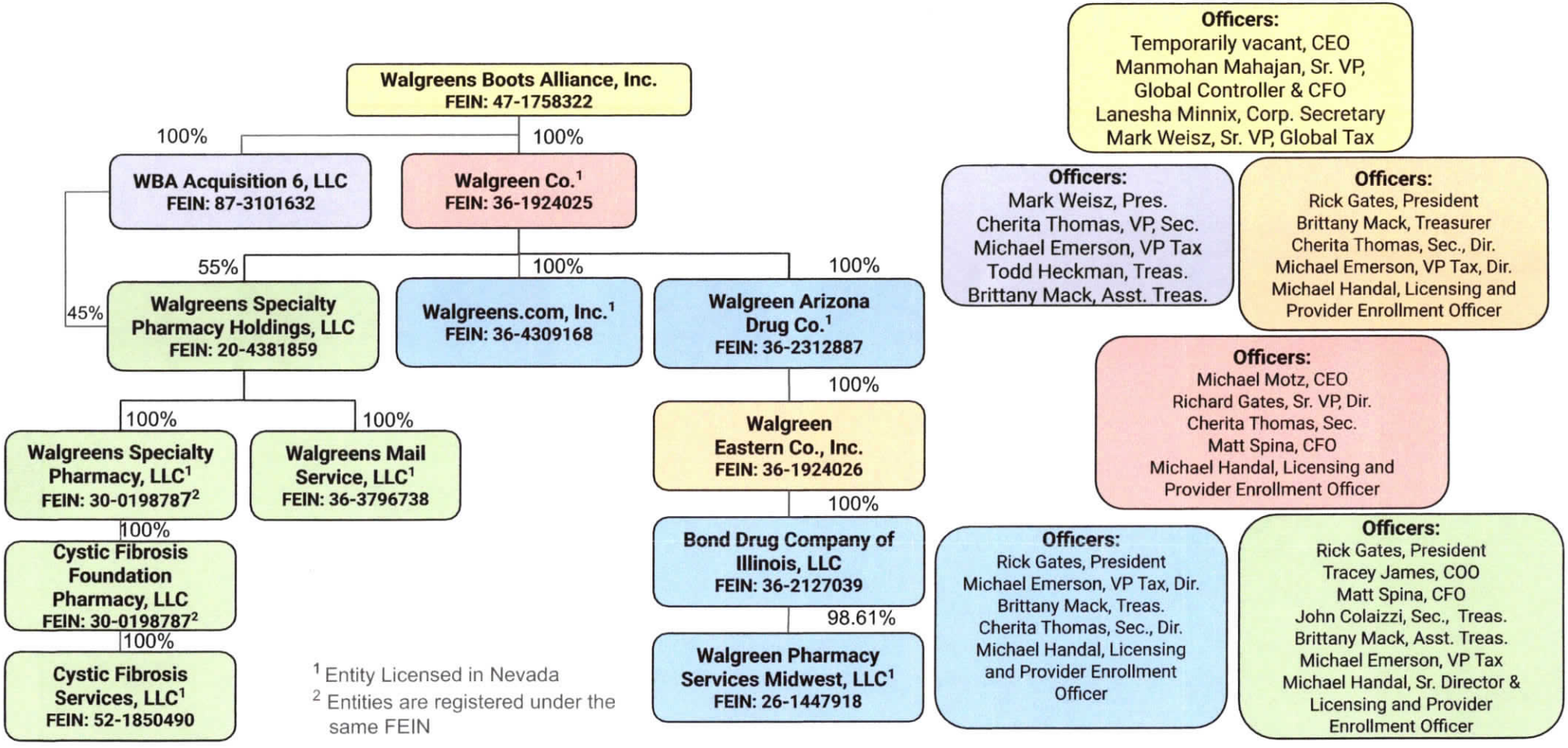
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Percentage is Direct Ownership in Owned Entity / Percentage is Indirect Ownership in Applicant.

Walgreen Co.
Post-Close Organizational Chart (cont.)



File Number 1084-348-1

STATE OF ILLINOIS

OFFICE OF THE SECRETARY OF STATE

To all to whom these Presents Shall Come, Greeting:

I, **Alexi Giannoulias,** *Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that*

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Authentication #: 2513501622 verifiable until 05/15/2026
Authenticate at: https://www.ilsos.gov

SECRETARY OF STATE

9V

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Pharmacy Application

Non-Refundable $500.00 Fee

Rev (6/11/2024)

Facility Location	Application Type (check all applicable)	Pharmacy Type (check all applicable)	Services the Pharmacy will Provide (check all applicable)
■ Nevada ☐ Out-of-Nevada	☐ New Pharmacy ■ Ownership Change* ☐ Location Change * ☐ Service Modification* ☐ Name Change* (if only a Name Change occurred, submit a $50.00 fee with the application.) * Current license #: PH PH01063	■ Retail/Community ☐ Hospital (# beds _____) ☐ Internet ☐ Nuclear ☐ Other:	■ Retail/Community ■ Dangerous drugs ■ Controlled substances DEA #: BW4986622 ☐ Non-sterile Compounding ☐ Sterile Compounding ☐ Mail-Order Service ☐ Off-site Cognitive Services ☐ Long Term Care ☐ Hospital ☐ Other:

Days of Operation		Ownership Type (check applicable box)
■ Monday	■ Friday	☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9, 10, 11, 12)
■ Tuesday	■ Saturday	■ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9, 10, 11, 12)
■ Wednesday	■ Sunday	☐ Partnership (complete sections 1, 2, 3, 4, 7, 9, 10, 11, 12)
■ Thursday	☐ Holidays	☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9, 10, 11, 12)

Section 1: General Information

Pharmacy Name: WALGREENS #03841

Physical Address: 6101 W LAKE MEAD BLVD

City: Las Vegas State: NV Zip: 89108-2660

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: (702)648-2732 Toll Free # (NAC 639.708, NRS 639.23286): N/A

Fax: (702)648-2509 Contact Email: rxm.03841@store.walgreens.com

Website: https://www.walgreens.com

Nevada Business License # (if applicable) NV19951143510

Supervising/Managing Pharmacist Name (NRS 639.220): HYOJIN LOZANO

Supervising/Managing Pharmacist NV Pharmacist Registration # (if applicable): 21185

Section 2: List the name(s) of at least one NEVADA registered pharmacist who practices at the pharmacy, who may be the managing pharmacist or another pharmacist, who will be responsible for any prescriptions dispensed to a patient located in Nevada and responsible for any acts or omissions of pharmacy personnel who are not registered with the Board. NRS 639.2328. (Use a separate piece of paper if additional space is needed.)

Name: HYOJIN LOZANO	NV Pharmacist Registration #: 21185
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:

Section 3: History of Company	**Yes**	**No**
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✔
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration from any jurisdiction?		✔
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been subject of an administrative action, board citation, cite fine, or proceeding relating to the pharmaceutical industry?	✔	
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✔
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✔

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name(s) of the owner(s), their credentials and their percent ownership. Write NA if not applicable. NRS 639.232. (Use a separate piece of paper if additional space is needed.)

Name: N/A	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:

1. The Board shall not issue a license to conduct a pharmacy:
   a) To any practitioner; or
   b) To any partnership, corporation, or association in which a practitioner has a controlling interest or owns more than 10 percent of the available stock.
2. This section does not:
   a) Apply to a hospital pharmacy or a health maintenance organization which holds a certificate of authority under chapter 695C of NRS.
   b) Prohibit ownership by a practitioner of a building in which a pharmacy is located, if space for the pharmacy is rented at the prevailing rate.

Section 5: Publicly Traded Corporation

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Does the number of stockholders/shareholders of the corporation exceed four? NRS 639.231 ☐ Yes ☐ No

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: Delaware

Parent Company (if any): Walgreens Boots Alliance, Inc.

Corporation/Organization Name: Walgreen Co.

Mailing Address: 108 Wilmot Rd

City: Deerfield State: IL Zip: 60015

Telephone: 847-224-1348 Email: licenseadministration@walgreens.com

Contact Person Name: Kayla Lechner

Does the number of stockholders/shareholders of the corporation or members exceed four? NRS 639.231 ☐ Yes ☑ No

Section 7: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Please check type of partnership (NAC 639.214) ☐ General ☐ Limited

Does the number of partners or members of the partnership exceed four? NRS 639.231 ☐ Yes ☐ No

Section 8: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Richard Gates

Print Name of Authorized Person Submitting Application (If the applicant is a partnership or corporation, the application must be signed by a partner or by an officer of the corporation). NAC 639.215

Richard Gates

Original signature of Authorized Person (copies or stamps not accepted)

08 / 26 / 2025

Date

Board Use Only	Date Received: 9/22/25	Amount: $300 ck JPB-3000111129

Section 11: Managing Pharmacist Acknowledgement, Professional/Personal History – REQUIRED TO BE COMPLETED BY THE MANAGING PHARMACIST FOR NEVADA LOCATED PHARMACY APPLICANTS ONLY

Managing Pharmacist Name: HYOJIN LOZANO Pharmacist Registration #: 21185

Pharmacy Name: WALGREENS #03841

Initial each statement below to indicate you have read and agree with the following:

H.Y. I understand that as the managing pharmacist I am responsible for compliance by the pharmacy and its personnel with all state and federal laws and regulations relating to the operation of the pharmacy and the practice of pharmacy. I understand my license can be revoked or that I can be subject of disciplinary action if such laws or regulations are knowingly violated in the pharmacy in which I am the managing pharmacist.

H.Y. I understand within 48 hours after I report for duty as the managing pharmacist, I shall complete an inventory of all controlled substances of the pharmacy pursuant to 21 CFR Part 1304 and maintain a copy of the inventory in the file at the pharmacy.

H.Y. I understand that if I cease to be managing pharmacist of the above-named pharmacy, I will jointly, with the new managing pharmacist, take an inventory of all controlled substances.

H.Y. I understand that as the managing pharmacist I must ensure that all loss or theft of controlled substances are reported on forms provided by the Nevada State Board of Pharmacy and Department of Public Safety within 10 days after the date of discovery of theft or loss. NRS 453.568. Federal regulations require that registrants notify the Field Division Office of the Administration in his area, in writing, of the theft or significant loss of any controlled substance, disposal receptacles or listed chemicals within one business day of discovery of such loss or theft. The registrant shall also complete and submit to the Field Division Office in his area, DEA Form 106 regarding the loss or theft (21 C.F.R. §1301.76(b) and 21 U.S.C. §830(b)(1)(C)).

H.Y. I understand that as the managing pharmacist I must notify the Nevada State Board of Pharmacy of all employment changes of pharmacy staff within 10 days of the change. NAC 639.540

Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?	☐	☑
2. Have you been charged, arrested, or convicted of a felony or misdemeanor in any state?	☐	☑
3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state?	☐	☑
4. Has your license been subjected to any discipline for violation of pharmacy or drug laws in any state?	☐	☑

If you marked YES to any questions above, include the following information and provide a signed statement of explanation. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Board Administrative Action:	State:	Date:	Case #:

Criminal Action:	State:	Date:	Case #:	County:	Court:

I certify under penalty of perjury that the information I have provided on this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

HYOJIN LOZANO

Original signature of Managing Pharmacist (copies or stamps not accepted)

08 / 07 / 2025

Date

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

STEPHEN C. LESSARD, R.Ph.
Certificate of Registration No. 13632,

WALGREENS PHARMACY #03841,
Certificate of Registration No. PH1063,

Respondents.

FINDINGS OF FACT, CONCLUSIONS OF LAW, AND ORDER

Case No. 98-006A-RPH-S

Case No. 98-006B-PH-S

THIS MATTER was heard by the Nevada State Board of Pharmacy (hereinafter Board) at its regular meeting on July 29, 1998, in Las Vegas. The Board was represented by Louis Ling, Deputy Attorney General, Respondent Stephen C. Lessard appeared and represented himself, and Respondent Walgreens Pharmacy #03841 appeared and was represented by George Flaherty. Based on Respondents' admissions and testimony and documents presented as well as the public records in the possession and control of the Board, the Board issues the following Findings of Fact, Conclusions of Law, and Order:

FINDINGS OF FACT

1. Staff presented the testimony of Gayle Angulo and John Angulo and introduced seven exhibits which were accepted into evidence. Respondent Lessard and Walgreens Pharmacy #03841 (Walgreens) testified. Based upon the admissions and testimony at hearing, the following are found to be the facts of this case.

2. On the evening of January 20, 1998, the Angulos took their five-month-old son to University Medical Center's children's hospital. The infant was diagnosed to

have pneumonia and was administered a steroid and an antibiotic. The Angulos were told to see their regular pediatrician as soon as they could. The Angulos left UMC with their son at 4:00 a.m. on January 21, 1998.

3. Later the morning of January 21, 1998, the Angulos took their five-month-old son to Dr. Naiman. Dr. Naiman confirmed the diagnosis as pneumonia and wrote for the infant two prescriptions, one for albuterol for breathing treatments with a nebulizer, and the other for Prelone syrup 15 mg./5ml. The directions for use written by Dr. Naiman were "7.5 mg. po BID" for three days.

4. The Angulos delivered both prescriptions to Walgreens at about 11:00 a.m. on January 21, 1998 by dropping them off at the drive-through window. They were told to return later that afternoon to pick up the prescriptions.

5. Another pharmacist originally entered the Prelone syrup prescription into the pharmacy's computer correctly so that the directions for use read "Take 1/2 teaspoon (2.5 ml.) by mouth twice daily." Although the prescription as written by Dr. Naiman clearly states "7.5 mg. po BID," Mr. Lessard changed the prescription in the pharmacy's computer so that the directions for use read "Take one and 1/2 teaspoons (7.5 ml.) by mouth twice daily" without consulting Dr. Naiman. Mr. Lessard filled the Prelone syrup prescription according to his incorrect directions.

6. Because someone needed to stay home with the infant and to wait for the delivery of the nebulizer, Mrs. Angulo stayed home while Mr. Angulo went to Walgreens in the afternoon of January 21, 1998 to pick up the prescriptions. Because Mr. Angulo was unsure of what kind of saline to purchase for the proper use of the Albuterol, a male pharmacist assisted Mr. Angulo in finding the saline. The pharmacist explained to Mr. Angulo the proper way to use the nebulizer. At no time did any pharmacist at Walgreens counsel Mr. Angulo regarding the Prelone syrup prescription.

7. The evening of January 21, 1998, Mrs. Angulo administered a 1/2 teaspoon dose to her son based upon what she had remembered the directions for use to be that Dr. Naiman had orally told her.

8. The morning of January 22, 1998, Mrs. Angulo reviewed the directions for use on the Prelone syrup prescription and noticed that the directions said to administer one and one-half teaspoon, so Mrs. Angulo administered one dose to her son at the one and one-half teaspoon amount. The infant threw up the medication.

9. The same morning of January 22, 1998, Mrs. Angulo took her son to another appointment with Dr. Naiman. At this appointment, it was discovered that the directions for use on the Prelone syrup prescription were incorrect and that the dosage was three times that ordered by Dr. Naiman.

10. At hearing, Mr. Lessard and Mr. Flaherty argued that Mr. Lessard had changed the Prelone syrup prescription's directions for use based upon Mr. Lessard's professional judgment and that he did not need to contact the physician in the exercise of that judgment. Mr. Lessard also claimed that he had counseled Mrs. Angulo regarding the proper use of the Prelone syrup. We find the claims raised by Mr. Lessard and Mr. Flaherty not to be credible because they seem at odds with the other credible testimony and evidence in this matter. The timing of the events related by the Angulos was borne out consistently by Walgreens' documents and by documents produced by the Angulos. Walgreens' own counseling log cannot be used to prove that any Angulo was counseled regarding the Prelone syrup, and if the log proves anything it is that the Prelone syrup was picked up by Mr. Angulo, just as the Angulos had testified. Finally, if Mr. Lessard had any reason to question the directions for use (which he must have had, since he changed the directions from the correct directions to incorrect directions), Mr. Lessard should have contacted Dr. Naiman, which Mr. Lessard failed to do.

CONCLUSIONS OF LAW

1. The Nevada State Board of Pharmacy has jurisdiction over this matter because Respondent Walgreens is a pharmacy registered with the Board and Respondent Lessard is a pharmacist licensed by the Board.

2. In dispensing the Prelone syrup prescription incorrectly by labeling the prescription with incorrect directions for use, Mr. Lessard violated Nevada Revised Statutes (NRS) 639.210(4) and Nevada Administrative Code (NAC) 639.945(1)(d) and (i).

3. In employing Mr. Lessard, who incorrectly dispensed the Prelone syrup prescription, Walgreens violated NRS 639.210(4) and 639.945(1)(d) and (i) and (2).

ORDER

Based upon the foregoing, the Board hereby orders the following:

1. Respondent Lessard shall pay a fine of $150.00 in cash, cashier's or certified check, or money order made payable to "State of Nevada, Office of the Treasurer" to be received by the Board's Reno office within 30 days of the effective date of this Order.

2. Respondent Walgreens shall pay to the Board its costs of $203.50 and its administrative costs of $100.00, for a total of $303.50 in cash, money order, or cashier's or certified check made payable to "Nevada State Board of Pharmacy" that must be received by the Board office within 30 days of the effective date of this Order.

3. The failure by any Respondent to comply with any term in this order shall result in a fine of $1,000 per day for every day that the term is not complied with, up to a maximum of $30,000, and will also result in further discipline, up to and including revocation of the Respondent's license.

Signed and effective this 28th day of August, 1998.

Larry L. Pinson, President
Nevada State Board of Pharmacy

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

NOTICE OF INTENDED ACTION AND ACCUSATION

STEPHEN C. LESSARD, R.PH, Certificate of Registration No. 13632,

Case No. 98-006A-RPH-S

WALGREENS PHARMACY #03841, Certificate of Registration No. PH1063;

Case No. 98-006B-PH-S

Respondents.

/

COMES NOW Keith W. Macdonald, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, and makes the following that will serve as both a notice of intended action under Nevada Revised Statutes (NRS) 233B.127(3) and as an accusation under NRS 639.241.

I.

The Nevada State Board of Pharmacy has jurisdiction over this matter and these Respondents for the following reasons:

A. Respondent Stephen C. Lessard, is a registered pharmacist with the Board (Certificate of Registration Number 13632).

B. Respondent Walgreens Pharmacy (Walgreens #03841) is a registered pharmacy with the Board (Certificate of Registration Number PH1063), located at 6101 West Lake Mead Boulevard, Las Vegas, Nevada.

II.

On or about January 21, 1998 Ms. A took her 5 month old son to the doctor. The physician prescribed Prelone syrup, 7.5 mg. and advised Ms. A to give the baby 1/2 teaspoon of Prelone syrup 2 times per day for three days.

III.

Ms. A took her prescription for Prelone syrup 7.5 mg. to Walgreens #03841 to be filled after she left the physician's office. When she got home she glanced at the directions on the bottle of Prelone syrup, noticed it said "1/2" and gave the baby 1/2 teaspoonful. The following morning when she went to administer the medication to the baby she looked more closely at the directions for use. It read, "...one and 1/2 teaspoonfuls by mouth twice daily." Ms. A then administered her son's medication according to the directions on the lable. Upon giving her son the first teaspoonful, he immediately threw up.

IV.

Ms. A took her son to the doctor for a scheduled appointment and related to him that the baby threw up the first teaspoonful of the Prelone syrup. The doctor informed her that his instructions were to take only 1/2 teaspoon of the medication.

FIRST CAUSE OF ACTION

V.

In incorrectly labeling and dispensing a prescription drug, Respondent Lessard violated Nevada revised Statutes (NRS) 639.210(4) and Nevada Administrative Code (NAC) 639.945 (1) (d) and (i).

SECOND CAUSE OF ACTION

VI.

In owning and operating the pharmacy in which the above acts and violations occurred, Respondent Walgreens #03841 violated NRS 639.210(4) and NAC 639.945 (1) (d) and (i) and (2).

WHEREFORE it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to the certificates of registration of the Respondents.

Signed this 29th day of June, 1998.

Keith W. Macdonald

Keith W. Macdonald, Executive Secretary
Nevada State Board of Pharmacy

NOTICE TO RESPONDENT

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements regarding your certificate of registration. To do so, you must mail to the Board within 15 days of your receipt of this Notice of Intended Action and Accusation a written statement showing your compliance.

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,	)	
	)	**CASE NO. 13-004-RPH-S**
Petitioner,	)	**CASE NO. 13-004-PH-S**
v.	)	
	)	**FINDINGS OF FACT,**
EMAN HELMI GOBRAN, RPH	)	**CONCLUSIONS OF LAW**
Certificate of Registration No. 15284	)	**AND ORDER**
	)	
WALGREENS PHARMACY #03841	)	
Certificate of Registration No. PH01063	)	
	)	
Respondents.	/	

The Nevada State Board of Pharmacy (Board) heard this matter at its regular meeting on Wednesday, July 24, 2013, in Las Vegas, Nevada. Attorney S. Paul Edwards represented the Board in his capacity as its General Counsel. Respondents Eman Helmi Gobran, Certificate of Registration No. 15284 and Walgreens Pharmacy #03841, Certificate of Registration No. PH01063 (collectively Respondents), appeared with their counsel, William J. Stilling of the law firm Parsons Behle & Latimer. Based on the evidence, the testimony presented and the public records in the Board's possession and control, the Board issues the following Findings of Fact, Conclusions of Law and Order.

I. FINDINGS OF FACT

1. On January 8, 2013, four-month-old PT was treated at the University Medical Center Quick Care (UMC) in Las Vegas, Nevada.

2. The treating physician at UMC wrote a prescription for PT for brand name acetaminophen 160mg/5ml liquid, with directions to take 2.5 mls every 4-6 hours as needed for fever greater than 101°.

3. PT's mother tendered the prescription to Walgreens Pharmacy #03841 on January 9, 2013. Walgreen's filled the prescription, and PT's mother picked up the medication the same day.

4. PT's mother administered the medication to PT approximately every three hours for four days.

5. PT returned to UMC on January 12, 2013, for a follow-up visit concerning the same condition, where he was seen by Dr. Kami Larsen.

6. PT's mother informed Dr. Larsen of PT's January 8, 2013 visit to UMC, and of his prescription for acetaminophen.

7. PT's mother further reported that PT's fever was not coming down and that he was sleeping more than usual.

8. PT's mother showed the prescription bottle filled by Walgreens #03841 to Dr. Larsen.

9. Dr. Larsen observed that the prescription had been filled with acetaminophen with codeine elixir.

10. Dr. Larsen reviewed the prescribing physician's paperwork and noted that the physician had prescribed brand name acetaminophen 160mg/5ml liquid (plain), not the acetaminophen elixir containing codeine that Walgreens #03841 dispensed.

11. Dr. Larsen contacted Walgreens #03841. Pharmacist Cuong Ung, the pharmacist on duty, took Dr. Larsen's call and confirmed that the prescription was filled with the wrong medication.

12. Pharmaceutical Technician in Training Alexis Hernandez scanned and input the original prescription data into the computer system.

13. Respondent Ms. Gobran was the verifying pharmacist.

14. During verification of PT's prescription, Respondent Ms. Gobran did not detect that the prescription had been filled with the wrong medication.

15. During verification of PT's prescription, Respondent Ms. Gobran also overrode, without appropriately responding to, a Drug Utilization Review (DUR) warning: "PEDIATRICS

0-3 YEARS INDICATES USING CAUTION WITH ACETAMINOPHEN/CODEINE 120-12MG SOL."

16. Additionally, the label on the medication dispensed to PT did not contain the complete directions as prescribed by the physician. The label on the erred prescription omitted the instruction to give the medication for fever greater than 101°.

II. CONCLUSIONS OF LAW

Based on the forgoing findings of fact, the Board concludes on matters of law as follows:

17. The Board has jurisdiction over this matter because at the time of the conduct set forth above, Respondent Ms. Gobran was a pharmacist licensed by the Board, and Respondent Walgreens Pharmacy #03841 was a pharmacy licensed by the Board.

18. By failing to strictly follow the instructions of the prescriber and dispensing acetaminophen with codeine elixir, instead of the prescribed acetaminophen elixir, Respondent Ms. Gobran violated NAC 639.945(1)(b), (d) and (i), and is guilty of unprofessional conduct, which is grounds for discipline pursuant to NRS 639.255.

19. By failing to act appropriately on a DUR warning, Respondent Ms. Gobran violated NAC 639.945(1)(i), which is grounds for discipline pursuant to NRS 639.255.

20. By failing to detect that the medication dispensed for patient P.T. was mislabeled to exclude a portion of the physician's instructions, Respondent Ms. Gobran violated NAC 639.945(1)(d) and (i), which is grounds for discipline pursuant to NRS 639.255.

21. Pursuant to NAC 639.945(2), by owning and operating the pharmacy in which the violations set forth above occurred, respondent Walgreens Pharmacy #03841 is guilty of unprofessional conduct as defined in NAC 639.945(1)(b) and (d), which is grounds for action against its license pursuant to NRS 639.255.

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Based on the foregoing, **THE BOARD HEREBY ORDERS**:

22. Respondent Ms. Gobran shall:

a. Pay a fine of $1,000.00 in association with her dispensing of the wrong medication to patient P.T.;

b. Complete one (1) hour of continuing education (CE) related to the topic of error prevention, in addition to the regularly required CE courses Ms. Gobran must attend; and

c. Complete Walgreens's internal training regarding the proper response to a DUR warning.

Ms. Gobran shall report to Board Staff within 10 days of completing these CE requirements.

23. Respondent Walgreens #03841 shall:

a. Pay an administrative fee of $295.00 in association with this matter; and

b. Complete its internal DUR training with all pharmacists and pharmaceutical technicians working in its Nevada-licensed pharmacies.

Walgreens #03841 shall complete said training and report to Board Staff within 60 days of this Order.

24. Respondent Ms. Gobran shall pay the fine set forth herein by cashier's or certified check or money order made payable to "State of Nevada, Office of the Treasurer" to be received by the Board's Reno office within 60 days of the effective date of this Order.

25. Respondent Walgreens #03841 shall pay the administrative fee set forth herein by cashier's or certified check or money order made payable to "Nevada State Board of Pharmacy" to be received by the Board's Reno office within 60 days of the effective date of this Order.

26. If circumstances so merit, Board Staff has the discretion and authority to establish a payment plan under which Respondents may pay the fee or fine set forth herein through installments without further action or vote by the Board.

27. Any failure by either Respondent to comply with any term in this Order may result in additional discipline, up to and including suspension or revocation of Respondents'

registrations/licenses until all terms have been complied with. Furthermore, any failure to pay any fine, fee, or cost ordered herein may result in such legal action as Board staff determines to be necessary to collect the unpaid fine, fee, or cost.

Signed and effective this 2 day of August 2013.

Kamlesh Gandhi, President
Nevada State Board of Pharmacy

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,	
Petitioner,	**CASE NO. 13-004-RPH-S** **CASE NO. 13-004-PH-S**
v.	
EMAN HELMI GOBRAN, RPH **Certificate of Registration No. 15284**	**NOTICE OF INTENDED ACTION AND ACCUSATION**
WALGREENS PHARMACY #03841 **Certificate of Registration No. PH01063**	
Respondents /	

Larry L. Pinson, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, makes the following that will serve as both a notice of intended action under Nevada Revised Statutes (NRS) 233B.127(3) and as an accusation under NRS 639.241.

I.

The Nevada State Board of Pharmacy (Board) has jurisdiction over this matter because Respondent Eman Gobran is a pharmacist licensed by the Board, and Respondent Walgreens Pharmacy #03841, located at 6101 West Lake Mead Boulevard, Las Vegas, Nevada, is a pharmacy licensed by the Board.

II.

On or about January 8, 2013, four month old PT (PT) was treated at the University Medical Center (UMC) Quick Care, and prescribed brand name acetaminophen 160mg/5ml liquid with directions to take 2.5 mls every 4-6 hours as needed for fever greater than 101°. PT's mother presented the prescription to Walgreens Pharmacy #03841 on January 9, 2013, where it was filled and picked up the same day.

III.

On or about January 12, 2013, PT was seen again at the UMC Quick Care for a follow-up visit. Dr. Kami Larsen examined him. PT's mother informed Dr. Larsen that her son was seen on January 8, 2013, and was given a prescription for cough and fever. PT's mother administered the medication to him every four hours for three days. PT's mother reported that his fever was not coming down and all he did was sleep.

IV.

When asked, PT's mother showed the prescription bottle filled by Walgreens #03841 to Dr. Larsen. Dr. Larsen observed that the prescription had been filled with acetaminophen with codeine elixir. Dr. Larsen reviewed the prescribing physician's paperwork and noted that the physician had prescribed brand name acetaminophen 160mg/5ml liquid (plain) not the acetaminophen elixir containing codeine that Walgreens dispensed. Dr. Larsen contacted Walgreens #03841. Pharmacist Cuong Ung, the pharmacist on duty, confirmed that the prescription was filled incorrectly.

V.

Pharmaceutical Technician in Training Alexis Hernandez scanned and input the original prescription data into the computer system. Respondent Eman Gobran was the verifying pharmacist.

VI.

During verification of PT's prescription, Respondent Gobran entered an override for a Drug Utilization Review (DUR) warning: "PEDIATRICS 0-3 YEARS INDICATES USING CAUTION WITH ACETAMINOPHEN/CODEINE 120-12MG SOL." When interviewed by the Board Investigator, Respondent Gobran maintained that she did not know how or why she did not catch the error at the time of verifying the information input into the computer, nor could she explain why she overrode the DUR warning. She admitted that the label on the misfilled medication did not contain the complete directions as prescribed by the physician to give 2.5 mls. every 4 to 6 hours for fever higher than 101°. The label on the erred prescription (acetaminophen with codeine elixir), which was dispensed and administered, stated "Give "P" 2.5 mls by mouth every 4 to 6 hours as needed."

FIRST CAUSE OF ACTION

VII.

In failing to strictly follow the instructions of patient PT's physician by verifying and dispensing acetaminophen elixir containing codeine rather than acetaminophen 160mg/5ml liquid, Eman Gobran violated Nevada Revised Statute (NRS) 639.210(4) and/or (12) and/or Nevada Administrative Code (NAC) 639.945(1)(d) and/or (i).

SECOND CAUSE OF ACTION

VIII.

In failing to act upon the DUR warning, Eman Gobran violated NRS 639.210(4) and/or (12) and/or Nevada Administrative Code (NAC) 639.945(1)(i).

THIRD CAUSE OF ACTION

IX.

By mislabeling the misfilled medication to give 2.5 mls by mouth every 4 to 6 hours as needed rather than the prescribed instructions to give 2.5 mls every 4 to 6 hours for fever higher than 101°, Emma Gobran violated NRS 639.210(4) and/or NAC 639.945(1)(d) and/or (i).

FOURTH CAUSE OF ACTION

X.

In owning and operating the pharmacy in which the alleged violations occurred, Walgreens Pharmacy #03841 violated NRS 639.210(4) and/or (12) and/or NAC 639.945(1)(d) and/or (i) and/or (2).

WHEREFORE it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to the certificate of registration of the Respondent.

Signed this 11th day of June, 2013.

Larry L. Pinson, Pharm.D., Executive Secretary
Nevada State Board of Pharmacy

NOTICE TO RESPONDENT

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements regarding your certificate of registration. To do so, you must mail to the Board within 15 days of your receipt of this Notice of Intended Action and Accusation a written statement showing your compliance.

Section 9: Statement of Responsibility - MUST BE COMPLETED by an Authorized Person (NAC 639.945)

Statement of Responsibility

1. I am the Vice President (title) for Walgreen Co. (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be responsible for any violations of pharmacy law that may occur in the Pharmacy owned by such owner(s), shareholder(s), member(s), or partner(s).
3. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against the Pharmacy.
4. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) cannot require or permit the pharmacist(s) in said Pharmacy to violate any provision of local, state, or federal laws or regulations pertaining to the practice of pharmacy.
5. I further understand and acknowledge that Nevada law requires that each pharmacy located inside the State of Nevada employ only pharmacists, intern pharmacists, pharmaceutical technicians, and technicians in training that are licensed by the Nevada State Board of Pharmacy. (NRS 639.100).
6. I further understand and acknowledge that Nevada law requires that each pharmacy located outside the State of Nevada engaged in providing pharmacy services into Nevada employs at least one pharmacist licensed by the Nevada State Board of Pharmacy who will be responsible for any prescription dispensed to a patient located in Nevada and responsible for any acts or omissions of pharmacy personnel who are not registered with the Board. (NRS 639.2328).

Richard Gates

Print Name of Authorized Person

Richard Gates

Original signature of Authorized Person (copies or stamps not accepted)

08 / 26 / 2025

Date

Section 10: Affidavit for Pharmacies- MUST BE COMPLETED by pharmacies NOT CURRENTLY PERFORMING Sterile Compounding

Affidavit for Pharmacy License

I, Richard Gates hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

1. I am the Vice President (title) for Walgreen Co. (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I certify that upon licensure, the Pharmacy will not perform sterile compounding or ship sterile compounds into Nevada.
3. I understand and acknowledge that the Pharmacy and any of its staff members may be subject to discipline by the Board if the Pharmacy performs sterile compounding or ships any sterile compounds into Nevada without first obtaining written authorization from the Board to do so.
4. I certify that if the Pharmacy makes the decision to perform sterile compounding or to ship any sterile compounds into Nevada, the Pharmacy, through an authorized representative, will first notify the Board via a written request, and obtain written approval to perform sterile compounding or to ship any sterile compounds into Nevada.
5. I understand that if the Pharmacy seeks approval to perform sterile compounding or to ship any sterile compounds into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

FURTHER YOUR AFFIANT SAYETH NAUGHT.

Signature

SUBSCRIBED AND SWORN TO
Before me, a notary public this 20th day of August, 2025

Zeljka Borosa-Rajcevic
Notary Public

OFFICIAL SEAL
ZELJKA BOROSA RAJCEVIC
Notary Public, State of Illinois
Commission No. 977646
My Commission Expires September 8, 2027

CONFIDENTIAL/EXEMPT FROM
FREEDOM OF INFORMATION ACT AND
SIMILAR STATE REQUESTS

Ownership Information

Ownership & Leadership of Applicant Entity

Applicant: **Walgreen Co.**
108 Wilmot Rd., Deerfield, IL 60015

Ownership: The Applicant entity is wholly owned (100%) by Walgreens Boots Alliance, Inc.

Officers of Walgreen Co.
Michael Motz - CEO
Richard Gates - Senior Vice President, Chief Pharmacy Officer
Cherita Thomas - Secretary
Matthew Spina - CFO
Michael Handal - Licensing and Provider Enrollment Officer

Ownership & Leadership of Walgreens Boots Alliance, Inc.

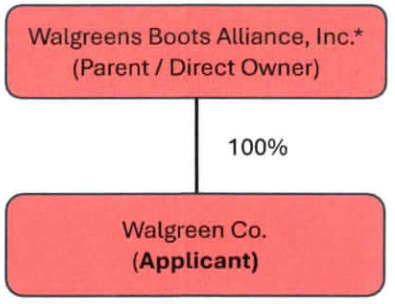
Ownership: Walgreens Boots Alliance, Inc. is wholly owned (100%) by Blazing Star Parent, LLC

Officers of Walgreens Boots Alliance, Inc.
Temporarily vacant - CEO
Mark Weisz - Sr VP, Global Tax
Manmohan Mahajan - Sr VP, Global Controller, CFO
Lanesha Minnix - Corporate Secretary

Please see the attached pre- and post-closing Corporate Organization chart for reference.

Proprietary and Confidential
Not a public record pursuant to
Section 7927.605 of the CPRA and
45 CFR Section 5.31

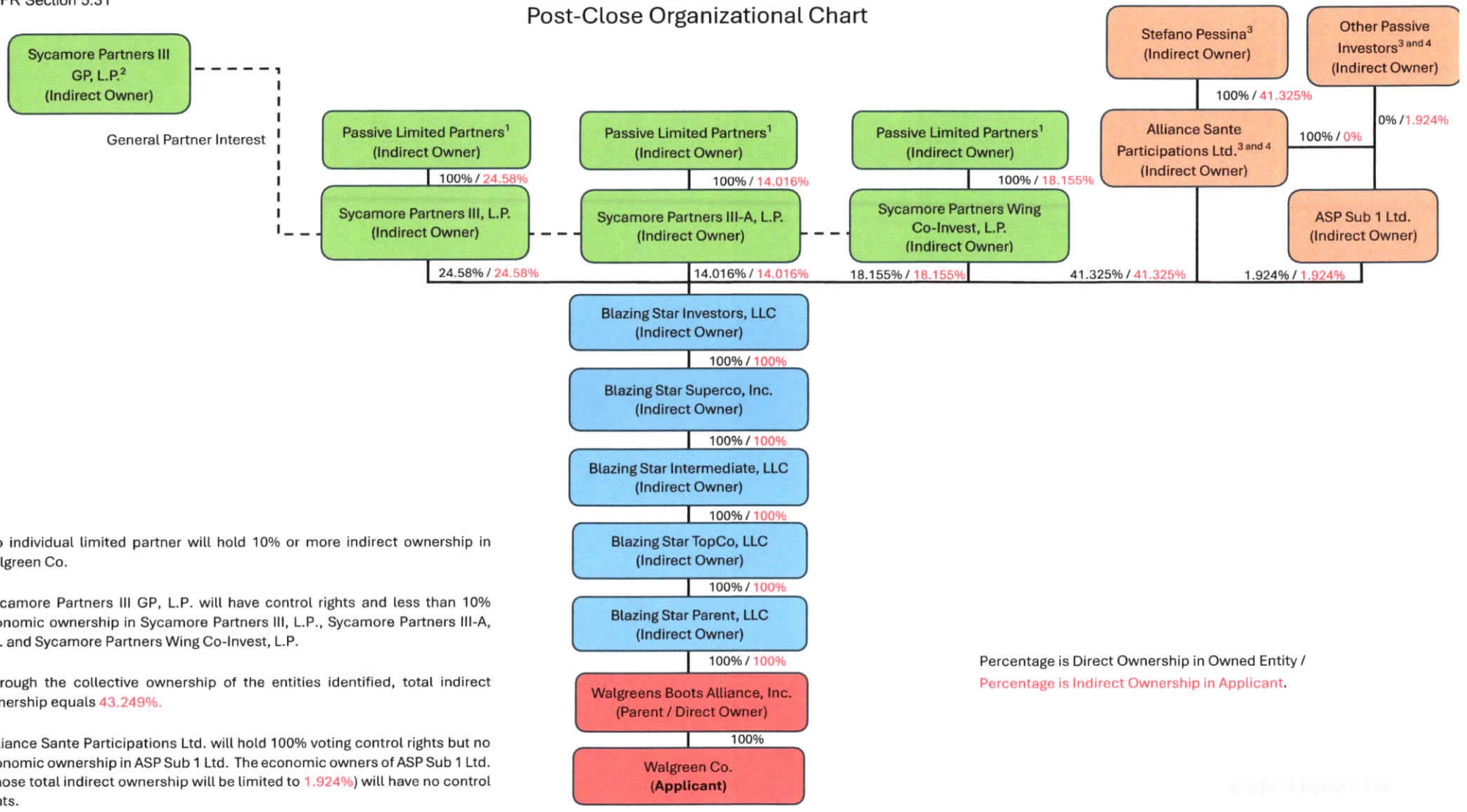
Walgreen Co.
Pre-Close Organizational Chart



Publicly Traded on Nasdaq Stock Market (WBA)

Proprietary and Confidential
Not a public record pursuant to
Section 7927.605 of the CPRA and
45 CFR Section 5.31

Walgreen Co.
Post-Close Organizational Chart



[1]No individual limited partner will hold 10% or more indirect ownership in Walgreen Co.

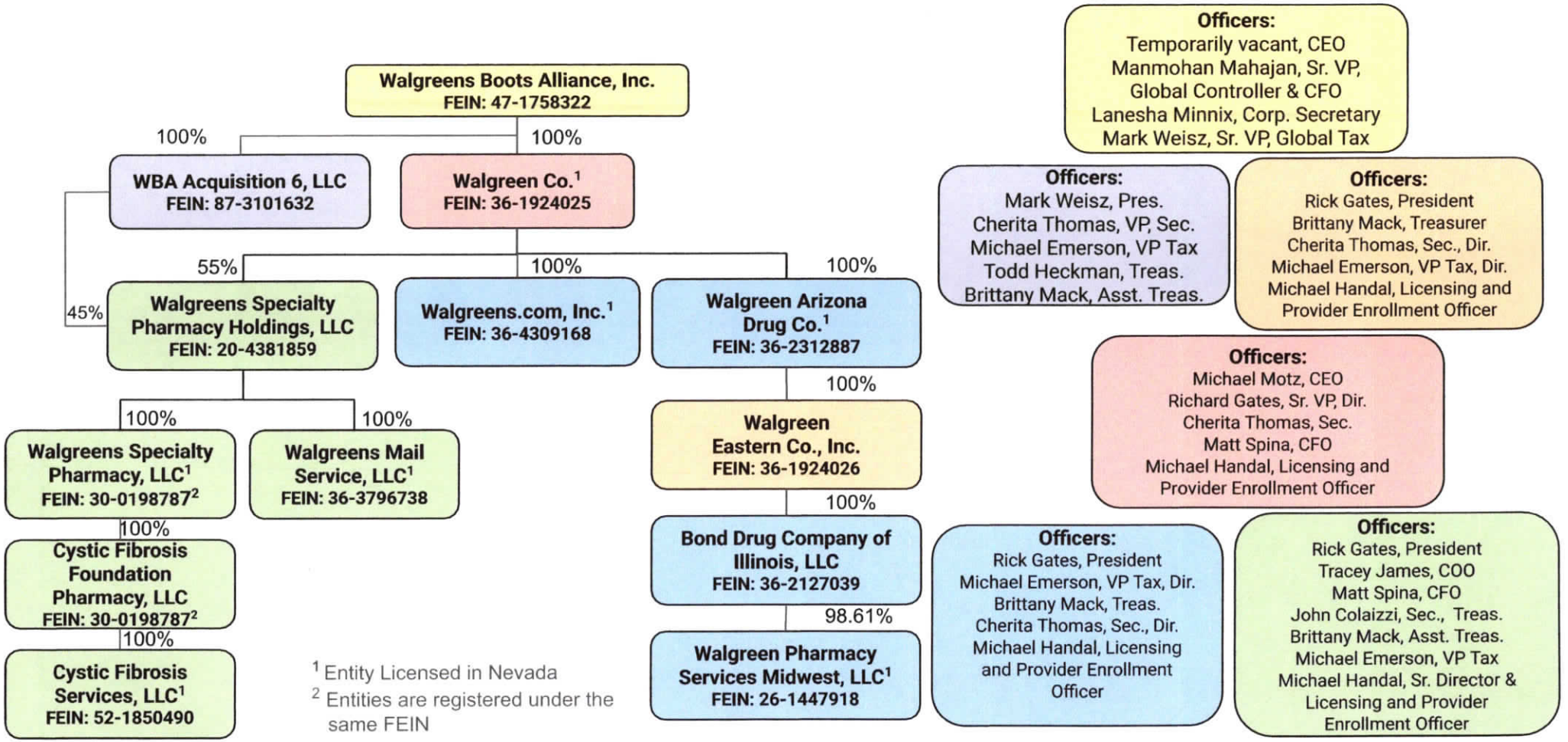
[2]Sycamore Partners III GP, L.P. will have control rights and less than 10% economic ownership in Sycamore Partners III, L.P., Sycamore Partners III-A, L.P. and Sycamore Partners Wing Co-Invest, L.P.

[3]Through the collective ownership of the entities identified, total indirect ownership equals 43.249%.

[4]Alliance Sante Participations Ltd. will hold 100% voting control rights but no economic ownership in ASP Sub 1 Ltd. The economic owners of ASP Sub 1 Ltd. (whose total indirect ownership will be limited to 1.924%) will have no control rights.

Percentage is Direct Ownership in Owned Entity /
Percentage is Indirect Ownership in Applicant.

Walgreen Co.
Post-Close Organizational Chart (cont.)



File Number 1084-348-1

STATE OF ILLINOIS

OFFICE OF THE SECRETARY OF STATE

To all to whom these Presents Shall Come, Greeting:

I, **Alexi Giannoulias,** *Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that*

WALGREEN CO., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON FEBRUARY 15, 1909, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE BUSINESS CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.

In Testimony Whereof, *I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this* 15TH *day of* MAY *A.D.* 2025 .

Authentication #: 2513501622 verifiable until 05/15/2026
Authenticate at: https://www.ilsos.gov

Alexi Giannoulias
SECRETARY OF STATE

9W

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Pharmacy Application

Non-Refundable $500.00 Fee

Rev (6/11/2024)

Y

Facility Location	Application Type (check all applicable)	Pharmacy Type (check all applicable)	Services the Pharmacy will Provide (check all applicable)
■ Nevada ☐ Out-of-Nevada	☐ New Pharmacy ■ Ownership Change* ☐ Location Change * ☐ Service Modification* ☐ Name Change* (if only a Name Change occurred, submit a $50.00 fee with the application.) * Current license #: PH PH01249	■ Retail/Community ☐ Hospital (# beds _____) ☐ Internet ☐ Nuclear ☐ Other:	■ Retail/Community ■ Dangerous drugs ■ Controlled substances DEA #: BW5869500 ☐ Non-sterile Compounding ☐ Sterile Compounding ☐ Mail-Order Service ☐ Off-site Cognitive Services ☐ Long Term Care ☐ Hospital ☐ Other:

Days of Operation		Ownership Type (check applicable box)
■ Monday	■ Friday	☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9, 10, 11, 12)
■ Tuesday	■ Saturday	■ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9, 10, 11, 12)
■ Wednesday	■ Sunday	☐ Partnership (complete sections 1, 2, 3, 4, 7, 9, 10, 11, 12)
■ Thursday	☐ Holidays	☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9, 10, 11, 12)

Section 1: General Information

Pharmacy Name: WALGREENS #03842

Physical Address: 2389 E WINDMILL LN

City: LAS VEGAS State: NV Zip: 89123-2037

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: (702)837-9531 Toll Free # (NAC 639.708, NRS 639.23286): N/A

Fax: (702)837-9561 Contact Email: rxm.03842@store.walgreens.com

Website: https://www.walgreens.com

Nevada Business License # (if applicable) NV19951143510

Supervising/Managing Pharmacist Name (NRS 639.220): TUAN VU

Supervising/Managing Pharmacist NV Pharmacist Registration # (if applicable): 13896

Section 2: List the name(s) of at least one NEVADA registered pharmacist who practices at the pharmacy, who may be the managing pharmacist or another pharmacist, who will be responsible for any prescriptions dispensed to a patient located in Nevada and responsible for any acts or omissions of pharmacy personnel who are not registered with the Board. NRS 639.2328. (Use a separate piece of paper if additional space is needed.)

Name: TUAN VU	NV Pharmacist Registration #: 13896
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:

Section 3: History of Company	**Yes**	**No**
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✔
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration from any jurisdiction?		✔
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been subject of an administrative action, board citation, cite fine, or proceeding relating to the pharmaceutical industry?	✔	
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✔
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✔

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name(s) of the owner(s), their credentials and their percent ownership. Write NA if not applicable. NRS 639.232. (Use a separate piece of paper if additional space is needed.)

Name: N/A	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:

1. The Board shall not issue a license to conduct a pharmacy:
   a) To any practitioner; or
   b) To any partnership, corporation, or association in which a practitioner has a controlling interest or owns more than 10 percent of the available stock.
2. This section does not:
   a) Apply to a hospital pharmacy or a health maintenance organization which holds a certificate of authority under chapter 695C of NRS.
   b) Prohibit ownership by a practitioner of a building in which a pharmacy is located, if space for the pharmacy is rented at the prevailing rate.

Section 5: Publicly Traded Corporation

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Does the number of stockholders/shareholders of the corporation exceed four? NRS 639.231 ☐ Yes ☐ No

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: Delaware

Parent Company (if any): Walgreens Boots Alliance, Inc.

Corporation/Organization Name: Walgreen Co.

Mailing Address: 108 Wilmot Rd

City: Deerfield State: IL Zip: 60015

Telephone: 847-224-1348 Email: licenseadministration@walgreens.com

Contact Person Name: Kayla Lechner

Does the number of stockholders/shareholders of the corporation or members exceed four? NRS 639.231 ☐ Yes ☒ No

Section 7: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Please check type of partnership (NAC 639.214) ☐ General ☐ Limited

Does the number of partners or members of the partnership exceed four? NRS 639.231 ☐ Yes ☐ No

Section 8: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Richard Gates

Print Name of Authorized Person Submitting Application (If the applicant is a partnership or corporation, the application must be signed by a partner or by an officer of the corporation). NAC 639.215

Richard Gates

Original signature of Authorized Person (copies or stamps not accepted)

08 / 26 / 2025

Date

Board Use Only	Date Received: 9/22/25	Amount: $150 ck JP03-3000011291

Section 11: Managing Pharmacist Acknowledgement, Professional/Personal History – REQUIRED TO BE COMPLETED BY THE MANAGING PHARMACIST FOR NEVADA LOCATED PHARMACY APPLICANTS ONLY

Managing Pharmacist Name: TUAN VU Pharmacist Registration #: 13896

Pharmacy Name: WALGREENS #03842

Initial each statement below to indicate you have read and agree with the following:

T.V — I understand that as the managing pharmacist I am responsible for compliance by the pharmacy and its personnel with all state and federal laws and regulations relating to the operation of the pharmacy and the practice of pharmacy. I understand my license can be revoked or that I can be subject of disciplinary action if such laws or regulations are knowingly violated in the pharmacy in which I am the managing pharmacist.

T.V — I understand within 48 hours after I report for duty as the managing pharmacist, I shall complete an inventory of all controlled substances of the pharmacy pursuant to 21 CFR Part 1304 and maintain a copy of the inventory in the file at the pharmacy.

T.V — I understand that if I cease to be managing pharmacist of the above-named pharmacy, I will jointly, with the new managing pharmacist, take an inventory of all controlled substances.

T.V — I understand that as the managing pharmacist I must ensure that all loss or theft of controlled substances are reported on forms provided by the Nevada State Board of Pharmacy and Department of Public Safety within 10 days after the date of discovery of theft or loss. NRS 453.568. Federal regulations require that registrants notify the Field Division Office of the Administration in his area, in writing, of the theft or significant loss of any controlled substance, disposal receptacles or listed chemicals within one business day of discovery of such loss or theft. The registrant shall also complete and submit to the Field Division Office in his area, DEA Form 106 regarding the loss or theft (21 C.F.R. §1301.76(b) and 21 U.S.C. §830(b)(1)(C)).

T.V — I understand that as the managing pharmacist I must notify the Nevada State Board of Pharmacy of all employment changes of pharmacy staff within 10 days of the change. NAC 639.540

Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?	☐	☑
2. Have you been charged, arrested, or convicted of a felony or misdemeanor in any state?	☐	☑
3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state?	☐	☑
4. Has your license been subjected to any discipline for violation of pharmacy or drug laws in any state?	☐	☑

If you marked YES to any questions above, include the following information and provide a signed statement of explanation. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Board Administrative Action:	State:	Date:	Case #:

Criminal Action:	State:	Date:	Case #:	County:	Court:

I certify under penalty of perjury that the information I have provided on this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

TUAN VU

Original signature of Managing Pharmacist (copies or stamps not accepted)

08 / 01 / 2025

Date

FILED
FEB 06 2023
NEVADA STATE BOARD OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

WALGREENS PHARMACY #3842, Pharmacy License No. PH01249,

KRISTI NGUYEN, RPH, Certificate of Registration No. 18861,

CHERYL METTUS, RPH, Certificate of Registration No. 17225, and

THUY TRANDAC, RPH, Certificate of Registration No. 17658,

Respondents.

Case No. 17-105-PH-S
17-105-RPH-A-S
17-105-RPH-B-S
17-105-RPH-C-S

NOTICE OF INTENDED ACTION AND ACCUSATION

J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, makes the following that will serve as both a notice of intended action under NRS 233B.127(3) and as an accusation under NRS 622A.300(1) and/or NRS 639.241.

JURISDICTION

1. The Nevada State Board of Pharmacy (Board) has jurisdiction over this matter because at the time of the events alleged herein, Respondent Kristi Nguyen, RPH (Nguyen), Certificate of Registration No. 18861, Respondent Cheryl Mettus, RPH (Mettus), Certificate of Registration No. 17225, and Respondent Thuy TranDac, RPH (TranDac), Certificate of Registration No. 17658, were pharmacists registered with the Board, and Respondent Walgreens Pharmacy #3842, Pharmacy License No. PH01249, was a pharmacy licensed by the Board.

FACTUAL ALLEGATIONS

2. Respondents Nguyen, Mettus and TranDac were employed by Walgreens Pharmacy #3842 at the time of the events alleged herein.

3. Patient T.M. was being treated by several different providers for memory issues, pain, and other health conditions. B.H. was assisting T.M. with his medications because of T.M.'s memory issues.

4. On or about August 13, 2017, an electronic prescription from practitioner M.S. was transmitted to Walgreens Pharmacy #3842 for gabapentin 600 mg tablets for T.M., designated prescription no. 2933151, and dispensed to the patient.

5. On or about August 16, 2017, T.M. tendered a written prescription from practitioner E.S. for gabapentin 300 mg capsules for T.M to Walgreens Pharmacy #3842; this was designated prescription no. 2933209. On or about August 18, 2017, Respondent Mettus overrode a drug utilization review (DUR) alert for prescription no. 2933209 and dispensed to the patient. Respondent Mettus failed to contact the prescriber(s) to clarify the potential duplication error prior to overriding the DUR alerts. Therefore, both gabapentin prescriptions nos. 2933151 and 2933209 were dispensed, duplicating the same medication in different dosages within days.

6. On or about August 29, 2017, T.M. tendered two (2) written prescriptions from practitioner Z.G. for T.M to Walgreens Pharmacy #3842: 1) Aricept (generic donepezil) 5 mg, designated prescription no. 2939936; and 2) Seroquel (generic quetiapine) 100 mg, designated prescription no. 2939938. Prescription no. 2939936 included an order to discontinue Zaleplon 5 mg capsules previously prescribed by practitioner W.T. and designated prescription no. 2933781. However, Respondent Nguyen failed to discontinue the Zaleplon 5 mg prescription no. 2933781 as directed.

7. On or about September 13, 2017, T.M. tendered a written prescription from practitioner Z.G. for Zyprexa (generic olanzapine) 10 mg tablets for T.M. to Walgreens Pharmacy #3842; this was designated prescription no. 2948045. The prescription also had an order to discontinue Seroquel (generic quetiapine). However, Respondent Nguyen failed to discontinue the Seroquel (generic quetiapine) 100mg prescription no. 2939938 as directed,

overrode a DUR alert that olanzapine and quetiapine are similar therapies, and refilled prescription no. 2939938 for quetiapine 100 mg tablets.

8. On or about September 24, 2017, Respondent TranDac refilled prescription no. 2939936. However, Respondent TranDac failed to discontinue the Zaleplon 5 mg prescription no. 2933781 as previously directed and overrode a DUR alert.

9. On or about September 27, 2017, Respondent Mettus performed final product review and dispensed Seroquel (generic quetiapine) 200 mg tablets for prescription no. 2942008, in violation of the prior order from practitioner Z.G. on prescription no. 2948045 to discontinue Seroquel (generic quetiapine). Respondent Mettus also refilled prescription no. 2939938 for quetiapine 100 mg tablets on the same day and failed to contact the prescribing practitioner(s) to confer about the potential error/duplication. DUR alerts were overridden by an out-of-state pharmacist.[1]

10. On or about September 27, 2017, Respondent Mettus overrode a DUR alert and refilled prescription no. 2933781 for Zaleplone 5 mg, in violation of the prior order from practitioner Z.G. on prescription no. 2939936 to discontinue the Zaleplon 5 mg prescription no. 2933781.

COUNT ONE
Failure to Verify Dispensed Medication/Unprofessional Conduct
(Respondents Nguyen, Mettus, TranDac)

11. Unprofessional conduct includes the failure by a registrant to follow strictly the instructions of a practitioner when filling, labeling, and dispensing a prescription. NAC 639.945(1)(d). Unprofessional conduct also includes failing to confer with the person writing or ordering a prescription if there is an error or omission which should be questioned. NAC

[1] The DUR alerts for prescription no. 2939938 were overridden by a Walgreens' pharmacist located in an out-of-state central fill facility, who was not licensed by the Board.

639.945(1)(e). Unprofessional conduct also includes a licensee performing his or her duties in an "incompetent, unskillful, or negligent manner." NAC 639.945(1)(i).

12. A pharmacist shall review a patient's record before dispensing a prescription to determine its therapeutic appropriateness, including overutilization, therapeutic duplications, contraindications and interactions. NAC 639.707(4).

13. As alleged in paragraphs 4 through 10 herein, Nguyen, Mettus and TranDac each violated NAC 639.707(4) and engaged in unprofessional conduct as defined in NAC 639.945(1)(d), (e) and/or (i) when they verified the final product as accurate, failed to contact the prescriber(s) to clarify potential duplication errors, overrode DUR alerts and/or erroneously dispensed medication, and each is therefore subject to discipline pursuant to NRS 639.210(4) and/or (12).

COUNT TWO
Pharmacy/Pharmacy Owner Responsibility
(Respondent Walgreens Pharmacy #3842)

14. NRS 639.230(5) provides: "Any violation of any of the provisions of this chapter [NRS Chapter 639] by a managing pharmacist or by personnel of the pharmacy under the supervision of the managing pharmacist is cause for the suspension or revocation of the license of the pharmacy by the Board." *See also* NAC 639.702. Further, the owner of any business or facility licensed, certified or registered by the Board is responsible for the acts of all personnel in his or her employ. NAC 639.945(2).

15. As the pharmacy/pharmacy owner at which the violations of law alleged herein occurred, including the acts and omissions of Respondents Nguyen, Mettus and TranDac, Walgreens Pharmacy #3842 is responsible for those violations pursuant to NRS 639.230(5), NAC 639.702 and/or NAC 639.945(2).

WHEREFORE, it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to the pharmacy license, and certificates of registrations of these Respondents.

Signed this 6th day of February 2023.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

FILED
JUN 15 2023
NEVADA STATE BOARD
OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **WALGREENS PHARMACY #3842, Pharmacy License No. PH01249,** **KRISTI NGUYEN, RPH, Certificate of Registration No. 18861,** **CHERYL METTUS, RPH, Certificate of Registration No. 17225, and** **THUY TRANDAC, RPH, Certificate of Registration No. 17658,** **Respondents.**	**Case No.** **17-105-PH-S** **17-105-RPH-A-S** **17-105-RPH-B-S** **17-105-RPH-C-S** **FINDINGS OF FACT, CONCLUSIONS OF LAW AND ORDER**

This matter came before the Nevada State Board of Pharmacy (Board) at its regularly scheduled meeting on Wednesday, June 14, 2023. Brett Kandt, Esq., prosecuted the case before the Board. Respondent Kristi Nguyen, RPH (Nguyen), Certificate of Registration No. 18861, Respondent Cheryl Meatus, RPH (Mettus), Certificate of Registration No. 17225, and Respondent Thuy TranDac, RPH (TranDac), Certificate of Registration No. 17658, and Respondent Walgreens Pharmacy #3842, Pharmacy License No. PH01249, were represented by William Stilling, Esq. of Stilling & Harrison. The Board heard the case and, based on the evidence presented, the Board makes the following Findings of Fact, Conclusions of Law and Order.

FINDINGS OF FACT

The Board finds that probative evidence exists in the record to establish each of the following facts by a preponderance of the evidence:

1. The Board has jurisdiction over this matter because at the time of the events herein, Respondent Nguyen, Certificate of Registration No. 18861, Respondent Mettus, Certificate of Registration No. 17225, and Respondent TranDac, Certificate of Registration No. 17658, were pharmacists registered with the Board, and Respondent Walgreens Pharmacy #3842, Pharmacy License No. PH01249, was a pharmacy licensed by the Board.

2. Respondents Nguyen, Mettus and TranDac were employed by Walgreens Pharmacy #3842 at the time of the events herein.

3. On or about August 13, 2017, an electronic prescription from practitioner M.S. was transmitted to Walgreens Pharmacy #3842 for gabapentin 600 mg tablets for patient T.M., designated prescription no. 2931510, and dispensed to the patient.

4. On or about August 16, 2017, T.M. tendered a written prescription from practitioner E.S. for gabapentin 300 mg capsules for T.M to Walgreens Pharmacy #3842; this was designated prescription no. 2933209. Data review for prescription no. 2933209 was performed by a Walgreens pharmacist located in an out-of-state Central Pharmacy Operation Center (CPO), who was not registered with the Board; during data review DUR alerts were overridden. On or about August 18, 2017, Respondent Mettus dispensed prescription no. 2933209 to the patient.

5. On or about August 29, 2017, T.M. tendered two (2) written prescriptions from practitioner Z.G. for T.M to Walgreens Pharmacy #3842: 1) Aricept (generic donepezil) 5 mg, designated prescription no. 2939936; and 2) Seroquel (generic quetiapine) 100 mg, designated prescription no. 2939938. Prescription no. 2939936 included an order to discontinue Zaleplon 5 mg capsules previously prescribed by practitioner W.T. and designated prescription no. 2933781. Data review for prescription no. 2939936 was performed by a Walgreens pharmacist located in an out-of-state CPO, who was not registered with the Board. Respondent Nguyen performed

product review on prescription no. 2939936. The Zaleplon 5 mg prescription no. 2933781 was not discontinued.

6. On or about September 13, 2017, T.M. tendered a written prescription from practitioner Z.G. for Zyprexa (generic olanzapine) 10 mg tablets for T.M. to Walgreens Pharmacy #3842; this was designated prescription no. 2948045. The prescription also had an order to discontinue Seroquel (generic quetiapine). Data review for prescription no. 2948045 was performed by a Walgreens pharmacist located in an out-of-state CPO, who was not registered with the Board. Respondent Nguyen overrode a DUR alert that olanzapine and quetiapine are similar therapies.

7. On or about September 24, 2017, Respondent TranDac overrode DUR alerts and refilled prescription no. 2939936.

8. On or about September 27, 2017, Respondent Mettus performed product review and dispensed Seroquel (generic quetiapine) 200 mg tablets for prescription no. 2942008, and refilled prescription no. 2939938 for quetiapine 100 mg tablets. DUR alerts for both prescriptions were overridden by a Walgreens pharmacist located in an out-of-state CPO, who was not registered with the Board.

9. On or about September 27, 2017, Respondent Mettus performed product review and refilled prescription no. 2933781 for Zaleplone 5 mg; in the process Mettus overrode a DUR alert on the belief that the prescribing practitioner had determined it medically appropriate for T.M. to take the medication for longer than the recommended duration of 35 days.

10. Board staff incurred at least $5.137.45 in attorney's fees and recoverable costs investigating and prosecuting this administrative action. The attorney's fees are reasonable based upon legal counsel's professional qualities, the nature of this administrative enforcement action, the work performed, and the result as evidenced by this Order.

CONCLUSIONS OF LAW

Based on the forgoing findings of fact, the Board concludes as a matter of law:

1. The Board has jurisdiction over this matter and these Respondents, because at the time of the events herein, Respondents held registrations and licenses issued by the Board.

2. The applicable law in this matter is as follows:

A. Unprofessional conduct includes the failure by a registrant to follow strictly the instructions of a practitioner when filling, labeling, and dispensing a prescription. NAC 639.945(1)(d). Unprofessional conduct also includes failing to confer with the person writing or ordering a prescription if there is an error or omission which should be questioned. NAC 639.945(1)(e). Unprofessional conduct also includes a licensee performing his or her duties in an "incompetent, unskillful, or negligent manner." NAC 639.945(1)(i).

B. A pharmacist shall review a patient's record before dispensing a prescription to determine its therapeutic appropriateness, including overutilization, therapeutic duplications, contraindications and interactions. NAC 639.707(4).

C. Any violation of any of the provisions of this chapter [NRS Chapter 639] by a managing pharmacist or by personnel of the pharmacy under the supervision of the managing pharmacist is cause for the suspension or revocation of the license of the pharmacy by the Board. NRS 639.230(5).

D. The owner of a pharmacy, the managing pharmacist of the pharmacy and the registered pharmacist on duty at the pharmacy are responsible for the acts and omissions of pharmaceutical technicians and other personnel who are not pharmacists working in or for the pharmacy, including, but not limited to, any errors committed or unauthorized work performed by such personnel, if the owner, managing pharmacist or registered pharmacist knew or reasonably should have known of the act or omission. NAC 639.702.

E. The owner of any business or facility licensed, certified or registered by the Board is responsible for the acts of all personnel in his or her employ. NAC 639.945(2).

3. Nguyen, Mettus and TranDac each violated NAC 639.707(4) and engaged in unprofessional conduct as defined in NAC 639.945(1)(d), (e) and/or (i) when they verified the final product as accurate, failed to contact the prescriber(s) to clarify potential duplication errors, overrode DUR alerts and/or erroneously dispensed medication, and each is therefore subject to discipline pursuant to NRS 639.210(4) and/or (12).

4. As the pharmacy/pharmacy owner at which the violations of law alleged herein occurred, including the acts and omissions of Respondents Nguyen, Mettus and TranDac, Walgreens Pharmacy #3842 is responsible for those violations pursuant to NRS 639.230(5), NAC 639.702 and/or NAC 639.945(2).

ORDER

THEREFORE, THE BOARD HEREBY ORDERS AS FOLLOWS:

1. Pursuant to NRS 639.255(1)(f) and NAC 639.955(5), Respondent Kristi Nguyen, RPH, Certificate of Registration No. 18861, shall pay a fine of One Thousand Dollars ($1,000.00) for the violations.

2. Pursuant to NRS 639.255(1)(f) and NAC 639.955(5), Respondent Cheryl Mettus, RPH, Certificate of Registration No. 17225, shall pay a fine of One Thousand Dollars ($1,000.00) for the violations.

3. Pursuant to NRS 639.255(1)(f) and NAC 639.955(5), Respondent Thuy TranDac, RPH, Certificate of Registration No. 17658, shall pay a fine of One Thousand Dollars ($1,000.00) for the violations.

4. Respondent Walgreens Pharmacy #3842, Pharmacy License No. PH01249, is subject to the following penalties:

A. Pursuant to NRS 639.255(1)(f) and NAC 639.955(5), Respondent Walgreens Pharmacy #3842 shall pay a fine of Ten Thousand Dollars ($10,000.00) for the violations; and

B. Pursuant to NRS 622.400, Respondent Walgreens Pharmacy #3842 shall pay Five Thousand One Hundred Thirty-Seven Dollars ($5,137.00) to partially reimburse the Board for recoverable attorney's fees and investigative costs.

5. Any failure by any Respondent to comply with the terms of this Order may result in issuance by the Executive Secretary of an order to show cause pursuant to NAC 639.965 directing that Respondent to appear before the Board at the next regularly scheduled meeting for a show cause hearing. If such a hearing results in a finding of a violation of this Order by that Respondent, the Board may impose additional discipline upon that Respondent not inconsistent with the provisions of NRS Chapter 639.

6. This Order constitutes a final decision in a contested case and a public record pursuant to NRS 639.255(5), and shall be reported to the National Practitioner Data Bank pursuant to 42 U.S.C. § 1396r–2 and 45 CFR Part 60.

7. This Order is effective immediately.

IT IS SO ORDERED.

Entered this 15th day of June, 2023.

Helen Park, Pharm.D.
President
Nevada State Board of Pharmacy

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

FINDINGS OF FACT, CONCLUSIONS OF LAW, AND ORDER

HUY DUONG, R.Ph.,
Certificate of Registration #17147,

Case No. 08-042-RPH-S

WALGREENS #03842,
Certificate of Registration #PH01249,

Case No. 08-042-PH-S

Respondents.

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THIS MATTER was heard by the Nevada State Board of Pharmacy (hereinafter Board) at its regular meeting on July 15, 2009 in Las Vegas, Nevada. The Board was represented by Carolyn J. Cramer, General Counsel to the Board. All Respondents were represented by Robert C. Graham. Based on the presentations of the parties and the public records in the possession and control of the Board, the Board issues the following Findings of Fact, Conclusions of Law, and Order:

FINDINGS OF FACT

1. At hearing, the parties stipulated to the admission to all exhibits. The Respondents did not contest that Heidi Almase got generic levothyroxine instead of brand name Synthroid as prescribed by her doctor but did question the symptoms that Ms. Almase experienced. Board Staff presented the testimony of Heidi Almase and Danny Garcia. Respondents presented the testimony of Ms. Duong. Based upon the presentations of the parties, the Board finds the following to be the facts of this matter.

2. On February 21, 2008, Heidi Almase was prescribed Synthroid 75 mcg. tablets with five refills by physician assistant, Kevin Thorn. On the prescription P.A.

Thorn had written "Dispense As Written", in his own handwriting. Heidi Almase had been given some samples for Synthroid and began taking the samples until April 12, 2008 when she took the Synthroid 75 mcg. prescription to Walgreens #03842 to be filled. Ms. Duong testified that she was the pharmacist who was responsible for filling the Synthroid 75 mcg. prescription. Ms. Duong testified that she did not notice the "Dispense As Written" placed on the prescription by P.A. Thorn and dispensed generic levothyroxine not Synthroid 75 mcg.

3. Ms. Almase testified that she began taking the medication and started to notice that her hair was falling out, her throat felt constricted and she was experiencing chest pains. Ms. Almase made another appointment with her doctor who increased the dosage of Synthroid from 75 mcg. to 88 mcg. but her doctor neglected to write on the prescription "Dispense As Written" and only checked the box with the words, "Dispense As Written, Brand Medically Necessary". On June 5, 2008, Ms. Almase took this prescription to Walgreens # 03842 and Pharmacist Aimee Cheng dispensed generic levothyroxine because Ms. Almase had previously been dispensed levothyroxine and the prescribing practitioner, Dr. Litchfield had not correctly ordered brand name Synthroid be dispensed to Ms. Almase pursuant to NRS 639.2583(5)(b).

4. At hearing, Ms. Almase testified that she continued taking the drug but then went to the emergency room on June 23, 2008 with extreme chest pain, dizziness and numbness in her extremities. During her emergency room visit Ms. Almase learned that she had been taking generic levothyroxine, not brand name Synthroid, as prescribed by P.A. Thorn on February 21, 2008.

5. Mr. Garcia testified as to the investigation he conducted and the evidence that he collected in this investigation.

6. Ms. Duong testified that she made the mistake and filled the prescription with generic levothyroxine instead of brand name Synthroid as directed by the practitioner. Ms. Duong also apologized to Ms. Almase for her mistake and answered questions from the Board.

CONCLUSIONS OF LAW

1. The Nevada State Board of Pharmacy has jurisdiction over this matter because Respondent Duong is a pharmacist licensed by the Board and Walgreens #03842 is a pharmacy licensed by the Board.

2. By filling and dispensing a prescription for Ms. Almase that was the wrong medication, namely by misfiling Ms. Almase's Synthroid prescription with generic levothyroxine, Ms. Duong violated NRS 639.210(4) and NAC 639.945(1)(d) and (i).

3. In owning and operating the pharmacy in which Ms. Duong committed the error regarding Ms. Almase's Synthroid prescription, Walgreens #03842 violated NRS 639.210(4) and NAC 639.945(1)(i) and (2).

ORDER

Based upon the foregoing, the Board hereby orders the following:

1. Ms. Duong shall pay a fine of $500.00 by cashier's or certified check or money order made payable to "State of Nevada, Office of the Treasurer" to be received by the Board's Reno office within 90 days of the effective date of this Order.

2. Walgreens #03842 shall receive a letter of concern.

3. The failure by Ms. Duong to comply with any term in this order shall result in the immediate suspension of her license and will also result in further discipline, up to and including revocation of the her license.

Signed this 12th day of August, 2009.

Donald W. Fey

Donald W. Fey, President
Nevada State Board of Pharmacy

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

FINDINGS OF FACT, CONCLUSIONS OF LAW, AND ORDER

SCOTT LARSEN, R.Ph.,
Certificate of Registration #14646,

Case No. 05-034-RPH-S

WALGREENS #03842,
Certificate of Registration #PH01249,

Case No. 05-034-PH-S

Respondents.

THIS MATTER was heard by the Nevada State Board of Pharmacy (hereinafter Board) at its regular meeting on January 11, 2006 in Las Vegas, Nevada. The Board was represented by Louis Ling, General Counsel to the Board. All Respondents were represented by Robert C. Graham. Based on the presentations of the parties and the public records in the possession and control of the Board, the Board issues the following Findings of Fact, Conclusions of Law, and Order:

FINDINGS OF FACT

1. At hearing, the parties agreed that Respondents would not contest the facts as plead in the Notice of Intended Action and Accusation. The parties also agreed to dismiss the Second Cause of Action against Mr. Larsen. Because of the agreement of the parties, Board Staff did not present any witnesses or evidence. Respondents presented the testimony of Mr. Larsen, Holly Prievo and Matt Forster. Based upon the presentations of the parties, the Board finds the following to be the facts of this matter.

2. On January 23, 2005, Patient T was not feeling well and went to Sunrise Hospital's emergency room at approximately 6:00 p.m. Patient T was seen by Dr.

James Fenner. Based upon his diagnosis that Patient T suffered from a mild upper respiratory tract infection, Dr. Fenner prescribed for Patient T two prescriptions, one for Zithromax and one for Flumadine.

3. On January 24, 2005, Patient T's godmother, Ms. P, took Patient T's prescriptions to Walgreens #03842 to have them filled. After the prescriptions were filled, Ms. P gave the prescriptions to Patient T. Shortly thereafter, Patient T ate some food and took her medications from the prescriptions as directed. Thereafter, Patient T noticed that her heart began beating very fast and she experienced shortness of breath. Patient T attributed these symptoms to the flu and immediately went to bed.

4. On January 25, 2005, Patient T awoke at approximately 8:30 a.m., ate breakfast, and again took her medications as directed. Patient T is a college student, and so she went to class. By mid-morning, Patient T experienced the same symptoms she had experienced the previous evening. Patient T associated both instances with the taking of her medication, so she took her prescriptions back to Walgreens #03842 and spoke with Mr. Larsen about the concerns and symptoms after she took her medication. Mr. Larsen acknowledged that there had been an error with the Flumadine prescription and that she had received flecainide in error. Flumadine is an antiviral drug, whereas flecainide is an antiarrhythmic drug. Patient T felt that Mr. Larsen was uncaring that she had ingested the wrong medication, however he took the misfiled prescription container from her, refilled the prescription with the correct medication, and sent her home.

5. Patient T was very concerned regarding her condition, so she returned to Sunrise Hospital's emergency room. Patient T was later admitted to the hospital at approximately 2:30 p.m. for observation. A cardiologist at Sunrise Hospital began

testing Patient T by giving her a stress test, echocardiogram, and electrocardiogram. Patient T remained in the hospital for two days. Fortunately the prognosis indicated that at the time she had not suffered any damage to her heart but that there was uncertainty if she would suffer any adverse effects in the future.

6. The Board's investigation determined, and Mr. Larsen at hearing admitted, that Mr. Larsen was the pharmacist responsible for the misfiling of Patient T's Flumadine prescription with flecainide.

7. At hearing, Mr. Larsen explained that he was responsible for the error regarding Patient T's Flumadine prescription. He also testified that after Patient T brought the error to his attention, he immediately filled the prescription correctly and dispensed the corrected prescription to Patient T. Mr. Larsen and Mr. Forster both testified that technological advances presently in place or presently in the works would have potentially prevented the error that occurred regarding Patient T's Flumadine prescription.

CONCLUSIONS OF LAW

1. The Nevada State Board of Pharmacy has jurisdiction over this matter because Respondent Larsen is a pharmacist licensed by the Board and Walgreens #03842 is a pharmacy licensed by the Board.

2. By filling and dispensing a prescription for Patient T that was not prescribed for her, namely by misfilling Patient T's Flumadine prescription with flecainide, Mr. Larsen violated NRS 639.210(4) and NAC 639.945(1)(b), (d), and (i).

3. In owning and operating the pharmacy in which Mr. Larsen committed the error regarding Patient T's Flumadine prescription, Walgreens #03842 violated NRS 639.210(4) and NAC 639.945(1)(b), (d) and (i) and (2).

4. The Second Cause of Action against Mr. Larsen is dismissed with prejudice.

ORDER

Based upon the foregoing, the Board hereby orders the following:

1. Mr. Larsen shall pay a fine of $500.00 by cashier's or certified check or money order made payable to "State of Nevada, Office of the Treasurer" to be received by the Board's Reno office within 90 days of the effective date of this Order.

2. Mr. Larsen shall pay one-half of the Board's costs and attorney's fees of $480.00 and the Board's administrative fee of $250.00, for a total of $365.00 ($480.00 + $250.00 / 2 = $365.00) by cashier's or certified check or money order made payable to "Nevada State Board of Pharmacy" to be received by the Board's Reno office within 90 days of the effective date of this Order.

3. Walgreens #03842 shall pay a fine of $500.00 by cashier's or certified check or money order made payable to "State of Nevada, Office of the Treasurer" to be received by the Board's Reno office within 90 days of the effective date of this Order.

4. Walgreens #03842 shall pay one-half of the Board's costs and attorney's fees of $480.00 and the Board's administrative fee of $250.00, for a total of $365.00 ($480.00 + $250.00 / 2 = $365.00) by cashier's or certified check or money order made payable to "Nevada State Board of Pharmacy" to be received by the Board's Reno office within 90 days of the effective date of this Order.

5. The Second Cause of Action in the Notice of Intended Action and Accusation is dismissed with prejudice against Mr. Larsen.

6. The failure by Mr. Larsen to comply with any term in this order shall result in the immediate suspension of his license and will also result in further discipline, up to and including revocation of the his license. The failure by Walgreens #3842 to comply

with any term in this order shall result in a fine of $1,000 per day for every day that it has failed to comply with the Order until the Order is fully complied with, up to a total fine not to exceed $30,000, and will also result in further discipline, up to and including revocation of the its license.

Signed this 8th day of February, 2006.

Joseph R. Kellogg, President
Nevada State Board of Pharmacy

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

SCOTT T. LARSEN, RPH
Certificate of Registration No. 14646

WALGREENS #03842
Certificate of Registration No. PH01249,

Respondents.

NOTICE OF INTENDED ACTION AND ACCUSATION

Case No. 05-034-RPH-S

Case No. 05-034-PH-S

COMES NOW Larry L. Pinson, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, and makes the following that will serve as both a notice of intended action under Nevada Revised Statutes (NRS) 233B.127(3) and as an accusation under NRS 639.241.

I.

The Nevada State Board of Pharmacy has jurisdiction over this matter because Respondent Scott T. Larsen is a pharmacist licensed by the Board and Walgreens #03842 is a pharmacy licensed by the Board, located at 2389 East Windmill Lane, Las Vegas, Nevada.

II.

On or about January 23, 2005, Patient T was not feeling well and went to Sunrise Hospital emergency room at approximately 6:00 p.m. Patient T saw Dr. James Fenner and was examined and prescribed two medications. Patient T left Sunrise Hospital with a written prescription for Zithromax and a second prescription for Flumadine for a mild upper respiratory tract infection.

III.

On January 24, 2005, Patient T asked her Godmother, Ms. P, to have her prescriptions filled for her. Ms. P took the prescriptions to be filled to Walgreens #03842. Ms. P delivered the medications to Patient T and left. Patient T ate something and began her medication therapy. Patient T noticed that her heart was beating very fast and she experienced shortness of breath. Patient T attributed these symptoms to the flu and immediately went to bed.

IV.

On January 25, 2005, Patient T awoke at approximately 8:30, ate breakfast and took her medication. Patient T is a student and went to class. By mid-morning Patient T was experiencing the same symptoms she had experienced the previous evening. Patient T associated both instances with the taking of her medication, so she took her medication back to Walgreens #03842 and spoke with Mr. Larsen about her concerns and symptoms after ingesting her medication. Mr. Larsen acknowledged that there had been an error with her Flumadine prescription and that she had received flecainide in error. Flumadine is an antiviral drug, whereas flecainide is an antiarrhythmic drug. Patient T felt that Mr. Larsen was uncaring that she had ingested the wrong medication, however he took the misfilled prescription container from her, refilled the prescription with the correct medication and sent her on her way.

V.

Patient T was very concerned regarding her condition so she returned to Sunrise Hospital emergency room. Patient T was admitted to the hospital at approximately 2:30 p.m. for observation. A cardiologist at Sunrise Hospital began testing Patient T by

giving her a stress test, echocardiogram, and electrocardiogram. Patient T remained in the hospital for two days. Fortunately her prognosis indicated that at the time she had not suffered any damage to her heart but there was uncertainty if she would suffer any adverse effects in the future.

VI.

The Board's investigation determined that Mr. Larsen was the pharmacist responsible for the misfilling of Patient T's Flumadine prescription with flecainide.

VII.

During the Board investigation of this matter, Ms. P was questioned regarding counseling on the two new prescriptions she had submitted for filling at Walgreens #03842. Ms. P stated that an unknown female pharmacist advised Ms. P how to use the medications she received for Patient T. Even though Ms. P was counseled, the counseling log indicated that Ms. P had refused counseling and this entry was initialed by Mr. Larsen.

FIRST CAUSE OF ACTION

VIII.

By filling and dispensing a prescription for Patient T that was not prescribed for her, namely by misfilling Patient T's Flumadine prescription with flecainide, Respondent Larsen violated NRS 639.210(4) and NAC 639.945(1)(b), (d), and (i).

SECOND CAUSE OF ACTION

IX.

In failing to keep accurate records regarding patient counseling, namely that Ms. P was counseled by an unknown female pharmacist and the documentation in the

counseling log initialed by Mr. Larsen indicated that she had refused counseling, Mr. Larsen violated NRS 639.210(4) and NAC 639.707(6) and 639.945(1)(i).

THIRD CAUSE OF ACTION

X.

In owning and operating the pharmacy in which the error took place, Walgreens #03871 violated NRS 639.210(4) and NAC 639.945(1)(b), (d) and (i) and (2).

WHEREFORE it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to the certificates of registration of the Respondents.

Signed this 13th day of October, 2005.

Larry L. Pinson, Executive Secretary
Nevada State Board of Pharmacy

NOTICE TO RESPONDENT

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements regarding your certificate of registration. To do so, you must mail to the Board within 15 days of your receipt of this Notice of Intended Action and Accusation a written statement showing your compliance.

Section 9: Statement of Responsibility - MUST BE COMPLETED by an Authorized Person (NAC 639.945)

Statement of Responsibility

1. I am the Vice President (title) for Walgreen Co. (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be responsible for any violations of pharmacy law that may occur in the Pharmacy owned by such owner(s), shareholder(s), member(s), or partner(s).
3. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against the Pharmacy.
4. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) cannot require or permit the pharmacist(s) in said Pharmacy to violate any provision of local, state, or federal laws or regulations pertaining to the practice of pharmacy.
5. I further understand and acknowledge that Nevada law requires that each pharmacy located inside the State of Nevada employ only pharmacists, intern pharmacists, pharmaceutical technicians, and technicians in training that are licensed by the Nevada State Board of Pharmacy. (NRS 639.100).
6. I further understand and acknowledge that Nevada law requires that each pharmacy located outside the State of Nevada engaged in providing pharmacy services into Nevada employs at least one pharmacist licensed by the Nevada State Board of Pharmacy who will be responsible for any prescription dispensed to a patient located in Nevada and responsible for any acts or omissions of pharmacy personnel who are not registered with the Board. (NRS 639.2328).

Richard Gates

Print Name of Authorized Person

Richard Gates

Original signature of Authorized Person (copies or stamps not accepted)

08 / 26 / 2025

Date

Section 10: Affidavit for Pharmacies- MUST BE COMPLETED by pharmacies NOT CURRENTLY PERFORMING Sterile Compounding

Affidavit for Pharmacy License

I, Richard Gates hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

1. I am the Vice President (title) for Walgreen Co. (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I certify that upon licensure, the Pharmacy will not perform sterile compounding or ship sterile compounds into Nevada.
3. I understand and acknowledge that the Pharmacy and any of its staff members may be subject to discipline by the Board if the Pharmacy performs sterile compounding or ships any sterile compounds into Nevada without first obtaining written authorization from the Board to do so.
4. I certify that if the Pharmacy makes the decision to perform sterile compounding or to ship any sterile compounds into Nevada, the Pharmacy, through an authorized representative, will first notify the Board via a written request, and obtain written approval to perform sterile compounding or to ship any sterile compounds into Nevada.
5. I understand that if the Pharmacy seeks approval to perform sterile compounding or to ship any sterile compounds into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

FURTHER YOUR AFFIANT SAYETH NAUGHT.

Signature

SUBSCRIBED AND SWORN TO
Before me, a notary public this 20th day of August, 2025

Zeljka Borosa-Rajcevic
Notary Public

OFFICIAL SEAL
ZELJKA BOROSA RAJCEVIC
Notary Public, State of Illinois
Commission No. 977646
My Commission Expires September 8, 2027

CONFIDENTIAL/EXEMPT FROM FREEDOM OF INFORMATION ACT AND SIMILAR STATE REQUESTS

Ownership Information

Ownership & Leadership of Applicant Entity

Applicant: **Walgreen Co.**
108 Wilmot Rd., Deerfield, IL 60015

Ownership: The Applicant entity is wholly owned (100%) by Walgreens Boots Alliance, Inc.

Officers of Walgreen Co.
Michael Motz - CEO
Richard Gates - Senior Vice President, Chief Pharmacy Officer
Cherita Thomas - Secretary
Matthew Spina - CFO
Michael Handal - Licensing and Provider Enrollment Officer

Ownership & Leadership of Walgreens Boots Alliance, Inc.

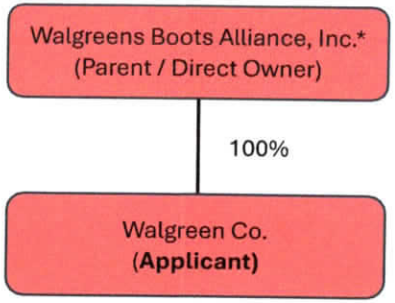
Ownership: Walgreens Boots Alliance, Inc. is wholly owned (100%) by Blazing Star Parent, LLC

Officers of Walgreens Boots Alliance, Inc.
Temporarily vacant - CEO
Mark Weisz - Sr VP, Global Tax
Manmohan Mahajan - Sr VP, Global Controller, CFO
Lanesha Minnix - Corporate Secretary

Please see the attached pre- and post-closing Corporate Organization chart for reference.

Proprietary and Confidential
Not a public record pursuant to
Section 7927.605 of the CPRA and
45 CFR Section 5.31

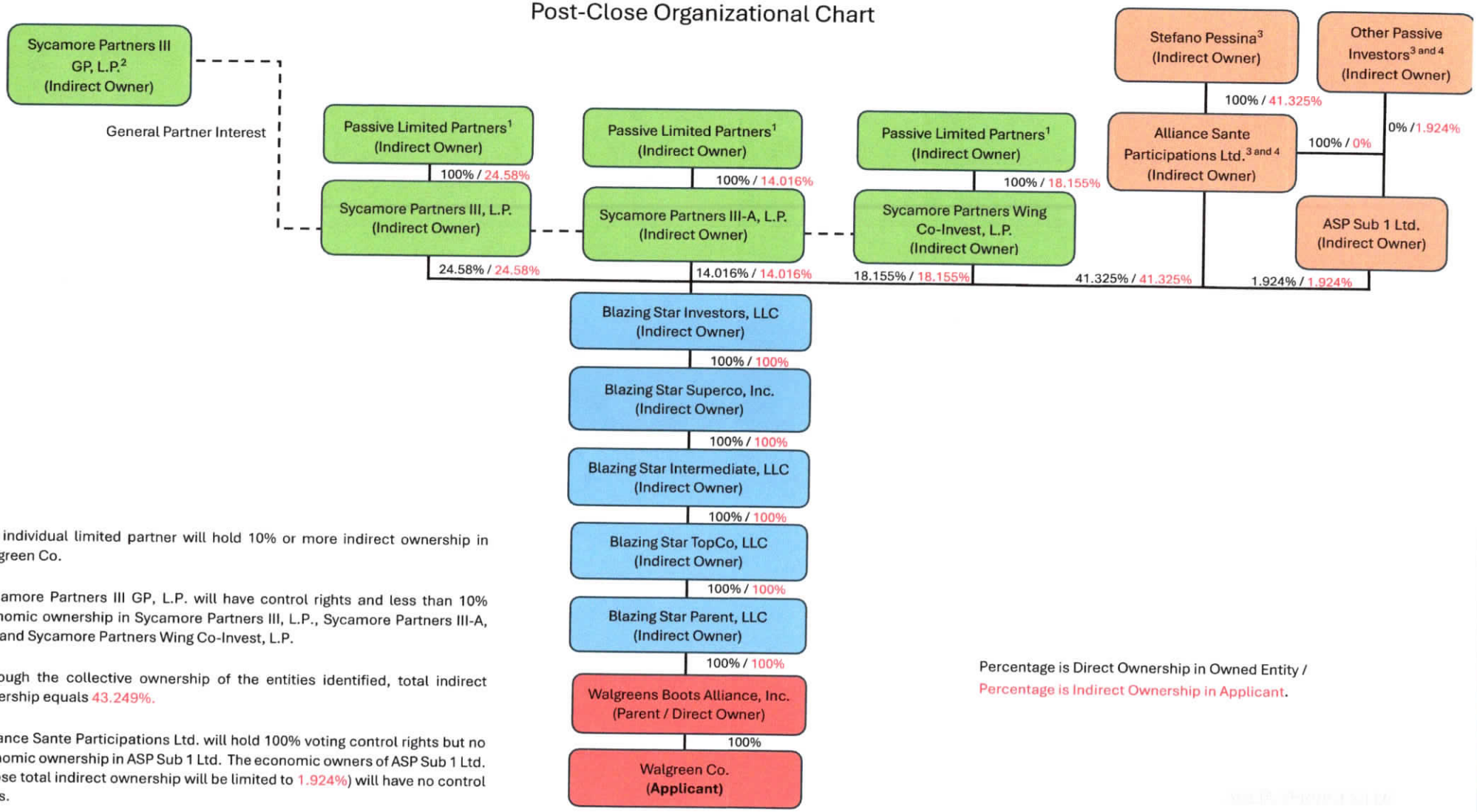
Walgreen Co.
Pre-Close Organizational Chart



Publicly Traded on Nasdaq Stock Market (WBA)

Proprietary and Confidential
Not a public record pursuant to
Section 7927.605 of the CPRA and
45 CFR Section 5.31

Walgreen Co.
Post-Close Organizational Chart



[1]No individual limited partner will hold 10% or more indirect ownership in Walgreen Co.

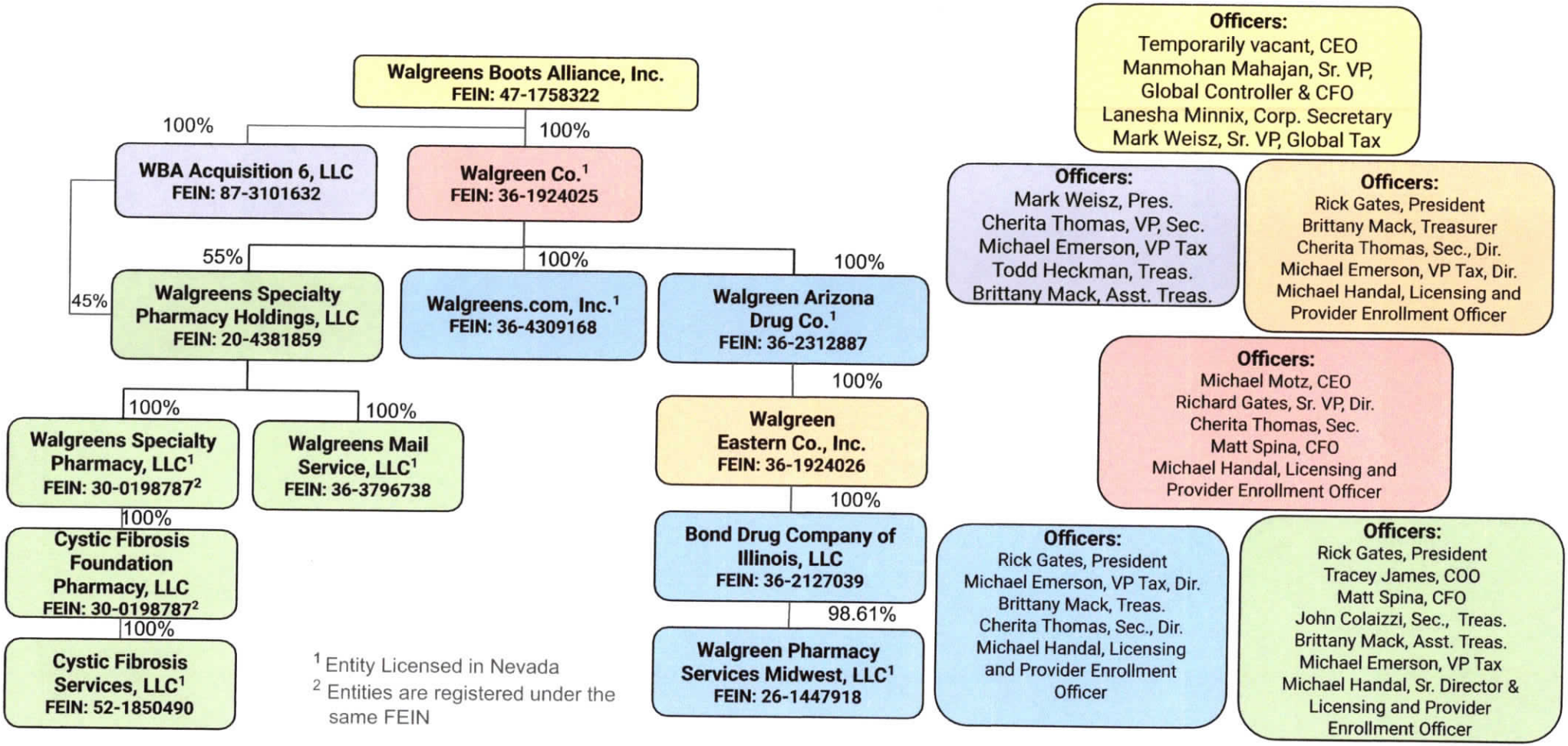
[2]Sycamore Partners III GP, L.P. will have control rights and less than 10% economic ownership in Sycamore Partners III, L.P., Sycamore Partners III-A, L.P. and Sycamore Partners Wing Co-Invest, L.P.

[3]Through the collective ownership of the entities identified, total indirect ownership equals 43.249%.

[4]Alliance Sante Participations Ltd. will hold 100% voting control rights but no economic ownership in ASP Sub 1 Ltd. The economic owners of ASP Sub 1 Ltd. (whose total indirect ownership will be limited to 1.924%) will have no control rights.

Percentage is Direct Ownership in Owned Entity /
Percentage is Indirect Ownership in Applicant.

Walgreen Co.
Post-Close Organizational Chart (cont.)



File Number 1084-348-1

STATE OF ILLINOIS

OFFICE OF THE SECRETARY OF STATE

To all to whom these Presents Shall Come, Greeting:

I, **Alexi Giannoulias,** *Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that*

WALGREEN CO., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON FEBRUARY 15, 1909, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE BUSINESS CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.

In Testimony Whereof, *I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this* 15TH *day of* MAY *A.D.* 2025 .

Authentication #: 2513501622 verifiable until 05/15/2026
Authenticate at: https://www.ilsos.gov

Alexi Giannoulias
SECRETARY OF STATE

9X

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Pharmacy Application

Non-Refundable $500.00 Fee

Rev (6/11/2024)

Facility Location	Application Type (check all applicable)	Pharmacy Type (check all applicable)	Services the Pharmacy will Provide (check all applicable)
■ Nevada ☐ Out-of-Nevada	☐ New Pharmacy ■ Ownership Change* ☐ Location Change * ☐ Service Modification* ☐ Name Change* (if only a Name Change occurred, submit a $50.00 fee with the application.) * Current license #: PH PH01062	■ Retail/Community ☐ Hospital (# beds _____) ☐ Internet ☐ Nuclear ☐ Other:	■ Retail/Community ■ Dangerous drugs ■ Controlled substances DEA #: BW5008239 ☐ Non-sterile Compounding ☐ Sterile Compounding ☐ Mail-Order Service ☐ Off-site Cognitive Services ☐ Long Term Care ☐ Hospital ☐ Other:

Days of Operation		Ownership Type (check applicable box)
■ Monday	■ Friday	☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9, 10, 11, 12)
■ Tuesday	■ Saturday	■ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9, 10, 11, 12)
■ Wednesday	■ Sunday	☐ Partnership (complete sections 1, 2, 3, 4, 7, 9, 10, 11, 12)
■ Thursday	☐ Holidays	☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9, 10, 11, 12)

Section 1: General Information

Pharmacy Name: WALGREENS #03843

Physical Address: 2995 E FLAMINGO RD

City: Las Vegas State: NV Zip: 89121-5214

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: (702)737-6164 Toll Free # (NAC 639.708, NRS 639.23286): N/A

Fax: (702)737-6163 Contact Email: rxm.03843@store.walgreens.com

Website: https://www.walgreens.com

Nevada Business License # (if applicable) NV19951143510

Supervising/Managing Pharmacist Name (NRS 639.220): JENNY VUONG

Supervising/Managing Pharmacist NV Pharmacist Registration # (if applicable): 15661

Section 2: List the name(s) of at least one NEVADA registered pharmacist who practices at the pharmacy, who may be the managing pharmacist or another pharmacist, who will be responsible for any prescriptions dispensed to a patient located in Nevada and responsible for any acts or omissions of pharmacy personnel who are not registered with the Board. NRS 639.2328. (Use a separate piece of paper if additional space is needed.)

Name: JENNY VUONG	NV Pharmacist Registration #: 15661
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:

Section 3: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✔
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration from any jurisdiction?		✔
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been subject of an administrative action, board citation, cite fine, or proceeding relating to the pharmaceutical industry?	✔	
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✔
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✔

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name(s) of the owner(s), their credentials and their percent ownership. Write NA if not applicable. NRS 639.232. (Use a separate piece of paper if additional space is needed.)

Name: N/A	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:

1. The Board shall not issue a license to conduct a pharmacy:
   a) To any practitioner; or
   b) To any partnership, corporation, or association in which a practitioner has a controlling interest or owns more than 10 percent of the available stock.
2. This section does not:
   a) Apply to a hospital pharmacy or a health maintenance organization which holds a certificate of authority under chapter 695C of NRS.
   b) Prohibit ownership by a practitioner of a building in which a pharmacy is located, if space for the pharmacy is rented at the prevailing rate.

Section 5: Publicly Traded Corporation

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Does the number of stockholders/shareholders of the corporation exceed four? NRS 639.231 ☐ Yes ☐ No

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: Delaware

Parent Company (if any): Walgreens Boots Alliance, Inc.

Corporation/Organization Name: Walgreen Co.

Mailing Address: 108 Wilmot Rd

City: Deerfield State: IL Zip: 60015

Telephone: 847-224-1348 Email: licenseadministration@walgreens.com

Contact Person Name: Kayla Lechner

Does the number of stockholders/shareholders of the corporation or members exceed four? NRS 639.231 ☐ Yes ☒ No

Section 7: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Please check type of partnership (NAC 639.214) ☐ General ☐ Limited

Does the number of partners or members of the partnership exceed four? NRS 639.231 ☐ Yes ☐ No

Section 8: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Richard Gates

Print Name of Authorized Person Submitting Application (If the applicant is a partnership or corporation, the application must be signed by a partner or by an officer of the corporation). NAC 639.215

Richard Gates

Original signature of Authorized Person (copies or stamps not accepted)

08 / 26 / 2025

Date

Board Use Only	Date Received: 9/2/25	Amount: $500 CK JP03-3000111129

Section 11: Managing Pharmacist Acknowledgement, Professional/Personal History – REQUIRED TO BE COMPLETED BY THE MANAGING PHARMACIST FOR NEVADA LOCATED PHARMACY APPLICANTS ONLY

Managing Pharmacist Name: JENNY VUONG Pharmacist Registration #: 15661

Pharmacy Name: WALGREENS #03843

Initial each statement below to indicate you have read and agree with the following:

jv I understand that as the managing pharmacist I am responsible for compliance by the pharmacy and its personnel with all state and federal laws and regulations relating to the operation of the pharmacy and the practice of pharmacy. I understand my license can be revoked or that I can be subject of disciplinary action if such laws or regulations are knowingly violated in the pharmacy in which I am the managing pharmacist.

jv I understand within 48 hours after I report for duty as the managing pharmacist, I shall complete an inventory of all controlled substances of the pharmacy pursuant to 21 CFR Part 1304 and maintain a copy of the inventory in the file at the pharmacy.

jv I understand that if I cease to be managing pharmacist of the above-named pharmacy, I will jointly, with the new managing pharmacist, take an inventory of all controlled substances.

jv I understand that as the managing pharmacist I must ensure that all loss or theft of controlled substances are reported on forms provided by the Nevada State Board of Pharmacy and Department of Public Safety within 10 days after the date of discovery of theft or loss. NRS 453.568. Federal regulations require that registrants notify the Field Division Office of the Administration in his area, in writing, of the theft or significant loss of any controlled substance, disposal receptacles or listed chemicals within one business day of discovery of such loss or theft. The registrant shall also complete and submit to the Field Division Office in his area, DEA Form 106 regarding the loss or theft (21 C.F.R. §1301.76(b) and 21 U.S.C. §830(b)(1)(C)).

jv I understand that as the managing pharmacist I must notify the Nevada State Board of Pharmacy of all employment changes of pharmacy staff within 10 days of the change. NAC 639.540

Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?	☐	☑
2. Have you been charged, arrested, or convicted of a felony or misdemeanor in any state?	☐	☑
3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state?	☐	☑
4. Has your license been subjected to any discipline for violation of pharmacy or drug laws in any state?	☐	☑

If you marked YES to any questions above, include the following information and provide a signed statement of explanation. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Board Administrative Action:	State:	Date:	Case #:

Criminal Action:	State:	Date:	Case #:	County:	Court:

I certify under penalty of perjury that the information I have provided on this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

JENNY VUONG

Original signature of Managing Pharmacist (copies or stamps not accepted)

08 / 04 / 2025

Date

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

TOU G. MOUA, R.Ph,
Certificate of Registration No. 13992

WALGREEN'S #03843,
Certificate of Registration No. PH1062;

Respondents.

NOTICE OF INTENDED ACTION AND ACCUSATION
Case No. 00-016A-RPH-S

Case No. 00-016B-PH-S

COMES NOW Keith W. Macdonald, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, and makes the following that will serve as both a notice of intended action under Nevada Revised Statutes (NRS) 233B.127(3) and as an accusation under NRS 639.241.

I.

The Nevada State Board of Pharmacy has jurisdiction over this matter and these Respondents for the following reasons:

A. Respondent Tou G. Moua, is a registered pharmacist with the Board (Certificate of Registration No. 13662).

B. Respondent Walgreen's #03843, is a registered pharmacy with the Board (Certificate of Registration No. PH1062), located at 2995 East Flamingo Road, Las Vegas, Nevada.

II.

Mr. Moua's pharmacist license was due to be renewed on October 31, 1999. Mr. Moua's application for renewal was hand carried to the Board office on November 24, 1999. Mr. Moua worked at Walgreen's #03843, for nine days, November 1st through the 3rd, and November 11th through the 16th, 1999 without a valid pharmacy license.

Five notices were sent as renewal reminders: 1) A fax broadcast went to all pharmacies in the state of Nevada on February 3, 1999 advising them that unlicensed personnel was a serious concern and disciplinary action would result against pharmacy ownership if they employed unlicensed personnel; 2) A fair warning notice to pharmacists was published in an article in the July 1999 Newsletter advising of the consequences of pharmacists who do not renew their licenses in a timely manner; 3) A postcard dated August 2, 1999 was sent to all pharmacists advising them that their renewals were due on October 31, 1999, renewal applications would be mailed mid-September, and formal disciplinary action would be exercised for persons that practiced pharmacy with an expired license; 4) The renewal applications were sent to each pharmacist licensed in Nevada on September 15, 1999 allowing them six weeks to return the completed applications post-marked no later than October 31, 1999; 5) The October 1999 Newsletter again had a "Last Reminder" for pharmacists and the consequences of not renewing their licenses.

FIRST CAUSE OF ACTION

III.

By failing to renew his license by the October 31, 1999 deadline date, Mr. Moua violated NRS 639.210(4) and (13) and NAC 639.945(1)(i).

SECOND CAUSE OF ACTION

IV.

By working at Walgreen's #03843 without a current active pharmacist license, Mr. Moua violated NRS 639.210(4) and 639.284(2) and NAC 639.945(1)(i).

THIRD CAUSE OF ACTION

V.

By employing an unlicensed pharmacist who worked a without a current license, Respondent Walgreen's #03843 violated NRS 639.210(4) and (13) and 639.284(1) and NAC 639.945(1)(i) and (j) and (2).

WHEREFORE it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to the certificate of registration of the Respondent.

Signed this 16th day of February, 2000.

Keith W. Macdonald

Keith W. Macdonald, Executive Secretary
Nevada State Board of Pharmacy

NOTICE TO RESPONDENT

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements regarding your certificate of registration. To do so, you must mail to the Board within 15 days of your receipt of this Notice of Intended Action and Accusation a written statement showing your compliance.

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner, Case No. 00-016B-PH-S

v.

WALGREEN'S #03843 STIPULATION AND ORDER
Certificate of Registration No.: PH1062

Respondent.

The Nevada State Board of Pharmacy and Respondent Apria Healthcare, Inc., hereby stipulate as follows:

1. That Notice of Intended Action and Accusation was sent to Respondent on February 16, 2000.

2. That Respondent is fully aware of his right to a hearing on the matters alleged in the Notice of Intended Action and Accusation, his right to reconsideration, his right to appeal and any and all other rights which may be accorded to his pursuant to the Nevada Administrative Procedure Act and the Nevada Pharmacy Act.

3. That Respondent hereby freely and voluntarily waives his rights to a hearing, reconsideration, appeal, and any and all other rights that may be accorded to his by the Nevada Administrative Procedure Act and the Nevada Pharmacy Act.

4. That Respondent admits the truth of the matters alleged in the Notice of Intended Action and Accusation.

5. That cause for disciplinary action against the Respondent exists pursuant to the provisions of Nevada Administrative Code (NAC) 639.945(1)(j) and (2).

6. That the admissions made herein are for the purpose of this proceeding only and shall have no force or effect in any other case or proceeding.

7. That based upon the Notice and Intended Action and Accusation and the foregoing admissions, it is stipulated that the following penalty is imposed:

Respondent shall pay to the State of Nevada a fine of $100.00 for each day Respondent Moua worked without a license for a total of $900.00 personal or certified check, or money order made payable to "State of Nevada, Office of the Treasurer". All moneys shall be mailed to and received by the Board office no later than sixty days from the receipt of the Board's decision and order in this matter.

Respondent's failure to timely comply with the above listed conditions shall result in a fine of $1,000 per day for every day the term is not complied with, up to a maximum of $30,000, and will result in further discipline, up to and including revocation of the Respondent's license.

8. If this Stipulation and Order is not accepted in its entirety by the Nevada State Board of Pharmacy, it shall have no effect whatsoever.

I have fully considered the charges and allegations contained in the Notice of Intended Action and Accusation. I understand my right to a hearing as well as my right to reconsideration, appeal and any and all other rights accorded to me under Nevada Administrative Procedure Act, the Nevada Pharmacy Act including my right to be represented by counsel at my own expense. **I hereby freely and voluntarily waive all of the above rights and agree to the terms of the instant Stipulation and Order.**

3/1/00
Dated

George Flaherty
Type name

for Walgreen's #03843

DECISION AND ORDER

The Nevada State Board of Pharmacy hereby adopts the foregoing Stipulation as its decision and hereby orders that the foregoing Stipulation be made effective. This decision and order shall be effective on the 26th day of April, 2000.

4/27/00
DATED

Larry Pinson, President
Nevada State Board of Pharmacy

Section 9: Statement of Responsibility - MUST BE COMPLETED by an Authorized Person (NAC 639.945)

Statement of Responsibility

1. I am the Vice President (title) for Walgreen Co. (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be responsible for any violations of pharmacy law that may occur in the Pharmacy owned by such owner(s), shareholder(s), member(s), or partner(s).
3. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against the Pharmacy.
4. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) cannot require or permit the pharmacist(s) in said Pharmacy to violate any provision of local, state, or federal laws or regulations pertaining to the practice of pharmacy.
5. I further understand and acknowledge that Nevada law requires that each pharmacy located inside the State of Nevada employ only pharmacists, intern pharmacists, pharmaceutical technicians, and technicians in training that are licensed by the Nevada State Board of Pharmacy. (NRS 639.100).
6. I further understand and acknowledge that Nevada law requires that each pharmacy located outside the State of Nevada engaged in providing pharmacy services into Nevada employs at least one pharmacist licensed by the Nevada State Board of Pharmacy who will be responsible for any prescription dispensed to a patient located in Nevada and responsible for any acts or omissions of pharmacy personnel who are not registered with the Board. (NRS 639.2328).

Richard Gates

Print Name of Authorized Person

Richard Gates

Original signature of Authorized Person (copies or stamps not accepted)

08 / 26 / 2025

Date

Section 10: Affidavit for Pharmacies- MUST BE COMPLETED by pharmacies NOT CURRENTLY PERFORMING Sterile Compounding

Affidavit for Pharmacy License

I, Richard Gates hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

1. I am the Vice President (title) for Walgreen Co. (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I certify that upon licensure, the Pharmacy will not perform sterile compounding or ship sterile compounds into Nevada.
3. I understand and acknowledge that the Pharmacy and any of its staff members may be subject to discipline by the Board if the Pharmacy performs sterile compounding or ships any sterile compounds into Nevada without first obtaining written authorization from the Board to do so.
4. I certify that if the Pharmacy makes the decision to perform sterile compounding or to ship any sterile compounds into Nevada, the Pharmacy, through an authorized representative, will first notify the Board via a written request, and obtain written approval to perform sterile compounding or to ship any sterile compounds into Nevada.
5. I understand that if the Pharmacy seeks approval to perform sterile compounding or to ship any sterile compounds into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

FURTHER YOUR AFFIANT SAYETH NAUGHT.

Signature

SUBSCRIBED AND SWORN TO
Before me, a notary public this 20th day of August, 2025

Zeljka Borosa-Rajcevic
Notary Public

OFFICIAL SEAL
ZELJKA BOROSA RAJCEVIC
Notary Public, State of Illinois
Commission No. 977646
My Commission Expires September 8, 2027

Ownership Information

Ownership & Leadership of Applicant Entity

Applicant: **Walgreen Co.**
108 Wilmot Rd., Deerfield, IL 60015

Ownership: The Applicant entity is wholly owned (100%) by Walgreens Boots Alliance, Inc.

Officers of Walgreen Co.
Michael Motz - CEO
Richard Gates - Senior Vice President, Chief Pharmacy Officer
Cherita Thomas - Secretary
Matthew Spina - CFO
Michael Handal - Licensing and Provider Enrollment Officer

Ownership & Leadership of Walgreens Boots Alliance, Inc.

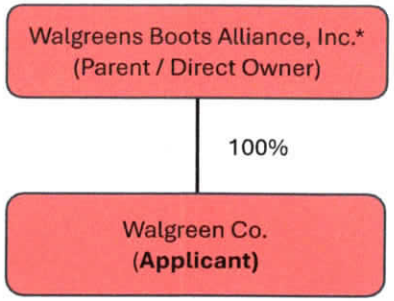
Ownership: Walgreens Boots Alliance, Inc. is wholly owned (100%) by Blazing Star Parent, LLC

Officers of Walgreens Boots Alliance, Inc.
Temporarily vacant - CEO
Mark Weisz - Sr VP, Global Tax
Manmohan Mahajan - Sr VP, Global Controller, CFO
Lanesha Minnix - Corporate Secretary

Please see the attached pre- and post-closing Corporate Organization chart for reference.

Proprietary and Confidential
Not a public record pursuant to
Section 7927.605 of the CPRA and
45 CFR Section 5.31

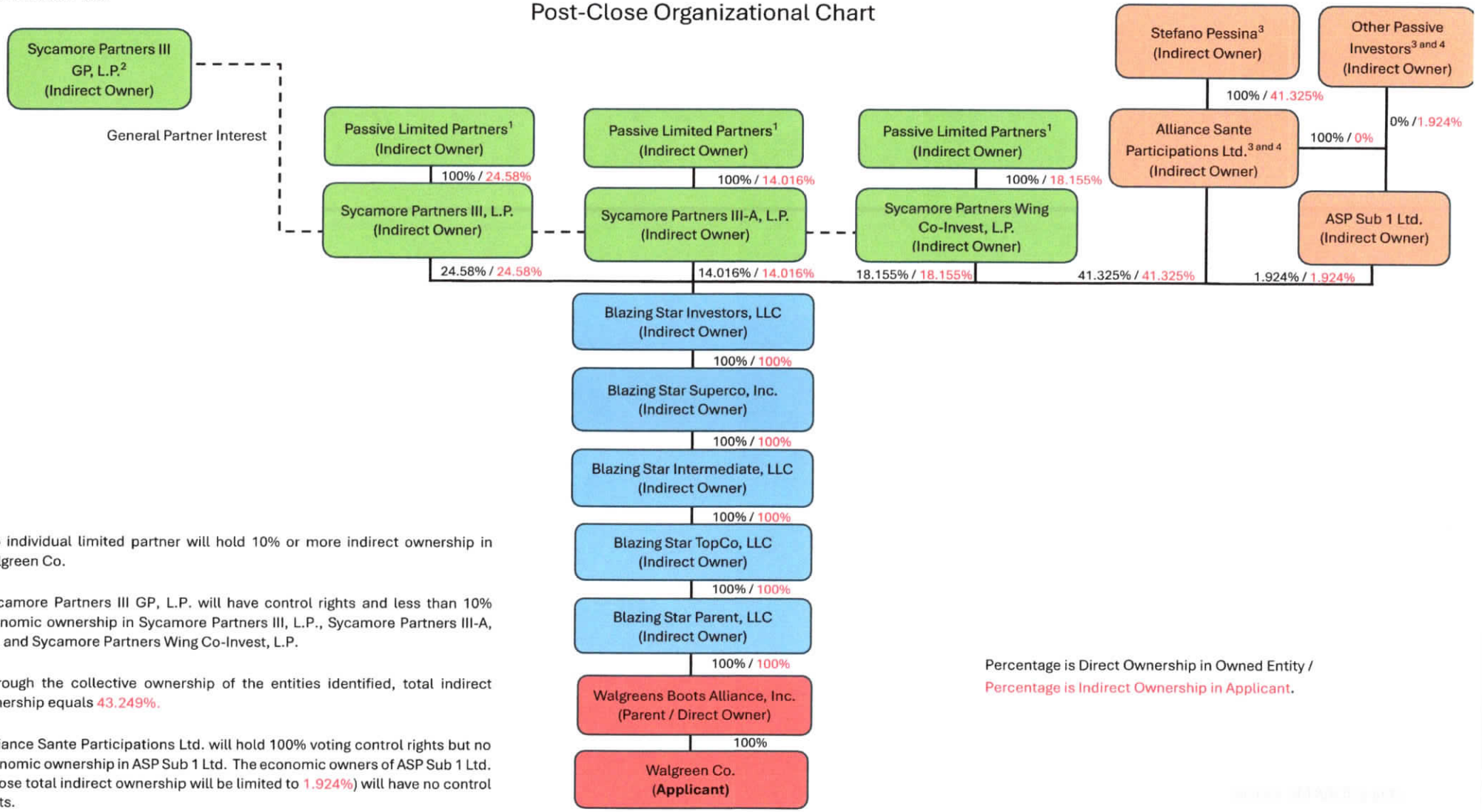
Walgreen Co.
Pre-Close Organizational Chart



Publicly Traded on Nasdaq Stock Market (WBA)

Proprietary and Confidential
Not a public record pursuant to
Section 7927.605 of the CPRA and
45 CFR Section 5.31

Walgreen Co.
Post-Close Organizational Chart



[1]No individual limited partner will hold 10% or more indirect ownership in Walgreen Co.

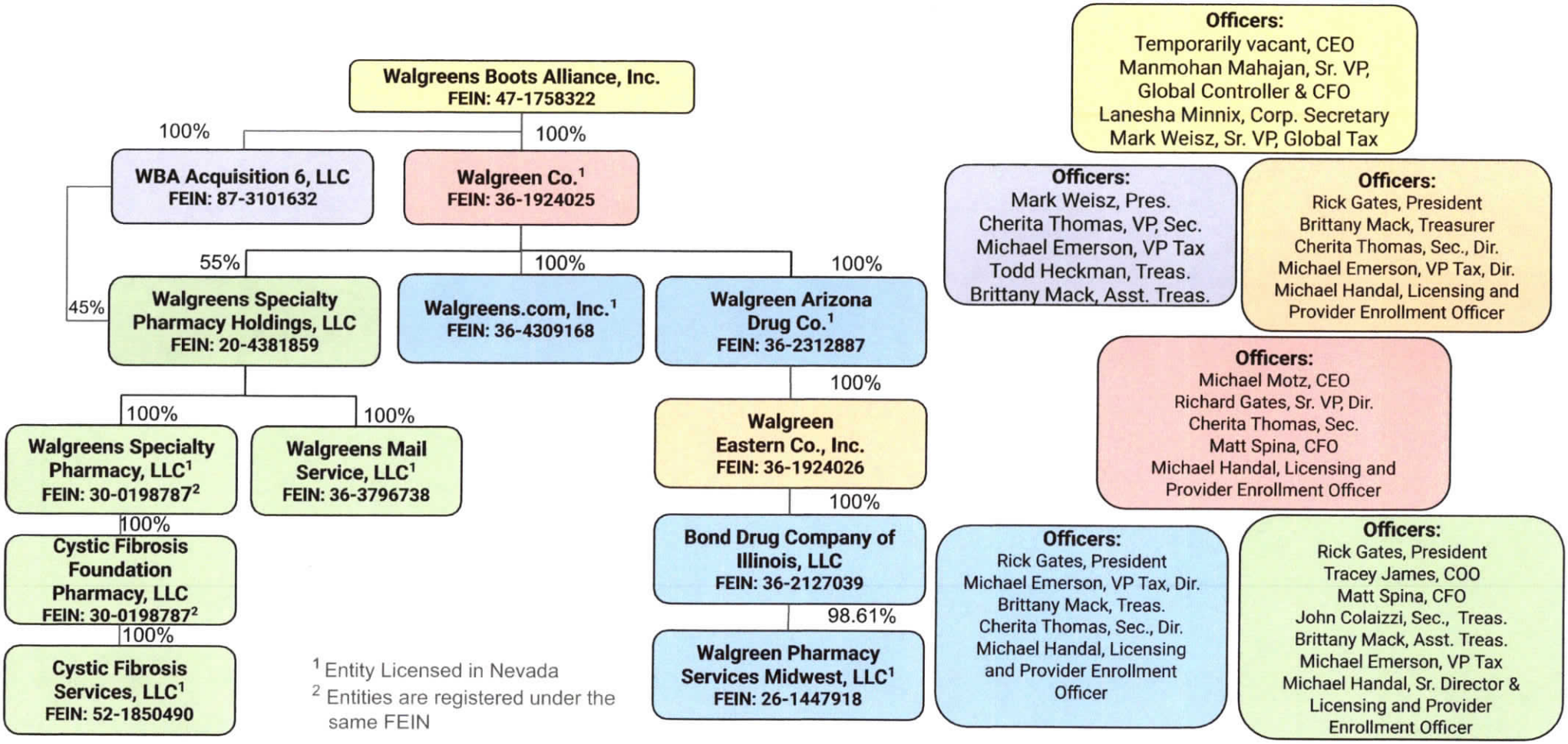
[2]Sycamore Partners III GP, L.P. will have control rights and less than 10% economic ownership in Sycamore Partners III, L.P., Sycamore Partners III-A, L.P. and Sycamore Partners Wing Co-Invest, L.P.

[3]Through the collective ownership of the entities identified, total indirect ownership equals 43.249%.

[4]Alliance Sante Participations Ltd. will hold 100% voting control rights but no economic ownership in ASP Sub 1 Ltd. The economic owners of ASP Sub 1 Ltd. (whose total indirect ownership will be limited to 1.924%) will have no control rights.

Percentage is Direct Ownership in Owned Entity / Percentage is Indirect Ownership in Applicant.

Walgreen Co.
Post-Close Organizational Chart (cont.)



File Number 1084-348-1

STATE OF ILLINOIS

OFFICE OF THE SECRETARY OF STATE

To all to whom these Presents Shall Come, Greeting:

I, **Alexi Giannoulias,** *Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that*

WALGREEN CO., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON FEBRUARY 15, 1909, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE BUSINESS CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.

In Testimony Whereof, *I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this* 15TH *day of* MAY *A.D.* 2025 .

Authentication #: 2513501622 verifiable until 05/15/2026
Authenticate at: https://www.ilsos.gov

Alexi Giannoulias
SECRETARY OF STATE

9Y

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Pharmacy Application

Non-Refundable $500.00 Fee

Rev (6/11/2024)

Facility Location	Application Type (check all applicable)	Pharmacy Type (check all applicable)	Services the Pharmacy will Provide (check all applicable)
☑ Nevada ☐ Out-of-Nevada	☐ New Pharmacy ☑ Ownership Change* ☐ Location Change * ☐ Service Modification* ☐ Name Change* (if only a Name Change occurred, submit a $50.00 fee with the application.) * Current license #: PH PH01123	☑ Retail/Community ☐ Hospital (# beds _____) ☐ Internet ☐ Nuclear ☐ Other:	☑ Retail/Community ☑ Dangerous drugs ☑ Controlled substances DEA #: BW5271440 ☐ Non-sterile Compounding ☐ Sterile Compounding ☐ Mail-Order Service ☐ Off-site Cognitive Services ☐ Long Term Care ☐ Hospital ☐ Other:

Days of Operation		Ownership Type (check applicable box)
☑ Monday	☑ Friday	☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9, 10, 11, 12)
☑ Tuesday	☑ Saturday	☑ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9, 10, 11, 12)
☑ Wednesday	☑ Sunday	☐ Partnership (complete sections 1, 2, 3, 4, 7, 9, 10, 11, 12)
☑ Thursday	☐ Holidays	☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9, 10, 11, 12)

Section 1: General Information

Pharmacy Name: WALGREENS #03844

Physical Address: 5011 E SAHARA AVE

City: Las Vegas State: NV Zip: 89142-2911

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: (702)432-5633 Toll Free # (NAC 639.708, NRS 639.23286): N/A

Fax: (702)432-5637 Contact Email: rxm.03844@store.walgreens.com

Website: https://www.walgreens.com

Nevada Business License # (if applicable) NV19951143510

Supervising/Managing Pharmacist Name (NRS 639.220): THULAM NGUYEN

Supervising/Managing Pharmacist NV Pharmacist Registration # (if applicable): 15497

Section 2: List the name(s) of at least one NEVADA registered pharmacist who practices at the pharmacy, who may be the managing pharmacist or another pharmacist, who will be responsible for any prescriptions dispensed to a patient located in Nevada and responsible for any acts or omissions of pharmacy personnel who are not registered with the Board. NRS 639.2328. (Use a separate piece of paper if additional space is needed.)

Name: THULAM NGUYEN	NV Pharmacist Registration #: 15497
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:

Section 3: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✔
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration from any jurisdiction?		✔
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been subject of an administrative action, board citation, cite fine, or proceeding relating to the pharmaceutical industry?	✔	
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✔
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✔

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name(s) of the owner(s), their credentials and their percent ownership. Write NA if not applicable. NRS 639.232. (Use a separate piece of paper if additional space is needed.)

Name: N/A	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:

1. The Board shall not issue a license to conduct a pharmacy:
   a) To any practitioner; or
   b) To any partnership, corporation, or association in which a practitioner has a controlling interest or owns more than 10 percent of the available stock.
2. This section does not:
   a) Apply to a hospital pharmacy or a health maintenance organization which holds a certificate of authority under chapter 695C of NRS.
   b) Prohibit ownership by a practitioner of a building in which a pharmacy is located, if space for the pharmacy is rented at the prevailing rate.

Section 5: Publicly Traded Corporation

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Does the number of stockholders/shareholders of the corporation exceed four? NRS 639.231 ☐ Yes ☐ No

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: Delaware

Parent Company (if any): Walgreens Boots Alliance, Inc.

Corporation/Organization Name: Walgreen Co.

Mailing Address: 108 Wilmot Rd

City: Deerfield State: IL Zip: 60015

Telephone: 847-224-1348 Email: licenseadministration@walgreens.com

Contact Person Name: Kayla Lechner

Does the number of stockholders/shareholders of the corporation or members exceed four? NRS 639.231 ☐ Yes ☑ No

Section 7: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Please check type of partnership (NAC 639.214) ☐ General ☐ Limited

Does the number of partners or members of the partnership exceed four? NRS 639.231 ☐ Yes ☐ No

Section 8: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Richard Gates

Print Name of Authorized Person Submitting Application (If the applicant is a partnership or corporation, the application must be signed by a partner or by an officer of the corporation). NAC 639.215

Richard Gates

Original signature of Authorized Person (copies or stamps not accepted)

08 / 26 / 2025

Date

Board Use Only	Date Received: 9/22/25	Amount: $500 CK JP03-3000111129

Section 11: Managing Pharmacist Acknowledgement, Professional/Personal History – REQUIRED TO BE COMPLETED BY THE MANAGING PHARMACIST FOR NEVADA LOCATED PHARMACY APPLICANTS ONLY

Managing Pharmacist Name: THULAM NGUYEN Pharmacist Registration #: 15497

Pharmacy Name: WALGREENS #03844

Initial each statement below to indicate you have read and agree with the following:

T.H. I understand that as the managing pharmacist I am responsible for compliance by the pharmacy and its personnel with all state and federal laws and regulations relating to the operation of the pharmacy and the practice of pharmacy. I understand my license can be revoked or that I can be subject of disciplinary action if such laws or regulations are knowingly violated in the pharmacy in which I am the managing pharmacist.

T.H. I understand within 48 hours after I report for duty as the managing pharmacist, I shall complete an inventory of all controlled substances of the pharmacy pursuant to 21 CFR Part 1304 and maintain a copy of the inventory in the file at the pharmacy.

T.H. I understand that if I cease to be managing pharmacist of the above-named pharmacy, I will jointly, with the new managing pharmacist, take an inventory of all controlled substances.

T.H. I understand that as the managing pharmacist I must ensure that all loss or theft of controlled substances are reported on forms provided by the Nevada State Board of Pharmacy and Department of Public Safety within 10 days after the date of discovery of theft or loss. NRS 453.568. Federal regulations require that registrants notify the Field Division Office of the Administration in his area, in writing, of the theft or significant loss of any controlled substance, disposal receptacles or listed chemicals within one business day of discovery of such loss or theft. The registrant shall also complete and submit to the Field Division Office in his area, DEA Form 106 regarding the loss or theft (21 C.F.R. §1301.76(b) and 21 U.S.C. §830(b)(1)(C)).

T.H. I understand that as the managing pharmacist I must notify the Nevada State Board of Pharmacy of all employment changes of pharmacy staff within 10 days of the change. NAC 639.540

Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?	☐	☑
2. Have you been charged, arrested, or convicted of a felony or misdemeanor in any state?	☐	☑
3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state?	☐	☑
4. Has your license been subjected to any discipline for violation of pharmacy or drug laws in any state?	☐	☑

If you marked YES to any questions above, include the following information and provide a signed statement of explanation. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Board Administrative Action:	State:	Date:	Case #:

Criminal Action:	State:	Date:	Case #:	County:	Court:

I certify under penalty of perjury that the information I have provided on this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

THULAM NGUYEN

Original signature of Managing Pharmacist (copies or stamps not accepted)

08 / 14 / 2025

Date

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

NOTICE OF INTENDED ACTION AND ACCUSATION

JOSEPH A. DANIELS, R.PH,
Certificate of Registration No. 13726,

Case No. 98-052A-RPH-S

WALGREENS #03844,
Certificate of Registration No. PH1123;

Case No. 98-052B-PH-S

Respondents.

COMES NOW Keith W. Macdonald, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, and makes the following that will serve as both a notice of intended action under Nevada Revised Statutes (NRS) 233B.127(3) and as an accusation under NRS 639.241.

I.

The Nevada State Board of Pharmacy has jurisdiction over this matter and these Respondents for the following reasons:

A. Respondent Joseph A. Daniels, is a registered pharmacist with the Board (Certificate of Registration Number 13726).

B. Respondent Walgreens (Walgreens #03844) is a registered pharmacy with the Board (Certificate of Registration Number PH1123), located at 5011 East Sahara Avenue, Las Vegas, Nevada.

II.

On or about April 20, 1998, Respondent Walgreens #03844 received a prescription for 30 dosage units of Amoxicillin 50 mg. Respondent Daniels filled the prescription correctly according to Patient S's dentist's orders; however, Mr. Daniels failed to notice the reference in the Walgreens computer that Patient S was allergic to penicillin.

III.

Patient S, unaware that amoxicillin is a form of penicillin, took the medication for two days before he broke out in a rash on his thighs. Respondent Daniels admits that Patient S's computer file flagged Patient S's allergy to penicillin and that this error should have been caught.

IV.

Walgreen's #03844 counseling log indicated counseling was refused. Patient S stated he dropped off two new prescriptions issued from his dentist, Dr. Samuel Kim, one for Percocet and one for amoxicillin. Patient S picked the filled prescriptions up at the drive through window of the pharmacy and stated he was not counseled or given the option for counseling for either medication.

FIRST CAUSE OF ACTION

V.

In dispensing a prescription drug that Mr. Daniels should have known would cause harm to the patient, Respondent Daniels violated Nevada revised Statutes (NRS) 639.210(4) and Nevada Administrative Code (NAC) 639.945 (1) (i).

SECOND CAUSE OF ACTION

VI.

In failing to counsel Patient S, Mr. Daniels violated NRS 639.266 and NAC 639.945(1)(i) and 639.707 (1) (a).

THIRD CAUSE OF ACTION

VII.

In owning and operating the pharmacy in which the above acts and violations occurred, Respondent Walgreens #03844 violated NRS 639.210(4) and 639.945 (1) (i) and (2).

WHEREFORE it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to the certificates of registration of the Respondents.

Signed this 15th day of December, 1998.

Keith W. Macdonald

Keith W. Macdonald, Executive Secretary
Nevada State Board of Pharmacy

NOTICE TO RESPONDENT

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements regarding your certificate of registration. To do so, you must mail to the Board within 15 days of your receipt of this Notice of Intended Action and Accusation a written statement showing your compliance.

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

JOSEPH A. DANIELS, R.Ph,
Cert. of Registration No. 13726,

WALGREENS #03844,
Cert. of Registration No. PH1123.

Respondents.

FINDINGS OF FACT, CONCLUSIONS OF LAW, AND ORDER

Case No. 98-052A-RPH-S

Case No. 98-052B-PH-S

THIS MATTER was heard by the Nevada State Board of Pharmacy (hereinafter Board) at its regular meeting on January 20, 1999 in Las Vegas. The Board was represented by Louis Ling, Senior Deputy Attorney General. Respondent Joseph A. Daniels appeared and represented himself, and George Flaherty appeared on behalf of and represented Respondent Walgreens #03844. Staff and the Respondents stipulated to the entry into evidence of five exhibits, and Respondents admitted the truth of the averments made in the Accusation and Notice of Intended Action. Mr. Daniels and Mr. Flaherty testified. Based on the admissions, testimony, and documents presented as well as the public records in the possession and control of the Board, the Board issues the following Findings of Fact, Conclusions of Law, and Order:

FINDINGS OF FACT

1. On April 20, 1998, Terry Sackett took a prescription to be filled to Walgreens

#03844. The prescription was for amoxicillin 50 mg. #30. Mr. Daniels filled the prescription correctly. In the course of filling the prescription, the pharmacy's computer issued a warning that Mr. Sackett was allergic to penicillin. Mr. Daniels overrode the computer's warning and dispensed the prescription to Mr. Sackett.

2. Mr. Sackett was unaware that amoxicillin is a form of penicillin, so he took the amoxicillin for two days before he broke out in a rash on his thighs.

3. When Mr. Sackett picked up the prescription, he did so at the drive-through window. The logs of the counseling window from the time around which Mr. Sackett's prescription was dispensed showed that every patient refused counseling. In fact, the way the log was filled out, in most cases it would have been impossible to have indicated on the log that counseling had been accepted. At hearing, Mr. Flaherty admitted that at the time of Mr. Sackett's prescription, no counseling was occurring at the drive-through window. Mr. Flaherty explained that now counseling was occurring with about 50% of the people using the drive-through window. Based upon Mr. Flaherty's testimony, we find that Mr. Sackett was not counseled regarding his amoxicillin prescription, even though the prescription was a new prescription, the prescription was for a drug to which Mr. Sackett was allergic, and the pharmacy and Mr. Daniels knew of Mr. Sackett's allergy at the time the prescription was filled and dispensed.

4. At hearing, Mr. Daniels admitted that the pharmacy's computer had worked correctly and had warned him about Mr. Sackett's penicillin allergy. The pharmacy's computer had a safety feature that only a pharmacist could override such a warning

and that the override required several keystrokes within two separate warning screens before the prescription could be further processed. Mr. Daniels could not and did not explain at hearing why he overrode the warning screens or why he did not bring the allergy warnings to Mr. Sackett's attention.

CONCLUSIONS OF LAW

1. The Nevada State Board of Pharmacy has jurisdiction over this matter because Respondent Daniels is a pharmacist licensed by the Board and Respondent Walgreens #03844 is a pharmacy licensed by the Board.

2. In dispensing a prescription drug that Mr. Daniels knew of should have known would cause harm to a patient, namely in dispensing amoxicillin to a patient with a known penicillin allergy, Mr. Daniels violated NRS 639.210(4) and NAC 639.945(1)(i).

3. In failing to counsel Mr. Sackett, especially in failing to counsel Mr. Sackett about potential problems amoxicillin might have as a result of Mr. Sackett's allergies, Mr. Daniels violated NRS 639.266 and NAC 639.945(1)(i) and 639.707(1)(a).

4. In owning and operating the pharmacy in which Mr. Daniels committed the above violations and in employing Mr. Daniels, Walgreens #03844 violated NRS 639.210(4) and NAC 639.945(1)(i) and (2).

ORDER

Based upon the foregoing, the Board hereby orders the following:

1. Mr. Daniels shall pay a fine of $350.00 ($200.00 for dispensing a harmful

drug and $150.00 for failing to counsel a patient) in cash, cashier's or certified check, or money order made payable to "State of Nevada, Office of the Treasurer" to be received by the Board's Reno office within 90 days of the effective date of this Order.

3. Walgreens #03844 shall receive no discipline.

4. The failure by Mr. Daniels to comply with any term in this order shall result in a fine of $1,000 per day for every day that the term is not complied with, up to a maximum of $30,000, and will also result in further discipline, up to and including revocation of his license. Furthermore, any failure to pay any fine, fee, or cost ordered herein will also result in such legal action as Board staff determines to be necessary to collect the unpaid fine, fee, or cost.

Signed and effective this 18th day of February, 1999.

Larry L. Pinson, President
Nevada State Board of Pharmacy

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,
Petitioner,

v.

NOTICE OF INTENDED ACTION AND ACCUSATION

CHRISTINA M. ROMERO, PT
Certificate of Registration No.: PT01314

Case No. 07-063-PT-S

WALGREENS PHARMACY #03844
Certificate of Registration No. PH01123
Respondents.

Case No. 07-063-PH-S

COMES NOW Larry L. Pinson, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, and makes the following that will serve as both a notice of intended action under Nevada Revised Statutes (NRS) 233B.127(3) and as an accusation under NRS 639.241.

I.

The Nevada State Board of Pharmacy has jurisdiction over this matter because Respondent Christina M. Romero is a registered pharmaceutical technician with the Board and Walgreens Pharmacy #03844 is a registered pharmacy with the Board.

II.

On or about June 25, 2007, Ms. Romero contacted Board staff to obtain a duplicate copy of her pharmaceutical technician registration. It was discovered that Ms. Romero had not renewed her pharmaceutical technician registration that was due for renewal by October 31, 2006. Ms. Romero indicated that she was working at Walgreens Pharmacy #03844.

III.

On or about June 26, 2007, Board staff contacted Holly Prievo, District Pharmacy Supervisor for Walgreens, and requested the hours that Ms. Romero worked from November 1, 2006 to June 25, 2007. Ms. Prievo reported to Board staff that Ms. Romero worked for 1,312 hours. Assuming Ms. Romero worked eight hour shifts,

Ms. Romero worked unregistered for 164 days.

FIRST CAUSE OF ACTION

IV.

By working without having renewed her pharmaceutical technician registration for 164 days, Ms. Romero violated NRS 639.210(4) and (13) and NAC 639.945(1)(k).

SECOND CAUSE OF ACTION

By employing Ms. Romero and allowing Ms. Romero to work for 164 days without being registered with the Board, Walgreens Pharmacy #03844 violated NRS 639.210(4) and (13) and NAC 639.945(1)(k) and (2).

WHEREFORE it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to the certificate of registration of the Respondent.

Signed this 12th day of July, 2007.

Larry L. Pinson, Executive Secretary
Nevada State Board of Pharmacy

NOTICE TO RESPONDENT

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements regarding your certificate of registration. To do so, you must mail to the Board within 15 days of your receipt of this Notice of Intended Action and Accusation a written statement showing your compliance.

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

FINDINGS OF FACT, CONCLUSIONS OF LAW, AND ORDER

LEHA M. DEROSIA, P.T.
Certificate of Registration No. PT06209 — Case No. 07-062-PT-S

WALGREENS PHARMACY #05646
Certificate of Registration No. PH01505, — Case No. 07-062-PH-S

CHRISTINA M. ROMERO, P.T.
Certificate of Registration No. PT01314, — Case No. 07-063-PT-S

WALGREENS PHARMACY #03844
Certificate of Registration No. PH01123, — Case No. 07-063-PH-S

JESSICA L. McCULLOCH, P.T.
Certificate of Registration No. PT07762, — Case No. 07-064-PTT-S

WALGREENS PHARMACY #05646
Certificate of Registration No. PH01505, — Case No. 07-064-PH-S

Respondents.
_____/

THIS MATTER was heard by the Nevada State Board of Pharmacy (hereinafter Board) at its regular meeting on October 24, 2007 in Las Vegas, Nevada. The Board was represented by Louis Ling, General Counsel to the Board. All Respondents were represented by Robert Graham of Rob Graham and Associates. The parties entered an oral stipulation which was presented to the Board at the hearing of the matter by Mr. Ling. Based upon the agreements and presentations of the parties, the Board finds the following to be the facts of the matter.

FINDINGS OF FACT

1. The parties orally stipulated to the presentation of this matter by Mr. Ling and that appearances would not be expected from any of the Respondents or Mr. Graham. Mr. Ling explained that the three individual Respondents had already attended a continuing education session regarding Nevada jurisprudence and that all Respondents were agreeable to the presentation made by Mr. Ling.

2. All registrations of pharmaceutical technicians and pharmaceutical technicians in training were required to be renewed by October 31, 2006, and any such registration that was not renewed by October 31, 2006 expired. No pharmaceutical technician or pharmaceutical technician in training may lawfully be employed as a pharmaceutical technician or pharmaceutical technician in training on an expired registration.

2. All of the Respondent pharmaceutical technicians and pharmaceutical technicians in training in this matter failed to renew their respective registrations by October 31, 2006, and all were employed by the various Respondent Walgreen pharmacies as pharmaceutical technicians or pharmaceutical technicians in training on expired registrations. Following is a table of the Respondents and the number of hours and estimated workdays (based upon an assumed eight-hour workday) worked by each Respondent on expired registrations:

Respondents	Hours Worked	Estimated Days Worked
McCulloch/Walgreens #05646	1,440	180
DeRosia/ Walgreens #05646	1,384	173
Romero/ Walgreens #03844	1,312	164
TOTALS	**4,136**	**517**

3. At hearing, Board Staff explained that Walgreens has had a good recent history regarding assuring that its employees have properly and timely renewed their

registrations. Two of the three matters in this case arose from one pharmacy, and the issues regarding that pharmacy have been addressed. Board Staff also explained that the Board's efforts to gain compliance with the renewal and registration laws have been largely successful and that the few instances, such as those in this case, are aberrations.

CONCLUSIONS OF LAW

1. The Nevada State Board of Pharmacy has jurisdiction over this matter because Respondents DeRosia, and Romero are pharmaceutical technicians registered by the Board, Respondent McCulloch is a pharmaceutical technician in training registered by the Board, and Respondents Walgreens ##05646 and 03844 are pharmacies licensed by the Board.

2. In working as a pharmaceutical technician or pharmaceutical technician in training on expired registrations, Respondents DeRosia, Romero, and McCulloch each violated NRS 639.210(4) and (13) and NAC 639.945(1)(k).

3. In employing the individual Respondents, Walgreens ##05646 and 03844 violated NRS 639.210(4) and (13) and NAC 639.945(1)(k) and (2).

ORDER

Based upon the foregoing, the Board hereby orders the following:

1. Each Respondent Walgreens pharmacy shall pay a fine of $250.00 for each of the pharmaceutical technicians or pharmaceutical technicians in training employed with expired registrations. Walgreens may choose to pay by a single cashier's or certified check or money order made payable to "State of Nevada, Office of the

Treasurer" in a total amount of $750.00 to be received by the Board's Reno office within 90 days of the effective date of this Order.

2. Each Respondent technician or technician in training shall pay a fine of $250.00 by a cashier's or certified check or money order made payable to "State of Nevada, Office of the Treasurer" to be received by the Board's Reno office within 90 days of the effective date of this Order.

3. Respondents DeRosia, Romero, and McCulloch shall each attend and successfully complete a Nevada jurisprudence continuing education course presented by Board Staff at such time and place as is set by Board Staff, which attendance may already have been completed before the effective date of this Order and shall be deemed compliance with this Order.

4. The failure by any individual Respondent to comply with any term in this Order shall result in the immediate suspension of her registration and will also result in further discipline, up to and including revocation of the registration. The failure by any Respondent Walgreens pharmacy to comply with any term in this Order shall result in a fine of $1,000 per day for every day that it has failed to comply with the Order until the Order is fully complied with, up to a total fine not to exceed $30,000, and will also result in further discipline, up to and including revocation of the its license.

Signed and effective this 20th day of November, 2007.

Barry Boudreaux, President
Nevada State Board of Pharmacy

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

WALGREEN CO.,
An Illinois Corporation,

WALGREENS PHARMACY #03843,
Certificate of Registration #PH01062,

CARL M. HEUER, R.Ph.,
Certificate of Registration #13810,

WALGREENS PHARMACY #03844,
Certificate of Registration #PH01123,

PETER A. RISO, JR., R.Ph.,
Certificate of Registration #15162,

PETER M. KAMBISS, R.Ph.,
Certificate of Registration #10601,

JOHN M. QUINN, P.T.,
Certificate of Registration #PT03749

WALGREENS PHARMACY #03871,
Certificate of Registration #PH01080,

JONATHAN C. BOX, R.Ph.,
Certificate of Registration #15055,

WALGREENS PHARMACY #03872,
Certificate of Registration #PH01282,

MICHAEL A. TRIOLO, R.Ph.,
Certificate of Registration #13675,

WALGREENS PHARMACY #03873,
Certificate of Registration #PH01125,

SCOTT L. TRINH, R.Ph.,
Certificate of Registration #14360,

REVISED FINDINGS OF FACT CONCLUSIONS OF LAW AND ORDER

Case No. 02-073-PH-S

Case No. 02-065-PH-S

Case No. 02-065-RPH-S

Case No. 02-047-PH-S

Case No. 02-047A-RPH-S

Case No. 02-047B-RPH-S

Case No. 02-047C-PT-S

Case No. 02-038-PH-S

Case No. 02-038-RPH-S

Case No. 02-062-PH-S

Case No. 02-062-RPH-S

Case No. 02-060-PH-S

Case No. 02-060-RPH-S

WALGREENS PHARMACY #04197, **Certificate of Registration #PH01142,**	**Case No. 02-050-PH-S**
ROBIN M. BONGA, R.Ph., **Certificate of Registration #15598,**	**Case No. 02-050-RPH-S**
WALGREENS PHARMACY #05014, **Certificate of Registration #PH01371,**	**Case No. 02-032-PH-S**
MICHELE L. ITO, R.Ph., **Certificate of Registration #15357,**	**Case No. 02-032-RPH-S**
WALGREENS PHARMACY #05015, **Certificate of Registration #PH01309,**	**Case No. 02-031-PH-S**
JESSICA NGUYEN, R.Ph **Certificate of Registration #15397,**	**Case No. 02-031-RPH-S**
WALGREENS PHARMACY #06310, **Certificate of Registration #PH01549,**	**Case No. 02-019-PH-S**
STEPHEN C. LESSARD, R.Ph **Certificate of Registration #13632,**	**Case No. 02-019-RPH-S**
Respondents.	

THIS MATTER was heard by the Board at its regular meeting on July 24, 2002, in Las Vegas, Nevada. The Board was represented by Louis Ling, General Counsel to the Board. All of the Respondent Walgreen's pharmacies, Walgreens Co., and Respondents Carl M. Heuer, Peter A. Riso, Jr., Peter M. Kambiss, Jonathan C. Box, Scott L. Trinh, Robin M. Bonga, Michele L. Ito, and Stephen C. Lessard were represented by Graham, Wilde, Harker & Boggess and Robert C. Graham. Respondent Jessica Nguyen was represented by Thomas J. Tanksley. Respondent Michael Triolo was represented by Kathleen A. Murphy. Respondent John M. Quinn appeared and represented himself.

Prior to the hearing, Mr. Ling and Mr. Graham stipulated to bifurcate the matter involving Walgreen's Pharmacy #03843 and Carl M. Heuer (Case No. 02-065) from the remaining matters. Mr. Ling and Mr. Graham further agreed that Case No. 02-065

would be heard at the Board's regular meeting on October 16, 2002 in Las Vegas. The Board accepted the stipulation proposed by Mr. Ling and Mr. Graham and ordered that Case No. 02-065 be heard separately on October 16, 2002.

As a result of the stipulation to bifurcate approved by the Board, the Board heard the remaining matters at its hearing on July 24, 2002. Based upon the testimony and evidence presented and the public records in the possession of the Board, the Board issues the following findings of fact, conclusions of law, and order resolving as a final order all matters except Case No. 02-065.

FINDINGS OF FACT

1. The Board and the various Respondents' counsels presented the testimony of numerous witnesses and introduced several exhibits into evidence. Because the testimonies of most of the witnesses served primarily for individual matters and for the sake of administrative convenience, the Board will state the facts for each matter on a matter-by-matter basis.

Walgreens #3871 & Jonathan Box (Case No. 02-038)

2. Counsel for Walgreens and Mr. Box and the General Counsel agreed that the facts as plead in the Notice of Intended Action and Accusation were true and correct regarding this matter. The General Counsel stated that the complainant in this matter was unavailable for medical reasons, but because of the agreement reached between the parties, his testimony would be unnecessary. Counsel for Walgreens and Mr. Box presented the testimony of Mr. Box.

3. On January 7, 2002, Patient M's physician prescribed Singulair 5mg. tablets for him to help with his breathing difficulty. Patient M's physician telephoned the prescription to Walgreen's #03871 to be filled. Patient M is a five-year-old male with an asthmatic condition.

4. Patient M took the medication for four days before telling his father that the "medicine tasted funny." Patient M's father checked the prescription bottle and it was labeled correctly. Upon closer observation Patient M's father found that the label had been placed on a stock bottle of Proscar 5 mg. tablets. After checking the tablets in the Proscar stock bottle it was determined that the medication was not Singulair as prescribed, but Proscar tablets.

5. Mr. Box was the pharmacist who filled Patient M's prescription. Mr. Box stated that he doubted that he had counseled Ms. M when she picked up the prescription for Patient M as he believed Patient M had taken Singulair in the past. The counseling log was inconclusive as there were no initials on the log. At hearing, Mr. Box stated that he could not explain how he had mistakenly filled a Singulair prescription with Proscar 5 mg.

Walgreens #05014 & Michelle Ito (Case No. 02-032)

6. Board staff presented the testimony of Aubrey Alexander. According to Ms. Alexander, on February 6, 2002, she took two new prescriptions from her physician to Walgreen's #05014 to be filled. One prescription was for Ambien for her sleeping difficulties and the other was for Ultram for persistent pain. Ms. Alexander dropped the prescriptions off in the morning and was advised she could pick them up in the afternoon. Ms. Alexander inquired if she could use the drive-through to pick up her prescriptions and was told that she could pick them up at that location.

7. Ms. Alexander returned to Walgreen's #05014 at approximately 4:00 p.m. to pick up her medication at the drive-through window. Ms. Alexander recalls having to wait for a period of time as there were two cars ahead of her in line. When she arrived at the drive-through window, Ms. Alexander was told by a pharmacy technician that her prescriptions were not ready. Ms. Alexander asked the pharmacy technician to check again as she was told the prescriptions would be ready at 3:00 p.m. After a few minutes' wait, the pharmacy technician returned with her prescriptions. Ms. Alexander was asked if she had taken these medications before. Ms. Alexander indicated that she had taken both medications before. Other than the question asked by the pharmacy technician, Ms. Alexander was not counseled by a pharmacist on her prescriptions even though both prescriptions were new to her profile at this pharmacy.

8. While in her vehicle, Ms. Alexander took one tablet from the Ultram vial for the pain she was experiencing and left the pharmacy to run errands. After an hour had passed and her pain had not diminished, Ms. Alexander took a second tablet from the Ultram vial. After taking the second tablet Ms. Alexander began feeling disoriented and sick to her stomach. Ms. Alexander cancelled her plans to run errands, went home and fell asleep sitting up in a chair. Ms. Alexander explained at hearing that it was

extremely unusual and out of character for her to sleep in a chair. Several hours later she was awakened by her telephone ringing.

9. Ms. Alexander realized that something was wrong with the medication she had taken and reviewed the prescription bottles she picked up from Walgreens #05014 earlier in the day. After looking inside the bottles, Ms. Alexander discovered the Ambien medication was in the prescription bottle labeled Ultram and the Ultram medication was in the prescription bottle labeled Ambien.

10. The Board's investigation showed that there were two labels on each bottle. The underneath labels were for the correct medication, but the instructions for taking the medications were incomplete.

11. At hearing, Ms. Ito explained that when she was verifying prescriptions filled by the pharmaceutical technicians at Walgreens #05014 she discovered that the label for one of Ms. Alexander's prescriptions contained an incomplete direction for use, so she sent the prescriptions back to the pharmaceutical technician to have the label corrected. The two vials would have been sent back together since they were for the same patient. Ms. Ito explained that she would have checked the new labels and that she could not explain why she did not discover that the new labels had been improperly placed upon the wrong vials.

12. Ms. Ito also explained that the pharmacy's computer system showed that Ms. Alexander picked up her prescription at 4:07 p.m. Ms. Ito claimed that she was off shift at 4:00 p.m. and that she would have left precisely at 4:00 p.m. Thus, Ms. Ito claimed that she could not have been the pharmacist who failed to counsel Ms. Alexander and that the pharmacist who replaced Ms. Ito would have been responsible to counsel Ms. Alexander.

Walgreens #06310 and Stephen Lessard (Case No. 01-019)

13. Board staff presented the testimony of Rebecca Gang. According to Ms. Gang, on February 7, 2002, she took two new prescriptions from her physician to Walgreen's #06310 to be filled. One prescription was for Ambien 5mg. #20 and the other was for Synthroid 0.075mg. #90. Ms. Gang dropped the prescriptions off at approximately 9:30 a.m.

14. Ms. Gang returned to Walgreen's #06310 at approximately 12:30 p.m. to pick up her medication at the drive-through window. Ms. Gang was told by a Walgreen's pharmacy clerk that they owed her 85 pills on her prescription. Ms. Gang questioned the clerk and the clerk advised her that they had run out of Levothyroxine. Ms. Gang advised the clerk that she was taking Synthroid, not Levothyroxine, and asked to speak to the pharmacist. Ms. Gang asked the clerk to speak to the pharmacist several times, but the pharmacist did not respond to Ms. Gang's requests.

15. Ms. Gang was advised that her prescription for Synthroid would be ready in approximately 15 minutes. Ms. Gang requested her prescription for Ambien and indicated she would return later for the Synthroid prescription. Ms. Gang was not counseled for her new prescription for Ambien.

16. Ms. Gang returned to the drive-through window of Walgreen's #06310 later in the evening of February 7th to pick up her prescription for Synthroid. Ms. Gang was not counseled for her new prescription for Synthroid by the pharmacist on duty, Stephen Lessard.

17. At hearing, Mr. Lessard explained that it was Walgreens' routine and policy to substitute levothyroxine for Synthroid, even though he admitted that the two are not AB rated. Mr. Lessard explained that he did not speak to Ms. Lessard because his pharmaceutical technician relayed Ms. Gang's questions to him while he was filling Ms. Gang's Synthroid prescription. He further explained that he was on his way over to counsel Ms. Gang, but the pharmaceutical technician had already given Ms. Gang the Ambien prescription and so Ms. Gang left before he could speak with her.

Walgreens #05015 & Jessica Nguyen (Case No. 02-031)

18. Board staff presented the testimony of Robbie Ierley. Ms. Ierley testified that on February 25, 2002, she took a new prescription from her dentist for Decadron Dosepak to Walgreen's #05015 to be filled. Ms. Ierley stated that she was quite familiar with the Decadron Dosepak because it was an older medication that she had dispensed when she worked at retail pharmacies and because it was manufactured by Merck, and she was presently employed as a pharmacist by the Merck-Medco pharmacy facility in Las Vegas.

19. The pharmacy was busy and Ms. Ierley waited for approximately an hour for her prescription to be filled. When Ms. Ierley finally picked up her prescription, a clerk brought Ms. Ierley her prescription and said to her, "I know you're a pharmacist", to which Ms. Ierley replied that she was. The clerk told Ms. Ierley that her prescription would be $10.00 and concluded the transaction. Ms. Ierley was not counseled regarding her prescription even though Medrol Dosepak was new to Ms. Ierley's profile at the pharmacy.

20. When the prescription was ready Ms. Ierley noticed that her prescription had been filled with Methylpredisolone 4mg. Dosepak. Ms. Ierley is a pharmacist and knew that the strength of the drug she was given was not as strong as the drug her dentist prescribed. Ms. Ierley questioned a pharmacist on duty, Jessica Nguyen, regarding the difference in strength. Ms. Nguyen told Ms. Ierley that she did not have Decadron Dosepak and argued that the drug she was given was exactly the same as the drug her dentist prescribed. Because of the way Ms. Nguyen addressed Ms. Ierley's concerns and because Ms. Ierley could not conceive that a pharmacist would change a drug on a prescription without first contacting the prescribing practitioner, Ms. Ierley assumed Ms. Nguyen had contacted her dentist to change the medication.

21. Ms. Ierley reluctantly took the medication home and began taking the medication given to her as directed because she was in considerable dental pain. Ms. Ierley tried to contact her dentist to verify the change in medication, but she was not able to make contact with him for four days. When Ms. Ierley finally spoke with her dentist, he informed her that he had not spoken to anyone from Walgreen's #05015 and that he did not authorize a change in medication.

22. Ms. Ierley related that the lower strength Methylpredisolone Dosepak failed her treatment. Her dentist gave Ms. Ierley another prescription for Decadron Dosepak that she had filled elsewhere, and fortunately her condition improved.

23. At hearing, Ms. Nguyen testified that Walgreens #05015 was extremely busy and, in her opinion, poorly staffed. Ms. Nguyen described one of her pharmaceutical technicians as 70 years old and incapable of keeping up with the accelerated pace of Walgreens #05015. Ms. Nguyen also indicated that Walgreens' computer system had a gauge that monitored how quickly various tasks were being completed, including how

quickly prescriptions were being filled. Ms. Nguyen's understanding of the gauges were that it was her responsibility to keep any of the three gauges from "going red."

24. Ms. Nguyen also testified that the policy for counseling at Walgreens was to allow the clerk or pharmaceutical technician to ask the patient questions such as, "Would you like to speak to the pharmacist?" or "Have you taken this drug before?" Pharmacists only spoke to patients at the their request. X's or other marks would be placed on the counseling log by the clerk or pharmaceutical technician, and the pharmacist would sign next to the X or other mark at some time later.

Walgreens #04197 & Robin Bonga (Case No. 02-050)

25. Board staff presented the testimony of Darwin Albrecht. Mr. Albrecht testified that on March 27, 2002, he took a new prescription from his physician for Clomiphene Citrate 50 mg. #30 to Walgreen's #04197 to be filled. Mr. Albrecht dropped the prescription off late in the afternoon. Mr. Albrecht was aware from discussions with his physician that Clomiphene Citrate 50 mg. was an unusual drug to be prescribed for a male, and as a result of the unusual nature of the prescription, Mr. Albrecht wanted to speak with a pharmacist about the prescription.

26. Mr. Albrecht returned to Walgreen's #04197 between 7:00 and 8:00 p.m. to pick up his medication at the drive through window. He was given his new prescription by a Walgreen's pharmacy clerk, and he paid for his medication and departed through the drive through lanes.

27. Mr. Albrecht was not counseled for his prescription for Clomiphene Citrate 50 mg., even though the prescription was new to his profile and was for an unusual drug for a male.

28. At hearing, Ms. Bonga testified that she was aware that the prescription was unusual for a male patient, but she was not the pharmacist on duty at the time that Mr. Albrecht picked up the prescription. Ms. Bonga also testified that the policy for counseling at Walgreens was to allow the clerk or pharmaceutical technician to ask the patient questions such as, "Would you like to speak to the pharmacist?" or "Have you taken this drug before?" Pharmacists only spoke to patients at the patients' request. X's or other marks would sometimes be placed on the counseling log by the clerk or

pharmaceutical technician, and the pharmacist would sign next to the X or other mark at some time later.

Walgreens #03844, Peter Riso, Peter Kambiss, & John Quinn
(Case No. 02-047)

29. Board staff presented the testimony of Serena Allen. Ms. Allen testified that prior to Saturday, March 30, 2002, she was traveling in California and realized that she would be out of her maintenance medication for her heart, Inderal 10 mg. tablets, by the weekend when she planned to returned home to Las Vegas. Ms. Allen telephoned Walgreen's #03844 and spoke with managing pharmacist Peter Riso to have her Inderal prescription refilled. Mr. Riso advised Ms. Allen that her refills had run out, but he would contact her physician to get refill authorization. Mr. Riso advised Ms. Allen that if contact with her physician was not made prior to her return, she could pick up 15 tablets to hold her over for the weekend.

30. Ms. Allen returned home and went to Walgreens #03844 to pick up her Inderal on Saturday, March 30, 2002. Ms. Allen's physician had not yet called the pharmacy to approve refilling her Inderal. Ms. Allen then requested from pharmaceutical technician John Quinn the 15 tablets Mr. Riso had promised her.

31. Mr. Quinn questioned the pharmacist on duty, Peter Kambiss, if he could give Ms. Allen 15 tablets of Inderal for the weekend. Mr. Kambiss gave Mr. Quinn permission to dispense an emergency amount of Inderal until her physician contacted the pharmacy to refill her prescription. At that time, Mr. Quinn obtained a stock bottle of Inderal 10 mg. tablets and poured a quantity of tablets in his hand, counted the tablets, and placed them in Ms. Allen's prescription vial. Ms. Allen questioned why Mr. Quinn was handling her medication with his hand. Mr. Quinn replied that it was common practice and Ms. Allen did not know pharmacy law. According to Ms. Allen, Mr. Quinn was abusive and rude, and all of the conversation between Mr. Quinn and herself occurred within the sight and hearing of Mr. Kambiss. Ms. Allen left the pharmacy with the medication.

32. A few minutes later, Ms. Allen returned with her husband and a member of the store management staff. Ms. Allen asked Mr. Kambiss to replace the Inderal tablets given to her by Mr. Quinn. According to Mr. Kambiss, up to this time, he was unaware

that Mr. Quinn had handled Ms. Allen's tablets with his hands. While Mr. Kambiss was replacing the Inderal tablets, Ms. Allen and Mr. Quinn began to argue again. Unfortunately, the argument grew increasingly heated with Mr. Quinn, Ms. Allen, and Mr. Allen all speaking loudly. All of this occurred in the sight and hearing of Mr. Kambiss, but according to Mr. Kambiss' testimony, he took no action with Mr. Quinn to stop the argument except to say Mr. Quinn's first name. Ms. Allen and her husband asked to see Mr. Quinn's pharmacy technician registration. Mr. Kambiss went to locate the certificate, however it was not in the frame where pharmacy staff licenses were kept.

33. Ms. Allen asked for a telephone number for a pharmacy supervisor and was given Marcie Ranick's telephone number. Ms. Allen thought to call Walgreens' management because she had dealt with Walgreens' management, specifically George Flaherty and Joe Daniels, regarding an earlier incident that had been satisfactorily managed by Mr. Flaherty and Mr. Daniels.

34. Prior to speaking with Ms. Ranick, Ms. Allen telephoned the Board office and checked to see if Mr. Quinn was registered. Ms. Allen was advised that Mr. Quinn had been registered as a pharmaceutical technician-in-training at a Sav-On pharmacy, but he left his employment where he was registered, and his registration was closed. Mr. Quinn did not have a pharmaceutical technician's registration and was not registered as a technician-in-training at Walgreens #03844 or at any other Walgreens pharmacy. Ms. Allen spoke with Ms. Ranick and found her to be unconcerned about Mr. Quinn's practice of filling prescriptions from the palm of his hand. Ms. Ranick also told Ms. Allen that Mr. Quinn was a registered pharmaceutical technician and that Board staff must have been mistaken.

35. The evidence showed that Mr. Quinn had been working at Walgreens #03844 since February 15, 2001 without a valid pharmacy technician registration certificate. During that time, Mr. Quinn worked a total of 18 days as a pharmaceutical technician without a proper registration.

36. After the incident with the Allens, Mr. Quinn brought a copy of his certificate to the pharmacy. Mr. Quinn explained that he had "whited-out" the employer on the copy of the certificate that he gave to Walgreens #03844 because it contained the

address of his previous and only authorized employer, Sav-on Pharmacy. Mr. Quinn "whited-out" Sav-on's name and address because he still worked occasionally at Sav-on on good terms and did not want his problems at Walgreens #03844 to become known to Sav-on.

37. After the incident with the Allens, Mr. Quinn was transferred to Walgreens Pharmacy #03845 where he continued to be employed. Board staff had notified Walgreens #03845 to cease to employ or use Mr. Quinn in the capacity of a pharmaceutical technician or technician-in-training until Mr. Quinn applied to be and was granted registration as a pharmaceutical technician-in-training at that pharmacy.

38. At hearing, Mr. Riso testified that he took responsibility for not checking Mr. Quinn's registration certificate closely. Mr. Riso said that once he discovered that Mr. Quinn was not properly registered as a technician-in-training at Walgreens #03844, Mr. Riso assigned Mr. Quinn only to clerk tasks and did not allow Mr. Quinn to perform any pharmaceutical technician tasks.

Walgreens #03872 & Michael Triolo (Case No. 02-062)

39. Board staff presented the testimony of Linda Owens. Ms. Owens testified that on April 10, 2002, she took five new prescriptions from her physician to Walgreen's #03872 to be filled. Ms. Owens decided she only wanted four of the prescriptions filled at that time. The pharmacy technician explained the pharmacy would keep the fifth prescription at the pharmacy in case Ms. Owens changed her mind and wanted to have it filled.

40. Ms. Owens noted that the pharmacy was extremely busy while she was waiting for her prescriptions to be filled. She testified that the pharmaceutical technician and the pharmacist were the only two employees and that the pharmaceutical technician was constantly in motion between the drive-up window, the telephone, the pharmacy counter, and the front counter.

41. When the prescriptions were ready Ms. Owens was given five prescriptions, four in one bag and one in a separate bag. Ms. Owens questioned the pharmaceutical technician and explained she should only have four prescriptions. The technician stated that there were five. Since Ms. Owens was not feeling well, she paid for all five prescriptions and left Walgreens #03872. Though the prescriptions were new to Ms.

Owens and her profile at this pharmacy, Ms. Owens was not counseled by a pharmacist.

42. Ms. Owens took the medication home and began taking the medication given to her as directed that evening and the following day. Ms. Owens received a telephone call on the evening of April 11, 2002 from a female pharmacist from Walgreens #03872 asking if she had been in the previous day to pick up any prescriptions. Ms. Owens stated she had picked up her prescriptions the previous day and had been taking them as directed. Ms. Owens was advised that one of the prescriptions she picked up was for another patient with the same name. Ms. Owens examined the prescriptions she had obtained the previous day and found one that had a doctor's name that was unknown to her on the label although the patient's name on the vial was also Linda Owens. In this way, Ms. Owens discovered that she had taken Metronidazole 500 mg. tablets that were not prescribed for her.

43. Ms. Owens explained that she filed the complaint because of her dealings with pharmacist Ledrue Ware after the error had been discovered. Ms. Owens testified that Mr. Ware seemed uninterested in her and her concerns and seemed mostly concerned about informing her that he was not the pharmacist who had dispensed the erroneous prescription to her.

44. At hearing, Mr. Triolo explained that the Walgreens verification computer system did not contain any specific information regarding a patient, such as the patient's birth date or address, at the time of the verification. Thus, as Mr. Triolo explained, it was possible and foreseeable that errors such as occurred in this matter would not be caught by the verifying pharmacist because there would be no way to tell at the verification screen which "Linda Owens" the prescriptions were for. From Walgreens' records, Mr. Triolo could not identify who had filled the Metronidazole prescription for the Linda Owens who was not the complainant in this matter. Mr. Triolo also explained that he was not the pharmacist on duty at the time Ms. Owens picked up her prescriptions and that Mr. Ware was the pharmacist on duty at that time.

Walgreens #03873 & Scott Trinh (Case No. 02-060)

45. Board staff presented the testimony of Daniel Garcia, Investigator for the Board. Mr. Garcia testified that on May 2, 2002, he and Investigator/Supervisor Fred

Ackermann went to Walgreens #03873 to acquire information and evidence on an investigation of a consumer complaint. That consumer complaint was ultimately closed without action.

46. While they were present at the pharmacy, they observed staff pharmacist Scott L. Trinh speaking with a pharmaceutical technician at one end of the pharmacy counter. Mr. Garcia did not observe any patient at the pharmacy's counter to whom Mr. Trinh may have been speaking. At the same time, Mr. Garcia and Mr. Ackermann observed another pharmacy technician at the drive-through window serving a patient.

47. Kelly Moczynski was identified as the pharmaceutical technician at the drive-through window. She had given a male patient a prescription and returned his identification. As Ms. Moczynski concluded the register transaction with this patient, Mr. Garcia and Mr. Ackermann observed her mark on the "Refused" section of the counseling log that the patient had refused counseling. At no time during this transaction did Mr. Garcia observe Mr. Trinh come to the drive-through window.

48. Mr. Ackermann asked Ms. Moczynski if the prescription she had just dispensed was a new prescription, to which she said it was. Mr. Ackermann asked Ms. Moczynski to retrieve the prescription she had dispensed to the patient at the drive-through window. Supervisor Ackermann then advised Mr. Trinh that he needed to come to the drive-through window and counsel the patient regarding his new prescription. Only after Mr. Ackermann required Mr. Trinh to counsel the patient did Mr. Trinh cease speaking with the other employee and counsel the patient regarding the patient's new prescription.

49. Mr. Garcia testified that he had personally investigated several of the cases involved in this matter and that he had consulted with Mr. Ackermann regarding other of the cases that Mr. Ackermann had investigated. Mr. Garcia explained that Walgreens' counseling policy was to allow the clerk or pharmaceutical technician to ask the patient questions such as, "Would you like to speak to the pharmacist?" or "Have you taken this drug before?" Pharmacists only spoke to patients at the patients' request. X's or other marks would sometimes be placed on the counseling log by the clerk or pharmaceutical technician, and the pharmacist would sign next to the X or other mark at some time

later. In some cases, the pharmacist would not initial next to the X's or other mark until the end of the pharmacist's shift.

50. Mr. Trinh testified that he was very careful to assure that patients were counseled at his pharmacy. Mr. Trinh explained that he was counseling a patient at the time that Mr. Ackermann asked him to counsel the patient at the drive-through window, but he could not explain why Mr. Ackermann and Mr. Garcia had not seen the patient at the pharmacy counter that he was counseling. Mr. Trinh admitted that he changed the counseling log regarding the patient the he counseled at Mr. Ackermann's request to show that counseling had been accepted, and he also admitted that the patient would have left Walgreens #03873 had Mr. Ackermann not requested that he counsel the patient.

CONCLUSIONS OF LAW

1. The Nevada State Board of Pharmacy has jurisdiction over this matter because Respondents Walgreens Pharmacies ##03844, 03871, 03872, 03873, 04197, 05014, 05015, and 06310 are pharmacies licensed by the Board and because Respondents Riso, Kambiss, Quinn, Box, Triolo, Trinh, Bonga, Ito, Nguyen, and Lessard are pharmacists or pharmaceutical technicians licensed by or registered with the Board. Walgreen Co. is an Illinois corporation that is the owner of all of the individual Walgreens Pharmacies at issue in this matter.

Walgreens #03871 & Jonathan Box (Case No. 02-038)

2. In failing to strictly follow the prescription written for Patient M. by filling his Singulair 5 mg. prescription with Proscar 5 mg., Mr. Box violated NRS 639.210(4) and NAC 639.945(1)(d) and (i).

3. In failing to counsel Patient M's mother on Patient M's new prescription, Mr. Box violated NRS 639.210(4) and 639.266(1) and NAC 639.707(1)(a) and 639.945(1)(i).

4. In owning and operating a pharmacy that failed to counsel Patient M's mother regarding Patient M's new prescription, Walgreen Co. and Walgreens Pharmacy #03871 violated NRS 639.210(4) and 639.266(1) and NAC 639.707(1)(a) and 639.945(1)(i) and (2).

5. The Second Cause of Action in Walgreens' Notice of Intended Action and Accusation is dismissed.

Walgreens #05014 & Michelle Ito (Case No. 02-032)

6. In failing to label Ms. Alexander's prescriptions correctly, Ms. Ito violated NRS 639.210(4) and NAC 639.945(1)(d) and (i).

7. The Second Cause of Action in Ms. Ito's Notice of Intended Action and Accusation is dismissed.

8. In owning and operating a pharmacy that failed to label Ms. Alexander's prescriptions correctly, Walgreen Co. and Walgreens Pharmacy #05014 violated Nevada Revised Statute (NRS) 639.210(4) and Nevada Administrative Code (NAC) 639.945(1)(d) and (i) and (2).

9. In owning and operating a pharmacy that failed to counsel Ms. Alexander on either of her new prescriptions, Walgreen Co. and Walgreens Pharmacy #05014 violated NRS 639.210(4) and 639.266(1) and NAC 639.707(1)(a) and 639.945(1)(i) and (2).

Walgreens #06310 and Stephen Lessard (Case No. 01-019)

10. In failing to counsel Ms. Gang regarding either of her new prescriptions, especially because Ms. Gang requested to speak with the pharmacist several times, Mr. Lessard violated NRS 639.210(4) and 639.266(1) and NAC 639.707(1)(a) and 639.945(1)(i).

11. The Sixth Cause of Action in Walgreens' Notice of Intended Action and Accusation is dismissed.

Walgreens #05015 & Jessica Nguyen (Case No. 02-031)

12. In failing to follow the instructions of the prescribing physician and by incorrectly labeling and dispensing a prescription drug, Ms. Nguyen violated NRS 639.210(4) and NAC 639.945(1)(d) and (i).

13. In failing to counsel Ms. Ierley, Ms. Nguyen violated NRS 639.210(4) and 639.266(1) and NAC 639.707(1)(a) and 639.945(1)(i).

14. In owning and operating a pharmacy that failed to counsel Ms. Ierley, Walgreen Co. and Walgreens Pharmacy #05015 violated NRS 639.210(4) and 639.266(1) and NAC 639.707(1)(a) and 639.945(1)(i) and (2).

15. The Seventh Cause of Action in Walgreens' Notice of Intended Action and Accusation is dismissed.

Walgreens #04197 & Robin Bonga (Case No. 02-050)

16. The First Cause of Action in Ms. Bonga's Notice of Intended Action and Accusation is dismissed.

17. In owning and operating a pharmacy that failed to counsel Mr. Albrecht, Walgreens Co. and Walgreens Pharmacy #04197 violated NRS 639.210(4) and 639.266(1) and NAC 639.707(1)(a) and 639.945(1)(i) and (2).

Walgreens #03844, Peter Riso, Peter Kambiss, & John Quinn (Case No. 02-047)

18. In failing to verify that Mr. Quinn was properly registered to work as a pharmaceutical technician and in employing Mr. Quinn as a pharmaceutical technician when Mr. Quinn was not, in fact, properly registered to work as a pharmaceutical technician-in-training at Walgreens #03844, Mr. Riso violated NRS 639.210(4) and (15) and NAC 639.945(1)(i).

19. In failing to intervene as the staff pharmacist on duty while Mr. Quinn and the Allens argued, Mr. Kambiss violated NRS 639.210(4) and NAC 639.945(1)(i).

20. The Second Cause of Action in Mr. Kambiss' Notice of Intended Action and Accusation is dismissed.

21. In working at Walgreens #03844 as a pharmaceutical technician without being properly registered so to do, Mr. Quinn violated NRS 639.210(4) and 639.284(2) and NAC 639.945(1)(i) and (k).

22. By owning and operating a pharmacy that employed and worked and continues to work Mr. Quinn as a pharmaceutical technician, both at Walgreens #03844 and other Walgreens pharmacies, without a current active pharmaceutical technician license, Walgreen Co. and Walgreens Pharmacy #03845 violated NRS 639.210(4) and 639.284(2) and NAC 639.702 and 639.945(1)(i) and (k) and (2).

23. The Tenth and Eleventh Causes of Action in Walgreens' Notice of Intended Action and Accusation are dismissed.

Walgreens #03872 & Michael Triolo (Case No. 02-062)

24. In failing to follow the instruction of the prescribing physician and by incorrectly dispensing another patient's drug to Ms. Owens, Mr. Triolo violated NRS 639.210(4) and NAC 639.945(1)(d) and (i).

25. The Second Cause of Action in Mr. Triolo's Notice of Intended Action and Accusation is dismissed.

26. In owning and operating a pharmacy that failed to follow the instructions of the prescribing physician and by incorrectly dispensing a prescription drug to the wrong patient, Walgreen Co. and Walgreens Pharmacy #03872 violated Nevada Revised Statutes (NRS) 639.210(4) and Nevada Administrative Code (NAC) 639.945 (1) (d) and (i) and (2).

27. The unlabeled Cause of Action in Walgreens' Notice of Intended Action and Accusation relating to the failure to counsel Ms. Owens is dismissed.

Walgreens #03873 & Scott Trinh (Case No. 02-060)

28. In failing to counsel a patient regarding a new prescription until being told by Board of Pharmacy staff to do so, Mr. Trinh violated NRS 639.210(4) and 639.266(1) and NAC 639.707(1)(a) and 639.945(1)(i).

29. In being the pharmacist on duty responsible for the acts of a pharmaceutical technician who falsified the pharmacy's counseling log by indicating that a patient had declined counseling when counseling had not been attempted or initiated with the patient, Mr. Trinh violated NRS 639.210(4) and NAC 639.702, 639.707(4), and 639.945(1)(i).

30. In owning and operating a pharmacy that failed to counsel a patient regarding a new prescription until the pharmacist on duty was told by Board of Pharmacy staff to do so, Walgreen Co. and Walgreens Pharmacy #03873 violated NRS 639.210(4) and 639.266(1) and NAC 639.707(1)(a) and 639.945(1)(i) and (2).

31. In owning and operating a pharmacy in which the pharmacist on duty allowed a pharmaceutical technician to falsify the pharmacy's counseling log by indicating that a patient had declined counseling when counseling had not even been attempted with the patient, Mr. Trinh violated NRS 639.210(4) and NAC 639.702, 639.707(4) and 639.945(1)(i) and (2).

ORDER

Based upon the foregoing, the Board hereby orders the following:

1. The licenses of Walgreens Pharmacies ##03872, 03871, 05014, 03873, 04197, 05015, and 03844 shall be on probation for a period of one year from the effective date of this order. The conditions of probation shall include:

a. One or more representatives of Walgreens Co. shall appear before the Board at every regularly scheduled Board meeting held in Las Vegas throughout the period of the probation to explain to the Board what Walgreens Co. has done to address the concerns raised in this matter, which concerns include Walgreens' counseling as mandated by Nevada law, Walgreens' counseling logs, Walgreens' prescription filling procedure, and Walgreens' policy for addressing patient calls (especially calls in which the patient indicates that he or she has taken an incorrect drug).

b. Development of a counseling log that complies with Nevada law. Walgreens Co. shall provide to the Board a copy of a proposed new counseling log within 30 days of the effective date of this Order, and this proposed new counseling log will be reviewed by the Board at its next succeeding regularly scheduled meeting. Upon approval by the Board of the new counseling log, Walgreens Co. shall provide and implement the new log in all of its Nevada pharmacies.

c. Walgreens Co. shall review its policies and procedures regarding patient counseling to assure that the policies and procedures fully comply with Nevada law. Walgreens Co. shall notify all of its Nevada pharmacies regarding its policies and procedures regarding counseling, including the proper use of the new counseling log developed pursuant to subsection 1(b) of this Order.

d. Walgreens Co. shall review its operational policies and procedures in light of the findings in this matter and shall develop specific suggestions or improvements to address failings in present operational policies and procedures that were shown in the findings of this matter. The details of Walgreens Co.'s review and specific suggestions or improvements shall comprise part of the presentation made by Walgreens Co. pursuant to subsection 1(a) of this Order.

2. Walgreens Co. and Walgreens Pharmacies ##03872, 03871, 05014, 03873, 04197, 05015, and 03844 shall pay a total fine of $5,600.00 by cashier's or certified

check or money order made payable to "State of Nevada, Office of the Treasurer" to be received by the Board's Reno office within 60 days of the effective date of this Order. The total fine consists of the following specific fines:

Third Cause of Action	$750.00
Fourth Cause of Action	$250.00
Fifth Cause of Action	$750.00
Eighth Cause of Action	$750.00
Ninth Cause of Action	$750.00
Twelfth Cause of Action	$750.00
Thirteenth Cause of Action	$100.00
Fourteenth Cause of Action	$750.00
Fifteenth Cause of Action	$750.00
TOTAL	**$5,600.00**

3. Walgreens Co. and Walgreens Pharmacies ##03872, 03871, 05014, 03873, 04197, 05015, and 03844 shall pay the Board's total administrative fee (nine causes of action X $250.00/cause of action = $2,250.00) and the Board's costs of investigation and prosecution ($11,878.35) for a total of $14,128.35 by cashier's or certified check or money order made payable to "Nevada State Board of Pharmacy" to be received by the Board's Reno office within 60 days of the effective date of this Order.

4. Mr. Triolo shall pay the Board's administrative fee of $250.00 by cashier's or certified check or money order made payable to "Nevada State Board of Pharmacy" to be received by the Board's Reno office within 60 days of the effective date of this Order. Mr. Triolo shall also receive a letter of admonition.

5. Mr. Lessard shall pay a fine of $375.00 by cashier's or certified check or money order made payable to "State of Nevada, Office of the Treasurer" to be received by the Board's Reno office within 60 days of the effective date of this Order. Mr. Lessard shall also pay the Board's administrative fee of $250.00 by cashier's or certified check or money order made payable to "Nevada State Board of Pharmacy" to be received by the Board's Reno office within 60 days of the effective date of this Order.

6. Mr. Box shall pay a total fine of $625.00 by cashier's or certified check or money order made payable to "State of Nevada, Office of the Treasurer" to be received by the Board's Reno office within 60 days of the effective date of this Order. Mr. Box shall also pay the Board's administrative fee of $250.00 by cashier's or certified check

or money order made payable to "Nevada State Board of Pharmacy" to be received by the Board's Reno office within 60 days of the effective date of this Order.

7. Ms. Ito shall pay a fine of $250.00 by cashier's or certified check or money order made payable to "State of Nevada, Office of the Treasurer" to be received by the Board's Reno office within 60 days of the effective date of this Order. Ms. Ito shall also pay the Board's administrative fee of $250.00 by cashier's or certified check or money order made payable to "Nevada State Board of Pharmacy" to be received by the Board's Reno office within 60 days of the effective date of this Order.

8. Mr. Trinh shall pay a total fine of $1,250.00 by cashier's or certified check or money order made payable to "State of Nevada, Office of the Treasurer" to be received by the Board's Reno office within 60 days of the effective date of this Order.

9. Ms. Nguyen shall pay a total fine of $625.00 by cashier's or certified check or money order made payable to "State of Nevada, Office of the Treasurer" to be received by the Board's Reno office within 60 days of the effective date of this Order. Ms. Nguyen shall also pay the Board's administrative fee of $250.00 by cashier's or certified check or money order made payable to "Nevada State Board of Pharmacy" to be received by the Board's Reno office within 60 days of the effective date of this Order.

10. Mr. Riso shall pay a fine of $100.00 by cashier's or certified check or money order made payable to "State of Nevada, Office of the Treasurer" to be received by the Board's Reno office within 60 days of the effective date of this Order. Mr. Riso shall also pay one-half the Board's administrative fee of $125.00 by cashier's or certified check or money order made payable to "Nevada State Board of Pharmacy" to be received by the Board's Reno office within 60 days of the effective date of this Order.

11. Mr. Kambiss shall pay a fine of $100.00 by cashier's or certified check or money order made payable to "State of Nevada, Office of the Treasurer" to be received by the Board's Reno office within 60 days of the effective date of this Order. Mr. Kambiss shall also pay one-half the Board's administrative fee of $125.00 by cashier's or certified check or money order made payable to "Nevada State Board of Pharmacy" to be received by the Board's Reno office within 60 days of the effective date of this Order.

12. Mr. Quinn shall pay a fine of $360.00 ($20/day x 18 days = $360.00) by cashier's or certified check or money order made payable to "State of Nevada, Office of the Treasurer" to be received by the Board's Reno office within 60 days of the effective date of this Order. Mr. Quinn shall also pay the Board's administrative fee of $250.00 by cashier's or certified check or money order made payable to "Nevada State Board of Pharmacy" to be received by the Board's Reno office within 60 days of the effective date of this Order.

13. Mr. Quinn may not apply for any license or registration with the Board for a period of one year from the effective date of this Order. Mr. Quinn will not be granted any license or registration with the Board until he pays the fine and administrative fee set out in paragraph 12 of this Order. During the period in which Mr. Quinn may not apply for any license or registration with the Board, Mr. Quinn may not be employed by or work in any capacity in any business licensed or registered by the Board.

Signed and effective this 27th day of September, 2002.

Larry L. Pinson, President
Nevada State Board of Pharmacy

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

NOTICE OF INTENDED ACTION AND ACCUSATION

PETER A. RISO, JR, R.Ph
Certificate of Registration No: 15162 — **Case No. 02-047A-RPH-S**

PETER M. KAMBISS, R.Ph
Certificate of Registration No: 10601 — **Case No. 02-047B-RPH-S**

JOHN M. QUINN, PT
Certificate of Registration No: PT03749 — **Case No. 02-047C-PT-S**

Respondents.

COMES NOW Keith W. Macdonald, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, and makes the following that will serve as both a notice of intended action under Nevada Revised Statutes (NRS) 233B.127(3) and as an accusation under NRS 639.241.

I.

The Nevada State Board of Pharmacy has jurisdiction over this matter because Respondent Peter A. Riso and Peter M. Kambiss are pharmacists licensed with the Board and John M. Quinn was a pharmaceutical technician in training licensed with the Board.

II.

Prior to Saturday, March 30, 2002, Patient A was traveling in California and realized that she would be out of her maintenance medication for her heart, Inderal 10

mg. tablets, by the weekend when she planned to returned home to Las Vegas. Patient A telephoned Walgreen's #03844 and spoke with managing pharmacist Peter Riso to have her Inderal prescription refilled. Mr. Riso advised Patient A that her refills had run out, but he would contact her physician to get refill authorization. Mr. Riso advised Patient A that if contact with her physician was not made prior to her return, she could pick up 15 tablets to hold her over for the weekend.

III.

Patient A returned home and went to Walgreens #03844 to pick up her Inderal on Saturday, March 30, 2002. Patient A's physician had not yet called the pharmacy to approve refilling her Inderal. Patient A then requested from pharmaceutical technician John Quinn the 15 tablets Mr. Riso had promised her.

IV.

Mr. Quinn questioned the pharmacist on duty, Peter Kimbiss, if he could give Patient A 15 tablets of Inderal for the weekend. Mr. Kimbiss gave Mr. Quinn permission to dispense an emergency amount of Inderal until her physician contacted the pharmacy to refill her prescription. At that time, Mr. Quinn obtained a stock bottle of Inderal 10 mg. tablets and poured a quantity of tablets in his hand, counted the tablets, and placed them in Patient A's prescription vial. Patient A questioned why Mr. Quinn was handling her medication with his hand. Mr. Quinn replied that it was common practice and Patient A did not know pharmacy law. Patient A left the pharmacy with the medication.

V.

Patient A returned with her husband and a member of the store management staff. Patient A asked Mr. Kambiss to replace the Inderal tablets given to her by Mr. Quinn. While Mr. Kambiss was replacing the Inderal tablets, Patient A and Mr. Quinn began to argue again. Patient A and her husband asked to see Mr. Quinn's pharmacy technician registration. Mr. Kambiss went to locate the certificate, however it was not in the frame where pharmacy staff licenses were kept. At a later time Mr. Quinn brought a copy of his certificate to the pharmacy.

VI.

Patient A asked for a telephone number for a pharmacy supervisor and was given Marcie Ranick's telephone number. Prior to speaking with Ms. Ranick, Patient A telephoned the Board office and checked to see if Mr. Quinn was registered. Patient A was advised that Mr. Quinn had been registered as a pharmaceutical technician-in-training at a Sav-On pharmacy, but he left his employment where he was registered, and his registration was closed. Mr. Quinn did not have a pharmaceutical technician's registration and was not registered as a technician-in-training at Walgreens #03844 or at any other Walgreens pharmacy. Patient A spoke with Ms. Ranick and found her to be unconcerned about Mr. Quinn's practice of filling prescriptions from the palm of his hand. Ms. Ranick also told Patient A that Mr. Quinn was a registered pharmaceutical technician and that Board staff must have been mistaken. Mr. Quinn had been working at Walgreens #03844 since February 15, 2001 without a valid pharmacy technician registration certificate.

VII.

As of the date of this Accusation, Mr. Quinn continues to be employed by Walgreens at Walgreens Pharmacy #03845. Board staff has notified Walgreens Pharmacy #03845 to cease to employ or use Mr. Quinn in the capacity of a pharmaceutical technician or technician-in-training until Mr. Quinn applies to be and is granted registration.

FIRST CAUSE OF ACTION

VII.

By working at Walgreens #03844 as the managing pharmacist and being responsible for all activities in the pharmacy, Mr. Riso violated Nevada Revised Statute (NRS) 639.210(4) and (15) and Nevada Administrative Code (NAC) 639.945(1)(i).

SECOND CAUSE OF ACTION

VIII.

By allowing Mr. Quinn to fill a prescription for Patient A by pouring tablets in his hand and placing them in a prescription vial, Mr. Kambiss, the staff pharmacist on duty, violated NRS 639.210(4) and NAC 639.945(1)(i).

THIRD CAUSE OF ACTION

IX.

By not intervening as the staff pharmacist on duty while Mr. Quinn and Patient A were arguing, Mr. Kambiss violated NRS 639.210(4) and NAC 639.945(1)(i).

FOURTH CAUSE OF ACTION

X.

By working at Walgreens #03844 without a current active pharmaceutical technician license for 18 days, Mr. Quinn violated NRS 639.210(4) and 639.284(2) and NAC 639.945(1)(i) and (k).

WHEREFORE it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to the licenses or registrations of the Respondents.

Signed this 25th day of June, 2002.

Keith W. Macdonald

Keith W. Macdonald, Executive Secretary
Nevada State Board of Pharmacy

NOTICE TO RESPONDENT

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements regarding your certificate of registration. To do so, you must mail to the Board within 10 days of your receipt of this Notice of Intended Action and Accusation a written statement showing your compliance.

Section 9: Statement of Responsibility - MUST BE COMPLETED by an Authorized Person (NAC 639.945)

Statement of Responsibility

1. I am the Vice President (title) for Walgreen Co. (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be responsible for any violations of pharmacy law that may occur in the Pharmacy owned by such owner(s), shareholder(s), member(s), or partner(s).
3. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against the Pharmacy.
4. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) cannot require or permit the pharmacist(s) in said Pharmacy to violate any provision of local, state, or federal laws or regulations pertaining to the practice of pharmacy.
5. I further understand and acknowledge that Nevada law requires that each pharmacy located inside the State of Nevada employ only pharmacists, intern pharmacists, pharmaceutical technicians, and technicians in training that are licensed by the Nevada State Board of Pharmacy. (NRS 639.100).
6. I further understand and acknowledge that Nevada law requires that each pharmacy located outside the State of Nevada engaged in providing pharmacy services into Nevada employs at least one pharmacist licensed by the Nevada State Board of Pharmacy who will be responsible for any prescription dispensed to a patient located in Nevada and responsible for any acts or omissions of pharmacy personnel who are not registered with the Board. (NRS 639.2328).

Richard Gates

Print Name of Authorized Person

Richard Gates

Original signature of Authorized Person (copies or stamps not accepted)

08 / 26 / 2025

Date

Section 10: Affidavit for Pharmacies- MUST BE COMPLETED by pharmacies NOT CURRENTLY PERFORMING Sterile Compounding

Affidavit for Pharmacy License

I, Richard Gates hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

1. I am the Vice President (title) for Walgreen Co. (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I certify that upon licensure, the Pharmacy will not perform sterile compounding or ship sterile compounds into Nevada.
3. I understand and acknowledge that the Pharmacy and any of its staff members may be subject to discipline by the Board if the Pharmacy performs sterile compounding or ships any sterile compounds into Nevada without first obtaining written authorization from the Board to do so.
4. I certify that if the Pharmacy makes the decision to perform sterile compounding or to ship any sterile compounds into Nevada, the Pharmacy, through an authorized representative, will first notify the Board via a written request, and obtain written approval to perform sterile compounding or to ship any sterile compounds into Nevada.
5. I understand that if the Pharmacy seeks approval to perform sterile compounding or to ship any sterile compounds into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

FURTHER YOUR AFFIANT SAYETH NAUGHT.

Signature

SUBSCRIBED AND SWORN TO
Before me, a notary public this 20th day of August, 2025

Zeljka Borosa-Rajcevic
Notary Public

OFFICIAL SEAL
ZELJKA BOROSA RAJCEVIC
Notary Public, State of Illinois
Commission No. 977646
My Commission Expires September 8, 2027

CONFIDENTIAL/EXEMPT FROM
FREEDOM OF INFORMATION ACT AND
SIMILAR STATE REQUESTS

Ownership Information

Ownership & Leadership of Applicant Entity

Applicant: **Walgreen Co.**
108 Wilmot Rd., Deerfield, IL 60015

Ownership: The Applicant entity is wholly owned (100%) by Walgreens Boots Alliance, Inc.

Officers of Walgreen Co.
Michael Motz - CEO
Richard Gates - Senior Vice President, Chief Pharmacy Officer
Cherita Thomas - Secretary
Matthew Spina - CFO
Michael Handal - Licensing and Provider Enrollment Officer

Ownership & Leadership of Walgreens Boots Alliance, Inc.

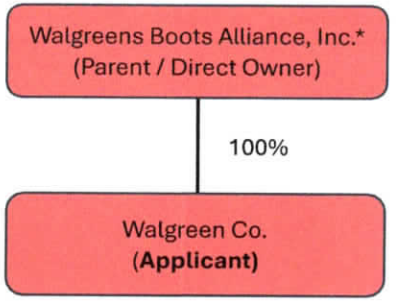
Ownership: Walgreens Boots Alliance, Inc. is wholly owned (100%) by Blazing Star Parent, LLC

Officers of Walgreens Boots Alliance, Inc.
Temporarily vacant - CEO
Mark Weisz - Sr VP, Global Tax
Manmohan Mahajan - Sr VP, Global Controller, CFO
Lanesha Minnix - Corporate Secretary

Please see the attached pre- and post-closing Corporate Organization chart for reference.

Proprietary and Confidential
Not a public record pursuant to
Section 7927.605 of the CPRA and
45 CFR Section 5.31

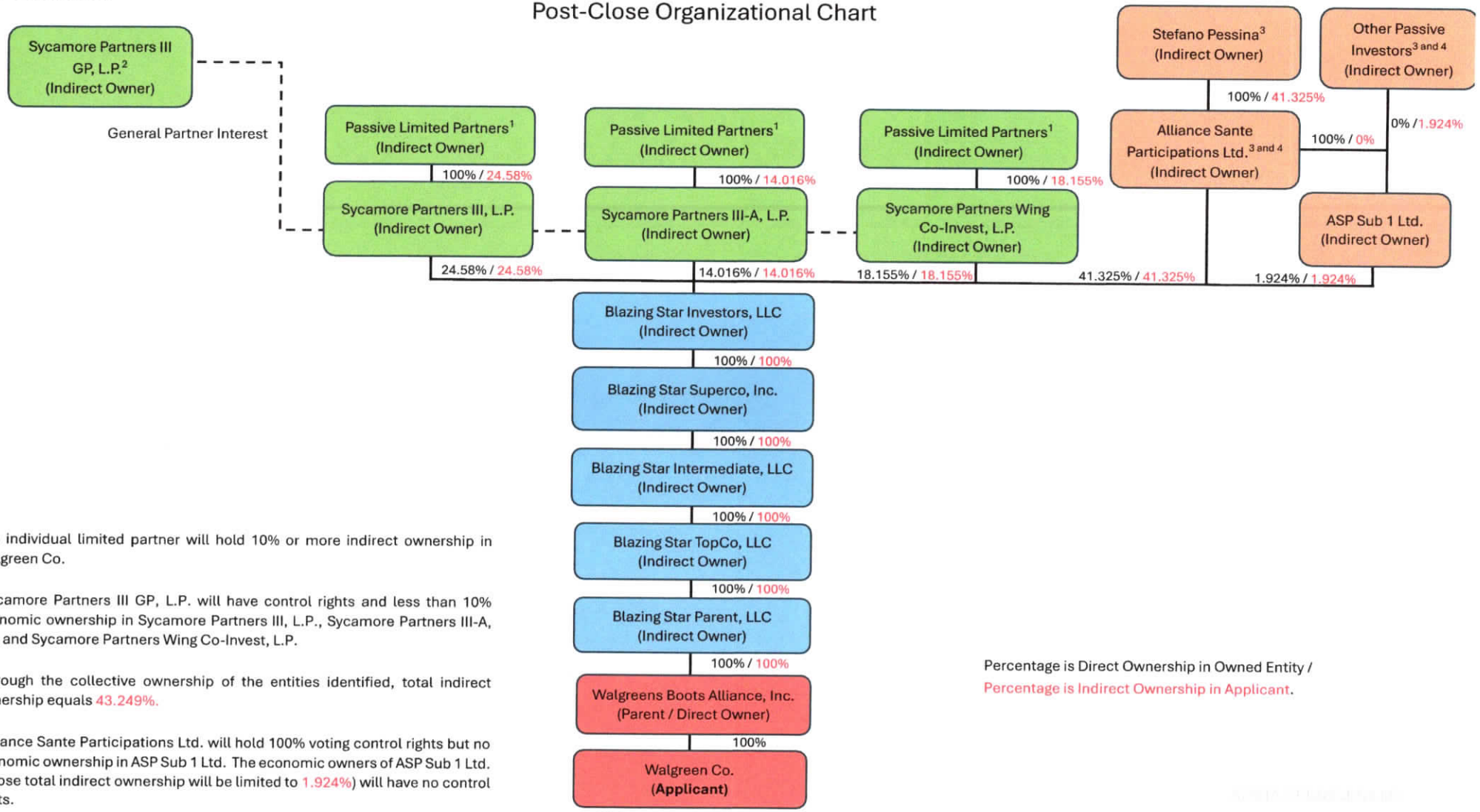
Walgreen Co.
Pre-Close Organizational Chart



Publicly Traded on Nasdaq Stock Market (WBA)

Proprietary and Confidential
Not a public record pursuant to
Section 7927.605 of the CPRA and
45 CFR Section 5.31

Walgreen Co.
Post-Close Organizational Chart



[1]No individual limited partner will hold 10% or more indirect ownership in Walgreen Co.

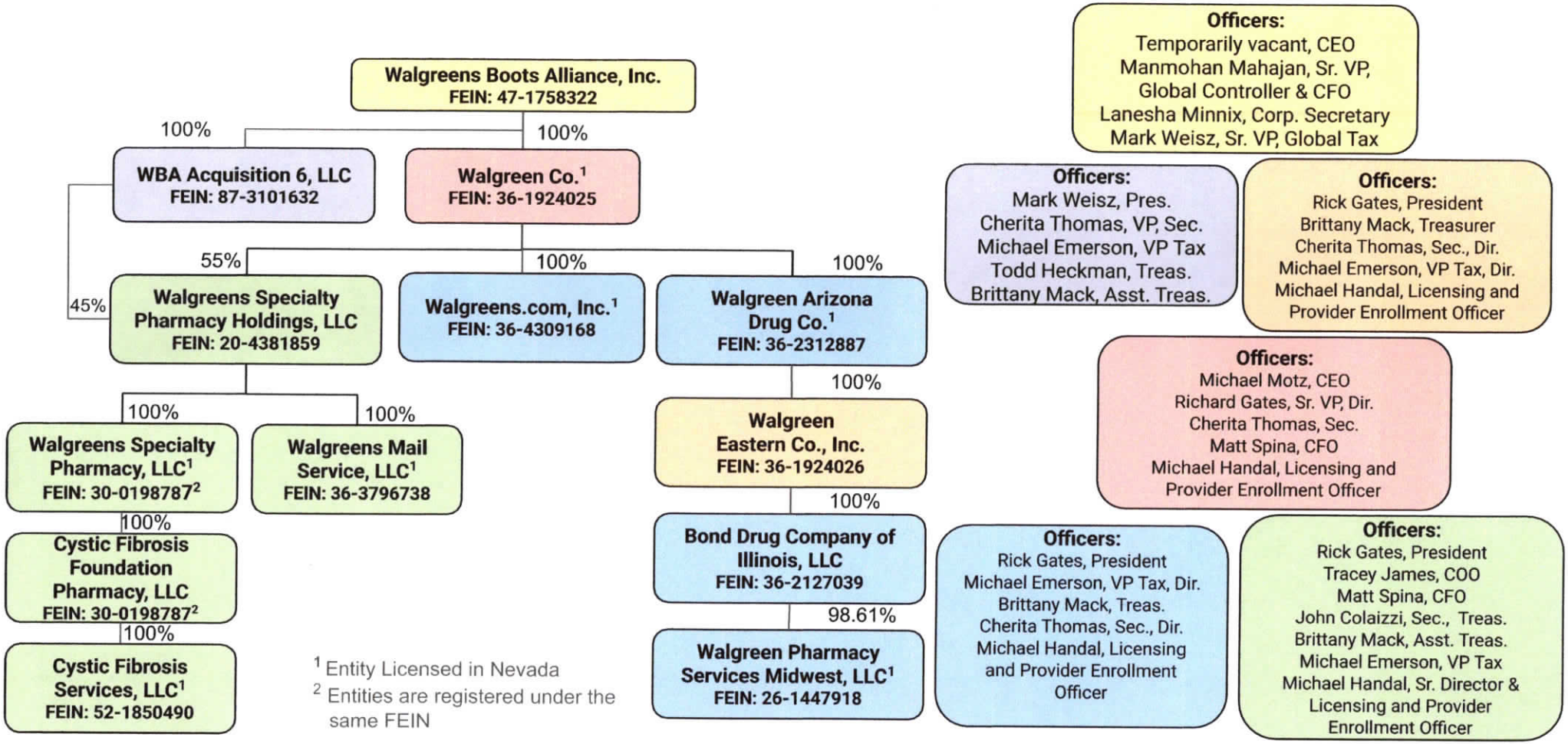
[2]Sycamore Partners III GP, L.P. will have control rights and less than 10% economic ownership in Sycamore Partners III, L.P., Sycamore Partners III-A, L.P. and Sycamore Partners Wing Co-Invest, L.P.

[3]Through the collective ownership of the entities identified, total indirect ownership equals 43.249%.

[4]Alliance Sante Participations Ltd. will hold 100% voting control rights but no economic ownership in ASP Sub 1 Ltd. The economic owners of ASP Sub 1 Ltd. (whose total indirect ownership will be limited to 1.924%) will have no control rights.

Percentage is Direct Ownership in Owned Entity /
Percentage is Indirect Ownership in Applicant.

Walgreen Co.
Post-Close Organizational Chart (cont.)



File Number 1084-348-1

STATE OF ILLINOIS

OFFICE OF THE SECRETARY OF STATE

To all to whom these Presents Shall Come, Greeting:

I, **Alexi Giannoulias,** *Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that*

WALGREEN CO., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON FEBRUARY 15, 1909, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE BUSINESS CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.

In Testimony Whereof, *I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this* 15TH *day of* MAY *A.D.* 2025 .

Authentication #: 2513501622 verifiable until 05/15/2026
Authenticate at: https://www.ilsos.gov

Alexi Giannoulias
SECRETARY OF STATE

9Z

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Pharmacy Application

Non-Refundable $500.00 Fee

Rev (6/11/2024)

Facility Location	Application Type (check all applicable)	Pharmacy Type (check all applicable)	Services the Pharmacy will Provide (check all applicable)
☑ Nevada ☐ Out-of-Nevada	☐ New Pharmacy ☑ Ownership Change* ☐ Location Change * ☐ Service Modification* ☐ Name Change* (if only a Name Change occurred, submit a $50.00 fee with the application.) * Current license #: PH PH01282	☑ Retail/Community ☐ Hospital (# beds _____) ☐ Internet ☐ Nuclear ☐ Other:	☑ Retail/Community ☑ Dangerous drugs ☑ Controlled substances DEA #: BW6110770 ☐ Non-sterile Compounding ☐ Sterile Compounding ☐ Mail-Order Service ☐ Off-site Cognitive Services ☐ Long Term Care ☐ Hospital ☐ Other:

Days of Operation		Ownership Type (check applicable box)
☑ Monday	☑ Friday	☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9, 10, 11, 12)
☑ Tuesday	☑ Saturday	☑ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9, 10, 11, 12)
☑ Wednesday	☑ Sunday	☐ Partnership (complete sections 1, 2, 3, 4, 7, 9, 10, 11, 12)
☑ Thursday	☐ Holidays	☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9, 10, 11, 12)

Section 1: General Information

Pharmacy Name: WALGREENS #03872

Physical Address: 8633 W CHARLESTON BLVD

City: LAS VEGAS State: NV Zip: 89117-5406

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: (702)383-9660 Toll Free # (NAC 639.708, NRS 639.23286): N/A

Fax: (702)383-9675 Contact Email: rxm.03872@store.walgreens.com

Website: https://www.walgreens.com

Nevada Business License # (if applicable) NV19951143510

Supervising/Managing Pharmacist Name (NRS 639.220): LORI SNIPPER

Supervising/Managing Pharmacist NV Pharmacist Registration # (if applicable): 10146

Section 2: List the name(s) of at least one NEVADA registered pharmacist who practices at the pharmacy, who may be the managing pharmacist or another pharmacist, who will be responsible for any prescriptions dispensed to a patient located in Nevada and responsible for any acts or omissions of pharmacy personnel who are not registered with the Board. NRS 639.2328. (Use a separate piece of paper if additional space is needed.)

Name: LORI SNIPPER	NV Pharmacist Registration #: 10146
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:

Section 3: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✔
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration from any jurisdiction?		✔
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been subject of an administrative action, board citation, cite fine, or proceeding relating to the pharmaceutical industry?	✔	
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✔
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✔

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name(s) of the owner(s), their credentials and their percent ownership. Write NA if not applicable. NRS 639.232. (Use a separate piece of paper if additional space is needed.)

Name: N/A	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:

1. The Board shall not issue a license to conduct a pharmacy:
   a) To any practitioner; or
   b) To any partnership, corporation, or association in which a practitioner has a controlling interest or owns more than 10 percent of the available stock.
2. This section does not:
   a) Apply to a hospital pharmacy or a health maintenance organization which holds a certificate of authority under chapter 695C of NRS.
   b) Prohibit ownership by a practitioner of a building in which a pharmacy is located, if space for the pharmacy is rented at the prevailing rate.

Section 5: Publicly Traded Corporation

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Does the number of stockholders/shareholders of the corporation exceed four? NRS 639.231 ☐ Yes ☐ No

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: Delaware

Parent Company (if any): Walgreens Boots Alliance, Inc.

Corporation/Organization Name: Walgreen Co.

Mailing Address: 108 Wilmot Rd

City: Deerfield State: IL Zip: 60015

Telephone: 847-224-1348 Email: licenseadministration@walgreens.com

Contact Person Name: Kayla Lechner

Does the number of stockholders/shareholders of the corporation or members exceed four? NRS 639.231 ☐ Yes ☒ No

Section 7: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Please check type of partnership (NAC 639.214) ☐ General ☐ Limited

Does the number of partners or members of the partnership exceed four? NRS 639.231 ☐ Yes ☐ No

Section 8: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Richard Gates

Print Name of Authorized Person Submitting Application (If the applicant is a partnership or corporation, the application must be signed by a partner or by an officer of the corporation). NAC 639.215

Richard Gates

Original signature of Authorized Person (copies or stamps not accepted)

08 / 26 / 2025

Date

Board Use Only	Date Received: 9/22/25	Amount: $880 ck. UP03-3000114129

Section 11: Managing Pharmacist Acknowledgement, Professional/Personal History – REQUIRED TO BE COMPLETED BY THE MANAGING PHARMACIST FOR NEVADA LOCATED PHARMACY APPLICANTS ONLY

Managing Pharmacist Name: LORI SNIPPER Pharmacist Registration #: 10146

Pharmacy Name: WALGREENS #03872

Initial each statement below to indicate you have read and agree with the following:

L.S — I understand that as the managing pharmacist I am responsible for compliance by the pharmacy and its personnel with all state and federal laws and regulations relating to the operation of the pharmacy and the practice of pharmacy. I understand my license can be revoked or that I can be subject of disciplinary action if such laws or regulations are knowingly violated in the pharmacy in which I am the managing pharmacist.

L.S — I understand within 48 hours after I report for duty as the managing pharmacist, I shall complete an inventory of all controlled substances of the pharmacy pursuant to 21 CFR Part 1304 and maintain a copy of the inventory in the file at the pharmacy.

L.S — I understand that if I cease to be managing pharmacist of the above-named pharmacy, I will jointly, with the new managing pharmacist, take an inventory of all controlled substances.

L.S — I understand that as the managing pharmacist I must ensure that all loss or theft of controlled substances are reported on forms provided by the Nevada State Board of Pharmacy and Department of Public Safety within 10 days after the date of discovery of theft or loss. NRS 453.568. Federal regulations require that registrants notify the Field Division Office of the Administration in his area, in writing, of the theft or significant loss of any controlled substance, disposal receptacles or listed chemicals within one business day of discovery of such loss or theft. The registrant shall also complete and submit to the Field Division Office in his area, DEA Form 106 regarding the loss or theft (21 C.F.R. §1301.76(b) and 21 U.S.C. §830(b)(1)(C)).

L.S — I understand that as the managing pharmacist I must notify the Nevada State Board of Pharmacy of all employment changes of pharmacy staff within 10 days of the change. NAC 639.540

Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?	☐	☑
2. Have you been charged, arrested, or convicted of a felony or misdemeanor in any state?	☐	☑
3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state?	☐	☑
4. Has your license been subjected to any discipline for violation of pharmacy or drug laws in any state?	☐	☑

If you marked YES to any questions above, include the following information and provide a signed statement of explanation. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Board Administrative Action:	State:	Date:	Case #:

Criminal Action:	State:	Date:	Case #:	County:	Court:

I certify under penalty of perjury that the information I have provided on this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

LORI SNIPPER
Original signature of Managing Pharmacist (copies or stamps not accepted)

08 / 05 / 2025
Date

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

WALGREEN CO.,
An Illinois Corporation,

WALGREENS PHARMACY #03843,
Certificate of Registration #PH01062,

CARL M. HEUER, R.Ph.,
Certificate of Registration #13810,

WALGREENS PHARMACY #03844,
Certificate of Registration #PH01123,

PETER A. RISO, JR., R.Ph.,
Certificate of Registration #15162,

PETER M. KAMBISS, R.Ph.,
Certificate of Registration #10601,

JOHN M. QUINN, P.T.,
Certificate of Registration #PT03749

WALGREENS PHARMACY #03871,
Certificate of Registration #PH01080,

JONATHAN C. BOX, R.Ph.,
Certificate of Registration #15055,

WALGREENS PHARMACY #03872,
Certificate of Registration #PH01282,

MICHAEL A. TRIOLO, R.Ph.,
Certificate of Registration #13675,

WALGREENS PHARMACY #03873,
Certificate of Registration #PH01125,

SCOTT L. TRINH, R.Ph.,
Certificate of Registration #14360,

REVISED FINDINGS OF FACT CONCLUSIONS OF LAW AND ORDER

Case No. 02-073-PH-S

Case No. 02-065-PH-S

Case No. 02-065-RPH-S

Case No. 02-047-PH-S

Case No. 02-047A-RPH-S

Case No. 02-047B-RPH-S

Case No. 02-047C-PT-S

Case No. 02-038-PH-S

Case No. 02-038-RPH-S

Case No. 02-062-PH-S

Case No. 02-062-RPH-S

Case No. 02-060-PH-S

Case No. 02-060-RPH-S

WALGREENS PHARMACY #04197, **Certificate of Registration #PH01142,**	**Case No. 02-050-PH-S**
ROBIN M. BONGA, R.Ph., **Certificate of Registration #15598,**	**Case No. 02-050-RPH-S**
WALGREENS PHARMACY #05014, **Certificate of Registration #PH01371,**	**Case No. 02-032-PH-S**
MICHELE L. ITO, R.Ph., **Certificate of Registration #15357,**	**Case No. 02-032-RPH-S**
WALGREENS PHARMACY #05015, **Certificate of Registration #PH01309,**	**Case No. 02-031-PH-S**
JESSICA NGUYEN, R.Ph **Certificate of Registration #15397,**	**Case No. 02-031-RPH-S**
WALGREENS PHARMACY #06310, **Certificate of Registration #PH01549,**	**Case No. 02-019-PH-S**
STEPHEN C. LESSARD, R.Ph **Certificate of Registration #13632,**	**Case No. 02-019-RPH-S**
Respondents.	

THIS MATTER was heard by the Board at its regular meeting on July 24, 2002, in Las Vegas, Nevada. The Board was represented by Louis Ling, General Counsel to the Board. All of the Respondent Walgreen's pharmacies, Walgreens Co., and Respondents Carl M. Heuer, Peter A. Riso, Jr., Peter M. Kambiss, Jonathan C. Box, Scott L. Trinh, Robin M. Bonga, Michele L. Ito, and Stephen C. Lessard were represented by Graham, Wilde, Harker & Boggess and Robert C. Graham. Respondent Jessica Nguyen was represented by Thomas J. Tanksley. Respondent Michael Triolo was represented by Kathleen A. Murphy. Respondent John M. Quinn appeared and represented himself.

Prior to the hearing, Mr. Ling and Mr. Graham stipulated to bifurcate the matter involving Walgreen's Pharmacy #03843 and Carl M. Heuer (Case No. 02-065) from the remaining matters. Mr. Ling and Mr. Graham further agreed that Case No. 02-065

would be heard at the Board's regular meeting on October 16, 2002 in Las Vegas. The Board accepted the stipulation proposed by Mr. Ling and Mr. Graham and ordered that Case No. 02-065 be heard separately on October 16, 2002.

As a result of the stipulation to bifurcate approved by the Board, the Board heard the remaining matters at its hearing on July 24, 2002. Based upon the testimony and evidence presented and the public records in the possession of the Board, the Board issues the following findings of fact, conclusions of law, and order resolving as a final order all matters except Case No. 02-065.

FINDINGS OF FACT

1. The Board and the various Respondents' counsels presented the testimony of numerous witnesses and introduced several exhibits into evidence. Because the testimonies of most of the witnesses served primarily for individual matters and for the sake of administrative convenience, the Board will state the facts for each matter on a matter-by-matter basis.

Walgreens #3871 & Jonathan Box (Case No. 02-038)

2. Counsel for Walgreens and Mr. Box and the General Counsel agreed that the facts as plead in the Notice of Intended Action and Accusation were true and correct regarding this matter. The General Counsel stated that the complainant in this matter was unavailable for medical reasons, but because of the agreement reached between the parties, his testimony would be unnecessary. Counsel for Walgreens and Mr. Box presented the testimony of Mr. Box.

3. On January 7, 2002, Patient M's physician prescribed Singulair 5mg. tablets for him to help with his breathing difficulty. Patient M's physician telephoned the prescription to Walgreen's #03871 to be filled. Patient M is a five-year-old male with an asthmatic condition.

4. Patient M took the medication for four days before telling his father that the "medicine tasted funny." Patient M's father checked the prescription bottle and it was labeled correctly. Upon closer observation Patient M's father found that the label had been placed on a stock bottle of Proscar 5 mg. tablets. After checking the tablets in the Proscar stock bottle it was determined that the medication was not Singulair as prescribed, but Proscar tablets.

5. Mr. Box was the pharmacist who filled Patient M's prescription. Mr. Box stated that he doubted that he had counseled Ms. M when she picked up the prescription for Patient M as he believed Patient M had taken Singulair in the past. The counseling log was inconclusive as there were no initials on the log. At hearing, Mr. Box stated that he could not explain how he had mistakenly filled a Singulair prescription with Proscar 5 mg.

Walgreens #05014 & Michelle Ito (Case No. 02-032)

6. Board staff presented the testimony of Aubrey Alexander. According to Ms. Alexander, on February 6, 2002, she took two new prescriptions from her physician to Walgreen's #05014 to be filled. One prescription was for Ambien for her sleeping difficulties and the other was for Ultram for persistent pain. Ms. Alexander dropped the prescriptions off in the morning and was advised she could pick them up in the afternoon. Ms. Alexander inquired if she could use the drive-through to pick up her prescriptions and was told that she could pick them up at that location.

7. Ms. Alexander returned to Walgreen's #05014 at approximately 4:00 p.m. to pick up her medication at the drive-through window. Ms. Alexander recalls having to wait for a period of time as there were two cars ahead of her in line. When she arrived at the drive-through window, Ms. Alexander was told by a pharmacy technician that her prescriptions were not ready. Ms. Alexander asked the pharmacy technician to check again as she was told the prescriptions would be ready at 3:00 p.m. After a few minutes' wait, the pharmacy technician returned with her prescriptions. Ms. Alexander was asked if she had taken these medications before. Ms. Alexander indicated that she had taken both medications before. Other than the question asked by the pharmacy technician, Ms. Alexander was not counseled by a pharmacist on her prescriptions even though both prescriptions were new to her profile at this pharmacy.

8. While in her vehicle, Ms. Alexander took one tablet from the Ultram vial for the pain she was experiencing and left the pharmacy to run errands. After an hour had passed and her pain had not diminished, Ms. Alexander took a second tablet from the Ultram vial. After taking the second tablet Ms. Alexander began feeling disoriented and sick to her stomach. Ms. Alexander cancelled her plans to run errands, went home and fell asleep sitting up in a chair. Ms. Alexander explained at hearing that it was

extremely unusual and out of character for her to sleep in a chair. Several hours later she was awakened by her telephone ringing.

9. Ms. Alexander realized that something was wrong with the medication she had taken and reviewed the prescription bottles she picked up from Walgreens #05014 earlier in the day. After looking inside the bottles, Ms. Alexander discovered the Ambien medication was in the prescription bottle labeled Ultram and the Ultram medication was in the prescription bottle labeled Ambien.

10. The Board's investigation showed that there were two labels on each bottle. The underneath labels were for the correct medication, but the instructions for taking the medications were incomplete.

11. At hearing, Ms. Ito explained that when she was verifying prescriptions filled by the pharmaceutical technicians at Walgreens #05014 she discovered that the label for one of Ms. Alexander's prescriptions contained an incomplete direction for use, so she sent the prescriptions back to the pharmaceutical technician to have the label corrected. The two vials would have been sent back together since they were for the same patient. Ms. Ito explained that she would have checked the new labels and that she could not explain why she did not discover that the new labels had been improperly placed upon the wrong vials.

12. Ms. Ito also explained that the pharmacy's computer system showed that Ms. Alexander picked up her prescription at 4:07 p.m. Ms. Ito claimed that she was off shift at 4:00 p.m. and that she would have left precisely at 4:00 p.m. Thus, Ms. Ito claimed that she could not have been the pharmacist who failed to counsel Ms. Alexander and that the pharmacist who replaced Ms. Ito would have been responsible to counsel Ms. Alexander.

Walgreens #06310 and Stephen Lessard (Case No. 01-019)

13. Board staff presented the testimony of Rebecca Gang. According to Ms. Gang, on February 7, 2002, she took two new prescriptions from her physician to Walgreen's #06310 to be filled. One prescription was for Ambien 5mg. #20 and the other was for Synthroid 0.075mg. #90. Ms. Gang dropped the prescriptions off at approximately 9:30 a.m.

14. Ms. Gang returned to Walgreen's #06310 at approximately 12:30 p.m. to pick up her medication at the drive-through window. Ms. Gang was told by a Walgreen's pharmacy clerk that they owed her 85 pills on her prescription. Ms. Gang questioned the clerk and the clerk advised her that they had run out of Levothyroxine. Ms. Gang advised the clerk that she was taking Synthroid, not Levothyroxine, and asked to speak to the pharmacist. Ms. Gang asked the clerk to speak to the pharmacist several times, but the pharmacist did not respond to Ms. Gang's requests.

15. Ms. Gang was advised that her prescription for Synthroid would be ready in approximately 15 minutes. Ms. Gang requested her prescription for Ambien and indicated she would return later for the Synthroid prescription. Ms. Gang was not counseled for her new prescription for Ambien.

16. Ms. Gang returned to the drive-through window of Walgreen's #06310 later in the evening of February 7th to pick up her prescription for Synthroid. Ms. Gang was not counseled for her new prescription for Synthroid by the pharmacist on duty, Stephen Lessard.

17. At hearing, Mr. Lessard explained that it was Walgreens' routine and policy to substitute levothyroxine for Synthroid, even though he admitted that the two are not AB rated. Mr. Lessard explained that he did not speak to Ms. Lessard because his pharmaceutical technician relayed Ms. Gang's questions to him while he was filling Ms. Gang's Synthroid prescription. He further explained that he was on his way over to counsel Ms. Gang, but the pharmaceutical technician had already given Ms. Gang the Ambien prescription and so Ms. Gang left before he could speak with her.

Walgreens #05015 & Jessica Nguyen (Case No. 02-031)

18. Board staff presented the testimony of Robbie Ierley. Ms. Ierley testified that on February 25, 2002, she took a new prescription from her dentist for Decadron Dosepak to Walgreen's #05015 to be filled. Ms. Ierley stated that she was quite familiar with the Decadron Dosepak because it was an older medication that she had dispensed when she worked at retail pharmacies and because it was manufactured by Merck, and she was presently employed as a pharmacist by the Merck-Medco pharmacy facility in Las Vegas.

19. The pharmacy was busy and Ms. Ierley waited for approximately an hour for her prescription to be filled. When Ms. Ierley finally picked up her prescription, a clerk brought Ms. Ierley her prescription and said to her, "I know you're a pharmacist", to which Ms. Ierley replied that she was. The clerk told Ms. Ierley that her prescription would be $10.00 and concluded the transaction. Ms. Ierley was not counseled regarding her prescription even though Medrol Dosepak was new to Ms. Ierley's profile at the pharmacy.

20. When the prescription was ready Ms. Ierley noticed that her prescription had been filled with Methylpredisolone 4mg. Dosepak. Ms. Ierley is a pharmacist and knew that the strength of the drug she was given was not as strong as the drug her dentist prescribed. Ms. Ierley questioned a pharmacist on duty, Jessica Nguyen, regarding the difference in strength. Ms. Nguyen told Ms. Ierley that she did not have Decadron Dosepak and argued that the drug she was given was exactly the same as the drug her dentist prescribed. Because of the way Ms. Nguyen addressed Ms. Ierley's concerns and because Ms. Ierley could not conceive that a pharmacist would change a drug on a prescription without first contacting the prescribing practitioner, Ms. Ierley assumed Ms. Nguyen had contacted her dentist to change the medication.

21. Ms. Ierley reluctantly took the medication home and began taking the medication given to her as directed because she was in considerable dental pain. Ms. Ierley tried to contact her dentist to verify the change in medication, but she was not able to make contact with him for four days. When Ms. Ierley finally spoke with her dentist, he informed her that he had not spoken to anyone from Walgreen's #05015 and that he did not authorize a change in medication.

22. Ms. Ierley related that the lower strength Methylpredisolone Dosepak failed her treatment. Her dentist gave Ms. Ierley another prescription for Decadron Dosepak that she had filled elsewhere, and fortunately her condition improved.

23. At hearing, Ms. Nguyen testified that Walgreens #05015 was extremely busy and, in her opinion, poorly staffed. Ms. Nguyen described one of her pharmaceutical technicians as 70 years old and incapable of keeping up with the accelerated pace of Walgreens #05015. Ms. Nguyen also indicated that Walgreens' computer system had a gauge that monitored how quickly various tasks were being completed, including how

quickly prescriptions were being filled. Ms. Nguyen's understanding of the gauges were that it was her responsibility to keep any of the three gauges from "going red."

24. Ms. Nguyen also testified that the policy for counseling at Walgreens was to allow the clerk or pharmaceutical technician to ask the patient questions such as, "Would you like to speak to the pharmacist?" or "Have you taken this drug before?" Pharmacists only spoke to patients at the their request. X's or other marks would be placed on the counseling log by the clerk or pharmaceutical technician, and the pharmacist would sign next to the X or other mark at some time later.

Walgreens #04197 & Robin Bonga (Case No. 02-050)

25. Board staff presented the testimony of Darwin Albrecht. Mr. Albrecht testified that on March 27, 2002, he took a new prescription from his physician for Clomiphene Citrate 50 mg. #30 to Walgreen's #04197 to be filled. Mr. Albrecht dropped the prescription off late in the afternoon. Mr. Albrecht was aware from discussions with his physician that Clomiphene Citrate 50 mg. was an unusual drug to be prescribed for a male, and as a result of the unusual nature of the prescription, Mr. Albrecht wanted to speak with a pharmacist about the prescription.

26. Mr. Albrecht returned to Walgreen's #04197 between 7:00 and 8:00 p.m. to pick up his medication at the drive through window. He was given his new prescription by a Walgreen's pharmacy clerk, and he paid for his medication and departed through the drive through lanes.

27. Mr. Albrecht was not counseled for his prescription for Clomiphene Citrate 50 mg., even though the prescription was new to his profile and was for an unusual drug for a male.

28. At hearing, Ms. Bonga testified that she was aware that the prescription was unusual for a male patient, but she was not the pharmacist on duty at the time that Mr. Albrecht picked up the prescription. Ms. Bonga also testified that the policy for counseling at Walgreens was to allow the clerk or pharmaceutical technician to ask the patient questions such as, "Would you like to speak to the pharmacist?" or "Have you taken this drug before?" Pharmacists only spoke to patients at the patients' request. X's or other marks would sometimes be placed on the counseling log by the clerk or

pharmaceutical technician, and the pharmacist would sign next to the X or other mark at some time later.

Walgreens #03844, Peter Riso, Peter Kambiss, & John Quinn
(Case No. 02-047)

29. Board staff presented the testimony of Serena Allen. Ms. Allen testified that prior to Saturday, March 30, 2002, she was traveling in California and realized that she would be out of her maintenance medication for her heart, Inderal 10 mg. tablets, by the weekend when she planned to returned home to Las Vegas. Ms. Allen telephoned Walgreen's #03844 and spoke with managing pharmacist Peter Riso to have her Inderal prescription refilled. Mr. Riso advised Ms. Allen that her refills had run out, but he would contact her physician to get refill authorization. Mr. Riso advised Ms. Allen that if contact with her physician was not made prior to her return, she could pick up 15 tablets to hold her over for the weekend.

30. Ms. Allen returned home and went to Walgreens #03844 to pick up her Inderal on Saturday, March 30, 2002. Ms. Allen's physician had not yet called the pharmacy to approve refilling her Inderal. Ms. Allen then requested from pharmaceutical technician John Quinn the 15 tablets Mr. Riso had promised her.

31. Mr. Quinn questioned the pharmacist on duty, Peter Kambiss, if he could give Ms. Allen 15 tablets of Inderal for the weekend. Mr. Kambiss gave Mr. Quinn permission to dispense an emergency amount of Inderal until her physician contacted the pharmacy to refill her prescription. At that time, Mr. Quinn obtained a stock bottle of Inderal 10 mg. tablets and poured a quantity of tablets in his hand, counted the tablets, and placed them in Ms. Allen's prescription vial. Ms. Allen questioned why Mr. Quinn was handling her medication with his hand. Mr. Quinn replied that it was common practice and Ms. Allen did not know pharmacy law. According to Ms. Allen, Mr. Quinn was abusive and rude, and all of the conversation between Mr. Quinn and herself occurred within the sight and hearing of Mr. Kambiss. Ms. Allen left the pharmacy with the medication.

32. A few minutes later, Ms. Allen returned with her husband and a member of the store management staff. Ms. Allen asked Mr. Kambiss to replace the Inderal tablets given to her by Mr. Quinn. According to Mr. Kambiss, up to this time, he was unaware

that Mr. Quinn had handled Ms. Allen's tablets with his hands. While Mr. Kambiss was replacing the Inderal tablets, Ms. Allen and Mr. Quinn began to argue again. Unfortunately, the argument grew increasingly heated with Mr. Quinn, Ms. Allen, and Mr. Allen all speaking loudly. All of this occurred in the sight and hearing of Mr. Kambiss, but according to Mr. Kambiss' testimony, he took no action with Mr. Quinn to stop the argument except to say Mr. Quinn's first name. Ms. Allen and her husband asked to see Mr. Quinn's pharmacy technician registration. Mr. Kambiss went to locate the certificate, however it was not in the frame where pharmacy staff licenses were kept.

33. Ms. Allen asked for a telephone number for a pharmacy supervisor and was given Marcie Ranick's telephone number. Ms. Allen thought to call Walgreens' management because she had dealt with Walgreens' management, specifically George Flaherty and Joe Daniels, regarding an earlier incident that had been satisfactorily managed by Mr. Flaherty and Mr. Daniels.

34. Prior to speaking with Ms. Ranick, Ms. Allen telephoned the Board office and checked to see if Mr. Quinn was registered. Ms. Allen was advised that Mr. Quinn had been registered as a pharmaceutical technician-in-training at a Sav-On pharmacy, but he left his employment where he was registered, and his registration was closed. Mr. Quinn did not have a pharmaceutical technician's registration and was not registered as a technician-in-training at Walgreens #03844 or at any other Walgreens pharmacy. Ms. Allen spoke with Ms. Ranick and found her to be unconcerned about Mr. Quinn's practice of filling prescriptions from the palm of his hand. Ms. Ranick also told Ms. Allen that Mr. Quinn was a registered pharmaceutical technician and that Board staff must have been mistaken.

35. The evidence showed that Mr. Quinn had been working at Walgreens #03844 since February 15, 2001 without a valid pharmacy technician registration certificate. During that time, Mr. Quinn worked a total of 18 days as a pharmaceutical technician without a proper registration.

36. After the incident with the Allens, Mr. Quinn brought a copy of his certificate to the pharmacy. Mr. Quinn explained that he had "whited-out" the employer on the copy of the certificate that he gave to Walgreens #03844 because it contained the

address of his previous and only authorized employer, Sav-on Pharmacy. Mr. Quinn "whited-out" Sav-on's name and address because he still worked occasionally at Sav-on on good terms and did not want his problems at Walgreens #03844 to become known to Sav-on.

37. After the incident with the Allens, Mr. Quinn was transferred to Walgreens Pharmacy #03845 where he continued to be employed. Board staff had notified Walgreens #03845 to cease to employ or use Mr. Quinn in the capacity of a pharmaceutical technician or technician-in-training until Mr. Quinn applied to be and was granted registration as a pharmaceutical technician-in-training at that pharmacy.

38. At hearing, Mr. Riso testified that he took responsibility for not checking Mr. Quinn's registration certificate closely. Mr. Riso said that once he discovered that Mr. Quinn was not properly registered as a technician-in-training at Walgreens #03844, Mr. Riso assigned Mr. Quinn only to clerk tasks and did not allow Mr. Quinn to perform any pharmaceutical technician tasks.

Walgreens #03872 & Michael Triolo (Case No. 02-062)

39. Board staff presented the testimony of Linda Owens. Ms. Owens testified that on April 10, 2002, she took five new prescriptions from her physician to Walgreen's #03872 to be filled. Ms. Owens decided she only wanted four of the prescriptions filled at that time. The pharmacy technician explained the pharmacy would keep the fifth prescription at the pharmacy in case Ms. Owens changed her mind and wanted to have it filled.

40. Ms. Owens noted that the pharmacy was extremely busy while she was waiting for her prescriptions to be filled. She testified that the pharmaceutical technician and the pharmacist were the only two employees and that the pharmaceutical technician was constantly in motion between the drive-up window, the telephone, the pharmacy counter, and the front counter.

41. When the prescriptions were ready Ms. Owens was given five prescriptions, four in one bag and one in a separate bag. Ms. Owens questioned the pharmaceutical technician and explained she should only have four prescriptions. The technician stated that there were five. Since Ms. Owens was not feeling well, she paid for all five prescriptions and left Walgreens #03872. Though the prescriptions were new to Ms.

Owens and her profile at this pharmacy, Ms. Owens was not counseled by a pharmacist.

42. Ms. Owens took the medication home and began taking the medication given to her as directed that evening and the following day. Ms. Owens received a telephone call on the evening of April 11, 2002 from a female pharmacist from Walgreens #03872 asking if she had been in the previous day to pick up any prescriptions. Ms. Owens stated she had picked up her prescriptions the previous day and had been taking them as directed. Ms. Owens was advised that one of the prescriptions she picked up was for another patient with the same name. Ms. Owens examined the prescriptions she had obtained the previous day and found one that had a doctor's name that was unknown to her on the label although the patient's name on the vial was also Linda Owens. In this way, Ms. Owens discovered that she had taken Metronidazole 500 mg. tablets that were not prescribed for her.

43. Ms. Owens explained that she filed the complaint because of her dealings with pharmacist Ledrue Ware after the error had been discovered. Ms. Owens testified that Mr. Ware seemed uninterested in her and her concerns and seemed mostly concerned about informing her that he was not the pharmacist who had dispensed the erroneous prescription to her.

44. At hearing, Mr. Triolo explained that the Walgreens verification computer system did not contain any specific information regarding a patient, such as the patient's birth date or address, at the time of the verification. Thus, as Mr. Triolo explained, it was possible and foreseeable that errors such as occurred in this matter would not be caught by the verifying pharmacist because there would be no way to tell at the verification screen which "Linda Owens" the prescriptions were for. From Walgreens' records, Mr. Triolo could not identify who had filled the Metronidazole prescription for the Linda Owens who was not the complainant in this matter. Mr. Triolo also explained that he was not the pharmacist on duty at the time Ms. Owens picked up her prescriptions and that Mr. Ware was the pharmacist on duty at that time.

Walgreens #03873 & Scott Trinh (Case No. 02-060)

45. Board staff presented the testimony of Daniel Garcia, Investigator for the Board. Mr. Garcia testified that on May 2, 2002, he and Investigator/Supervisor Fred

Ackermann went to Walgreens #03873 to acquire information and evidence on an investigation of a consumer complaint. That consumer complaint was ultimately closed without action.

46. While they were present at the pharmacy, they observed staff pharmacist Scott L. Trinh speaking with a pharmaceutical technician at one end of the pharmacy counter. Mr. Garcia did not observe any patient at the pharmacy's counter to whom Mr. Trinh may have been speaking. At the same time, Mr. Garcia and Mr. Ackermann observed another pharmacy technician at the drive-through window serving a patient.

47. Kelly Moczynski was identified as the pharmaceutical technician at the drive-through window. She had given a male patient a prescription and returned his identification. As Ms. Moczynski concluded the register transaction with this patient, Mr. Garcia and Mr. Ackermann observed her mark on the "Refused" section of the counseling log that the patient had refused counseling. At no time during this transaction did Mr. Garcia observe Mr. Trinh come to the drive-through window.

48. Mr. Ackermann asked Ms. Moczynski if the prescription she had just dispensed was a new prescription, to which she said it was. Mr. Ackermann asked Ms. Moczynski to retrieve the prescription she had dispensed to the patient at the drive-through window. Supervisor Ackermann then advised Mr. Trinh that he needed to come to the drive-through window and counsel the patient regarding his new prescription. Only after Mr. Ackermann required Mr. Trinh to counsel the patient did Mr. Trinh cease speaking with the other employee and counsel the patient regarding the patient's new prescription.

49. Mr. Garcia testified that he had personally investigated several of the cases involved in this matter and that he had consulted with Mr. Ackermann regarding other of the cases that Mr. Ackermann had investigated. Mr. Garcia explained that Walgreens' counseling policy was to allow the clerk or pharmaceutical technician to ask the patient questions such as, "Would you like to speak to the pharmacist?" or "Have you taken this drug before?" Pharmacists only spoke to patients at the patients' request. X's or other marks would sometimes be placed on the counseling log by the clerk or pharmaceutical technician, and the pharmacist would sign next to the X or other mark at some time

later. In some cases, the pharmacist would not initial next to the X's or other mark until the end of the pharmacist's shift.

50. Mr. Trinh testified that he was very careful to assure that patients were counseled at his pharmacy. Mr. Trinh explained that he was counseling a patient at the time that Mr. Ackermann asked him to counsel the patient at the drive-through window, but he could not explain why Mr. Ackermann and Mr. Garcia had not seen the patient at the pharmacy counter that he was counseling. Mr. Trinh admitted that he changed the counseling log regarding the patient the he counseled at Mr. Ackermann's request to show that counseling had been accepted, and he also admitted that the patient would have left Walgreens #03873 had Mr. Ackermann not requested that he counsel the patient.

CONCLUSIONS OF LAW

1. The Nevada State Board of Pharmacy has jurisdiction over this matter because Respondents Walgreens Pharmacies ##03844, 03871, 03872, 03873, 04197, 05014, 05015, and 06310 are pharmacies licensed by the Board and because Respondents Riso, Kambiss, Quinn, Box, Triolo, Trinh, Bonga, Ito, Nguyen, and Lessard are pharmacists or pharmaceutical technicians licensed by or registered with the Board. Walgreen Co. is an Illinois corporation that is the owner of all of the individual Walgreens Pharmacies at issue in this matter.

Walgreens #03871 & Jonathan Box (Case No. 02-038)

2. In failing to strictly follow the prescription written for Patient M. by filling his Singulair 5 mg. prescription with Proscar 5 mg., Mr. Box violated NRS 639.210(4) and NAC 639.945(1)(d) and (i).

3. In failing to counsel Patient M's mother on Patient M's new prescription, Mr. Box violated NRS 639.210(4) and 639.266(1) and NAC 639.707(1)(a) and 639.945(1)(i).

4. In owning and operating a pharmacy that failed to counsel Patient M's mother regarding Patient M's new prescription, Walgreen Co. and Walgreens Pharmacy #03871 violated NRS 639.210(4) and 639.266(1) and NAC 639.707(1)(a) and 639.945(1)(i) and (2).

5. The Second Cause of Action in Walgreens' Notice of Intended Action and Accusation is dismissed.

Walgreens #05014 & Michelle Ito (Case No. 02-032)

6. In failing to label Ms. Alexander's prescriptions correctly, Ms. Ito violated NRS 639.210(4) and NAC 639.945(1)(d) and (i).

7. The Second Cause of Action in Ms. Ito's Notice of Intended Action and Accusation is dismissed.

8. In owning and operating a pharmacy that failed to label Ms. Alexander's prescriptions correctly, Walgreen Co. and Walgreens Pharmacy #05014 violated Nevada Revised Statute (NRS) 639.210(4) and Nevada Administrative Code (NAC) 639.945(1)(d) and (i) and (2).

9. In owning and operating a pharmacy that failed to counsel Ms. Alexander on either of her new prescriptions, Walgreen Co. and Walgreens Pharmacy #05014 violated NRS 639.210(4) and 639.266(1) and NAC 639.707(1)(a) and 639.945(1)(i) and (2).

Walgreens #06310 and Stephen Lessard (Case No. 01-019)

10. In failing to counsel Ms. Gang regarding either of her new prescriptions, especially because Ms. Gang requested to speak with the pharmacist several times, Mr. Lessard violated NRS 639.210(4) and 639.266(1) and NAC 639.707(1)(a) and 639.945(1)(i).

11. The Sixth Cause of Action in Walgreens' Notice of Intended Action and Accusation is dismissed.

Walgreens #05015 & Jessica Nguyen (Case No. 02-031)

12. In failing to follow the instructions of the prescribing physician and by incorrectly labeling and dispensing a prescription drug, Ms. Nguyen violated NRS 639.210(4) and NAC 639.945(1)(d) and (i).

13. In failing to counsel Ms. Ierley, Ms. Nguyen violated NRS 639.210(4) and 639.266(1) and NAC 639.707(1)(a) and 639.945(1)(i).

14. In owning and operating a pharmacy that failed to counsel Ms. Ierley, Walgreen Co. and Walgreens Pharmacy #05015 violated NRS 639.210(4) and 639.266(1) and NAC 639.707(1)(a) and 639.945(1)(i) and (2).

15. The Seventh Cause of Action in Walgreens' Notice of Intended Action and Accusation is dismissed.

Walgreens #04197 & Robin Bonga (Case No. 02-050)

16. The First Cause of Action in Ms. Bonga's Notice of Intended Action and Accusation is dismissed.

17. In owning and operating a pharmacy that failed to counsel Mr. Albrecht, Walgreens Co. and Walgreens Pharmacy #04197 violated NRS 639.210(4) and 639.266(1) and NAC 639.707(1)(a) and 639.945(1)(i) and (2).

Walgreens #03844, Peter Riso, Peter Kambiss, & John Quinn (Case No. 02-047)

18. In failing to verify that Mr. Quinn was properly registered to work as a pharmaceutical technician and in employing Mr. Quinn as a pharmaceutical technician when Mr. Quinn was not, in fact, properly registered to work as a pharmaceutical technician-in-training at Walgreens #03844, Mr. Riso violated NRS 639.210(4) and (15) and NAC 639.945(1)(i).

19. In failing to intervene as the staff pharmacist on duty while Mr. Quinn and the Allens argued, Mr. Kambiss violated NRS 639.210(4) and NAC 639.945(1)(i).

20. The Second Cause of Action in Mr. Kambiss' Notice of Intended Action and Accusation is dismissed.

21. In working at Walgreens #03844 as a pharmaceutical technician without being properly registered so to do, Mr. Quinn violated NRS 639.210(4) and 639.284(2) and NAC 639.945(1)(i) and (k).

22. By owning and operating a pharmacy that employed and worked and continues to work Mr. Quinn as a pharmaceutical technician, both at Walgreens #03844 and other Walgreens pharmacies, without a current active pharmaceutical technician license, Walgreen Co. and Walgreens Pharmacy #03845 violated NRS 639.210(4) and 639.284(2) and NAC 639.702 and 639.945(1)(i) and (k) and (2).

23. The Tenth and Eleventh Causes of Action in Walgreens' Notice of Intended Action and Accusation are dismissed.

Walgreens #03872 & Michael Triolo (Case No. 02-062)

24. In failing to follow the instruction of the prescribing physician and by incorrectly dispensing another patient's drug to Ms. Owens, Mr. Triolo violated NRS 639.210(4) and NAC 639.945(1)(d) and (i).

25. The Second Cause of Action in Mr. Triolo's Notice of Intended Action and Accusation is dismissed.

26. In owning and operating a pharmacy that failed to follow the instructions of the prescribing physician and by incorrectly dispensing a prescription drug to the wrong patient, Walgreen Co. and Walgreens Pharmacy #03872 violated Nevada Revised Statutes (NRS) 639.210(4) and Nevada Administrative Code (NAC) 639.945 (1) (d) and (i) and (2).

27. The unlabeled Cause of Action in Walgreens' Notice of Intended Action and Accusation relating to the failure to counsel Ms. Owens is dismissed.

Walgreens #03873 & Scott Trinh (Case No. 02-060)

28. In failing to counsel a patient regarding a new prescription until being told by Board of Pharmacy staff to do so, Mr. Trinh violated NRS 639.210(4) and 639.266(1) and NAC 639.707(1)(a) and 639.945(1)(i).

29. In being the pharmacist on duty responsible for the acts of a pharmaceutical technician who falsified the pharmacy's counseling log by indicating that a patient had declined counseling when counseling had not been attempted or initiated with the patient, Mr. Trinh violated NRS 639.210(4) and NAC 639.702, 639.707(4), and 639.945(1)(i).

30. In owning and operating a pharmacy that failed to counsel a patient regarding a new prescription until the pharmacist on duty was told by Board of Pharmacy staff to do so, Walgreen Co. and Walgreens Pharmacy #03873 violated NRS 639.210(4) and 639.266(1) and NAC 639.707(1)(a) and 639.945(1)(i) and (2).

31. In owning and operating a pharmacy in which the pharmacist on duty allowed a pharmaceutical technician to falsify the pharmacy's counseling log by indicating that a patient had declined counseling when counseling had not even been attempted with the patient, Mr. Trinh violated NRS 639.210(4) and NAC 639.702, 639.707(4) and 639.945(1)(i) and (2).

ORDER

Based upon the foregoing, the Board hereby orders the following:

1. The licenses of Walgreens Pharmacies ##03872, 03871, 05014, 03873, 04197, 05015, and 03844 shall be on probation for a period of one year from the effective date of this order. The conditions of probation shall include:

a. One or more representatives of Walgreens Co. shall appear before the Board at every regularly scheduled Board meeting held in Las Vegas throughout the period of the probation to explain to the Board what Walgreens Co. has done to address the concerns raised in this matter, which concerns include Walgreens' counseling as mandated by Nevada law, Walgreens' counseling logs, Walgreens' prescription filling procedure, and Walgreens' policy for addressing patient calls (especially calls in which the patient indicates that he or she has taken an incorrect drug).

b. Development of a counseling log that complies with Nevada law. Walgreens Co. shall provide to the Board a copy of a proposed new counseling log within 30 days of the effective date of this Order, and this proposed new counseling log will be reviewed by the Board at its next succeeding regularly scheduled meeting. Upon approval by the Board of the new counseling log, Walgreens Co. shall provide and implement the new log in all of its Nevada pharmacies.

c. Walgreens Co. shall review its policies and procedures regarding patient counseling to assure that the policies and procedures fully comply with Nevada law. Walgreens Co. shall notify all of its Nevada pharmacies regarding its policies and procedures regarding counseling, including the proper use of the new counseling log developed pursuant to subsection 1(b) of this Order.

d. Walgreens Co. shall review its operational policies and procedures in light of the findings in this matter and shall develop specific suggestions or improvements to address failings in present operational policies and procedures that were shown in the findings of this matter. The details of Walgreens Co.'s review and specific suggestions or improvements shall comprise part of the presentation made by Walgreens Co. pursuant to subsection 1(a) of this Order.

2. Walgreens Co. and Walgreens Pharmacies ##03872, 03871, 05014, 03873, 04197, 05015, and 03844 shall pay a total fine of $5,600.00 by cashier's or certified

check or money order made payable to "State of Nevada, Office of the Treasurer" to be received by the Board's Reno office within 60 days of the effective date of this Order. The total fine consists of the following specific fines:

Third Cause of Action	$750.00
Fourth Cause of Action	$250.00
Fifth Cause of Action	$750.00
Eighth Cause of Action	$750.00
Ninth Cause of Action	$750.00
Twelfth Cause of Action	$750.00
Thirteenth Cause of Action	$100.00
Fourteenth Cause of Action	$750.00
Fifteenth Cause of Action	$750.00
TOTAL	**$5,600.00**

3. Walgreens Co. and Walgreens Pharmacies ##03872, 03871, 05014, 03873, 04197, 05015, and 03844 shall pay the Board's total administrative fee (nine causes of action X $250.00/cause of action = $2,250.00) and the Board's costs of investigation and prosecution ($11,878.35) for a total of $14,128.35 by cashier's or certified check or money order made payable to "Nevada State Board of Pharmacy" to be received by the Board's Reno office within 60 days of the effective date of this Order.

4. Mr. Triolo shall pay the Board's administrative fee of $250.00 by cashier's or certified check or money order made payable to "Nevada State Board of Pharmacy" to be received by the Board's Reno office within 60 days of the effective date of this Order. Mr. Triolo shall also receive a letter of admonition.

5. Mr. Lessard shall pay a fine of $375.00 by cashier's or certified check or money order made payable to "State of Nevada, Office of the Treasurer" to be received by the Board's Reno office within 60 days of the effective date of this Order. Mr. Lessard shall also pay the Board's administrative fee of $250.00 by cashier's or certified check or money order made payable to "Nevada State Board of Pharmacy" to be received by the Board's Reno office within 60 days of the effective date of this Order.

6. Mr. Box shall pay a total fine of $625.00 by cashier's or certified check or money order made payable to "State of Nevada, Office of the Treasurer" to be received by the Board's Reno office within 60 days of the effective date of this Order. Mr. Box shall also pay the Board's administrative fee of $250.00 by cashier's or certified check

or money order made payable to "Nevada State Board of Pharmacy" to be received by the Board's Reno office within 60 days of the effective date of this Order.

7. Ms. Ito shall pay a fine of $250.00 by cashier's or certified check or money order made payable to "State of Nevada, Office of the Treasurer" to be received by the Board's Reno office within 60 days of the effective date of this Order. Ms. Ito shall also pay the Board's administrative fee of $250.00 by cashier's or certified check or money order made payable to "Nevada State Board of Pharmacy" to be received by the Board's Reno office within 60 days of the effective date of this Order.

8. Mr. Trinh shall pay a total fine of $1,250.00 by cashier's or certified check or money order made payable to "State of Nevada, Office of the Treasurer" to be received by the Board's Reno office within 60 days of the effective date of this Order.

9. Ms. Nguyen shall pay a total fine of $625.00 by cashier's or certified check or money order made payable to "State of Nevada, Office of the Treasurer" to be received by the Board's Reno office within 60 days of the effective date of this Order. Ms. Nguyen shall also pay the Board's administrative fee of $250.00 by cashier's or certified check or money order made payable to "Nevada State Board of Pharmacy" to be received by the Board's Reno office within 60 days of the effective date of this Order.

10. Mr. Riso shall pay a fine of $100.00 by cashier's or certified check or money order made payable to "State of Nevada, Office of the Treasurer" to be received by the Board's Reno office within 60 days of the effective date of this Order. Mr. Riso shall also pay one-half the Board's administrative fee of $125.00 by cashier's or certified check or money order made payable to "Nevada State Board of Pharmacy" to be received by the Board's Reno office within 60 days of the effective date of this Order.

11. Mr. Kambiss shall pay a fine of $100.00 by cashier's or certified check or money order made payable to "State of Nevada, Office of the Treasurer" to be received by the Board's Reno office within 60 days of the effective date of this Order. Mr. Kambiss shall also pay one-half the Board's administrative fee of $125.00 by cashier's or certified check or money order made payable to "Nevada State Board of Pharmacy" to be received by the Board's Reno office within 60 days of the effective date of this Order.

12. Mr. Quinn shall pay a fine of $360.00 ($20/day x 18 days = $360.00) by cashier's or certified check or money order made payable to "State of Nevada, Office of the Treasurer" to be received by the Board's Reno office within 60 days of the effective date of this Order. Mr. Quinn shall also pay the Board's administrative fee of $250.00 by cashier's or certified check or money order made payable to "Nevada State Board of Pharmacy" to be received by the Board's Reno office within 60 days of the effective date of this Order.

13. Mr. Quinn may not apply for any license or registration with the Board for a period of one year from the effective date of this Order. Mr. Quinn will not be granted any license or registration with the Board until he pays the fine and administrative fee set out in paragraph 12 of this Order. During the period in which Mr. Quinn may not apply for any license or registration with the Board, Mr. Quinn may not be employed by or work in any capacity in any business licensed or registered by the Board.

Signed and effective this 10th day of September, 2002.

Larry L. Pinson, President
Nevada State Board of Pharmacy

Section 9: Statement of Responsibility - MUST BE COMPLETED by an Authorized Person (NAC 639.945)

Statement of Responsibility

1. I am the Vice President (title) for Walgreen Co. (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be responsible for any violations of pharmacy law that may occur in the Pharmacy owned by such owner(s), shareholder(s), member(s), or partner(s).
3. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against the Pharmacy.
4. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) cannot require or permit the pharmacist(s) in said Pharmacy to violate any provision of local, state, or federal laws or regulations pertaining to the practice of pharmacy.
5. I further understand and acknowledge that Nevada law requires that each pharmacy located inside the State of Nevada employ only pharmacists, intern pharmacists, pharmaceutical technicians, and technicians in training that are licensed by the Nevada State Board of Pharmacy. (NRS 639.100).
6. I further understand and acknowledge that Nevada law requires that each pharmacy located outside the State of Nevada engaged in providing pharmacy services into Nevada employs at least one pharmacist licensed by the Nevada State Board of Pharmacy who will be responsible for any prescription dispensed to a patient located in Nevada and responsible for any acts or omissions of pharmacy personnel who are not registered with the Board. (NRS 639.2328).

Richard Gates

Print Name of Authorized Person

Richard Gates

Original signature of Authorized Person (copies or stamps not accepted)

08 / 26 / 2025

Date

Section 10: Affidavit for Pharmacies- MUST BE COMPLETED by pharmacies NOT CURRENTLY PERFORMING Sterile Compounding

Affidavit for Pharmacy License

I, Richard Gates hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

1. I am the Vice President (title) for Walgreen Co. (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I certify that upon licensure, the Pharmacy will not perform sterile compounding or ship sterile compounds into Nevada.
3. I understand and acknowledge that the Pharmacy and any of its staff members may be subject to discipline by the Board if the Pharmacy performs sterile compounding or ships any sterile compounds into Nevada without first obtaining written authorization from the Board to do so.
4. I certify that if the Pharmacy makes the decision to perform sterile compounding or to ship any sterile compounds into Nevada, the Pharmacy, through an authorized representative, will first notify the Board via a written request, and obtain written approval to perform sterile compounding or to ship any sterile compounds into Nevada.
5. I understand that if the Pharmacy seeks approval to perform sterile compounding or to ship any sterile compounds into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

FURTHER YOUR AFFIANT SAYETH NAUGHT.

Signature

SUBSCRIBED AND SWORN TO
Before me, a notary public this 20th day of August, 2025

Zeljka Borosa-Rajcevic
Notary Public

OFFICIAL SEAL
ZELJKA BOROSA RAJCEVIC
Notary Public, State of Illinois
Commission No. 977646
My Commission Expires September 8, 2027

CONFIDENTIAL/EXEMPT FROM
FREEDOM OF INFORMATION ACT AND
SIMILAR STATE REQUESTS

Ownership Information

Ownership & Leadership of Applicant Entity

Applicant: **Walgreen Co.**
108 Wilmot Rd., Deerfield, IL 60015

Ownership: The Applicant entity is wholly owned (100%) by Walgreens Boots Alliance, Inc.

Officers of Walgreen Co.
Michael Motz - CEO
Richard Gates - Senior Vice President, Chief Pharmacy Officer
Cherita Thomas - Secretary
Matthew Spina - CFO
Michael Handal - Licensing and Provider Enrollment Officer

Ownership & Leadership of Walgreens Boots Alliance, Inc.

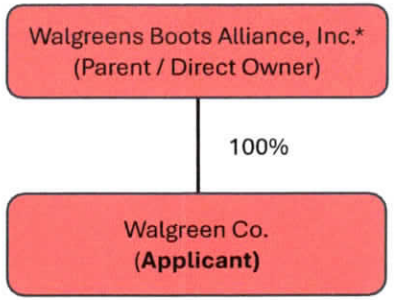
Ownership: Walgreens Boots Alliance, Inc. is wholly owned (100%) by Blazing Star Parent, LLC

Officers of Walgreens Boots Alliance, Inc.
Temporarily vacant - CEO
Mark Weisz - Sr VP, Global Tax
Manmohan Mahajan - Sr VP, Global Controller, CFO
Lanesha Minnix - Corporate Secretary

Please see the attached pre- and post-closing Corporate Organization chart for reference.

Proprietary and Confidential
Not a public record pursuant to
Section 7927.605 of the CPRA and
45 CFR Section 5.31

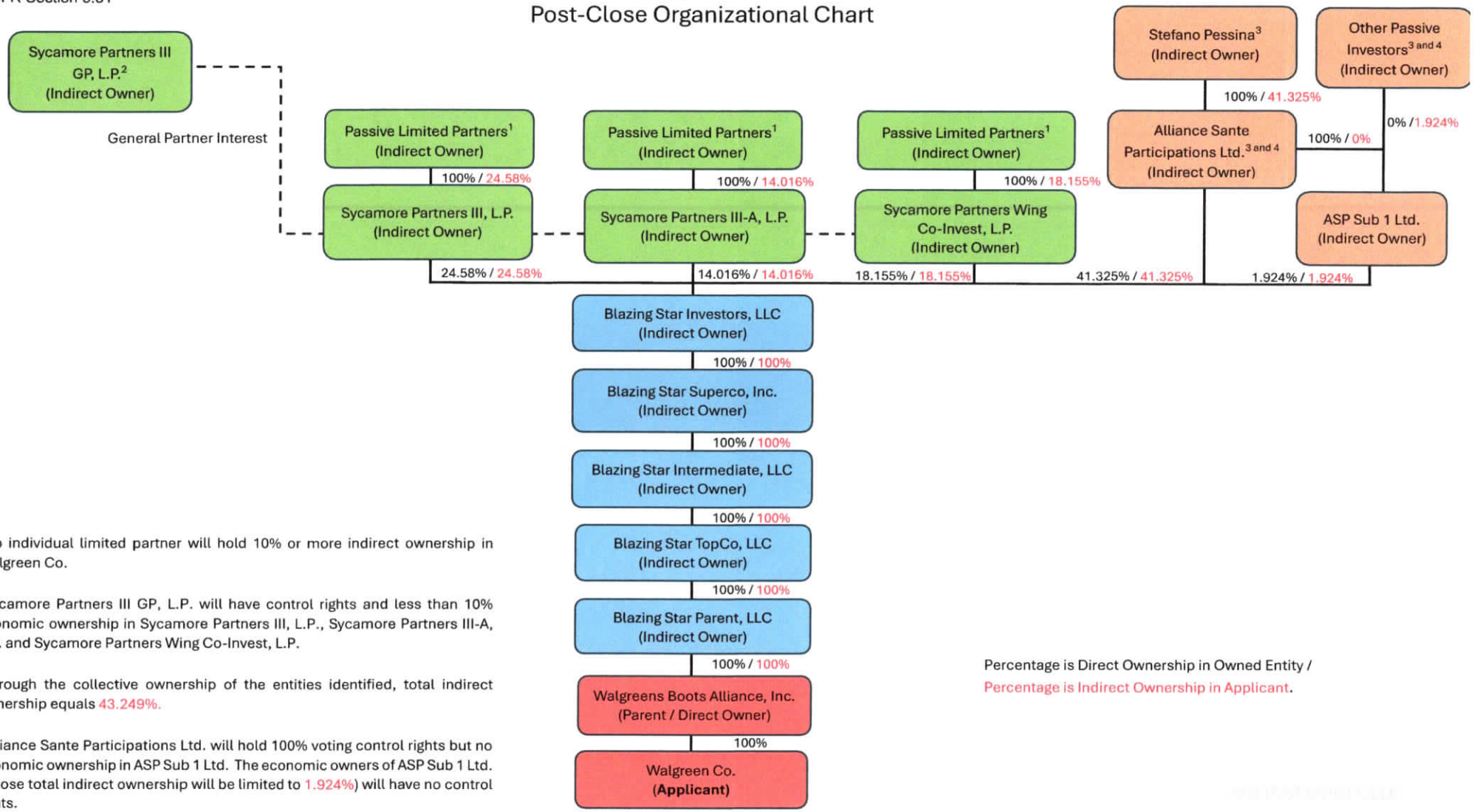
Walgreen Co.
Pre-Close Organizational Chart



Publicly Traded on Nasdaq Stock Market (WBA)

Proprietary and Confidential
Not a public record pursuant to
Section 7927.605 of the CPRA and
45 CFR Section 5.31

Walgreen Co.
Post-Close Organizational Chart



[1]No individual limited partner will hold 10% or more indirect ownership in Walgreen Co.

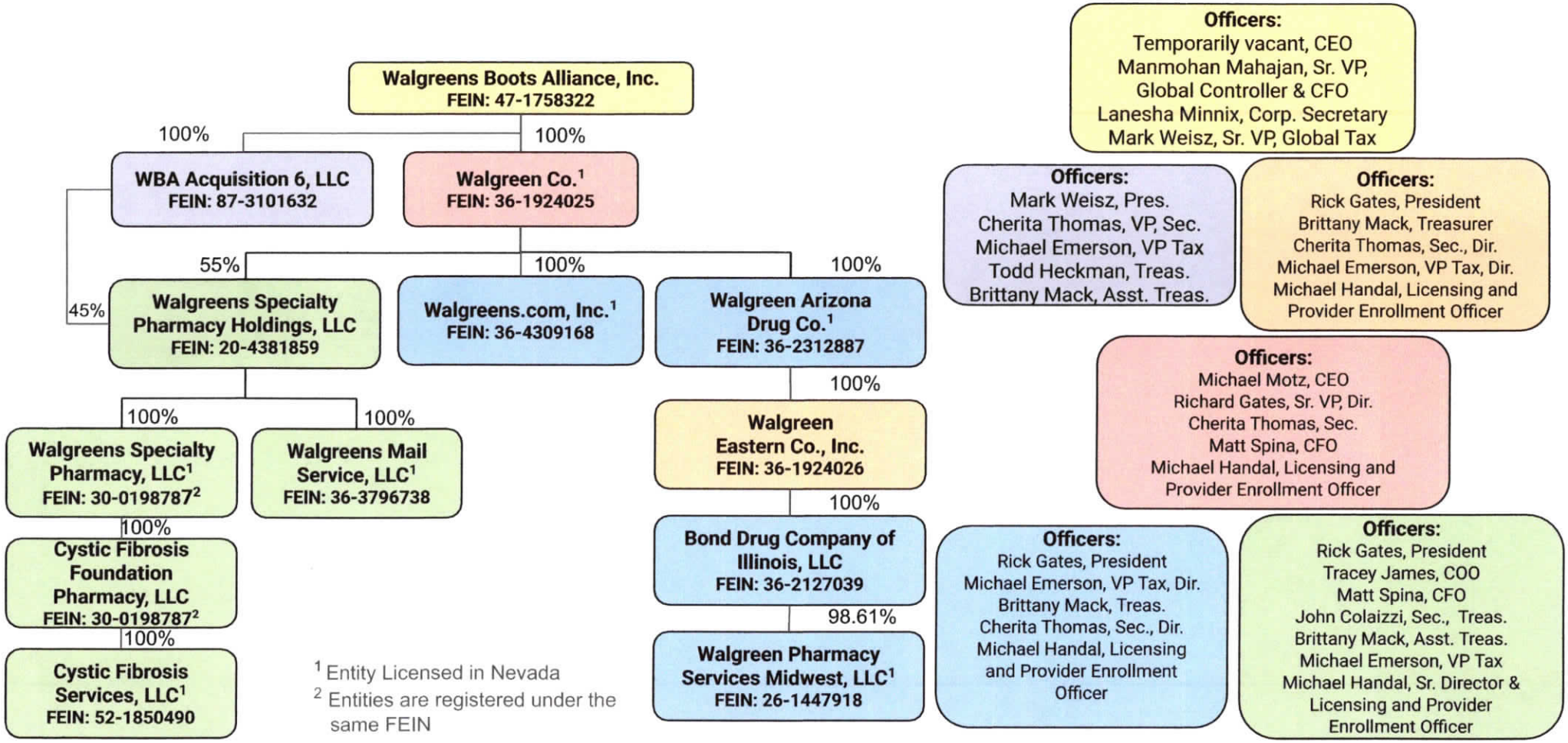
[2]Sycamore Partners III GP, L.P. will have control rights and less than 10% economic ownership in Sycamore Partners III, L.P., Sycamore Partners III-A, L.P. and Sycamore Partners Wing Co-Invest, L.P.

[3]Through the collective ownership of the entities identified, total indirect ownership equals 43.249%.

[4]Alliance Sante Participations Ltd. will hold 100% voting control rights but no economic ownership in ASP Sub 1 Ltd. The economic owners of ASP Sub 1 Ltd. (whose total indirect ownership will be limited to 1.924%) will have no control rights.

Percentage is Direct Ownership in Owned Entity /
Percentage is Indirect Ownership in Applicant.

Walgreen Co.
Post-Close Organizational Chart (cont.)



File Number 1084-348-1

STATE OF ILLINOIS

OFFICE OF THE SECRETARY OF STATE

To all to whom these Presents Shall Come, Greeting:

I, **Alexi Giannoulias,** *Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that*

WALGREEN CO., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON FEBRUARY 15, 1909, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE BUSINESS CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.

In Testimony Whereof, *I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this* 15TH *day of* MAY *A.D.* 2025 .

Authentication #: 2513501622 verifiable until 05/15/2026
Authenticate at: https://www.ilsos.gov

SECRETARY OF STATE

9AA

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Pharmacy Application

Non-Refundable $500.00 Fee

Rev (6/11/2024)

Facility Location	Application Type (check all applicable)	Pharmacy Type (check all applicable)	Services the Pharmacy will Provide (check all applicable)
☑ Nevada ☐ Out-of-Nevada	☐ New Pharmacy ☑ Ownership Change* ☐ Location Change * ☐ Service Modification* ☐ Name Change* (if only a Name Change occurred, submit a $50.00 fee with the application.) * Current license #: PH PH01125	☑ Retail/Community ☐ Hospital (# beds _____) ☐ Internet ☐ Nuclear ☐ Other:	☑ Retail/Community ☑ Dangerous drugs ☑ Controlled substances DEA #: BW5315204 ☐ Non-sterile Compounding ☐ Sterile Compounding ☐ Mail-Order Service ☐ Off-site Cognitive Services ☐ Long Term Care ☐ Hospital ☐ Other:

Days of Operation		Ownership Type (check applicable box)
☑ Monday	☑ Friday	☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9, 10, 11, 12)
☑ Tuesday	☑ Saturday	☑ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9, 10, 11, 12)
☑ Wednesday	☑ Sunday	☐ Partnership (complete sections 1, 2, 3, 4, 7, 9, 10, 11, 12)
☑ Thursday	☐ Holidays	☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9, 10, 11, 12)

Section 1: General Information

Pharmacy Name: WALGREENS #03873

Physical Address: 6865 W TROPICANA AVE

City: Las Vegas State: NV Zip: 89103-4383

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: (702)871-1623 Toll Free # (NAC 639.708, NRS 639.23286): N/A

Fax: (702)871-3314 Contact Email: rxm.03873@store.walgreens.com

Website: https://www.walgreens.com

Nevada Business License # (if applicable) NV19951143510

Supervising/Managing Pharmacist Name (NRS 639.220): CUONG UNG

Supervising/Managing Pharmacist NV Pharmacist Registration # (if applicable): 18332

Section 2: List the name(s) of at least one NEVADA registered pharmacist who practices at the pharmacy, who may be the managing pharmacist or another pharmacist, who will be responsible for any prescriptions dispensed to a patient located in Nevada and responsible for any acts or omissions of pharmacy personnel who are not registered with the Board. NRS 639.2328. (Use a separate piece of paper if additional space is needed.)

Name: CUONG UNG	NV Pharmacist Registration #: 18332
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:

Section 3: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✔
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration from any jurisdiction?		✔
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been subject of an administrative action, board citation, cite fine, or proceeding relating to the pharmaceutical industry?	✔	
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✔
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✔

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name(s) of the owner(s), their credentials and their percent ownership. Write NA if not applicable. NRS 639.232. (Use a separate piece of paper if additional space is needed.)

Name: N/A	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:

1. The Board shall not issue a license to conduct a pharmacy:
   a) To any practitioner; or
   b) To any partnership, corporation, or association in which a practitioner has a controlling interest or owns more than 10 percent of the available stock.
2. This section does not:
   a) Apply to a hospital pharmacy or a health maintenance organization which holds a certificate of authority under chapter 695C of NRS.
   b) Prohibit ownership by a practitioner of a building in which a pharmacy is located, if space for the pharmacy is rented at the prevailing rate.

Section 5: Publicly Traded Corporation

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Does the number of stockholders/shareholders of the corporation exceed four? NRS 639.231 ☐ Yes ☐ No

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: Delaware

Parent Company (if any): Walgreens Boots Alliance, Inc.

Corporation/Organization Name: Walgreen Co.

Mailing Address: 108 Wilmot Rd

City: Deerfield State: IL Zip: 60015

Telephone: 847-224-1348 Email: licenseadministration@walgreens.com

Contact Person Name: Kayla Lechner

Does the number of stockholders/shareholders of the corporation or members exceed four? NRS 639.231 ☐ Yes ☒ No

Section 7: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Please check type of partnership (NAC 639.214) ☐ General ☐ Limited

Does the number of partners or members of the partnership exceed four? NRS 639.231 ☐ Yes ☐ No

Section 8: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Richard Gates

Print Name of Authorized Person Submitting Application (If the applicant is a partnership or corporation, the application must be signed by a partner or by an officer of the corporation). NAC 639.215

Richard Gates

Original signature of Authorized Person (copies or stamps not accepted)

08 / 26 / 2025

Date

Board Use Only	Date Received: 9/22/25	Amount: $300 CK JP03-3000111129

Section 11: Managing Pharmacist Acknowledgement, Professional/Personal History – REQUIRED TO BE COMPLETED BY THE MANAGING PHARMACIST FOR NEVADA LOCATED PHARMACY APPLICANTS ONLY

Managing Pharmacist Name: CUONG UNG Pharmacist Registration #: 18332

Pharmacy Name: WALGREENS #03873

Initial each statement below to indicate you have read and agree with the following:

C.U. I understand that as the managing pharmacist I am responsible for compliance by the pharmacy and its personnel with all state and federal laws and regulations relating to the operation of the pharmacy and the practice of pharmacy. I understand my license can be revoked or that I can be subject of disciplinary action if such laws or regulations are knowingly violated in the pharmacy in which I am the managing pharmacist.

C.U. I understand within 48 hours after I report for duty as the managing pharmacist, I shall complete an inventory of all controlled substances of the pharmacy pursuant to 21 CFR Part 1304 and maintain a copy of the inventory in the file at the pharmacy.

C.U. I understand that if I cease to be managing pharmacist of the above-named pharmacy, I will jointly, with the new managing pharmacist, take an inventory of all controlled substances.

C.U. I understand that as the managing pharmacist I must ensure that all loss or theft of controlled substances are reported on forms provided by the Nevada State Board of Pharmacy and Department of Public Safety within 10 days after the date of discovery of theft or loss. NRS 453.568. Federal regulations require that registrants notify the Field Division Office of the Administration in his area, in writing, of the theft or significant loss of any controlled substance, disposal receptacles or listed chemicals within one business day of discovery of such loss or theft. The registrant shall also complete and submit to the Field Division Office in his area, DEA Form 106 regarding the loss or theft (21 C.F.R. §1301.76(b) and 21 U.S.C. §830(b)(1)(C)).

C.U. I understand that as the managing pharmacist I must notify the Nevada State Board of Pharmacy of all employment changes of pharmacy staff within 10 days of the change. NAC 639.540

Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?	☐	☑
2. Have you been charged, arrested, or convicted of a felony or misdemeanor in any state?	☐	☑
3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state?	☐	☑
4. Has your license been subjected to any discipline for violation of pharmacy or drug laws in any state?	☐	☑

If you marked YES to any questions above, include the following information and provide a signed statement of explanation. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Board Administrative Action:	State:	Date:	Case #:

Criminal Action:	State:	Date:	Case #:	County:	Court:

I certify under penalty of perjury that the information I have provided on this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

CUONG UNG

Original signature of Managing Pharmacist (copies or stamps not accepted)

08 / 04 / 2025

Date

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

WALGREEN CO.,
An Illinois Corporation,

WALGREENS PHARMACY #03843,
Certificate of Registration #PH01062,

CARL M. HEUER, R.Ph.,
Certificate of Registration #13810,

WALGREENS PHARMACY #03844,
Certificate of Registration #PH01123,

PETER A. RISO, JR., R.Ph.,
Certificate of Registration #15162,

PETER M. KAMBISS, R.Ph.,
Certificate of Registration #10601,

JOHN M. QUINN, P.T.,
Certificate of Registration #PT03749

WALGREENS PHARMACY #03871,
Certificate of Registration #PH01080,

JONATHAN C. BOX, R.Ph.,
Certificate of Registration #15055,

WALGREENS PHARMACY #03872,
Certificate of Registration #PH01282,

MICHAEL A. TRIOLO, R.Ph.,
Certificate of Registration #13675,

WALGREENS PHARMACY #03873,
Certificate of Registration #PH01125,

SCOTT L. TRINH, R.Ph.,
Certificate of Registration #14360,

REVISED FINDINGS OF FACT CONCLUSIONS OF LAW AND ORDER

Case No. 02-073-PH-S

Case No. 02-065-PH-S

Case No. 02-065-RPH-S

Case No. 02-047-PH-S

Case No. 02-047A-RPH-S

Case No. 02-047B-RPH-S

Case No. 02-047C-PT-S

Case No. 02-038-PH-S

Case No. 02-038-RPH-S

Case No. 02-062-PH-S

Case No. 02-062-RPH-S

Case No. 02-060-PH-S

Case No. 02-060-RPH-S

WALGREENS PHARMACY #04197, Certificate of Registration #PH01142,	**Case No. 02-050-PH-S**
ROBIN M. BONGA, R.Ph., Certificate of Registration #15598,	**Case No. 02-050-RPH-S**
WALGREENS PHARMACY #05014, Certificate of Registration #PH01371,	**Case No. 02-032-PH-S**
MICHELE L. ITO, R.Ph., Certificate of Registration #15357,	**Case No. 02-032-RPH-S**
WALGREENS PHARMACY #05015, Certificate of Registration #PH01309,	**Case No. 02-031-PH-S**
JESSICA NGUYEN, R.Ph Certificate of Registration #15397,	**Case No. 02-031-RPH-S**
WALGREENS PHARMACY #06310, Certificate of Registration #PH01549,	**Case No. 02-019-PH-S**
STEPHEN C. LESSARD, R.Ph Certificate of Registration #13632,	**Case No. 02-019-RPH-S**

Respondents.

THIS MATTER was heard by the Board at its regular meeting on July 24, 2002, in Las Vegas, Nevada. The Board was represented by Louis Ling, General Counsel to the Board. All of the Respondent Walgreen's pharmacies, Walgreens Co., and Respondents Carl M. Heuer, Peter A. Riso, Jr., Peter M. Kambiss, Jonathan C. Box, Scott L. Trinh, Robin M. Bonga, Michele L. Ito, and Stephen C. Lessard were represented by Graham, Wilde, Harker & Boggess and Robert C. Graham. Respondent Jessica Nguyen was represented by Thomas J. Tanksley. Respondent Michael Triolo was represented by Kathleen A. Murphy. Respondent John M. Quinn appeared and represented himself.

Prior to the hearing, Mr. Ling and Mr. Graham stipulated to bifurcate the matter involving Walgreen's Pharmacy #03843 and Carl M. Heuer (Case No. 02-065) from the remaining matters. Mr. Ling and Mr. Graham further agreed that Case No. 02-065

would be heard at the Board's regular meeting on October 16, 2002 in Las Vegas. The Board accepted the stipulation proposed by Mr. Ling and Mr. Graham and ordered that Case No. 02-065 be heard separately on October 16, 2002.

As a result of the stipulation to bifurcate approved by the Board, the Board heard the remaining matters at its hearing on July 24, 2002. Based upon the testimony and evidence presented and the public records in the possession of the Board, the Board issues the following findings of fact, conclusions of law, and order resolving as a final order all matters except Case No. 02-065.

FINDINGS OF FACT

1. The Board and the various Respondents' counsels presented the testimony of numerous witnesses and introduced several exhibits into evidence. Because the testimonies of most of the witnesses served primarily for individual matters and for the sake of administrative convenience, the Board will state the facts for each matter on a matter-by-matter basis.

Walgreens #3871 & Jonathan Box (Case No. 02-038)

2. Counsel for Walgreens and Mr. Box and the General Counsel agreed that the facts as plead in the Notice of Intended Action and Accusation were true and correct regarding this matter. The General Counsel stated that the complainant in this matter was unavailable for medical reasons, but because of the agreement reached between the parties, his testimony would be unnecessary. Counsel for Walgreens and Mr. Box presented the testimony of Mr. Box.

3. On January 7, 2002, Patient M's physician prescribed Singulair 5mg. tablets for him to help with his breathing difficulty. Patient M's physician telephoned the prescription to Walgreen's #03871 to be filled. Patient M is a five-year-old male with an asthmatic condition.

4. Patient M took the medication for four days before telling his father that the "medicine tasted funny." Patient M's father checked the prescription bottle and it was labeled correctly. Upon closer observation Patient M's father found that the label had been placed on a stock bottle of Proscar 5 mg. tablets. After checking the tablets in the Proscar stock bottle it was determined that the medication was not Singulair as prescribed, but Proscar tablets.

5. Mr. Box was the pharmacist who filled Patient M's prescription. Mr. Box stated that he doubted that he had counseled Ms. M when she picked up the prescription for Patient M as he believed Patient M had taken Singulair in the past. The counseling log was inconclusive as there were no initials on the log. At hearing, Mr. Box stated that he could not explain how he had mistakenly filled a Singulair prescription with Proscar 5 mg.

Walgreens #05014 & Michelle Ito (Case No. 02-032)

6. Board staff presented the testimony of Aubrey Alexander. According to Ms. Alexander, on February 6, 2002, she took two new prescriptions from her physician to Walgreen's #05014 to be filled. One prescription was for Ambien for her sleeping difficulties and the other was for Ultram for persistent pain. Ms. Alexander dropped the prescriptions off in the morning and was advised she could pick them up in the afternoon. Ms. Alexander inquired if she could use the drive-through to pick up her prescriptions and was told that she could pick them up at that location.

7. Ms. Alexander returned to Walgreen's #05014 at approximately 4:00 p.m. to pick up her medication at the drive-through window. Ms. Alexander recalls having to wait for a period of time as there were two cars ahead of her in line. When she arrived at the drive-through window, Ms. Alexander was told by a pharmacy technician that her prescriptions were not ready. Ms. Alexander asked the pharmacy technician to check again as she was told the prescriptions would be ready at 3:00 p.m. After a few minutes' wait, the pharmacy technician returned with her prescriptions. Ms. Alexander was asked if she had taken these medications before. Ms. Alexander indicated that she had taken both medications before. Other than the question asked by the pharmacy technician, Ms. Alexander was not counseled by a pharmacist on her prescriptions even though both prescriptions were new to her profile at this pharmacy.

8. While in her vehicle, Ms. Alexander took one tablet from the Ultram vial for the pain she was experiencing and left the pharmacy to run errands. After an hour had passed and her pain had not diminished, Ms. Alexander took a second tablet from the Ultram vial. After taking the second tablet Ms. Alexander began feeling disoriented and sick to her stomach. Ms. Alexander cancelled her plans to run errands, went home and fell asleep sitting up in a chair. Ms. Alexander explained at hearing that it was

extremely unusual and out of character for her to sleep in a chair. Several hours later she was awakened by her telephone ringing.

9. Ms. Alexander realized that something was wrong with the medication she had taken and reviewed the prescription bottles she picked up from Walgreens #05014 earlier in the day. After looking inside the bottles, Ms. Alexander discovered the Ambien medication was in the prescription bottle labeled Ultram and the Ultram medication was in the prescription bottle labeled Ambien.

10. The Board's investigation showed that there were two labels on each bottle. The underneath labels were for the correct medication, but the instructions for taking the medications were incomplete.

11. At hearing, Ms. Ito explained that when she was verifying prescriptions filled by the pharmaceutical technicians at Walgreens #05014 she discovered that the label for one of Ms. Alexander's prescriptions contained an incomplete direction for use, so she sent the prescriptions back to the pharmaceutical technician to have the label corrected. The two vials would have been sent back together since they were for the same patient. Ms. Ito explained that she would have checked the new labels and that she could not explain why she did not discover that the new labels had been improperly placed upon the wrong vials.

12. Ms. Ito also explained that the pharmacy's computer system showed that Ms. Alexander picked up her prescription at 4:07 p.m. Ms. Ito claimed that she was off shift at 4:00 p.m. and that she would have left precisely at 4:00 p.m. Thus, Ms. Ito claimed that she could not have been the pharmacist who failed to counsel Ms. Alexander and that the pharmacist who replaced Ms. Ito would have been responsible to counsel Ms. Alexander.

Walgreens #06310 and Stephen Lessard (Case No. 01-019)

13. Board staff presented the testimony of Rebecca Gang. According to Ms. Gang, on February 7, 2002, she took two new prescriptions from her physician to Walgreen's #06310 to be filled. One prescription was for Ambien 5mg. #20 and the other was for Synthroid 0.075mg. #90. Ms. Gang dropped the prescriptions off at approximately 9:30 a.m.

14. Ms. Gang returned to Walgreen's #06310 at approximately 12:30 p.m. to pick up her medication at the drive-through window. Ms. Gang was told by a Walgreen's pharmacy clerk that they owed her 85 pills on her prescription. Ms. Gang questioned the clerk and the clerk advised her that they had run out of Levothyroxine. Ms. Gang advised the clerk that she was taking Synthroid, not Levothyroxine, and asked to speak to the pharmacist. Ms. Gang asked the clerk to speak to the pharmacist several times, but the pharmacist did not respond to Ms. Gang's requests.

15. Ms. Gang was advised that her prescription for Synthroid would be ready in approximately 15 minutes. Ms. Gang requested her prescription for Ambien and indicated she would return later for the Synthroid prescription. Ms. Gang was not counseled for her new prescription for Ambien.

16. Ms. Gang returned to the drive-through window of Walgreen's #06310 later in the evening of February 7th to pick up her prescription for Synthroid. Ms. Gang was not counseled for her new prescription for Synthroid by the pharmacist on duty, Stephen Lessard.

17. At hearing, Mr. Lessard explained that it was Walgreens' routine and policy to substitute levothyroxine for Synthroid, even though he admitted that the two are not AB rated. Mr. Lessard explained that he did not speak to Ms. Lessard because his pharmaceutical technician relayed Ms. Gang's questions to him while he was filling Ms. Gang's Synthroid prescription. He further explained that he was on his way over to counsel Ms. Gang, but the pharmaceutical technician had already given Ms. Gang the Ambien prescription and so Ms. Gang left before he could speak with her.

Walgreens #05015 & Jessica Nguyen (Case No. 02-031)

18. Board staff presented the testimony of Robbie Ierley. Ms. Ierley testified that on February 25, 2002, she took a new prescription from her dentist for Decadron Dosepak to Walgreen's #05015 to be filled. Ms. Ierley stated that she was quite familiar with the Decadron Dosepak because it was an older medication that she had dispensed when she worked at retail pharmacies and because it was manufactured by Merck, and she was presently employed as a pharmacist by the Merck-Medco pharmacy facility in Las Vegas.

19. The pharmacy was busy and Ms. Ierley waited for approximately an hour for her prescription to be filled. When Ms. Ierley finally picked up her prescription, a clerk brought Ms. Ierley her prescription and said to her, "I know you're a pharmacist", to which Ms. Ierley replied that she was. The clerk told Ms. Ierley that her prescription would be $10.00 and concluded the transaction. Ms. Ierley was not counseled regarding her prescription even though Medrol Dosepak was new to Ms. Ierley's profile at the pharmacy.

20. When the prescription was ready Ms. Ierley noticed that her prescription had been filled with Methylpredisolone 4mg. Dosepak. Ms. Ierley is a pharmacist and knew that the strength of the drug she was given was not as strong as the drug her dentist prescribed. Ms. Ierley questioned a pharmacist on duty, Jessica Nguyen, regarding the difference in strength. Ms. Nguyen told Ms. Ierley that she did not have Decadron Dosepak and argued that the drug she was given was exactly the same as the drug her dentist prescribed. Because of the way Ms. Nguyen addressed Ms. Ierley's concerns and because Ms. Ierley could not conceive that a pharmacist would change a drug on a prescription without first contacting the prescribing practitioner, Ms. Ierley assumed Ms. Nguyen had contacted her dentist to change the medication.

21. Ms. Ierley reluctantly took the medication home and began taking the medication given to her as directed because she was in considerable dental pain. Ms. Ierley tried to contact her dentist to verify the change in medication, but she was not able to make contact with him for four days. When Ms. Ierley finally spoke with her dentist, he informed her that he had not spoken to anyone from Walgreen's #05015 and that he did not authorize a change in medication.

22. Ms. Ierley related that the lower strength Methylpredisolone Dosepak failed her treatment. Her dentist gave Ms. Ierley another prescription for Decadron Dosepak that she had filled elsewhere, and fortunately her condition improved.

23. At hearing, Ms. Nguyen testified that Walgreens #05015 was extremely busy and, in her opinion, poorly staffed. Ms. Nguyen described one of her pharmaceutical technicians as 70 years old and incapable of keeping up with the accelerated pace of Walgreens #05015. Ms. Nguyen also indicated that Walgreens' computer system had a gauge that monitored how quickly various tasks were being completed, including how

quickly prescriptions were being filled. Ms. Nguyen's understanding of the gauges were that it was her responsibility to keep any of the three gauges from "going red."

24. Ms. Nguyen also testified that the policy for counseling at Walgreens was to allow the clerk or pharmaceutical technician to ask the patient questions such as, "Would you like to speak to the pharmacist?" or "Have you taken this drug before?" Pharmacists only spoke to patients at the their request. X's or other marks would be placed on the counseling log by the clerk or pharmaceutical technician, and the pharmacist would sign next to the X or other mark at some time later.

Walgreens #04197 & Robin Bonga (Case No. 02-050)

25. Board staff presented the testimony of Darwin Albrecht. Mr. Albrecht testified that on March 27, 2002, he took a new prescription from his physician for Clomiphene Citrate 50 mg. #30 to Walgreen's #04197 to be filled. Mr. Albrecht dropped the prescription off late in the afternoon. Mr. Albrecht was aware from discussions with his physician that Clomiphene Citrate 50 mg. was an unusual drug to be prescribed for a male, and as a result of the unusual nature of the prescription, Mr. Albrecht wanted to speak with a pharmacist about the prescription.

26. Mr. Albrecht returned to Walgreen's #04197 between 7:00 and 8:00 p.m. to pick up his medication at the drive through window. He was given his new prescription by a Walgreen's pharmacy clerk, and he paid for his medication and departed through the drive through lanes.

27. Mr. Albrecht was not counseled for his prescription for Clomiphene Citrate 50 mg., even though the prescription was new to his profile and was for an unusual drug for a male.

28. At hearing, Ms. Bonga testified that she was aware that the prescription was unusual for a male patient, but she was not the pharmacist on duty at the time that Mr. Albrecht picked up the prescription. Ms. Bonga also testified that the policy for counseling at Walgreens was to allow the clerk or pharmaceutical technician to ask the patient questions such as, "Would you like to speak to the pharmacist?" or "Have you taken this drug before?" Pharmacists only spoke to patients at the patients' request. X's or other marks would sometimes be placed on the counseling log by the clerk or

pharmaceutical technician, and the pharmacist would sign next to the X or other mark at some time later.

Walgreens #03844, Peter Riso, Peter Kambiss, & John Quinn
(Case No. 02-047)

29. Board staff presented the testimony of Serena Allen. Ms. Allen testified that prior to Saturday, March 30, 2002, she was traveling in California and realized that she would be out of her maintenance medication for her heart, Inderal 10 mg. tablets, by the weekend when she planned to returned home to Las Vegas. Ms. Allen telephoned Walgreen's #03844 and spoke with managing pharmacist Peter Riso to have her Inderal prescription refilled. Mr. Riso advised Ms. Allen that her refills had run out, but he would contact her physician to get refill authorization. Mr. Riso advised Ms. Allen that if contact with her physician was not made prior to her return, she could pick up 15 tablets to hold her over for the weekend.

30. Ms. Allen returned home and went to Walgreens #03844 to pick up her Inderal on Saturday, March 30, 2002. Ms. Allen's physician had not yet called the pharmacy to approve refilling her Inderal. Ms. Allen then requested from pharmaceutical technician John Quinn the 15 tablets Mr. Riso had promised her.

31. Mr. Quinn questioned the pharmacist on duty, Peter Kambiss, if he could give Ms. Allen 15 tablets of Inderal for the weekend. Mr. Kambiss gave Mr. Quinn permission to dispense an emergency amount of Inderal until her physician contacted the pharmacy to refill her prescription. At that time, Mr. Quinn obtained a stock bottle of Inderal 10 mg. tablets and poured a quantity of tablets in his hand, counted the tablets, and placed them in Ms. Allen's prescription vial. Ms. Allen questioned why Mr. Quinn was handling her medication with his hand. Mr. Quinn replied that it was common practice and Ms. Allen did not know pharmacy law. According to Ms. Allen, Mr. Quinn was abusive and rude, and all of the conversation between Mr. Quinn and herself occurred within the sight and hearing of Mr. Kambiss. Ms. Allen left the pharmacy with the medication.

32. A few minutes later, Ms. Allen returned with her husband and a member of the store management staff. Ms. Allen asked Mr. Kambiss to replace the Inderal tablets given to her by Mr. Quinn. According to Mr. Kambiss, up to this time, he was unaware

that Mr. Quinn had handled Ms. Allen's tablets with his hands. While Mr. Kambiss was replacing the Inderal tablets, Ms. Allen and Mr. Quinn began to argue again. Unfortunately, the argument grew increasingly heated with Mr. Quinn, Ms. Allen, and Mr. Allen all speaking loudly. All of this occurred in the sight and hearing of Mr. Kambiss, but according to Mr. Kambiss' testimony, he took no action with Mr. Quinn to stop the argument except to say Mr. Quinn's first name. Ms. Allen and her husband asked to see Mr. Quinn's pharmacy technician registration. Mr. Kambiss went to locate the certificate, however it was not in the frame where pharmacy staff licenses were kept.

33. Ms. Allen asked for a telephone number for a pharmacy supervisor and was given Marcie Ranick's telephone number. Ms. Allen thought to call Walgreens' management because she had dealt with Walgreens' management, specifically George Flaherty and Joe Daniels, regarding an earlier incident that had been satisfactorily managed by Mr. Flaherty and Mr. Daniels.

34. Prior to speaking with Ms. Ranick, Ms. Allen telephoned the Board office and checked to see if Mr. Quinn was registered. Ms. Allen was advised that Mr. Quinn had been registered as a pharmaceutical technician-in-training at a Sav-On pharmacy, but he left his employment where he was registered, and his registration was closed. Mr. Quinn did not have a pharmaceutical technician's registration and was not registered as a technician-in-training at Walgreens #03844 or at any other Walgreens pharmacy. Ms. Allen spoke with Ms. Ranick and found her to be unconcerned about Mr. Quinn's practice of filling prescriptions from the palm of his hand. Ms. Ranick also told Ms. Allen that Mr. Quinn was a registered pharmaceutical technician and that Board staff must have been mistaken.

35. The evidence showed that Mr. Quinn had been working at Walgreens #03844 since February 15, 2001 without a valid pharmacy technician registration certificate. During that time, Mr. Quinn worked a total of 18 days as a pharmaceutical technician without a proper registration.

36. After the incident with the Allens, Mr. Quinn brought a copy of his certificate to the pharmacy. Mr. Quinn explained that he had "whited-out" the employer on the copy of the certificate that he gave to Walgreens #03844 because it contained the

address of his previous and only authorized employer, Sav-on Pharmacy. Mr. Quinn "whited-out" Sav-on's name and address because he still worked occasionally at Sav-on on good terms and did not want his problems at Walgreens #03844 to become known to Sav-on.

37. After the incident with the Allens, Mr. Quinn was transferred to Walgreens Pharmacy #03845 where he continued to be employed. Board staff had notified Walgreens #03845 to cease to employ or use Mr. Quinn in the capacity of a pharmaceutical technician or technician-in-training until Mr. Quinn applied to be and was granted registration as a pharmaceutical technician-in-training at that pharmacy.

38. At hearing, Mr. Riso testified that he took responsibility for not checking Mr. Quinn's registration certificate closely. Mr. Riso said that once he discovered that Mr. Quinn was not properly registered as a technician-in-training at Walgreens #03844, Mr. Riso assigned Mr. Quinn only to clerk tasks and did not allow Mr. Quinn to perform any pharmaceutical technician tasks.

Walgreens #03872 & Michael Triolo (Case No. 02-062)

39. Board staff presented the testimony of Linda Owens. Ms. Owens testified that on April 10, 2002, she took five new prescriptions from her physician to Walgreen's #03872 to be filled. Ms. Owens decided she only wanted four of the prescriptions filled at that time. The pharmacy technician explained the pharmacy would keep the fifth prescription at the pharmacy in case Ms. Owens changed her mind and wanted to have it filled.

40. Ms. Owens noted that the pharmacy was extremely busy while she was waiting for her prescriptions to be filled. She testified that the pharmaceutical technician and the pharmacist were the only two employees and that the pharmaceutical technician was constantly in motion between the drive-up window, the telephone, the pharmacy counter, and the front counter.

41. When the prescriptions were ready Ms. Owens was given five prescriptions, four in one bag and one in a separate bag. Ms. Owens questioned the pharmaceutical technician and explained she should only have four prescriptions. The technician stated that there were five. Since Ms. Owens was not feeling well, she paid for all five prescriptions and left Walgreens #03872. Though the prescriptions were new to Ms.

Owens and her profile at this pharmacy, Ms. Owens was not counseled by a pharmacist.

42. Ms. Owens took the medication home and began taking the medication given to her as directed that evening and the following day. Ms. Owens received a telephone call on the evening of April 11, 2002 from a female pharmacist from Walgreens #03872 asking if she had been in the previous day to pick up any prescriptions. Ms. Owens stated she had picked up her prescriptions the previous day and had been taking them as directed. Ms. Owens was advised that one of the prescriptions she picked up was for another patient with the same name. Ms. Owens examined the prescriptions she had obtained the previous day and found one that had a doctor's name that was unknown to her on the label although the patient's name on the vial was also Linda Owens. In this way, Ms. Owens discovered that she had taken Metronidazole 500 mg. tablets that were not prescribed for her.

43. Ms. Owens explained that she filed the complaint because of her dealings with pharmacist Ledrue Ware after the error had been discovered. Ms. Owens testified that Mr. Ware seemed uninterested in her and her concerns and seemed mostly concerned about informing her that he was not the pharmacist who had dispensed the erroneous prescription to her.

44. At hearing, Mr. Triolo explained that the Walgreens verification computer system did not contain any specific information regarding a patient, such as the patient's birth date or address, at the time of the verification. Thus, as Mr. Triolo explained, it was possible and foreseeable that errors such as occurred in this matter would not be caught by the verifying pharmacist because there would be no way to tell at the verification screen which "Linda Owens" the prescriptions were for. From Walgreens' records, Mr. Triolo could not identify who had filled the Metronidazole prescription for the Linda Owens who was not the complainant in this matter. Mr. Triolo also explained that he was not the pharmacist on duty at the time Ms. Owens picked up her prescriptions and that Mr. Ware was the pharmacist on duty at that time.

Walgreens #03873 & Scott Trinh (Case No. 02-060)

45. Board staff presented the testimony of Daniel Garcia, Investigator for the Board. Mr. Garcia testified that on May 2, 2002, he and Investigator/Supervisor Fred

Ackermann went to Walgreens #03873 to acquire information and evidence on an investigation of a consumer complaint. That consumer complaint was ultimately closed without action.

46. While they were present at the pharmacy, they observed staff pharmacist Scott L. Trinh speaking with a pharmaceutical technician at one end of the pharmacy counter. Mr. Garcia did not observe any patient at the pharmacy's counter to whom Mr. Trinh may have been speaking. At the same time, Mr. Garcia and Mr. Ackermann observed another pharmacy technician at the drive-through window serving a patient.

47. Kelly Moczynski was identified as the pharmaceutical technician at the drive-through window. She had given a male patient a prescription and returned his identification. As Ms. Moczynski concluded the register transaction with this patient, Mr. Garcia and Mr. Ackermann observed her mark on the "Refused" section of the counseling log that the patient had refused counseling. At no time during this transaction did Mr. Garcia observe Mr. Trinh come to the drive-through window.

48. Mr. Ackermann asked Ms. Moczynski if the prescription she had just dispensed was a new prescription, to which she said it was. Mr. Ackermann asked Ms. Moczynski to retrieve the prescription she had dispensed to the patient at the drive-through window. Supervisor Ackermann then advised Mr. Trinh that he needed to come to the drive-through window and counsel the patient regarding his new prescription. Only after Mr. Ackermann required Mr. Trinh to counsel the patient did Mr. Trinh cease speaking with the other employee and counsel the patient regarding the patient's new prescription.

49. Mr. Garcia testified that he had personally investigated several of the cases involved in this matter and that he had consulted with Mr. Ackermann regarding other of the cases that Mr. Ackermann had investigated. Mr. Garcia explained that Walgreens' counseling policy was to allow the clerk or pharmaceutical technician to ask the patient questions such as, "Would you like to speak to the pharmacist?" or "Have you taken this drug before?" Pharmacists only spoke to patients at the patients' request. X's or other marks would sometimes be placed on the counseling log by the clerk or pharmaceutical technician, and the pharmacist would sign next to the X or other mark at some time

later. In some cases, the pharmacist would not initial next to the X's or other mark until the end of the pharmacist's shift.

50. Mr. Trinh testified that he was very careful to assure that patients were counseled at his pharmacy. Mr. Trinh explained that he was counseling a patient at the time that Mr. Ackermann asked him to counsel the patient at the drive-through window, but he could not explain why Mr. Ackermann and Mr. Garcia had not seen the patient at the pharmacy counter that he was counseling. Mr. Trinh admitted that he changed the counseling log regarding the patient the he counseled at Mr. Ackermann's request to show that counseling had been accepted, and he also admitted that the patient would have left Walgreens #03873 had Mr. Ackermann not requested that he counsel the patient.

CONCLUSIONS OF LAW

1. The Nevada State Board of Pharmacy has jurisdiction over this matter because Respondents Walgreens Pharmacies ##03844, 03871, 03872, 03873, 04197, 05014, 05015, and 06310 are pharmacies licensed by the Board and because Respondents Riso, Kambiss, Quinn, Box, Triolo, Trinh, Bonga, Ito, Nguyen, and Lessard are pharmacists or pharmaceutical technicians licensed by or registered with the Board. Walgreen Co. is an Illinois corporation that is the owner of all of the individual Walgreens Pharmacies at issue in this matter.

Walgreens #03871 & Jonathan Box (Case No. 02-038)

2. In failing to strictly follow the prescription written for Patient M. by filling his Singulair 5 mg. prescription with Proscar 5 mg., Mr. Box violated NRS 639.210(4) and NAC 639.945(1)(d) and (i).

3. In failing to counsel Patient M's mother on Patient M's new prescription, Mr. Box violated NRS 639.210(4) and 639.266(1) and NAC 639.707(1)(a) and 639.945(1)(i).

4. In owning and operating a pharmacy that failed to counsel Patient M's mother regarding Patient M's new prescription, Walgreen Co. and Walgreens Pharmacy #03871 violated NRS 639.210(4) and 639.266(1) and NAC 639.707(1)(a) and 639.945(1)(i) and (2).

5. The Second Cause of Action in Walgreens' Notice of Intended Action and Accusation is dismissed.

Walgreens #05014 & Michelle Ito (Case No. 02-032)

6. In failing to label Ms. Alexander's prescriptions correctly, Ms. Ito violated NRS 639.210(4) and NAC 639.945(1)(d) and (i).

7. The Second Cause of Action in Ms. Ito's Notice of Intended Action and Accusation is dismissed.

8. In owning and operating a pharmacy that failed to label Ms. Alexander's prescriptions correctly, Walgreen Co. and Walgreens Pharmacy #05014 violated Nevada Revised Statute (NRS) 639.210(4) and Nevada Administrative Code (NAC) 639.945(1)(d) and (i) and (2).

9. In owning and operating a pharmacy that failed to counsel Ms. Alexander on either of her new prescriptions, Walgreen Co. and Walgreens Pharmacy #05014 violated NRS 639.210(4) and 639.266(1) and NAC 639.707(1)(a) and 639.945(1)(i) and (2).

Walgreens #06310 and Stephen Lessard (Case No. 01-019)

10. In failing to counsel Ms. Gang regarding either of her new prescriptions, especially because Ms. Gang requested to speak with the pharmacist several times, Mr. Lessard violated NRS 639.210(4) and 639.266(1) and NAC 639.707(1)(a) and 639.945(1)(i).

11. The Sixth Cause of Action in Walgreens' Notice of Intended Action and Accusation is dismissed.

Walgreens #05015 & Jessica Nguyen (Case No. 02-031)

12. In failing to follow the instructions of the prescribing physician and by incorrectly labeling and dispensing a prescription drug, Ms. Nguyen violated NRS 639.210(4) and NAC 639.945(1)(d) and (i).

13. In failing to counsel Ms. Ierley, Ms. Nguyen violated NRS 639.210(4) and 639.266(1) and NAC 639.707(1)(a) and 639.945(1)(i).

14. In owning and operating a pharmacy that failed to counsel Ms. Ierley, Walgreen Co. and Walgreens Pharmacy #05015 violated NRS 639.210(4) and 639.266(1) and NAC 639.707(1)(a) and 639.945(1)(i) and (2).

15. The Seventh Cause of Action in Walgreens' Notice of Intended Action and Accusation is dismissed.

Walgreens #04197 & Robin Bonga (Case No. 02-050)

16. The First Cause of Action in Ms. Bonga's Notice of Intended Action and Accusation is dismissed.

17. In owning and operating a pharmacy that failed to counsel Mr. Albrecht, Walgreens Co. and Walgreens Pharmacy #04197 violated NRS 639.210(4) and 639.266(1) and NAC 639.707(1)(a) and 639.945(1)(i) and (2).

Walgreens #03844, Peter Riso, Peter Kambiss, & John Quinn (Case No. 02-047)

18. In failing to verify that Mr. Quinn was properly registered to work as a pharmaceutical technician and in employing Mr. Quinn as a pharmaceutical technician when Mr. Quinn was not, in fact, properly registered to work as a pharmaceutical technician-in-training at Walgreens #03844, Mr. Riso violated NRS 639.210(4) and (15) and NAC 639.945(1)(i).

19. In failing to intervene as the staff pharmacist on duty while Mr. Quinn and the Allens argued, Mr. Kambiss violated NRS 639.210(4) and NAC 639.945(1)(i).

20. The Second Cause of Action in Mr. Kambiss' Notice of Intended Action and Accusation is dismissed.

21. In working at Walgreens #03844 as a pharmaceutical technician without being properly registered so to do, Mr. Quinn violated NRS 639.210(4) and 639.284(2) and NAC 639.945(1)(i) and (k).

22. By owning and operating a pharmacy that employed and worked and continues to work Mr. Quinn as a pharmaceutical technician, both at Walgreens #03844 and other Walgreens pharmacies, without a current active pharmaceutical technician license, Walgreen Co. and Walgreens Pharmacy #03845 violated NRS 639.210(4) and 639.284(2) and NAC 639.702 and 639.945(1)(i) and (k) and (2).

23. The Tenth and Eleventh Causes of Action in Walgreens' Notice of Intended Action and Accusation are dismissed.

Walgreens #03872 & Michael Triolo (Case No. 02-062)

24. In failing to follow the instruction of the prescribing physician and by incorrectly dispensing another patient's drug to Ms. Owens, Mr. Triolo violated NRS 639.210(4) and NAC 639.945(1)(d) and (i).

25. The Second Cause of Action in Mr. Triolo's Notice of Intended Action and Accusation is dismissed.

26. In owning and operating a pharmacy that failed to follow the instructions of the prescribing physician and by incorrectly dispensing a prescription drug to the wrong patient, Walgreen Co. and Walgreens Pharmacy #03872 violated Nevada Revised Statutes (NRS) 639.210(4) and Nevada Administrative Code (NAC) 639.945 (1) (d) and (i) and (2).

27. The unlabeled Cause of Action in Walgreens' Notice of Intended Action and Accusation relating to the failure to counsel Ms. Owens is dismissed.

Walgreens #03873 & Scott Trinh (Case No. 02-060)

28. In failing to counsel a patient regarding a new prescription until being told by Board of Pharmacy staff to do so, Mr. Trinh violated NRS 639.210(4) and 639.266(1) and NAC 639.707(1)(a) and 639.945(1)(i).

29. In being the pharmacist on duty responsible for the acts of a pharmaceutical technician who falsified the pharmacy's counseling log by indicating that a patient had declined counseling when counseling had not been attempted or initiated with the patient, Mr. Trinh violated NRS 639.210(4) and NAC 639.702, 639.707(4), and 639.945(1)(i).

30. In owning and operating a pharmacy that failed to counsel a patient regarding a new prescription until the pharmacist on duty was told by Board of Pharmacy staff to do so, Walgreen Co. and Walgreens Pharmacy #03873 violated NRS 639.210(4) and 639.266(1) and NAC 639.707(1)(a) and 639.945(1)(i) and (2).

31. In owning and operating a pharmacy in which the pharmacist on duty allowed a pharmaceutical technician to falsify the pharmacy's counseling log by indicating that a patient had declined counseling when counseling had not even been attempted with the patient, Mr. Trinh violated NRS 639.210(4) and NAC 639.702, 639.707(4) and 639.945(1)(i) and (2).

ORDER

Based upon the foregoing, the Board hereby orders the following:

1. The licenses of Walgreens Pharmacies ##03872, 03871, 05014, 03873, 04197, 05015, and 03844 shall be on probation for a period of one year from the effective date of this order. The conditions of probation shall include:

a. One or more representatives of Walgreens Co. shall appear before the Board at every regularly scheduled Board meeting held in Las Vegas throughout the period of the probation to explain to the Board what Walgreens Co. has done to address the concerns raised in this matter, which concerns include Walgreens' counseling as mandated by Nevada law, Walgreens' counseling logs, Walgreens' prescription filling procedure, and Walgreens' policy for addressing patient calls (especially calls in which the patient indicates that he or she has taken an incorrect drug).

b. Development of a counseling log that complies with Nevada law. Walgreens Co. shall provide to the Board a copy of a proposed new counseling log within 30 days of the effective date of this Order, and this proposed new counseling log will be reviewed by the Board at its next succeeding regularly scheduled meeting. Upon approval by the Board of the new counseling log, Walgreens Co. shall provide and implement the new log in all of its Nevada pharmacies.

c. Walgreens Co. shall review its policies and procedures regarding patient counseling to assure that the policies and procedures fully comply with Nevada law. Walgreens Co. shall notify all of its Nevada pharmacies regarding its policies and procedures regarding counseling, including the proper use of the new counseling log developed pursuant to subsection 1(b) of this Order.

d. Walgreens Co. shall review its operational policies and procedures in light of the findings in this matter and shall develop specific suggestions or improvements to address failings in present operational policies and procedures that were shown in the findings of this matter. The details of Walgreens Co.'s review and specific suggestions or improvements shall comprise part of the presentation made by Walgreens Co. pursuant to subsection 1(a) of this Order.

2. Walgreens Co. and Walgreens Pharmacies ##03872, 03871, 05014, 03873, 04197, 05015, and 03844 shall pay a total fine of $5,600.00 by cashier's or certified

check or money order made payable to "State of Nevada, Office of the Treasurer" to be received by the Board's Reno office within 60 days of the effective date of this Order. The total fine consists of the following specific fines:

Third Cause of Action	$750.00
Fourth Cause of Action	$250.00
Fifth Cause of Action	$750.00
Eighth Cause of Action	$750.00
Ninth Cause of Action	$750.00
Twelfth Cause of Action	$750.00
Thirteenth Cause of Action	$100.00
Fourteenth Cause of Action	$750.00
Fifteenth Cause of Action	$750.00
TOTAL	**$5,600.00**

3. Walgreens Co. and Walgreens Pharmacies ##03872, 03871, 05014, 03873, 04197, 05015, and 03844 shall pay the Board's total administrative fee (nine causes of action X $250.00/cause of action = $2,250.00) and the Board's costs of investigation and prosecution ($11,878.35) for a total of $14,128.35 by cashier's or certified check or money order made payable to "Nevada State Board of Pharmacy" to be received by the Board's Reno office within 60 days of the effective date of this Order.

4. Mr. Triolo shall pay the Board's administrative fee of $250.00 by cashier's or certified check or money order made payable to "Nevada State Board of Pharmacy" to be received by the Board's Reno office within 60 days of the effective date of this Order. Mr. Triolo shall also receive a letter of admonition.

5. Mr. Lessard shall pay a fine of $375.00 by cashier's or certified check or money order made payable to "State of Nevada, Office of the Treasurer" to be received by the Board's Reno office within 60 days of the effective date of this Order. Mr. Lessard shall also pay the Board's administrative fee of $250.00 by cashier's or certified check or money order made payable to "Nevada State Board of Pharmacy" to be received by the Board's Reno office within 60 days of the effective date of this Order.

6. Mr. Box shall pay a total fine of $625.00 by cashier's or certified check or money order made payable to "State of Nevada, Office of the Treasurer" to be received by the Board's Reno office within 60 days of the effective date of this Order. Mr. Box shall also pay the Board's administrative fee of $250.00 by cashier's or certified check

or money order made payable to "Nevada State Board of Pharmacy" to be received by the Board's Reno office within 60 days of the effective date of this Order.

7. Ms. Ito shall pay a fine of $250.00 by cashier's or certified check or money order made payable to "State of Nevada, Office of the Treasurer" to be received by the Board's Reno office within 60 days of the effective date of this Order. Ms. Ito shall also pay the Board's administrative fee of $250.00 by cashier's or certified check or money order made payable to "Nevada State Board of Pharmacy" to be received by the Board's Reno office within 60 days of the effective date of this Order.

8. Mr. Trinh shall pay a total fine of $1,250.00 by cashier's or certified check or money order made payable to "State of Nevada, Office of the Treasurer" to be received by the Board's Reno office within 60 days of the effective date of this Order.

9. Ms. Nguyen shall pay a total fine of $625.00 by cashier's or certified check or money order made payable to "State of Nevada, Office of the Treasurer" to be received by the Board's Reno office within 60 days of the effective date of this Order. Ms. Nguyen shall also pay the Board's administrative fee of $250.00 by cashier's or certified check or money order made payable to "Nevada State Board of Pharmacy" to be received by the Board's Reno office within 60 days of the effective date of this Order.

10. Mr. Riso shall pay a fine of $100.00 by cashier's or certified check or money order made payable to "State of Nevada, Office of the Treasurer" to be received by the Board's Reno office within 60 days of the effective date of this Order. Mr. Riso shall also pay one-half the Board's administrative fee of $125.00 by cashier's or certified check or money order made payable to "Nevada State Board of Pharmacy" to be received by the Board's Reno office within 60 days of the effective date of this Order.

11. Mr. Kambiss shall pay a fine of $100.00 by cashier's or certified check or money order made payable to "State of Nevada, Office of the Treasurer" to be received by the Board's Reno office within 60 days of the effective date of this Order. Mr. Kambiss shall also pay one-half the Board's administrative fee of $125.00 by cashier's or certified check or money order made payable to "Nevada State Board of Pharmacy" to be received by the Board's Reno office within 60 days of the effective date of this Order.

12. Mr. Quinn shall pay a fine of $360.00 ($20/day x 18 days = $360.00) by cashier's or certified check or money order made payable to "State of Nevada, Office of the Treasurer" to be received by the Board's Reno office within 60 days of the effective date of this Order. Mr. Quinn shall also pay the Board's administrative fee of $250.00 by cashier's or certified check or money order made payable to "Nevada State Board of Pharmacy" to be received by the Board's Reno office within 60 days of the effective date of this Order.

13. Mr. Quinn may not apply for any license or registration with the Board for a period of one year from the effective date of this Order. Mr. Quinn will not be granted any license or registration with the Board until he pays the fine and administrative fee set out in paragraph 12 of this Order. During the period in which Mr. Quinn may not apply for any license or registration with the Board, Mr. Quinn may not be employed by or work in any capacity in any business licensed or registered by the Board.

Signed and effective this 6th day of September, 2002.

Larry L. Pinson, President
Nevada State Board of Pharmacy

Section 9: Statement of Responsibility - MUST BE COMPLETED by an Authorized Person (NAC 639.945)

Statement of Responsibility

1. I am the Vice President (title) for Walgreen Co. (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be responsible for any violations of pharmacy law that may occur in the Pharmacy owned by such owner(s), shareholder(s), member(s), or partner(s).
3. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against the Pharmacy.
4. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) cannot require or permit the pharmacist(s) in said Pharmacy to violate any provision of local, state, or federal laws or regulations pertaining to the practice of pharmacy.
5. I further understand and acknowledge that Nevada law requires that each pharmacy located inside the State of Nevada employ only pharmacists, intern pharmacists, pharmaceutical technicians, and technicians in training that are licensed by the Nevada State Board of Pharmacy. (NRS 639.100).
6. I further understand and acknowledge that Nevada law requires that each pharmacy located outside the State of Nevada engaged in providing pharmacy services into Nevada employs at least one pharmacist licensed by the Nevada State Board of Pharmacy who will be responsible for any prescription dispensed to a patient located in Nevada and responsible for any acts or omissions of pharmacy personnel who are not registered with the Board. (NRS 639.2328).

Richard Gates

Print Name of Authorized Person

Richard Gates

Original signature of Authorized Person (copies or stamps not accepted)

08 / 26 / 2025

Date

Section 10: Affidavit for Pharmacies- MUST BE COMPLETED by pharmacies NOT CURRENTLY PERFORMING Sterile Compounding

Affidavit for Pharmacy License

I, Richard Gates hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

1. I am the Vice President (title) for Walgreen Co. (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I certify that upon licensure, the Pharmacy will not perform sterile compounding or ship sterile compounds into Nevada.
3. I understand and acknowledge that the Pharmacy and any of its staff members may be subject to discipline by the Board if the Pharmacy performs sterile compounding or ships any sterile compounds into Nevada without first obtaining written authorization from the Board to do so.
4. I certify that if the Pharmacy makes the decision to perform sterile compounding or to ship any sterile compounds into Nevada, the Pharmacy, through an authorized representative, will first notify the Board via a written request, and obtain written approval to perform sterile compounding or to ship any sterile compounds into Nevada.
5. I understand that if the Pharmacy seeks approval to perform sterile compounding or to ship any sterile compounds into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

FURTHER YOUR AFFIANT SAYETH NAUGHT.

Signature

SUBSCRIBED AND SWORN TO
Before me, a notary public this 20th day of August, 2025

Zeljka Borosa-Rajcevic
Notary Public

OFFICIAL SEAL
ZELJKA BOROSA RAJCEVIC
Notary Public, State of Illinois
Commission No. 977646
My Commission Expires September 8, 2027

CONFIDENTIAL/EXEMPT FROM
FREEDOM OF INFORMATION ACT AND
SIMILAR STATE REQUESTS

Ownership Information

Ownership & Leadership of Applicant Entity

Applicant: **Walgreen Co.**
108 Wilmot Rd., Deerfield, IL 60015

Ownership: The Applicant entity is wholly owned (100%) by Walgreens Boots Alliance, Inc.

Officers of Walgreen Co.
Michael Motz - CEO
Richard Gates - Senior Vice President, Chief Pharmacy Officer
Cherita Thomas - Secretary
Matthew Spina - CFO
Michael Handal - Licensing and Provider Enrollment Officer

Ownership & Leadership of Walgreens Boots Alliance, Inc.

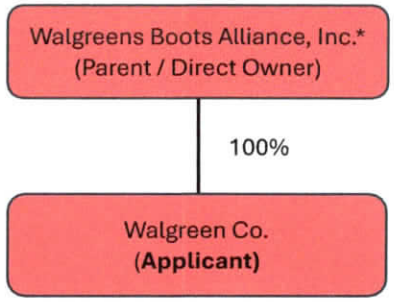
Ownership: Walgreens Boots Alliance, Inc. is wholly owned (100%) by Blazing Star Parent, LLC

Officers of Walgreens Boots Alliance, Inc.
Temporarily vacant - CEO
Mark Weisz - Sr VP, Global Tax
Manmohan Mahajan - Sr VP, Global Controller, CFO
Lanesha Minnix - Corporate Secretary

Please see the attached pre- and post-closing Corporate Organization chart for reference.

Proprietary and Confidential
Not a public record pursuant to
Section 7927.605 of the CPRA and
45 CFR Section 5.31

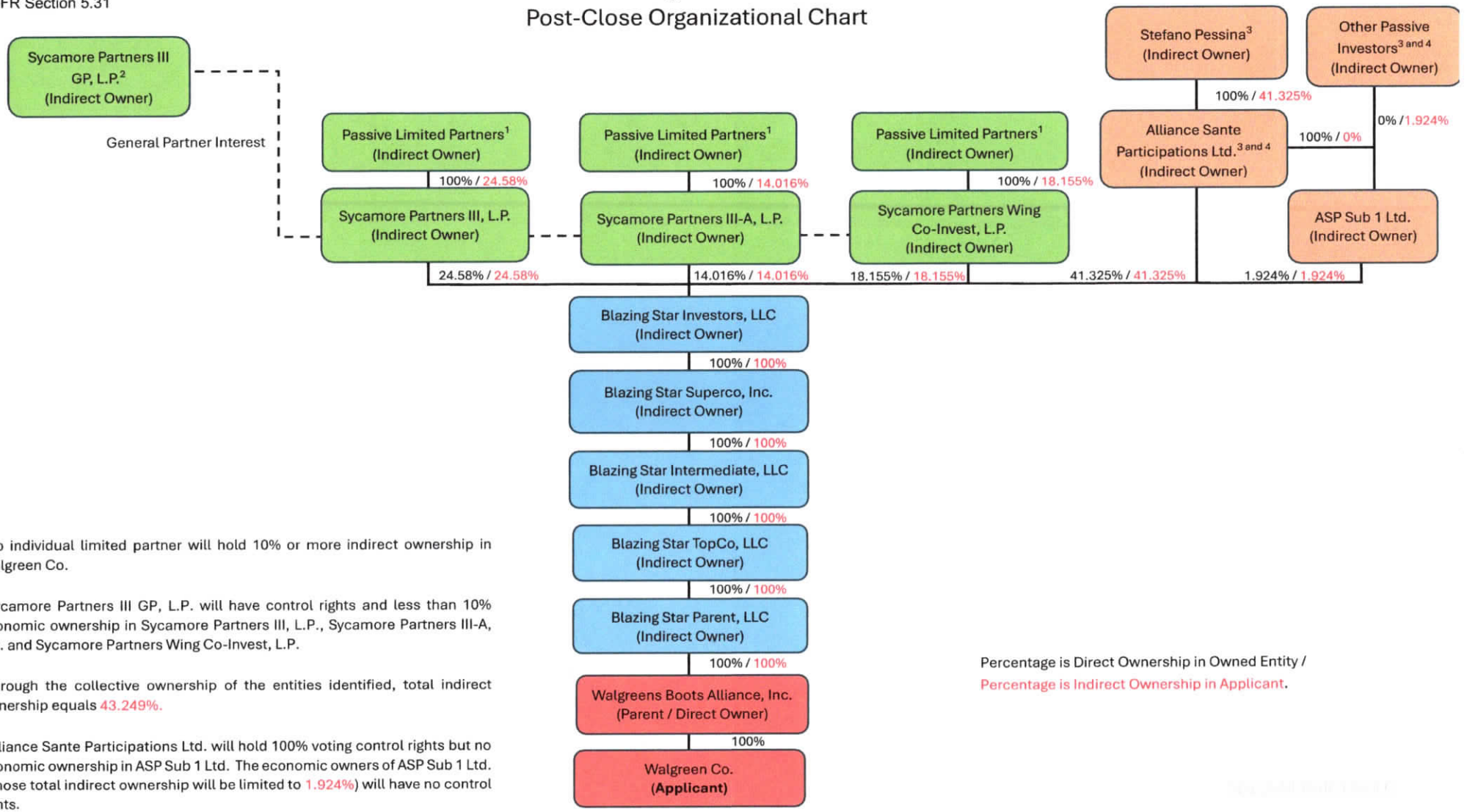
Walgreen Co.
Pre-Close Organizational Chart



Publicly Traded on Nasdaq Stock Market (WBA)

Proprietary and Confidential
Not a public record pursuant to
Section 7927.605 of the CPRA and
45 CFR Section 5.31

Walgreen Co.
Post-Close Organizational Chart



[1]No individual limited partner will hold 10% or more indirect ownership in Walgreen Co.

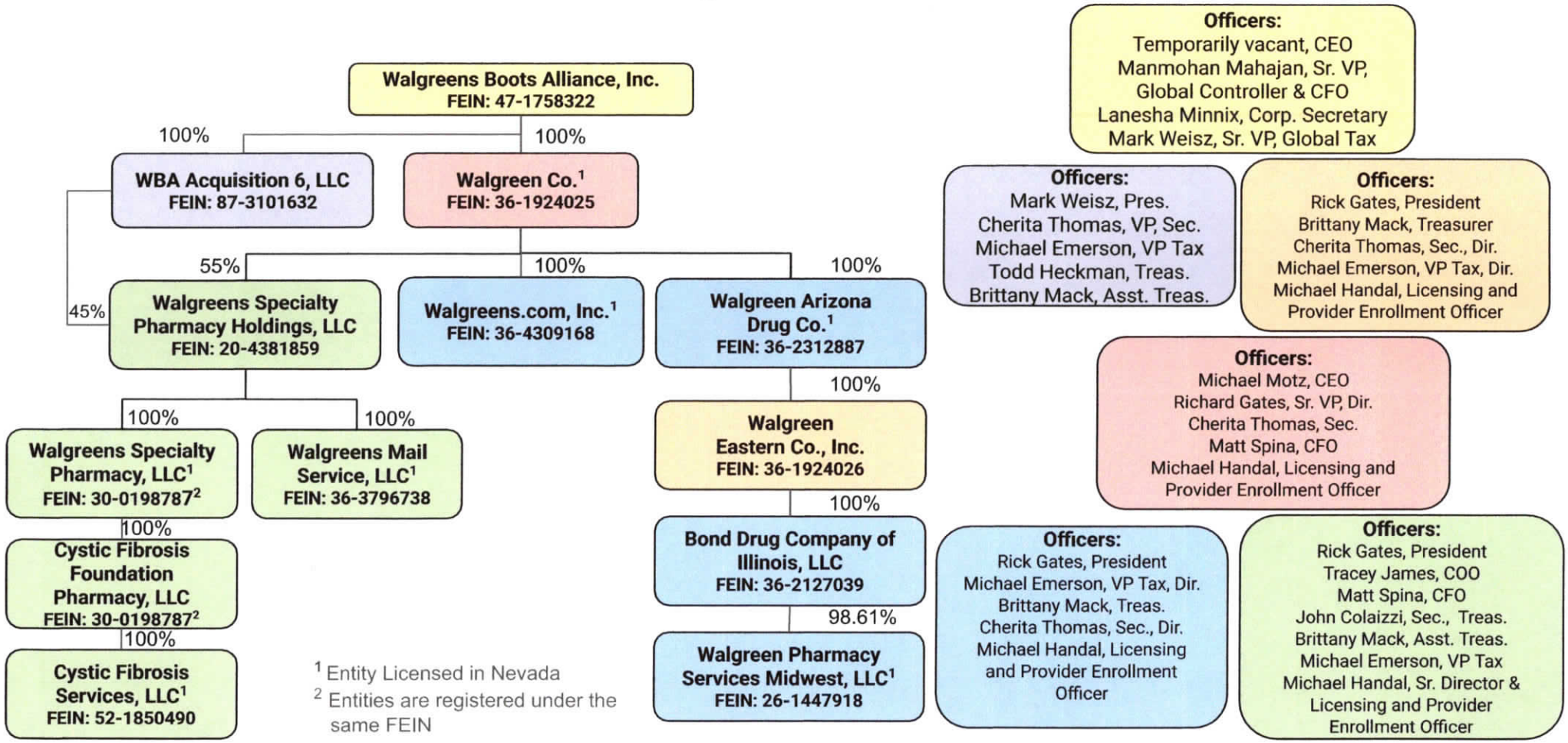
[2]Sycamore Partners III GP, L.P. will have control rights and less than 10% economic ownership in Sycamore Partners III, L.P., Sycamore Partners III-A, L.P. and Sycamore Partners Wing Co-Invest, L.P.

[3]Through the collective ownership of the entities identified, total indirect ownership equals 43.249%.

[4]Alliance Sante Participations Ltd. will hold 100% voting control rights but no economic ownership in ASP Sub 1 Ltd. The economic owners of ASP Sub 1 Ltd. (whose total indirect ownership will be limited to 1.924%) will have no control rights.

Percentage is Direct Ownership in Owned Entity /
Percentage is Indirect Ownership in Applicant.

Walgreen Co.
Post-Close Organizational Chart (cont.)



File Number 1084-348-1

STATE OF ILLINOIS

OFFICE OF THE SECRETARY OF STATE

To all to whom these Presents Shall Come, Greeting:

I, **Alexi Giannoulias,** *Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that*

WALGREEN CO., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON FEBRUARY 15, 1909, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE BUSINESS CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.

In Testimony Whereof, *I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this* 15TH *day of* MAY *A.D.* 2025 .

Authentication #: 2513501622 verifiable until 05/15/2026
Authenticate at: https://www.ilsos.gov

SECRETARY OF STATE

9BB

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Pharmacy Application

Non-Refundable $500.00 Fee

Rev (6/11/2024)

Facility Location	Application Type (check all applicable)	Pharmacy Type (check all applicable)	Services the Pharmacy will Provide (check all applicable)
☑ Nevada ☐ Out-of-Nevada	☐ New Pharmacy ☑ Ownership Change* ☐ Location Change * ☐ Service Modification* ☐ Name Change* (if only a Name Change occurred, submit a $50.00 fee with the application.) * Current license #: PH PH01100	☑ Retail/Community ☐ Hospital (# beds _____) ☐ Internet ☐ Nuclear ☐ Other:	☑ Retail/Community ☑ Dangerous drugs ☑ Controlled substances DEA #: BW5146065 ☐ Non-sterile Compounding ☐ Sterile Compounding ☐ Mail-Order Service ☐ Off-site Cognitive Services ☐ Long Term Care ☐ Hospital ☐ Other:

Days of Operation		Ownership Type (check applicable box)
☑ Monday	☑ Friday	☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9, 10, 11, 12)
☑ Tuesday	☑ Saturday	☑ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9, 10, 11, 12)
☑ Wednesday	☑ Sunday	☐ Partnership (complete sections 1, 2, 3, 4, 7, 9, 10, 11, 12)
☑ Thursday	☐ Holidays	☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9, 10, 11, 12)

Section 1: General Information

Pharmacy Name: WALGREENS #03915

Physical Address: 6401 W CHARLESTON BLVD STE 100

City: Las Vegas State: NV Zip: 89146-1118

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: (702)259-7002 Toll Free # (NAC 639.708, NRS 639.23286): N/A

Fax: (702)259-7003 Contact Email: rxm.03915@store.walgreens.com

Website: https://www.walgreens.com

Nevada Business License # (if applicable) NV19951143510

Supervising/Managing Pharmacist Name (NRS 639.220): MICHAEL DAUGHERTY

Supervising/Managing Pharmacist NV Pharmacist Registration # (if applicable): 20720

Section 2: List the name(s) of at least one NEVADA registered pharmacist who practices at the pharmacy, who may be the managing pharmacist or another pharmacist, who will be responsible for any prescriptions dispensed to a patient located in Nevada and responsible for any acts or omissions of pharmacy personnel who are not registered with the Board. NRS 639.2328. (Use a separate piece of paper if additional space is needed.)

Name: MICHAEL DAUGHERTY	NV Pharmacist Registration #: 20720
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:

Section 3: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✔
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration from any jurisdiction?		✔
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been subject of an administrative action, board citation, cite fine, or proceeding relating to the pharmaceutical industry?		✔
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✔
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✔

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name(s) of the owner(s), their credentials and their percent ownership. Write NA if not applicable. NRS 639.232. (Use a separate piece of paper if additional space is needed.)

Name: N/A	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:

1. The Board shall not issue a license to conduct a pharmacy:
   a) To any practitioner; or
   b) To any partnership, corporation, or association in which a practitioner has a controlling interest or owns more than 10 percent of the available stock.
2. This section does not:
   a) Apply to a hospital pharmacy or a health maintenance organization which holds a certificate of authority under chapter 695C of NRS.
   b) Prohibit ownership by a practitioner of a building in which a pharmacy is located, if space for the pharmacy is rented at the prevailing rate.

Section 5: Publicly Traded Corporation

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Does the number of stockholders/shareholders of the corporation exceed four? NRS 639.231 ☐ Yes ☐ No

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: Delaware

Parent Company (if any): Walgreens Boots Alliance, Inc.

Corporation/Organization Name: Walgreen Co.

Mailing Address: 108 Wilmot Rd

City: Deerfield State: IL Zip: 60015

Telephone: 847-224-1348 Email: licenseadministration@walgreens.com

Contact Person Name: Kayla Lechner

Does the number of stockholders/shareholders of the corporation or members exceed four? NRS 639.231 ☐ Yes ☒ No

Section 7: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Please check type of partnership (NAC 639.214) ☐ General ☐ Limited

Does the number of partners or members of the partnership exceed four? NRS 639.231 ☐ Yes ☐ No

Section 8: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Richard Gates

Print Name of Authorized Person Submitting Application (If the applicant is a partnership or corporation, the application must be signed by a partner or by an officer of the corporation). NAC 639.215

Richard Gates

Original signature of Authorized Person (copies or stamps not accepted)

08 / 26 / 2025

Date

Board Use Only	Date Received: 9/22/25	Amount: $500 ck JP03-3000111121

Section 11: Managing Pharmacist Acknowledgement, Professional/Personal History – REQUIRED TO BE COMPLETED BY THE MANAGING PHARMACIST FOR NEVADA LOCATED PHARMACY APPLICANTS ONLY

Managing Pharmacist Name: MICHAEL DAUGHERTY Pharmacist Registration #: 20720

Pharmacy Name: WALGREENS #03915

Initial each statement below to indicate you have read and agree with the following:

MD I understand that as the managing pharmacist I am responsible for compliance by the pharmacy and its personnel with all state and federal laws and regulations relating to the operation of the pharmacy and the practice of pharmacy. I understand my license can be revoked or that I can be subject of disciplinary action if such laws or regulations are knowingly violated in the pharmacy in which I am the managing pharmacist.

MD I understand within 48 hours after I report for duty as the managing pharmacist, I shall complete an inventory of all controlled substances of the pharmacy pursuant to 21 CFR Part 1304 and maintain a copy of the inventory in the file at the pharmacy.

MD I understand that if I cease to be managing pharmacist of the above-named pharmacy, I will jointly, with the new managing pharmacist, take an inventory of all controlled substances.

MD I understand that as the managing pharmacist I must ensure that all loss or theft of controlled substances are reported on forms provided by the Nevada State Board of Pharmacy and Department of Public Safety within 10 days after the date of discovery of theft or loss. NRS 453.568. Federal regulations require that registrants notify the Field Division Office of the Administration in his area, in writing, of the theft or significant loss of any controlled substance, disposal receptacles or listed chemicals within one business day of discovery of such loss or theft. The registrant shall also complete and submit to the Field Division Office in his area, DEA Form 106 regarding the loss or theft (21 C.F.R. §1301.76(b) and 21 U.S.C. §830(b)(1)(C)).

MD I understand that as the managing pharmacist I must notify the Nevada State Board of Pharmacy of all employment changes of pharmacy staff within 10 days of the change. NAC 639.540

Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?	☐	☑
2. Have you been charged, arrested, or convicted of a felony or misdemeanor in any state?	☐	☑
3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state?	☐	☑
4. Has your license been subjected to any discipline for violation of pharmacy or drug laws in any state?	☐	☑

If you marked YES to any questions above, include the following information and provide a signed statement of explanation. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Board Administrative Action:	State:	Date:	Case #:

Criminal Action:	State:	Date:	Case #:	County:	Court:

I certify under penalty of perjury that the information I have provided on this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

MICHAEL DAUGHERTY

Original signature of Managing Pharmacist (copies or stamps not accepted)

08 / 03 / 2025

Date

Section 9: Statement of Responsibility - MUST BE COMPLETED by an Authorized Person (NAC 639.945)

Statement of Responsibility

1. I am the Vice President (title) for Walgreen Co. (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be responsible for any violations of pharmacy law that may occur in the Pharmacy owned by such owner(s), shareholder(s), member(s), or partner(s).
3. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against the Pharmacy.
4. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) cannot require or permit the pharmacist(s) in said Pharmacy to violate any provision of local, state, or federal laws or regulations pertaining to the practice of pharmacy.
5. I further understand and acknowledge that Nevada law requires that each pharmacy located inside the State of Nevada employ only pharmacists, intern pharmacists, pharmaceutical technicians, and technicians in training that are licensed by the Nevada State Board of Pharmacy. (NRS 639.100).
6. I further understand and acknowledge that Nevada law requires that each pharmacy located outside the State of Nevada engaged in providing pharmacy services into Nevada employs at least one pharmacist licensed by the Nevada State Board of Pharmacy who will be responsible for any prescription dispensed to a patient located in Nevada and responsible for any acts or omissions of pharmacy personnel who are not registered with the Board. (NRS 639.2328).

Richard Gates

Print Name of Authorized Person

Richard Gates

Original signature of Authorized Person (copies or stamps not accepted)

08 / 26 / 2025

Date

Section 10: Affidavit for Pharmacies- MUST BE COMPLETED by pharmacies NOT CURRENTLY PERFORMING Sterile Compounding

Affidavit for Pharmacy License

I, Richard Gates hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

1. I am the Vice President (title) for Walgreen Co. (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I certify that upon licensure, the Pharmacy will not perform sterile compounding or ship sterile compounds into Nevada.
3. I understand and acknowledge that the Pharmacy and any of its staff members may be subject to discipline by the Board if the Pharmacy performs sterile compounding or ships any sterile compounds into Nevada without first obtaining written authorization from the Board to do so.
4. I certify that if the Pharmacy makes the decision to perform sterile compounding or to ship any sterile compounds into Nevada, the Pharmacy, through an authorized representative, will first notify the Board via a written request, and obtain written approval to perform sterile compounding or to ship any sterile compounds into Nevada.
5. I understand that if the Pharmacy seeks approval to perform sterile compounding or to ship any sterile compounds into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

FURTHER YOUR AFFIANT SAYETH NAUGHT.

Signature

SUBSCRIBED AND SWORN TO
Before me, a notary public this 20th day of August, 20 25

Zeljka Borosa-Rajcevic
Notary Public

OFFICIAL SEAL
ZELJKA BOROSA RAJCEVIC
Notary Public, State of Illinois
Commission No. 977646
My Commission Expires September 8, 2027

CONFIDENTIAL/EXEMPT FROM FREEDOM OF INFORMATION ACT AND SIMILAR STATE REQUESTS

Ownership Information

Ownership & Leadership of Applicant Entity

Applicant: **Walgreen Co.**
108 Wilmot Rd., Deerfield, IL 60015

Ownership: The Applicant entity is wholly owned (100%) by Walgreens Boots Alliance, Inc.

Officers of Walgreen Co.
Michael Motz - CEO
Richard Gates - Senior Vice President, Chief Pharmacy Officer
Cherita Thomas - Secretary
Matthew Spina - CFO
Michael Handal - Licensing and Provider Enrollment Officer

Ownership & Leadership of Walgreens Boots Alliance, Inc.

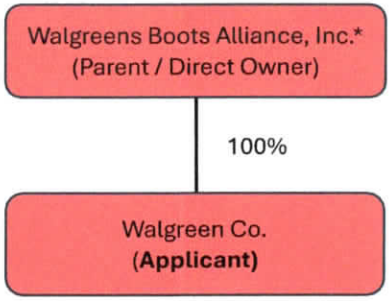
Ownership: Walgreens Boots Alliance, Inc. is wholly owned (100%) by Blazing Star Parent, LLC

Officers of Walgreens Boots Alliance, Inc.
Temporarily vacant - CEO
Mark Weisz - Sr VP, Global Tax
Manmohan Mahajan - Sr VP, Global Controller, CFO
Lanesha Minnix - Corporate Secretary

Please see the attached pre- and post-closing Corporate Organization chart for reference.

Proprietary and Confidential
Not a public record pursuant to
Section 7927.605 of the CPRA and
45 CFR Section 5.31

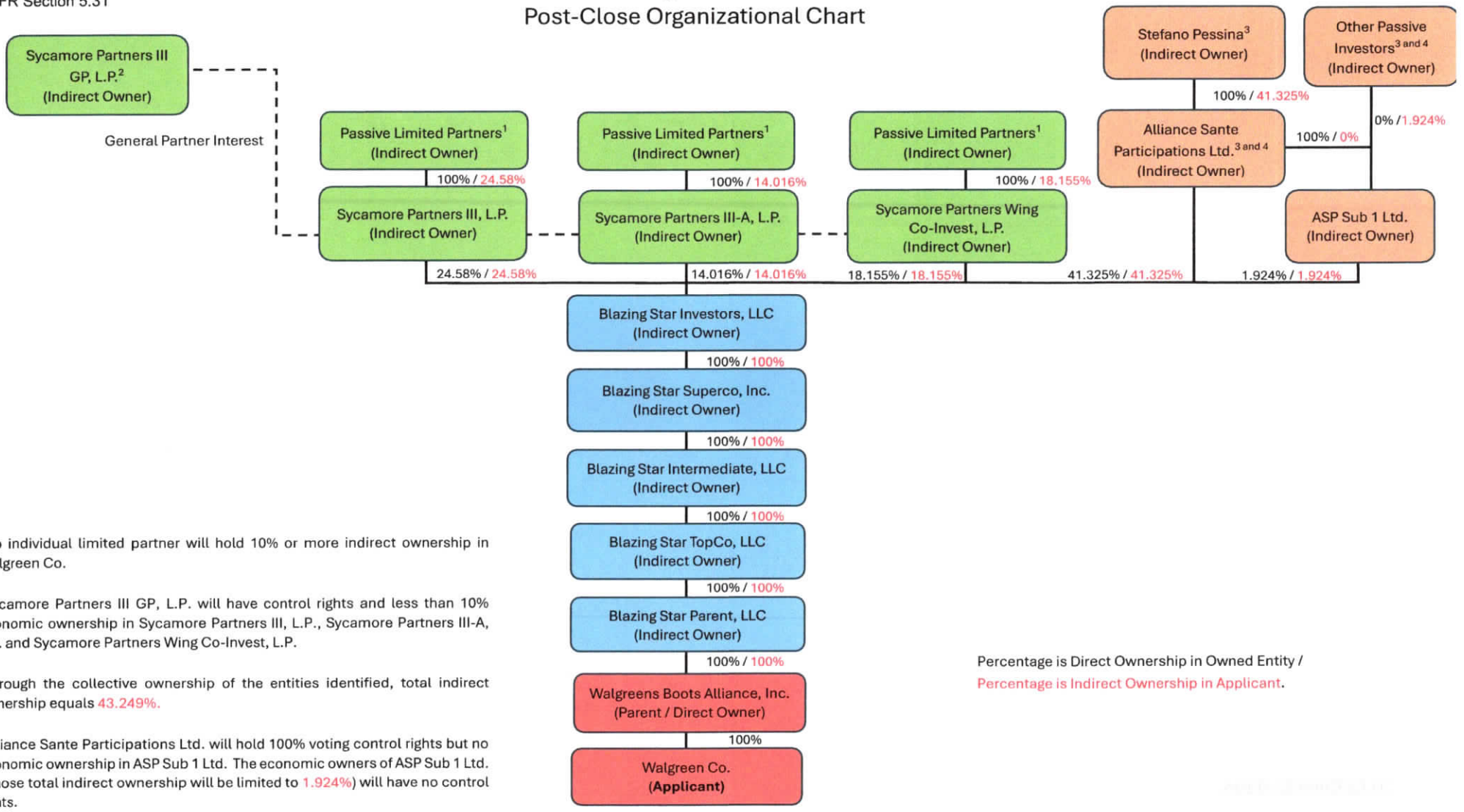
Walgreen Co.
Pre-Close Organizational Chart



Publicly Traded on Nasdaq Stock Market (WBA)

Proprietary and Confidential
Not a public record pursuant to
Section 7927.605 of the CPRA and
45 CFR Section 5.31

Walgreen Co.
Post-Close Organizational Chart



[1]No individual limited partner will hold 10% or more indirect ownership in Walgreen Co.

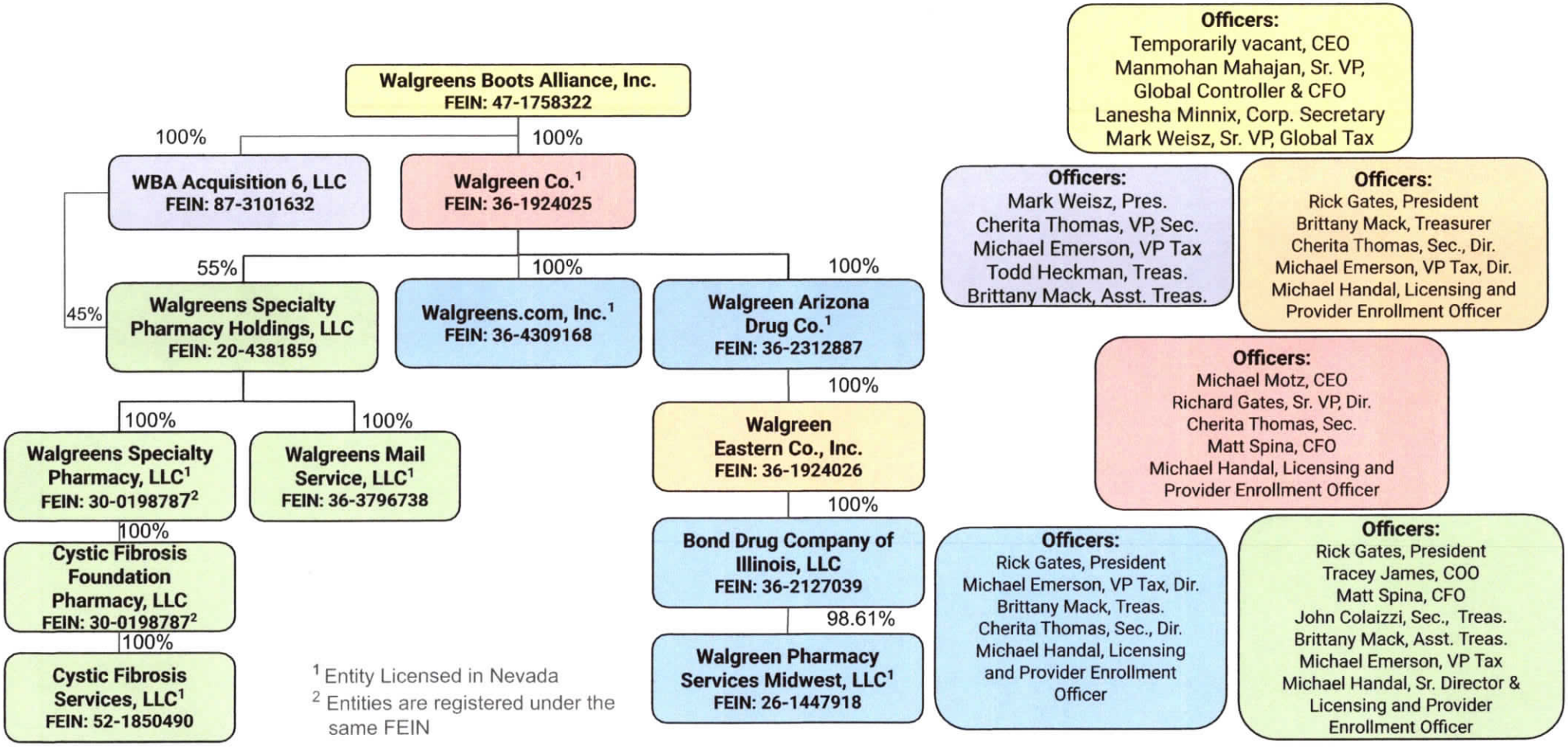
[2]Sycamore Partners III GP, L.P. will have control rights and less than 10% economic ownership in Sycamore Partners III, L.P., Sycamore Partners III-A, L.P. and Sycamore Partners Wing Co-Invest, L.P.

[3]Through the collective ownership of the entities identified, total indirect ownership equals 43.249%.

[4]Alliance Sante Participations Ltd. will hold 100% voting control rights but no economic ownership in ASP Sub 1 Ltd. The economic owners of ASP Sub 1 Ltd. (whose total indirect ownership will be limited to 1.924%) will have no control rights.

Percentage is Direct Ownership in Owned Entity / Percentage is Indirect Ownership in Applicant.

Walgreen Co.
Post-Close Organizational Chart (cont.)



File Number 1084-348-1

STATE OF ILLINOIS

OFFICE OF THE SECRETARY OF STATE

To all to whom these Presents Shall Come, Greeting:

I, **Alexi Giannoulias,** *Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that*

WALGREEN CO., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON FEBRUARY 15, 1909, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE BUSINESS CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.

In Testimony Whereof, *I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this* 15TH *day of* MAY *A.D.* 2025 .

Authentication #: 2513501622 verifiable until 05/15/2026
Authenticate at: https://www.ilsos.gov

Alexi Giannoulias
SECRETARY OF STATE

9CC

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Pharmacy Application

Non-Refundable $500.00 Fee

Rev (6/11/2024)

Y

Facility Location	Application Type (check all applicable)	Pharmacy Type (check all applicable)	Services the Pharmacy will Provide (check all applicable)
☑ Nevada	☐ New Pharmacy	☑ Retail/Community	☑ Retail/Community
☐ Out-of-Nevada	☑ Ownership Change*	☐ Hospital (# beds _____)	☑ Dangerous drugs
	☐ Location Change *	☐ Internet	☑ Controlled substances
	☐ Service Modification*	☐ Nuclear	DEA #: BW5336549
	☐ Name Change* (if only a Name Change occurred, submit a $50.00 fee with the application.)	☐ Other:	☐ Non-sterile Compounding
			☐ Sterile Compounding
			☐ Mail-Order Service
			☐ Off-site Cognitive Services
			☐ Long Term Care
			☐ Hospital
	* Current license #: PH PH01127		☐ Other:

Days of Operation		Ownership Type (check applicable box)
☑ Monday	☑ Friday	☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9, 10, 11, 12)
☑ Tuesday	☑ Saturday	☑ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9, 10, 11, 12)
☑ Wednesday	☑ Sunday	☐ Partnership (complete sections 1, 2, 3, 4, 7, 9, 10, 11, 12)
☑ Thursday	☐ Holidays	☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9, 10, 11, 12)

Section 1: General Information

Pharmacy Name: WALGREENS #03922

Physical Address: 7599 W Lake Mead Blvd

City: Las Vegas State: NV Zip: 89128

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: (702)363-4622 Toll Free # (NAC 639.708, NRS 639.23286): N/A

Fax: (702)363-4828 Contact Email: rxm.03922@store.walgreens.com

Website: https://www.walgreens.com

Nevada Business License # (if applicable) NV19951143510

Supervising/Managing Pharmacist Name (NRS 639.220): NOELLE DEL ROSARIO

Supervising/Managing Pharmacist NV Pharmacist Registration # (if applicable): 20212

Section 2: List the name(s) of at least one NEVADA registered pharmacist who practices at the pharmacy, who may be the managing pharmacist or another pharmacist, who will be responsible for any prescriptions dispensed to a patient located in Nevada and responsible for any acts or omissions of pharmacy personnel who are not registered with the Board. NRS 639.2328. (Use a separate piece of paper if additional space is needed.)

Name: NOELLE DEL ROSARIO	NV Pharmacist Registration #: 20212
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:

Section 3: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✔
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration from any jurisdiction?		✔
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been subject of an administrative action, board citation, cite fine, or proceeding relating to the pharmaceutical industry?	✔	
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✔
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✔

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name(s) of the owner(s), their credentials and their percent ownership. Write NA if not applicable. NRS 639.232. (Use a separate piece of paper if additional space is needed.)

Name: N/A	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:

1. The Board shall not issue a license to conduct a pharmacy:
   a) To any practitioner; or
   b) To any partnership, corporation, or association in which a practitioner has a controlling interest or owns more than 10 percent of the available stock.
2. This section does not:
   a) Apply to a hospital pharmacy or a health maintenance organization which holds a certificate of authority under chapter 695C of NRS.
   b) Prohibit ownership by a practitioner of a building in which a pharmacy is located, if space for the pharmacy is rented at the prevailing rate.

Section 5: Publicly Traded Corporation

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Does the number of stockholders/shareholders of the corporation exceed four? NRS 639.231 ☐ Yes ☐ No

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: Delaware

Parent Company (if any): Walgreens Boots Alliance, Inc.

Corporation/Organization Name: Walgreen Co.

Mailing Address: 108 Wilmot Rd

City: Deerfield State: IL Zip: 60015

Telephone: 847-224-1348 Email: licenseadministration@walgreens.com

Contact Person Name: Kayla Lechner

Does the number of stockholders/shareholders of the corporation or members exceed four? NRS 639.231 ☐ Yes ☑ No

Section 7: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Please check type of partnership (NAC 639.214) ☐ General ☐ Limited

Does the number of partners or members of the partnership exceed four? NRS 639.231 ☐ Yes ☐ No

Section 8: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Richard Gates

Print Name of Authorized Person Submitting Application (If the applicant is a partnership or corporation, the application must be signed by a partner or by an officer of the corporation). NAC 639.215

Richard Gates

Original signature of Authorized Person (copies or stamps not accepted)

08 / 26 / 2025

Date

Board Use Only	Date Received: 9/22/25	Amount: $250 ck JP05-3000 111129

Section 11: Managing Pharmacist Acknowledgement, Professional/Personal History – REQUIRED TO BE COMPLETED BY THE MANAGING PHARMACIST FOR NEVADA LOCATED PHARMACY APPLICANTS ONLY

Managing Pharmacist Name: NOELLE DEL ROSARIO Pharmacist Registration #: 20212

Pharmacy Name: WALGREENS #03922

Initial each statement below to indicate you have read and agree with the following:

NBD I understand that as the managing pharmacist I am responsible for compliance by the pharmacy and its personnel with all state and federal laws and regulations relating to the operation of the pharmacy and the practice of pharmacy. I understand my license can be revoked or that I can be subject of disciplinary action if such laws or regulations are knowingly violated in the pharmacy in which I am the managing pharmacist.

NBD I understand within 48 hours after I report for duty as the managing pharmacist, I shall complete an inventory of all controlled substances of the pharmacy pursuant to 21 CFR Part 1304 and maintain a copy of the inventory in the file at the pharmacy.

NBD I understand that if I cease to be managing pharmacist of the above-named pharmacy, I will jointly, with the new managing pharmacist, take an inventory of all controlled substances.

NBD I understand that as the managing pharmacist I must ensure that all loss or theft of controlled substances are reported on forms provided by the Nevada State Board of Pharmacy and Department of Public Safety within 10 days after the date of discovery of theft or loss. NRS 453.568. Federal regulations require that registrants notify the Field Division Office of the Administration in his area, in writing, of the theft or significant loss of any controlled substance, disposal receptacles or listed chemicals within one business day of discovery of such loss or theft. The registrant shall also complete and submit to the Field Division Office in his area, DEA Form 106 regarding the loss or theft (21 C.F.R. §1301.76(b) and 21 U.S.C. §830(b)(1)(C)).

NBD I understand that as the managing pharmacist I must notify the Nevada State Board of Pharmacy of all employment changes of pharmacy staff within 10 days of the change. NAC 639.540

Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?	☐	☑
2. Have you been charged, arrested, or convicted of a felony or misdemeanor in any state?	☐	☑
3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state?	☐	☑
4. Has your license been subjected to any discipline for violation of pharmacy or drug laws in any state?	☐	☑

If you marked YES to any questions above, include the following information and provide a signed statement of explanation. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Board Administrative Action:	State:	Date:	Case #:

Criminal Action:	State:	Date:	Case #:	County:	Court:

I certify under penalty of perjury that the information I have provided on this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

NOELLE DEL ROSARIO

Original signature of Managing Pharmacist (copies or stamps not accepted)

08 / 05 / 2025

Date

FILED
OCT 10 2018
NEVADA STATE BOARD OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,	)	**CASE NOS. 16-089-RPH-A-S**
	)	**16-089-RPH-B-S**
Petitioner,	)	**16-089-PH-A-S**
v.	)	**16-089-PH-B-S**
	)	
LUCAS MEYERS, RPH	)	
Certificate of Registration No. 16064,	)	**STIPULATION AND ORDER**
	)	**(All Respondents)**
THY THAI NGUYEN, RPH	)	
Certificate of Registration No. 15730	)	
	)	
WALGREENS PHARMACY #03922	)	
Certificate of Registration No. PHN01127, and	)	
	)	
WALGREEN CO., an Illinois Corporation,	)	
	)	
Respondents.	/	

S. PAUL EDWARDS, ESQ., prosecuting the case for Petitioner the Nevada State Board of Pharmacy (Board), and Respondents LUCAS MEYERS, RPH, Certificate of Registration No. 16064 (Mr. Meyers), THY THAI NGUYEN, RPH, Certificate of Registration No. 15730 (Ms. Nguyen), WALGREENS PHARMACY #03922, Certificate of Registration No. PHN01127 (Walgreens 3922), and WALGREEN CO., an Illinois Corporation (Walgreen) (collectively referred to herein as Respondents), represented by WILLIAM J. STILLING, ESQ., of Stilling & Harrison, PLLC.

HEREBY STIPULATE AND AGREE THAT

1. Board has jurisdiction over these parties and this matter.

2. The Board properly served a *Notice of Intended Action and Accusation* (Accusation) on the Respondents, and each of them, on or about August 9, 2018.

3. Respondents filed *All Respondents' Answer and Notice of Defense* on or about September 10, 2018.

4. Respondents, and each of them, are fully aware of their right to seek the advice of counsel in this matter and have either obtained the advice of counsel, or hereby waive that right to seek the advice of counsel by signing this Stipulation below.

5. Respondents, and each of them, are aware of their right to a hearing on the matters alleged in the Accusation, their right to reconsideration, their right to appeal, and any other rights which may be accorded to them pursuant to the Nevada Administrative Procedure Act and the Nevada Pharmacy Act.

6. Conditioned on the acceptance of this Stipulation by the Board, and with the exception of the right to challenge any determination that any one, or all, of them have failed to comply with the provisions of Paragraph 26 below, Respondents hereby freely and voluntarily waive their right to a hearing, reconsideration, appeal, and any and all other rights related to this action that may be accorded to them by the Nevada Administrative Procedure Act and the Nevada Pharmacy Act.

7. Respondents neither admit nor deny the allegations in the Accusation. Respondents and each of them agree that if this case were to proceed to a hearing, evidence could be presented by the prosecution that would allow the Board to make factual findings consistent with the allegations in the Accusation and that would support the following legal conclusions:[1]

a. As to the **First Cause of Action**, there is no documentation that Mr. Meyers reviewed the work of a technician after she performed the product review of Prescription

[1] Walgreens does not admit that Walgreens #03397 is located in Chandler, Arizona, or that it was not registered with the Board at the time of the events alleged in the Accusation. Rather, Walgreens #03397 is located in Tempe, Arizona and was registered with the Board as Alliance Rx Walgreens Prime #03397.

No. 3261261-03922. As such, Mr. Myers is subject to discipline under NAC 639.252(2, NAC 639.945(1)(i), NRS 639.210(4) and (12), and NRS 639.255.

b. As to the **Second Cause of Action**, Mr. Meyers allowed Prescription No. 3261261-03922 to be dispensed without an expiration date or with an incorrect expiration date, which resulted in patient M.B. ingesting nine (9) days of expired medication. As such, Mr. Meyers is subject to discipline under NRS 639.2801(7) and as defined in NAC 639.945(1)(i).

c. As to the **Third Cause of Action**, by failing to adequately counsel M.B.'s caregiver regarding new prescription No. 3261261-03922 for Amoxicillin 125mg/5ml suspension, Mr. Meyers is subject to discipline under NRS 639.266, NAC 639.707(1) and (2), NAC 639.945(1)(i), NRS 639.210(4) and (12), and NRS 639.255.

d. As to the **Fourth Cause of Action**, by not providing readily retrievable records to confirm the expiration date on Prescription No. 3261261-03922, Walgreens #03922 is subject to discipline under NRS 454.286; NRS 639.326, NRS 639.328, NAC 639.910, NAC 639.930 and NAC 639.935, NRS 639.210(4), (12) and (17) and NRS 639.255, and NAC 639.945(1)(m).

8. As to the **Fifth Cause of Action**, as the managing pharmacist/pharmacist in charge of Walgreens Pharmacy #03922 at the time of each of the violations alleged above, Ms. Nguyen is responsible for those violations pursuant to NRS 639.210(15) NRS 639.220(3)(c), NAC 639.702 and NAC 639.910(2) and is subject to discipline under NAC 639.945(1)(m) and NRS 639.210(4), (12), (15) and (17) and NRS 639.255.

9. The allegations set forth in the **Sixth Cause of Action** are hereby dismissed.

10. As to the **Seventh Cause of Action,** the pharmacy/pharmacy at which the violations of law alleged above occurred, Walgreens #03922 and Walgreen Co., as the owner, are responsible for those violations, including those of its employees pursuant to NRS 639.230(5), NAC 639.260, NAC 639.702 and NAC 639.945(2). Walgreens #03922 and Walgreen Co. are therefore subject to discipline pursuant to NRS 639.210(4) and (12) and NRS 639.255.

11. Based upon the Accusation and the foregoing admissions, the Board and Respondents stipulate to the following penalties:

Respondent Lucas Meyers, R.Ph.

12. For the **First Cause of Action,** Failure to Verify Technician's Work, Mr. Meyers shall:

a. Pay a fine of one thousand dollars ($1,000.00),

b. Complete two (2) continuing education credits (CEUs) on the topic of supervising pharmacist responsibilities, and

c. Pay an administrative fee of one thousand dollars ($1,000.00) to partially offset the costs of Board Staff's investigation and prosecution of this case.

13. For the **Second Cause of Action,** Failure to Document the Expiration Date on the Prescription Label, Mr. Meyers shall:

a. Pay a fine of five hundred dollars ($500.00) and

b. Complete two (2) continuing education credits (CEUs) on the topic of prescription record keeping and retention.

14. For the **Third Cause of Action,** Failure to Adequately Counsel, Mr. Meyers shall:

a. Pay a fine of one thousand dollars ($1,000.00) and

b. Complete two (2) continuing education credits (CEUs) on the topic of effective counseling.

15. The CEUs ordered herein shall be in addition to the CEUs Mr. Meyers must complete for the biennial renewal of his pharmacist registration and shall be completed within thirty (30) days of the effective date of the Board's Order.

Thy Thai Nguyen

16. For the **Fifth Cause of Action,** Managing Pharmacist Responsibility, Ms. Nguyen shall:

a. Pay a fine of five hundred dollars ($500.00),

b. Complete two (2) continuing education credits (CEUs) on the topic of managing pharmacist leadership and/or responsibilities, and

c. Pay an administrative fee of five hundred dollars ($500.00) to partially offset the costs of Board Staff's investigation and prosecution of this case.

17. The CEUs ordered herein shall be in addition to the CEUs Ms. Nguyen must complete for the biennial renewal of her pharmacist registration and shall be completed within thirty (30) days of the effective date of the Board's Order.

Walgreens #3922 and Walgreen Co.

18. For the **Fourth and Seventh Causes of Action,** Failure to Maintain and Produce Prescription Records and Pharmacy Owner Responsibility, Walgreens #03922 and Walgreen Co. shall:

a. Pay a fine of:

i. One thousand dollars ($1,000.00) related to Mr. Meyer's failure to adequately counsel,

ii. One thousand dollars ($1,000.00) related to the record keeping issues in the case, and

iii. One thousand five hundred dollars ($1,500.00) as an administrative fee to partially offset the costs of Board Staff's investigation and prosecution of this case.

19. Additionally, Walgreen Co. will provide Board Staff its policies and procedures, consistent with Nevada law, regarding the maintenance of accurate and readily retrievable prescription records that are available for production to or review by Board Staff upon request as required by Nevada law. After receiving notification from the Board Staff, a Walgreen representative shall meet with Board Staff to discuss those policies and procedures and to facilitate their practical application to the Board's investigations, including how to address expiration dates. Walgreen Co. will further distribute a copy of those policies and procedures to each Nevada-licensed pharmacist and conduct training to educate each pharmacist on the requirements of the law and Walgreens policies and procedures.

20. Board Counsel will present this Stipulation to the Board Members for approval at the Board's regularly scheduled meeting on October 10, 2018, in Las Vegas, Nevada. Respondents, including a representative of Walgreens #3922 and Walgreen Co., will appear at the meeting. The Board Members and Staff may discuss and deliberate regarding this Stipulation, even if Respondents are not present at the meeting.

21. The Board has discretion to accept this Stipulation, but it is not obligated to do so.

22. If the Board rejects any part or all of this Stipulation, the parties agree that a full hearing on the merits of this matter may be heard by the Board, and that the hearing shall occur at the Board's next scheduled meeting in Las Vegas, Nevada or other such time as agreed by Board Staff and Respondents. The terms and admissions herein may not be used or referred to in a full hearing on the merits of this matter.

23. Upon approval of this Stipulation by the Board, Respondents shall pay the fines agreed to herein by *cashier's check* or *certified check* or *money order* made payable to "State of Nevada, Office of the Treasurer," to be received by the Board's Reno office located at 431 W. Plumb Lane, Reno, Nevada 89509, within thirty (30) days of the effective date of the Board's Order.

24. Respondents shall pay the administrative fee agreed to herein by *cashier's check* or *certified check* or *money order* made payable to "Nevada State Board of Pharmacy," to be received by the Board's Reno office located at 431 W. Plumb Lane, Reno, Nevada 89509, within thirty (30) days of the effective date of the Board's Order;

25. Any failure by any Respondent to satisfy the obligations stated herein may result in additional discipline, up to and including suspension or revocation of that Respondent's respective registrations, until all terms have been complied with.

Respondents LUCAS MEYERS, RPH, Certificate of Registration No. 16064 (Mr. Meyers), THY THAI NGUYEN, RPH, Certificate of Registration No. 15730 (Ms. Nguyen), WALGREENS PHARMACY #03922, Certificate of Registration No. PHN01127 (Walgreens 3922), and WALGREEN CO., an Illinois Corporation (Walgreens) have each fully considered the charges and allegations contained in the Notice of Intended Action and

Accusation in this matter, and the terms of this Stipulation, and each freely and voluntarily agrees to the terms set forth herein, and waived certain rights, as stated herein.

AGREED:

Signed this 10th day of October 2018

S. Paul Edwards, Esq.
General Counsel
Nevada State Board of Pharmacy

Signed this 10th day of October 2018

Lucas Meyers, R.Ph.
Certificate of Registration No. 16064

Signed this ___ day of October 2018

Thy Thai Nguyen, R.Ph.
Certificate of Registration No. 15730

Signed this 10 day of October 2018

Authorized Representative of Walgreens #03922, Certificate of Registration No. PHN01127 and Walgreen Co.

DECISION AND ORDER

The Nevada State Board of Pharmacy hereby adopts the foregoing Stipulation as its decision as to Respondents LUCAS MEYERS, RPH, Certificate of Registration No. 16064, THY THAI NGUYEN, RPH, Certificate of Registration No. 15730, WALGREENS PHARMACY #03922, Certificate of Registration No. PHN1127, and WALGREEN CO., and hereby orders that the terms of the foregoing Stipulation be made effective upon execution.

10/10/18
Dated

Leo Basch, President
Nevada State Board of Pharmacy

FILED
AUG 0 9 2018
NEVADA STATE BOARD
OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,	)	**CASE NOS. 16-089-RPH-A-S**
	)	**16-089-RPH-B-S**
Petitioner,	)	**16-089-PH-A-S**
v.	)	**16-089-PH-B-S**
	)	
LUCAS MEYERS, RPH	)	
Certificate of Registration No. 16064,	)	
	)	**NOTICE OF INTENDED ACTION**
THY THAI NGUYEN, RPH	)	**AND ACCUSATION**
Certificate of Registration No. 15730	)	
	)	
WALGREENS PHARMACY #03922	)	
Certificate of Registration No. PHN01127, and	)	
	)	
WALGREENS CO., an Illinois Corporation,	)	
	)	
Respondents.	/	

Larry L. Pinson, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, makes the following that will serve as both a notice of intended action under Nevada Revised Statutes (NRS) 233B.127(3), and as an accusation under NRS 639.241.

JURISDICTION

I.

The Nevada State Board of Pharmacy (Board) has jurisdiction over this matter and these respondents because at the time of the events alleged herein, respondents Lucas Meyers (Meyers), Certificate of Registration No. 16064, and Thy Thai Nguyen (Nguyen), Certificate of Registration No. 15730, were pharmacists registered by the Board. Additionally, respondent Walgreens Pharmacy #03922 (Walgreens #03922), Certificate of Registration No. PHN01127, located in Las Vegas, Nevada, was a pharmacy registered by the Board at the time of the events

alleged herein. Respondent Walgreens Co. is an Illinois corporation that is the owner of each of the individual Walgreens facilities named herein at the time of the events alleged.

II.

Walgreens #03397, located in Chandler, Arizona, was not registered with the Board at the time of the events alleged herein. Walgreens Mail Service Pharmacy #02445 (Walgreens Mail Service), Certificate of Registration No. PH01964, located in Orlando, Florida, was a pharmacy registered by the Board at the time of the events alleged herein. Both pharmacies are work shifting operations designed to provide support to Walgreens retail pharmacies in Nevada.

III.

Korakot Sayangbarp (Sayangbarp) is a pharmacist licensed in Florida and an employee of Walgreens Mail Service. Sayangbarp is not licensed to practice pharmacy in Nevada.

DISCIPLINARY HISTORY

IV.

In January 2016, the Board entered a Stipulation and Order in the case of *Board of Pharmacy v. Walgreens Pharmacy #03922, Case 15-028-PH-S* finding Walgreens #03922 responsible for violations resulting from a dispensing error. The Board ordered Walgreens to distribute a copy of the Accusation and Order(s) in that case to all of its pharmacists involved in filling prescriptions for Nevada residents and to review and educate each pharmacist as to a pharmacist's responsibilities under Nevada law.

V.

In March 2016, the Board entered an Amended Findings of Fact, Conclusions of Law and Order in the case of *Board of Pharmacy v. Respondent Lucas Meyers, Case No. 15-028-RPH-B-S* finding Meyers responsible as the pharmacist on duty for violations resulting from a dispensing error. The Board ordered Meyers to complete two additional one-hour CE units, one each on the topics of pharmacy recordkeeping and error prevention.

FACTUAL ALLEGATIONS

VI.

On February 29, 2016, eight-week-old patient M.B. received a new prescription from her physician for Amoxicillin 125mg/5ml oral suspension with instructions to "take 5ml (125mg) once a day for 30 days after completing [an] Omnicef 10-day course." The prescription allowed for one refill.

VII.

M.B.'s mother, A.C., tendered the prescription to Walgreens #03922 in Nevada on February 29, 2016, where pharmaceutical technician Jonathan Diego (Diego) entered the prescription data into Walgreens' computer system, designated as Prescription No. 3261261-03922.

VIII.

Diego submitted the prescription data into a data entry verification queue for pharmacist approval.

IX.

On March 1, 2016, at Walgreens #03397 in Arizona, a pharmacist retrieved the data for Prescription No. 3261261-03922 from the queue and performed data verification.

X.

At Walgreens Mail Service in Florida, Sayangbarp later received six (6) drug utilization review (DUR) alerts for Prescription No. 3261261-03922. Sayangbarp overrode all six (6) DUR alerts simultaneously and sent the prescription to the queue for filling.

XI.

After data verification and the DUR review, pharmaceutical technician Ava Ghayour-Najafabadi at Walgreens #03922 in Nevada filled the prescription and performed the final product review.

XII.

On March 8, 2016, A.C. picked up Prescription No. 3261261-03922 from Walgreens #03922 in Nevada. At the point of sale, pharmaceutical technician Brenda Facunla reconstituted two 100ml bottles of Amoxicillin 125mg/5ml suspension, constituting a total dosage for thirty (30) days, and dispensed them to A.C.

XIII.

The instructions on the label for Prescription No. 3261261-03922 appeared as follows:

> AMOXICILIN 125MG/5ML SUSP 100ML
> QTY 200 1 REFILL BEFORE 02/28/17
> SHAKE LIQUID WELL AND GIVE ...5 ML BY MOUTH ONCE DAILY FOR 30 DAYS ATER COMPLETING OMNICEF 10 DAY COURSE. DISCARD REMAINDER

XIV.

There was no expiration date indicated on the label of either of the 100ml bottles of reconstituted Amoxicillin for Prescription No. 3261261-03922.[1]

XV.

Meyers was the pharmacist of record for Prescription No. 3261261-03922. Meyers did not verify the final product before sale and dispensing to the patient.

XVI.

The counseling pharmacist of record was Meyers. Meyers failed to offer or provide counseling to A.C. on Prescription No. 3261261-03922.

XVII.

On or about March 11, 2016, A.C. began administering the Amoxicillin from Prescription No. 3261261-03922 to M.B. as directed on the prescription label.

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[1] The manufacturer's guidelines state that any unused portion of reconstituted Amoxicillin Suspension for oral use should be discarded after 14 days. Walgreens dispensed 2 100ml bottles of reconstituted Amoxicillin Suspension on March 8, 2016. Based on the manufacturer's guidelines, the dispensed medication expired on March 22, 2016.

XVIII.

Throughout the course of administration, A.C. noticed the Amoxicillin Suspension turning from its original pink color to a yellow color.

XIX.

On March 30, 2016, A.C. returned the Amoxicillin bottles to Walgreens #03922 in Nevada.

XX.

A pharmacist at Walgreens #03922 confirmed that the Amoxicillin Suspension had expired and Walgreens discarded both bottles of the medication.

XXI.

M.B. ingested the expired Amoxicillin for approximately nine (9) days.

XXII.

Walgreens failed to produce a duplicate label or any documentation of the expiration date for Prescription No. 3261261-03922 upon request from the Board's investigator.

XXIII.

Walgreens altered the records for Prescription No. 3261261-03922 during the course of the Board's investigation. Walgreens initially provided an Audit/Board of Pharmacy Inspection Report (Audit Report) that identified "59610" as the identification number for the Walgreens location where the pharmacists from the facilities in Arizona and Florida performed data review and DUR alert overrides. Walgreens was unable to explain what "59610" represents, and later gave the Board Investigator an altered Audit Report that no longer included "59610" and instead indicates that data review was performed at location number "3397", the Arizona facility, and DUR review was performed at "2445", the Walgreens Mail Service in Florida.

FIRST CAUSE OF ACTION

Failure to Verify Pharmaceutical Technician's Work

(Respondent Meyers)

XXIV.

NAC 639.252(2) provides:

> If a pharmaceutical technician performs one or more of the functions necessary to prepare a prescription, the pharmacist supervising the pharmaceutical technician is responsible for the filled prescription, including, but not limited to, verifying:
> (a) The selection and strength of the drug;
> (b) The dosage form; and
> (c) The labeling of the prescription.

NAC 639.945(i) defines unprofessional conduct and conduct contrary to the public interest to include performing duties in an "incompetent, unskillful or negligent manner."

Meyers violated NAC 639.252(2) and engaged in unprofessional conduct and conduct contrary to the public interest as defined in NAC 639.945(1)(i) by allowing a pharmaceutical technician under his supervision to perform the final product review and verification of Prescription No. 3261261-03922 without subsequently reviewing the technician's work to verify the selection and strength of the drug, the dosage form and the labeling of the prescription. For that conduct Meyers is subject to discipline pursuant to NRS 639.210(4) and (12), and NRS 639.255.

SECOND CAUSE OF ACTION

Failure to Document Expiration Date on Prescription Label

(Respondent Meyers)

XXV.

NRS 639.2801 sets forth the requirements for prescription labeling and states in relevant part:

> Unless specified to the contrary in writing on the prescription by the prescribing practitioner, all prescriptions filled by any practitioner must be dispensed in a container to which is affixed a label or other device which clearly shows:

. . . .

7. The expiration date of the effectiveness of the drug or medicine dispensed, if that information is included on the original label of the manufacturer of that drug or medicine. If the expiration date specified by the manufacturer is not less than 1 year after the date of dispensing, the practitioner may use a date that is 1 year after the date of dispensing as the expiration date.

Meyers violated NRS 639.2801(7) and engaged in unprofessional conduct and conduct contrary to the public interest as defined in NAC 639.945(1)(i) by failing to properly document the expiration date on the label or bottle for Prescription No. 3261261-03922, which resulted in M.B. ingesting nine (9) days of expired medication. For that conduct Meyers is subject to discipline pursuant to NRS 639.210(4) and (12), and NRS 639.255.

THIRD CAUSE OF ACTION

Failure to Adequately Counsel

(Respondent Meyers)

XXVI.

NRS 639.266 requires a pharmacist, on receipt of a prescription and after review of the patient's record, to communicate with the patient, or a person caring for the patient, matters that will enhance the patient's therapy through drugs. NAC 639.707(1) and (2) require that counseling to include, among other things, the name of the drug, dosage and administration instructions, the intended use of the drug, common side effects, and other information that is necessary for the safe and effective use of the drug.

Meyers violated NRS 639.266, NAC 639.707(1) and (2) and engaged in unprofessional conduct and conduct contrary to the public interest as defined in NAC 639.945(1)(i) by failing to adequately counsel M.B.'s caregiver regarding the new prescription for Amoxicillin 125mg/5ml suspension. For that conduct, Meyers is subject to discipline pursuant to NRS 639.210(4) and (12), and NRS 639.255.

FOURTH CAUSE OF ACTION

Failure to Maintain and Produce Prescription Records
(Respondent Walgreens #03922)

XXVII.

Prescription records must be readily retrievable and maintained and produced in conformance with NRS 454.286; NRS 639.326, NRS 639.328, NAC 639.910, NAC 639.930 and NAC 639.935. By failing to timely produce records to Board Staff upon request and to maintain an accurate recordkeeping system that would produce readily retrievable prescription records, specifically, a duplicate label and/or record indicating the expiration date for Prescription No. 3261261-03922, Walgreens #03922 violated NRS 454.286; NRS 639.326, NRS 639.328, NAC 639.910, NAC 639.930 and NAC 639.935 and engaged in unprofessional conduct and conduct contrary to the public interest as defined in NAC 639.945(1)(m). For that conduct, Walgreens #03922 is subject to discipline pursuant to NRS 639.210(4), (12) and (17) and NRS 639.255.

FIFTH CAUSE OF ACTION

Managing Pharmacist Responsibilities
(Respondent Nguyen)

XXVIII.

NRS 639.0087 defines "managing pharmacist" as "a registered pharmacist who is responsible for the operation of a pharmacy." A managing pharmacist is responsible for the acts and omissions of pharmaceutical technicians and other personnel. NAC 639.702. A managing pharmacist is also responsible for ensuring that a pharmacy's computer system retains prescription and patient information. NAC 639.910(2). Whenever a managing pharmacist designates another pharmacist to assume the managing pharmacist's duties in his or her absence "[t]he managing pharmacist is responsible for the activities of the designee." NRS 639.220(3)(c).

The Board may suspend or revoke a registration pursuant to NRS 639.210(15) when a person has "as a managing pharmacist, violated any provision of law or regulation concerning recordkeeping or inventory in a store over which he or she presides, or has knowingly allowed a violation of any provision of this chapter or other state or federal laws or regulations relating to the practice of pharmacy by personnel of the pharmacy under his or her supervision."

As the managing pharmacist/pharmacist in charge of Walgreens Pharmacy #03922 at the time of each of the violations alleged above, Nguyen is responsible for those violations pursuant to NRS 639.210(15) NRS 639.220(3)(c), NAC 639.702 and NAC 639.910(2). Nguyen has also engaged in unprofessional conduct and conduct contrary to the public interest as defined in NAC 639.945(1)(m). Nguyen is therefore subject to discipline pursuant to NRS 639.210(4), (12), (15) and (17) and NRS 639.255.

SIXTH CAUSE OF ACTION
Altering Prescription Records
(Respondent Walgreens #03922 and Walgreens Co.)

XXIX.

NAC 639.751(1)(b) and (2), and NAC 639.930(3) require a pharmacy computer system to have adequate safeguards to identify whether information in the system concerning a prescription has been modified or manipulated, and, where information was modified or manipulated, identify the manner, date and person who modified or manipulated the information. NAC 639.930(4) and (5) require the pharmacy's computer system to maintain the information identified per NAC 639.930(3) and to prevent the removal of that information and the record of a prescription once the system assigns a number to the prescription. *See also* NAC 639.935(3)(g)(3) (computer system must produce printed records of history of each modification or manipulation of information concerning the prescription). By altering the Audit/Board of Pharmacy Inspection Report for Prescription No. 3261261-03922, specifically, by altering the store number from

"59610" in the data review field to "3397" and changed the DUR review field to "2445", Walgreens #03922 and Walgreens Co. violated NAC 639.751(1)(b) and (2), NAC 639.930(3), (4) and (5), and NAC 639.935(3)(g)(3). For that conduct, Walgreens #03922 and Walgreens Co. are subject to discipline pursuant to NRS 639.210(12) and NRS 639.255.

SEVENTH CAUSE OF ACTION

Pharmacy/Pharmacy Owner Responsibility

(Respondent Walgreens #03922 and Walgreens Co.)

XXX.

NRS 639.230(5) provides: "Any violation of any of the provisions of this chapter by a managing pharmacist or by personnel of the pharmacy under the supervision of the managing pharmacist is cause for the suspension or revocation of the license of the pharmacy by the Board." A pharmacy that requires or allows a pharmacist to use the services of a pharmaceutical technician in violation of law is subject to disciplinary action. NAC 639.260. The owner of a pharmacy is responsible for the acts and omissions of pharmaceutical technicians and other personnel. NAC 639.702. It is unprofessional conduct and conduct contrary to the public interest to operate a pharmacy at a location other than the location at which the pharmacy is licensed to operate (NAC 639.945(1)(f)) and to perform any act, task or operation for which licensure, certification or registration is required without the required license, certificate or registration. (NAC 639.945(1)(k)). The owner of any business or facility licensed, certified or registered by the Board is responsible for the acts of all personnel in his or her employ. NAC 639.945(2).

As the pharmacy/pharmacy at which the violations of law alleged above occurred, Walgreens #03922 and Walgreens Co. are responsible for those violations, including those of its employees pursuant to NRS 639.230(5), NAC 639.260, NAC 639.702 and NAC 639.945(2). Walgreens #03922 and Walgreens Co. also engaged in unprofessional conduct and conduct contrary to the public interest as defined in NAC 639.945(1)(f) and (k) by performing data verification of Prescription No. 3261261-03922 at Walgreens #03397 in Arizona, which was not

registered with the Board at the time of the violations alleged herein. Walgreens #03922 and Walgreens Co. are therefore subject to discipline pursuant to NRS 639.210(4) and (12) and NRS 639.255.

WHEREFORE it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to the certificates of registration of these respondents.

Signed this 9th day of August, 2018.

J. David Wuest, Deputy Executive Secretary
Nevada State Board of Pharmacy on behalf of
Larry L. Pinson, Executive Secretary

NOTICE TO RESPONDENT

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements regarding your certificate of registration. To do so, you must mail to the Board within 20 days of your receipt of this Notice of Intended Action and Accusation a written statement showing your compliance.

FILED
MAR 02 2016
NEVADA STATE BOARD OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **TINA RIZZOLO, RPH** **Certificate of Registration No. 17665,** **LUCAS MEYERS, RPH** **Certificate of Registration No. 16064,** **WALGREENS PHARMACY #3922** **Certificate of Registration No. PHN01127, and** **WALGREENS MAIL SERVICE, INC.** **Certificate of Registration No. PH01964,** **Respondents.** /	**CASE NO. 15-028-RPH-A-S** **CASE NO. 15-028-RPH-B-S** **CASE NO. 15-028-PH-S** **CASE NO. 15-028-PH-O** **AMENDED FINDINGS OF FACT, CONCLUSIONS OF LAW AND ORDER**

This matter came before the Nevada State Board of Pharmacy (Board) at its regularly scheduled meeting on Wednesday, January 13, 2016, in Las Vegas, Nevada. S. Paul Edwards, Esq., represented the Board in his capacity as its General Counsel. William J. Stilling, Esq., of Parsons Behle & Latimer, filed an Answer and Notice of Defense and appeared at the hearing on behalf of Respondents Tina Rizzolo, RPh., Certificate of Registration No. 17665; Lucas Meyers, RPh., Certificate of Registration No. 16064; Walgreens Pharmacy #3922, Certificate of Registration No. PHN01127 (Walgreens Retail); and Walgreens Mail Service, Inc., Certificate of Registration No. PH01964 (Walgreens Mail Service).

Prior to the hearing, the Parties agreed to and entered into a written *Stipulated Facts*, a copy of which was filed and made part of the record in this action at the beginning of the hearing. Based on the Stipulated Facts, the Parties further entered into a *Stipulation and Order* resolving the Second, Third and Fifth Causes of Action in their entirety. The Stipulation and Order also partially resolved the Fourth Cause of Action as to Walgreen Retail's responsibility for Ms. Rizzolo's counselling error (Third Cause of Action).

With written stipulations in the record as to the facts and a majority of the causes of action, only two issues remained open for decision by the Board during the hearing:

(1) Whether a pharmacist who participates in a segmented prescription filling process is responsible for an error that a previous pharmacist in that process failed to detect and subsequently approved as accurate; and

(2) Whether a pharmacy that dispenses an incorrect medication under the circumstances described in issue one above is responsible for that dispensing error.

RELEVANT FACTS

Walgreens Mail Service is a Nevada-licensed mail service pharmacy located in Orlando, Florida. In May 2015, it was providing data verification support for Walgreens Retail located in Las Vegas, Nevada. Respondent Mr. Meyers worked for Walgreens Retail in Las Vegas at the time of the events alleged in the Accusation.

Those events began in May 2015, when a Nevada patient delivered to Walgreens Retail a prescription for thirty (30) Zoloft 200 mg. tablets with instructions to take 200 mg. by mouth daily. A pharmacy technician at Walgreens Retail performed data entry for the prescription and, rather than entering the medication prescribed, inadvertently entered Zocor 20 mg. tablets. The technician sent that erroneous prescription data into a data entry verification queue for pharmacist approval.

A pharmacist at Walgreens Mail Service in Florida, who was not licensed to practice pharmacy in Nevada, retrieved the data from the queue and verified it as accurate. That pharmacist did not detect the technician's error in entering Zocor, rather than Zoloft. The Florida pharmacist then put the prescription back into a queue for retrieval and filling by Walgreens Retail in Nevada.

Back in Nevada, another pharmaceutical technician retrieved the prescription information from the queue and filled the prescription with simvastatin (generic for Zocor). The technician staged the prescription for a pharmacist to conduct product verification. The verifying pharmacist, Respondent Mr. Meyers, purported to verify the product as accurate by comparing the label, the leaflet and the product in the prescription bottle to see that they matched. Mr. Meyers *did not review the original prescription or a*

copy of the prescription as part of the product verification process, and failed to detect that the prescription called for Zoloft, rather than the simvastatin he approved for dispensing. After completing product verification, Mr. Meyers placed the prescription bottle in Will Call for customer pickup.

Respondent Ms. Rizzolo, R.Ph., subsequently retrieved the prescription from Will Call and sold it to the patient. Neither she nor the patient detected the error.

ADDITIONAL FINDINGS

1. Mr. Meyers was the pharmacist on duty and had direct supervisory responsibility over the pharmaceutical technician who erred by entering Zocor rather than Zoloft as prescribed.

2. Mr. Meyers was the pharmacist on duty when the prescription returned to Walgreens Retail in Nevada and proceeded through the filling process.

3. Mr. Meyers performed product verification and personally failed to detect that the pharmacy was preparing to dispense the wrong medication.

4. The written prescription has a preprinted heading indicating that it was written by psychiatrist at a psychiatric practice.

5. Both the written prescription and a scanned copy of the prescription were available for Mr. Meyers to review at the time of product verification. Mr. Meyers did not review the prescription as part of the product verification process.

6. The foregoing findings are supported by the Answer(s) filed by the Respondents, the Stipulated Facts previously entered into the record, and testimony presented to the Board during the hearing.

CONCLUSIONS OF LAW

7. The Board has jurisdiction over this matter because, at the time of the conduct at issue, Respondent Mr. Meyers was a pharmacist licensed by the Board, and Respondent Walgreens Retail was a pharmacy licensed by the Board to operate in Nevada.

8. The Board is charged with protecting the health and safety of the public. NRS 639.070(1)(a). Pursuant to that charge, the Board has declared any "[failure to] strictly . . . follow the instructions of

[a] person writing, making or ordering a prescription or chart order as to its filling or refilling, the content of the label of the prescription or giving a copy of the prescription or chart order to any person...." to be "unprofessional conduct and conduct contrary to the public interest . . . ." NAC 639.945(1) (d).

9. The Board does not dictate a specific process that a pharmacy or its pharmacists must follow to comply with NAC 639.945(1) (d), nor does it prohibit pharmacies and pharmacists from segmenting the filling process such that it is completed by more than one pharmacist. However, where licensees opt to segment the filling process, they are still expected to develop and maintain policies and procedures that ensure that medication is dispensed correctly. A comparison of the original prescription, the label, the leaflet and the product to be dispensed would be a prudent element of that process.

10. Regardless of the process a pharmacy elects, if an error does occur, the Board's long-standing position has been to hold responsible, at a minimum, the pharmacist who made the error and the pharmacist who performed the product verification and approved the product for dispensing.

11. The Board's practice of holding pharmacies and pharmacists responsible for the actions of others is not foreign to Nevada pharmacy law. NRS 639.220, for example, states that a "managing pharmacist is responsible for the activities of [his or her] designee," where a staff pharmacist is left in charge of a pharmacy in the manager's absence.

Similarly, NAC 639.252 states that a "pharmacist supervising [a] pharmaceutical technician is responsible for the filled prescription," including verification of the "selection and strength of the drug . . . [t]he dosage form; and . . . [t]he labeling of the prescription." That is true, even where the pharmacist did not personally make the error. A pharmacist's responsibility over the actions of others in his or her charge is further set forth in NAC 639.702, which states:

> The owner of a pharmacy, the managing pharmacist of the pharmacy and the *registered pharmacist on duty at the pharmacy* are responsible for the acts and omissions of pharmaceutical technicians and other personnel who are not pharmacists working in or for the pharmacy, including, but not limited to, any errors committed or unauthorized work performed by such personnel, if the owner, managing pharmacist or registered pharmacist knew or reasonably should have known of the act or omission.

(Emphasis added.)

Moreover, NAC 639.268 makes a pharmacist responsible for the acts of any pharmaceutical technician under his/her supervision; NAC 639.945(2) makes a supervising pharmacist responsible for the acts of any intern pharmacist under his/her supervision; and NAC 639.467 states that "a staff pharmacist [in a medical facility] is responsible for any delegated act performed by pharmaceutical technicians under his or her supervision."

12. Consistent with those authorities and the Board's long-standing position that a final verifying pharmacist can be held responsible for approving an error, even if it was previously approved and passed along by other pharmacists in the filling process, the Board concludes here that Respondent Mr. Meyers violated NAC 639.945(1)(d) and (i) by unskillfully failing to strictly follow the instructions of patient A.P.'s physician and verifying as accurate simvastatin 20 mg. tablets, instead of the Zoloft 200 mg. tablets the patient's physician prescribed.

13. Mr. Meyers is responsible for that error on multiple levels. He was the pharmacist on duty and had direct supervisory responsibility over the pharmaceutical technician who erred during data entry.

14. Mr. Meyers, as the pharmacist on duty, is likewise responsible for the error of Walgreens Mail Service employee Ms. Wagner—who, due to her unlicensed status in Nevada, the Board deems to be "other personnel who are not pharmacists working in or for the pharmacy." Ms. Wagner failed to detect the technician's data entry error during data verification.

15. Mr. Meyers was still the pharmacist on duty when the prescription returned to Walgreens Retail in Nevada and proceeded through the filling process. Mr. Meyers performed product verification and *personally* failed to detect the error. He approved simvastatin, a medication indicated for high cholesterol, when the patient's physician prescribed Zoloft, a medication indicated for depression. In doing so, the Board concludes that Mr. Meyers failed to strictly follow the instructions of the patient's physician as alleged in the First Cause of Action.

16. Those violations are grounds for discipline pursuant to NRS 639.255.

17. During the hearing, Respondents argued that Mr. Meyers should not be held responsible due to the Board's findings and conclusions in *Nevada State Board of Pharmacy v. Doan et al.*, Case No.

14-076-RPH. The Board concludes that the *Doan* case is factually distinguishable from the instant matter. In *Doan*, the prescription required a prior authorization. The pharmacy prepared the authorization, but input the wrong medication and sent it to the prescriber for approval. The prescriber did not detect the error, authorized the fill, and returned the authorization, which the pharmacy scanned into its computer system as the prescription. Since the authorization indicated the wrong medication, the Board found that even if the pharmacist had reviewed the original document during product verification, that document contained no information that would have alerted the pharmacist to the error.

18. The facts in *Doan* are distinguishable from the facts here. Here, Walgreens Retail had the original prescription. It was available for Mr. Meyers to review. Looking at the prescription to verify that it matched the label, leaflet and product could have alerted Mr. Meyer to the error. In any event, the findings and conclusion in *Doan* are not necessarily binding on the Board here, and do not bar it from finding against Mr. Meyers in this action.

19. Based upon the forgoing finding of guilt, Mr. Meyers shall, related to the violations alleged in the First Cause of Action, (i) pay a fine of $250.00, and (ii) complete two one-hour CE units on the topics of pharmacy record keeping (1 CE) and proper error prevention techniques (1 CE).

20. During the hearing, the Board made no findings or conclusions regarding Walgreens Retail's responsibility for Mr. Meyer's error. The Board hereby dismisses the Fourth Cause of Action as to that issue only.

21. Each party is to bear its own costs and attorney fees.

22. The two (2) CEs ordered in the foregoing paragraph are in lieu of the two (2) addition CEs Mr. Meyer's agreed to in the Stipulation and Order, are in addition to the CEs Mr. Meyer is ordinarily required to complete for maintenance of licensure, and must be completed within ninety (90) days of entry of this order.

23. Respondents shall pay the fines set forth herein by cashier's or certified check or money order made payable to "State of Nevada, Office of the Treasurer" to be received by the Board's Reno office within thirty (30) days of the effective date of this Order. If circumstances so merit, Board Staff

has the discretion and authority to establish a payment plan under which any of these Respondents may pay the fine(s) set forth herein through installments without further action or vote by the Board.

24. Respondents shall pay the administrative fees set forth herein by cashier's or certified check of money order made payable to the "Nevada State Board of Pharmacy" to be received by the Board's Reno office within thirty (30) days of the effective date of this Order.

25. Any failure by any Respondent to comply with any term in this Order may result in additional discipline, up to and including suspension or revocation of that respondent's registrations/licenses until all terms have been satisfied. Furthermore, any failure to pay any fine, fee, or cost ordered herein may result in such legal action as Board Staff determines to be necessary to collect the unpaid fine, fee, or cost.

26. This Amended Order supersedes the original order entered February 4, 2016.

IT IS SO ORDERED.

Signed and effective this 2 day of March, 2016.

Leo Basch, President
Nevada State Board of Pharmacy

FILED
FEB 04 2016
NEVADA STATE BOARD
OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **TINA RIZZOLO, RPH** **Certificate of Registration No. 17665,** **LUCAS MEYERS, RPH** **Certificate of Registration No. 16064,** **WALGREENS PHARMACY #3922** **Certificate of Registration No. PHN01127, and** **WALGREENS MAIL SERVICE, INC.** **Certificate of Registration No. PH01964,** **Respondents.** /	**CASE NO. 15-028-RPH-A-S** **CASE NO. 15-028-RPH-B-S** **CASE NO. 15-028-PH-S** **CASE NO. 15-028-PH-O** **FINDINGS OF FACT, CONCLUSIONS OF LAW AND ORDER**

This matter came before the Nevada State Board of Pharmacy (Board) at its regularly scheduled meeting on Wednesday, January 13, 2016, in Las Vegas, Nevada. S. Paul Edwards, Esq., represented the Board in his capacity as its General Counsel. William J. Stilling, Esq., of Parsons Behle & Latimer, filed an Answer and Notice of Defense and appeared at the hearing on behalf of Respondents Tina Rizzolo, RPh., Certificate of Registration No. 17665; Lucas Meyers, RPh., Certificate of Registration No. 16064; Walgreens Pharmacy #3922, Certificate of Registration No. PHN01127 (Walgreens Retail); and Walgreens Mail Service, Inc., Certificate of Registration No. PH01964 (Walgreens Mail Service).

Prior to the hearing, the Parties agreed to and entered into a written *Stipulated Facts*, a copy of which was filed and made part of the record in this action at the beginning of the hearing. Based on the Stipulated Facts, the Parties further entered into a *Stipulation and Order* resolving the Second, Third and Fifth Causes of Action in their entirety. The Stipulation and Order also partially resolved the Fourth Cause of Action as to Walgreen Retail's responsibility for Ms. Rizzolo's counselling error (Third Cause of Action).

With written stipulations in the record as to the facts and a majority of the causes of action, only two issues remained open for decision by the Board during the hearing:

(1) Whether a pharmacist who participates in a segmented prescription filling process is responsible for an error that a previous pharmacist in that process failed to detect and subsequently approved as accurate; and

(2) Whether a pharmacy that dispenses an incorrect medication under the circumstances described in issue one above is responsible for that dispensing error.

RELEVANT FACTS

Walgreens Mail Service is a Nevada-licensed mail service pharmacy located in Orlando, Florida. In May 2015, it was providing data verification support for Walgreens Retail located in Las Vegas, Nevada. Respondent Mr. Meyers worked for Walgreens Retail in Las Vegas at the time of the events alleged in the Accusation.

Those events began in May 2015, when a Nevada patient delivered to Walgreens Retail a prescription for thirty (30) Zoloft 200 mg. tablets with instructions to take 200 mg. by mouth daily. A pharmacy technician at Walgreens Retail performed data entry for the prescription and, rather than entering the medication prescribed, inadvertently entered Zocor 20 mg. tablets. The technician sent that erroneous prescription data into a data entry verification queue for pharmacist approval.

A pharmacist at Walgreens Mail Service in Florida, who was not licensed to practice pharmacy in Nevada, retrieved the data from the queue and verified it as accurate. That pharmacist did not detect the technician's error in entering Zocor, rather than Zoloft. The Florida pharmacist then put the prescription back into a queue for retrieval and filling by Walgreens Retail in Nevada.

Back in Nevada, another pharmaceutical technician retrieved the prescription information from the queue and filled the prescription with simvastatin (generic for Zocor). The technician staged the prescription for a pharmacist to conduct product verification. The verifying pharmacist, Respondent Mr. Meyers, purported to verify the product as accurate by comparing the label, the leaflet and the product in the prescription bottle to see that they matched. Mr. Meyers *did not review the original prescription or a*

copy of the prescription as part of the product verification process, and failed to detect that the prescription called for Zoloft, rather than the simvastatin he approved for dispensing. After completing product verification, Mr. Meyers placed the prescription bottle in Will Call for customer pickup.

Respondent Ms. Rizzolo, R.Ph., subsequently retrieved the prescription from Will Call and sold it to the patient. Neither she nor the patient detected the error.

ADDITIONAL FINDINGS

1. Mr. Meyers was the pharmacist on duty and had direct supervisory responsibility over the pharmaceutical technician who erred by entering Zocor rather than Zoloft as prescribed.

2. Mr. Meyers was the pharmacist on duty when the prescription returned to Walgreens Retail in Nevada and proceeded through the filling process.

3. Mr. Meyers performed product verification and personally failed to detect that the pharmacy was preparing to dispense the wrong medication.

4. The written prescription has a preprinted heading indicating that it was written by psychiatrist at a psychiatric practice.

5. Both the written prescription and a scanned copy of the prescription were available for Mr. Meyers to review at the time of product verification. Mr. Meyers did not review the prescription as part of the product verification process.

6. The foregoing findings are supported by the Answer(s) filed by the Respondents, the Stipulated Facts previously entered into the record, and testimony presented to the Board during the hearing.

CONCLUSIONS OF LAW

7. The Board has jurisdiction over this matter because, at the time of the conduct at issue, Respondent Mr. Meyers was a pharmacist licensed by the Board, and Respondent Walgreens Retail was a pharmacy licensed by the Board to operate in Nevada.

8. The Board is charged with protecting the health and safety of the public. NRS 639.070(1)(a). Pursuant to that charge, the Board has declared any "[failure to] strictly . . . follow the instructions of

[a] person writing, making or ordering a prescription or chart order as to its filling or refilling, the content of the label of the prescription or giving a copy of the prescription or chart order to any person...." to be "unprofessional conduct and conduct contrary to the public interest . . . ." NAC 639.945(1) (d).

9. The Board does not dictate a specific process that a pharmacy or its pharmacists must follow to comply with NAC 639.945(1) (d), nor does it prohibit pharmacies and pharmacists from segmenting the filling process such that it is completed by more than one pharmacist. However, where licensees opt to segment the filling process, they are still expected to develop and maintain policies and procedures that ensure that medication is dispensed correctly. A comparison of the original prescription, the label, the leaflet and the product to be dispensed would be a prudent element of that process.

10. Regardless of the process a pharmacy elects, if an error does occur, the Board's long-standing position has been to hold responsible, at a minimum, the pharmacist who made the error and the pharmacist who performed the product verification and approved the product for dispensing.

11. The Board's practice of holding pharmacies and pharmacists responsible for the actions of others is not foreign to Nevada pharmacy law. NRS 639.220, for example, states that a "managing pharmacist is responsible for the activities of [his or her] designee," where a staff pharmacist is left in charge of a pharmacy in the manager's absence.

Similarly, NAC 639.252 states that a "pharmacist supervising [a] pharmaceutical technician is responsible for the filled prescription," including verification of the "selection and strength of the drug . . . [t]he dosage form; and . . . [t]he labeling of the prescription." That is true, even where the pharmacist did not personally make the error. A pharmacist's responsibility over the actions of others in his or her charge is further set forth in NAC 639.702, which states:

> The owner of a pharmacy, the managing pharmacist of the pharmacy and the *registered pharmacist on duty at the pharmacy* are responsible for the acts and omissions of pharmaceutical technicians and other personnel who are not pharmacists working in or for the pharmacy, including, but not limited to, any errors committed or unauthorized work performed by such personnel, if the owner, managing pharmacist or registered pharmacist knew or reasonably should have known of the act or omission.

(Emphasis added.)

Moreover, NAC 639.268 makes a pharmacist responsible for the acts of any pharmaceutical technician under his/her supervision; NAC 639.945(2) makes a supervising pharmacist responsible for the acts of any intern pharmacist under his/her supervision; and NAC 639.467 states that "a staff pharmacist [in a medical facility] is responsible for any delegated act performed by pharmaceutical technicians under his or her supervision."

12. Consistent with those authorities and the Board's long-standing position that a final verifying pharmacist can be held responsible for approving an error, even if it was previously approved and passed along by other pharmacists in the filling process, the Board concludes here that Respondent Mr. Meyers violated NAC 639.945(1)(d) and (i) by unskillfully failing to strictly follow the instructions of patient A.P.'s physician and verifying as accurate simvastatin 20 mg. tablets, instead of the Zoloft 200 mg. tablets the patient's physician prescribed.

13. Mr. Meyers is responsible for that error on multiple levels. He was the pharmacist on duty and had direct supervisory responsibility over the pharmaceutical technician who erred during data entry.

14. Mr. Meyers, as the pharmacist on duty, is likewise responsible for the error of Walgreens Mail Service employee Ms. Wagner—who, due to her unlicensed status in Nevada, the Board deems to be "other personnel who are not pharmacists working in or for the pharmacy." Ms. Wagner failed to detect the technician's data entry error during data verification.

15. Mr. Meyers was still the pharmacist on duty when the prescription returned to Walgreens Retail in Nevada and proceeded through the filling process. Mr. Meyers performed product verification and *personally* failed to detect the error. He approved simvastatin, a medication indicated for high cholesterol, when the patient's physician prescribed Zoloft, a medication indicated for depression. In doing so, the Board concludes that Mr. Meyers failed to strictly follow the instructions of the patient's physician as alleged in the First Cause of Action.

16. Those violations are grounds for discipline pursuant to NRS 639.255.

17. During the hearing, Respondents argued that Mr. Meyers should not be held responsible due to the Board's findings and conclusions in *Nevada State Board of Pharmacy v. Doan et al.*, Case No.

14-076-RPH. The Board concludes that the *Doan* case is factually distinguishable from the instant matter. In *Doan*, the prescription required a prior authorization. The pharmacy prepared the authorization, but input the wrong medication and sent it to the prescriber for approval. The prescriber did not detect the error, authorized the fill, and returned the authorization, which the pharmacy scanned into its computer system as the prescription. Since the authorization indicated the wrong medication, the Board found that even if the pharmacist had reviewed the original document during product verification, that document contained no information that would have alerted the pharmacist to the error.

18. The facts in *Doan* are distinguishable from the facts here. Here, Walgreens Retail had the original prescription. It was available for Mr. Meyers to review. Looking at the prescription to verify that it matched the label, leaflet and product could have alerted Mr. Meyer to the error. In any event, the findings and conclusion in *Doan* are not necessarily binding on the Board here, and do not bar it from finding against Mr. Meyers in this action.

19. Based upon the forgoing finding of guilt, Mr. Meyers shall, related to the violations alleged in the First Cause of Action, (i) pay a fine of $250.00, and (ii) complete two one-hour CE units on the topics of pharmacy record keeping (1 CE) and proper error prevention techniques (1 CE).

20. During the hearing, the Board made no findings or conclusions regarding Walgreens Retail's responsibility for Mr. Meyer's error. The Board hereby dismisses the Fourth Cause of Action as to that issue only.

21. Each party is to bear its own costs and attorney fees.

22. The two (2) CEs ordered in the foregoing paragraph are in lieu of the two (2) addition CEs Mr. Meyer's agreed to in the Stipulation and Order, are in addition to the CEs Mr. Meyer is ordinarily required to complete for maintenance of licensure, and must be completed within thirty (30) days of entry of this order.

23. Respondents shall pay the fines set forth herein by cashier's or certified check or money order made payable to "State of Nevada, Office of the Treasurer" to be received by the Board's Reno office within thirty (30) days of the effective date of this Order. If circumstances so merit, Board Staff

has the discretion and authority to establish a payment plan under which any of these Respondents may pay the fine(s) set forth herein through installments without further action or vote by the Board.

24. Respondents shall pay the administrative fees set forth herein by cashier's or certified check of money order made payable to the "Nevada State Board of Pharmacy" to be received by the Board's Reno office within thirty (30) days of the effective date of this Order.

25. Any failure by any Respondent to comply with any term in this Order may result in additional discipline, up to and including suspension or revocation of that respondent's registrations/licenses until all terms have been satisfied. Furthermore, any failure to pay any fine, fee, or cost ordered herein may result in such legal action as Board Staff determines to be necessary to collect the unpaid fine, fee, or cost.

IT IS SO ORDERED.

Signed and effective this 4 day of February, 2016.

Leo Basch, President

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, Petitioner, v. TINA RIZZOLO, RPH Certificate of Registration No. 17665, LUCAS MEYERS, RPH Certificate of Registration No. 16064, WALGREENS PHARMACY #3922 Certificate of Registration No. PHN01127, and WALGREENS MAIL SERVICE, INC. Certificate of Registration No. PH01964, Respondents.	)	CASE NO. 15-028-RPH-A-S CASE NO. 15-028-RPH-B-S CASE NO. 15-028-PH-S CASE NO. 15-028-PH-O STIPULATION AND ORDER

S. PAUL EDWARDS, General Counsel for Petitioner the Nevada State Board of Pharmacy (Board), and Respondents Tina Rizzolo (Ms. Rizzolo), Certificate of Registration No. 17665, Lucas Meyers (Mr. Meyers), Certificate of Registration No. 16064, Walgreens Pharmacy #3922 (Walgreens #3922), Certification of Registration No. PHN01127, and Walgreens Mail Service, Inc., Certificate of Registration No. PH01964, (collectively Respondents), represented by William J. Stilling of Parsons Behle & Latimer,

HEREBY STIPULATE AND AGREE THAT:

1. The Board has jurisdiction over these matters.

2. The Board served a Notice of Intended Action and Accusation (Accusation) on each of the

Respondents on or about December 10, 2015, which each Respondent received.

3. Respondents, and each of them, are fully aware of their right to seek the advice of counsel in this matter, and obtained the advice of counsel prior to entering into this Stipulation.

4. Respondents, and each of them, are fully aware of their right to a hearing on the matters alleged in the Accusation, their right to reconsideration, their right to appeal, and any and all other rights which may be accorded to them pursuant to the Nevada Administrative Procedure Act and the Nevada Pharmacy Act.

5. Conditioned on the Board's acceptance of this Stipulation, and with the exception of the right to challenge any determination that any Respondent failed to comply with the provisions of this Stipulation, Respondents, and each of them, hereby freely and voluntarily waive their rights to a hearing, reconsideration, appeal, and any and all other rights that may be accorded to them by the Nevada Administrative Procedure Act and the Nevada Pharmacy Act.

6. Respondents, and each of them, admit that evidence exists, and that such evidence could be presented at a hearing, to establish a factual basis for the violations alleged in the Accusation, *to wit*, that:

a. In failing to maintain a recordkeeping system and/or records that would allow for readily retrievable prescription records for patient A.P.'s prescription, Mr. Meyers violated NRS 639.210(4) and (17), NRS 639.236, NAC 639.482, NAC 639.706 and NAC 639.945(1)(i), which violations are grounds for action pursuant to NRS 639.255.

b. In failing to provide adequate counseling on the patient's new prescription, Respondent Tina Rizzolo violated NRS 639.266(1) and NAC 639.707(1) and (2), as well as NAC 639.945(1)(i), which

violations are grounds for action pursuant to NRS 639.255.

c. As the pharmacy in which Florida pharmacist Ellen Wagner, R.Ph. failed to strictly follow the instructions of A.P.'s physician and verified *simvastatin 20 mg. tablets (generic Zocor)* as the correct medication, instead of the *Zoloft 200 mg. tablets* the physician prescribed, Walgreens Mail Service, Inc. is responsible, pursuant to NAC 639.945(2), for the unprofessional conduct of its employee, and is therefore subject to discipline under NRS 639.255.

7. The foregoing admissions are for the purposes of this proceeding only, and shall have no force or effect in any other case or proceeding before the Board.

8. Based upon the Accusation and the foregoing admissions, Respondents, and each of them, stipulate to the following penalties, which will become binding and enforceable upon approval of this Stipulation by the Board:

a. Board Staff and Respondents have not reached an agreement as to ~~a penalty, if any, related to~~ the First Cause of Action.

b. Lucas Meyer.: Related to the record keeping violations alleged in the Second Cause of Action, Mr. Meyer shall: (i) pay a fine of $500.00, and (ii) complete two one-hour CE units on the topics of pharmacy record keeping requirements (1 CE) and ethics (1 CE).

c. Tina Rizzolo, R.Ph.: Related to the violations alleged in the Third Cause of Action, Ms. Rizzolo shall: (i) pay a fine of $750.00, and (ii) complete two one-hour CE units on the topics of error prevention (1 CE) and elements of proper counseling (1 CE).

d. Walgreens #3922: Related to the Fourth Cause of Action, which relates back to the violations of Walgreens #3922's employees in the Second Cause of Action (Meyer - Record Keeping) and Third Cause of Action (Rizzolo - Counseling), Walgreens #3922 shall: (i), distribute a copy of the Accusation and Order(s) from this case, with the individual Respondents' names redacted, to all of its pharmacists who participate in filling prescriptions for Nevada residents, for their review and education as to pharmacists' responsibilities under Nevada law, and (ii) pay an administrative fee of $495.00.

e. Walgreens Mail Service: Related to the violations alleged in the Fifth Cause of Action, Walgreens Mail Service shall: (i) pay a fine of $1,000 for the violations of Ms. Wagner while working at its facility, and (ii) pay an administrative fee of $495.00.

9. The CE units agreed to above are in addition to the CE units each pharmacist is ordinarily required to complete to maintain a pharmacist license.

10. Board Counsel will present this Stipulation to the Board for approval at its meeting on January 13, 2016, in Las Vegas, Nevada. Respondents, and each of them, will appear at that meeting to answer questions put to them by members of the Board and Board Staff. The Board may discuss and deliberate regarding the Stipulation even if one or more Respondent is absent. The Board has discretion to approve this Stipulation, but it has no obligation to do so.

11. Except as to the allegations relating to the First Cause of Action, which remain unresolved, if the Board adopts the recommendations set forth above, Respondents and the Board each agree to release the other from any and all claims arising from the facts set forth in the Accusation, whether known or unknown, which might otherwise have existed on or before the effective date of the Board's Order in this matter.

12. If the Board rejects any part or all of this Stipulation, the parties agree that a full hearing on the merits of this matter may be heard by the Board, and that the hearing shall occur at the Board's April 13, 2016 meeting in Las Vegas, Nevada. The terms and admissions herein may not be used or referred to in a full hearing on the merits of this matter.

13. Respondents shall pay the *fines* agreed to herein by *cashier's check* or *certified check* or *money order* made payable to "State of Nevada, Office of the Treasurer" to be received by the Board's Reno office located at 431 W. Plumb Lane, Reno, NV 89509, within 90 days of the effective date of the Board's Order.

14. Respondents shall pay the *administrative fees* agreed to herein by *cashier's check*, *certified check* or *money order* made payable to the "Nevada State Board of Pharmacy" to be received by the Board's Reno office located at 431 W. Plumb Lane, Reno, NV 89509, within ninety (90) days of the effective date of the Board's Order.

15. Any failure by any Respondent to satisfy the obligations stated herein may result in additional discipline, up to and including suspension or revocation of each Respondent's respective registration/license, until all terms have been satisfied.

Signed this ___ day of January, 2016

S. PAUL EDWARDS, Esq.
General Counsel – Board of Pharmacy

Signed this ___ day of January, 2016

LUCAS MEYERS, RPH
Certificate of Registration No. 16064

Signed this ___ day of January, 2016

Tina Rizzolo, RPH
Certificate of Registration No. 17665

Signed this ___ day of January, 2016

WALGREENS PHARMACY
Certificate of Registration No. PHN01127

Signed this ___ day of January, 2016

WALGREENS MAIL SERVICE, INC.
Certificate of Registration No. PH01964

DECISION ORDER

The Nevada State Board of Pharmacy hereby adopts the foregoing Stipulation as its decision as to Respondents Tina Rizzolo, Certificate of Registration No. 17665, Lucas Meyers, Certificate of Registration No. 16064, Walgreens Pharmacy #3922, Certification of Registration No. PHN01127, and Walgreens Mail Service, Inc., Certificate of Registration No. PH01964, respectively, and hereby orders that the terms of the foregoing Stipulation be made effective upon execution.

Signed this ___ day of January, 2016

Leo Basch, President
Nevada State Board of Pharmacy

Signed this 13 day of January, 2016

Tina Rizzolo, RPH
Certificate of Registration No. 17665

Signed this ___ day of January, 2016

WALGREENS PHARMACY
Certificate of Registration No. PHN01127

Signed this ___ day of January, 2016

WALGREENS MAIL SERVICE, INC.
Certificate of Registration No. PH01964

DECISION ORDER

The Nevada State Board of Pharmacy hereby adopts the foregoing Stipulation as its decision as to Respondents Tina Rizzolo, Certificate of Registration No. 17665, Lucas Meyers, Certificate of Registration No. 16064, Walgreens Pharmacy #3922, Certification of Registration No. PHN01127, and Walgreens Mail Service, Inc., Certificate of Registration No. PH01964, respectively, and hereby orders that the terms of the foregoing Stipulation be made effective upon execution.

Signed this 13 day of January, 2016

Leo Basch, President
Nevada State Board of Pharmacy

NEVADA STATE BOARD OF PHARMACY
JAN 14 2016
FILED

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **TINA RIZZOLO, RPH** **Certificate of Registration No. 17665,** **LUCAS MEYERS, RPH** **Certificate of Registration No. 16064,** **WALGREENS PHARMACY #3922** **Certificate of Registration No. PHN01127, and** **WALGREENS MAIL SERVICE, INC.** **Certificate of Registration No. PH01964,** **Respondents.** /	**CASE NO. 15-028-RPH-A-S** **CASE NO. 15-028-RPH-B-S** **CASE NO. 15-028-PH-S** **CASE NO. 15-028-PH-O** **STIPULATED FACTS**

S. PAUL EDWARDS, General Counsel for Petitioner the Nevada State Board of Pharmacy (Board), and Respondents Tina Rizzolo (Ms. Rizzolo), Certificate of Registration No. 17665, Walgreens Pharmacy #3922 (Walgreens #3922), Certification of Registration No. PHN01127, and Walgreens Mail Service, Inc., Certificate of Registration No. PH01964, (collectively Respondents), represented by William J. Stilling of Parsons Behle & Latimer,

HEREBY STIPULATE AND AGREE TO THE FOLLOWING FACTS:

1. Walgreens Mail Service, Inc. is a Nevada licensed mail service pharmacy (certificate of registration PH01964) located in Orlando, Florida. The facility provides support to Walgreens' retail pharmacies in Nevada by shifting work load.

2. At the time of the events alleged herein (May 5, 2015 through May 8, 2015), Walgreens Mail Service, Inc. provided data verification support to five Walgreens' pharmacies in Las Vegas, Nevada, including Respondent Walgreens Pharmacy #3922.

3. On May 5, ~~205~~ 2015, Walgreens #3922 accepted a prescription through its drive-thru window for patient AP for thirty (30) Zoloft 200 mg. tablets with instructions to take 200 mg. by mouth daily.

4. Walgreens Pharmacy #3922 filled AP's prescription with Zocor 20 mg. instead of Zoloft 200 mg.

5. AP's prescription was filled as follows.

   a. Pharmaceutical technician Noelle Mallari (Ms. Mallari) performed the data entry for AP's prescription (Rx #3094107-3922) at Walgreens #3922. Ms. Mallari incorrectly entered the prescription as Zocor 20 mg. tablets, rather than Zoloft 200 mg. tablets prescribed by PA's physician.

   b. Ms. Mallari sent the prescription data into the data entry verification queue for approval by a pharmacist.

   c. Ellen Wagner (Ms. Wagner) is a pharmacist licensed in Florida and an employee of Walgreens Mail Service, Inc. Ms. Wagner retrieved the data for Rx #3094107-3922 from the queue to perform data verification. Ms. Wagner failed to detect the data entry error and verified Zocor 20 mg. tablets as accurate. After verifying the data as accurate, Ms. Wagner sent the prescription to the queue for filling in Nevada by Walgreens #3922.

d. At Walgreens #3922, pharmaceutical technician Courtney Watkins retrieved Rx #3094 I 07-3922 from the queue. She filled the prescription with simvastatin (generic for Zocor) 20 mg. tablets and staged it for the pharmacist to conduct the final product verification.

e. Pharmacist Lucas Meyers performed the final product verification at Walgreens #3922 to verify the label, leaflet, and product match. He staged the final product for customer pickup.[1]

f. On May, 7, 2015, AP picked up his prescription at Walgreens #3922 drive-thru window. Pharmacist Tina Rizzolo documented that she completed patient consultation for AP's prescription.

6. AP received simvastatin 20 mg. (Zocor generic) tablets.

7. AP ingested one tablet of the dispensed medication on May 8, 2015, per his doctor's instructions. After he discovered that the label on the prescription bottle indicated Zocor 20 mg. rather than Zoloft 200 mg., AP telephoned Walgreens and verified that the wrong medication was dispensed. Walgreens personnel then dispensed Zoloft 200 mg. to AP.

[1] In a written statement, Mr. Meyers explained: "My duties for product verification are to match the label, leaflet and product to each other . . . ." All parties agree that Mr. Myers did not write "even if they do not match the prescription" as alleged in Paragraph XIV of the Notice of Intended Action and Accusation.

8. AP reported no negative impact from ingesting Zocor 20 mg.

Signed this 13 day of January, 2016

S. PAUL EDWARDS, Esq.
General Counsel – Board of Pharmacy

Signed this 13th day of January, 2016

WILLIAM J. STILLING
PARSONS BEHLE & LATIMER
Counsel for Respondents

FILED
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NEVADA STATE BOARD OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **TINA RIZZOLO, RPH** **Certificate of Registration No. 17665,** **LUCAS MEYERS, RPH** **Certificate of Registration No. 16064,** **WALGREENS PHARMACY #3922** **Certificate of Registration No. PHN01127, and** **WALGREENS MAIL SERVICE, INC.** **Certificate of Registration No. PH01964,** **Respondents.**	**CASE NO. 15-028-RPH-A-S** **CASE NO. 15-028-RPH-B-S** **CASE NO. 15-028-PH-S** **CASE NO. 15-028-PH-O** **NOTICE OF INTENDED ACTION AND ACCUSATION**

Larry L. Pinson, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, makes the following that will serve as both a notice of intended action under Nevada Revised Statutes (NRS) 233B.127(3), and as an accusation under NRS 639.241.

I.

The Nevada State Board of Pharmacy (Board) has jurisdiction over this matter because at the time of the events alleged herein, Respondents Tina Rizzolo (Ms. Rizzolo), Certificate of Registration No. 17665, and Lucas Meyers (Mr. Meyers), Certificate of Registration No. 16064, were pharmacists licensed with the Board, and Respondents Walgreens Pharmacy #3922 (Walgreens), Certification of Registration No. PHN01127, and Walgreens Mail Service, Inc., Certificate of Registration No. PH01964, were pharmacies licensed with the Board.

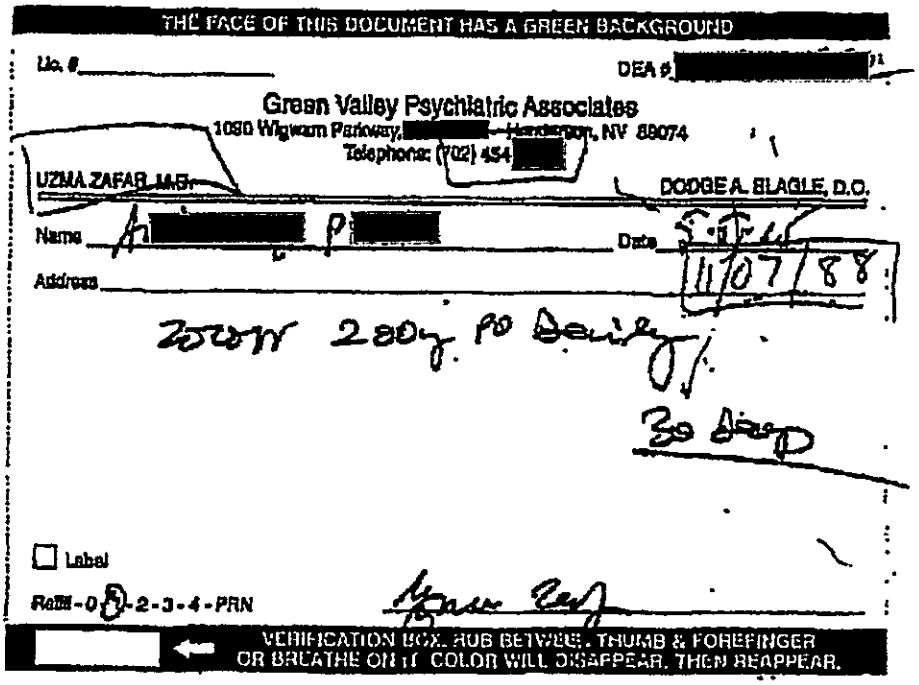
II.

Walgreens Mail Service, Inc. is a work shifting operation located in Orlando, Florida. The facility provides support to Walgreens' retail pharmacies in Nevada. At the time of the

events alleged herein, it provided data verification support to five Walgreens' pharmacies in Las Vegas, Nevada, including Respondent Walgreens Pharmacy #3922.

III.

On May 5, 2015, patient A.P. saw his physician, who prescribed a quantity of thirty (30) Zoloft tablets with instructions to take 200 mg. by mouth daily. The prescription appears as follows:


THE FACE OF THIS DOCUMENT HAS A GREEN BACKGROUND

Lic. #

DEA #

Green Valley Psychiatric Associates

1030 Wigwam Parkway, [redacted] Henderson, NV 89074

Telephone: (702) 454 [redacted]

UZMA ZAFAR, M.D. DODGE A. SLAGLE, D.O.

Name [redacted] Date 11/07/88

Address

Zoloft 200mg PO Daily

30 Disp

Label

Refill-0-1-2-3-4-PRN

VERIFICATION BOX. RUB BETWEEN THUMB & FOREFINGER OR BREATHE ON IT. COLOR WILL DISAPPEAR, THEN REAPPEAR.

IV.

Walgreens #3922 accepted the prescription at the pharmacy drive-thru window on May 5, 2015. It filled the prescription that day, and dispensed it to A.P. through the drive through on May 7, 2015.

V.

A.P. ingested one tablet of the dispensed medication on May 8, 2015, per his doctor's instructions. He later discovered that the label on the prescription bottle indicated *Zocor* 20 mg. tablets, rather than the *Zoloft 200 mg.* tablets his physician prescribed.

VI.

A.P. telephoned Walgreens and verified that it dispensed the wrong medication. He returned the medication to Walgreens, which replaced it with the correct medication. A.P. reported no negative impact from ingesting the medication Walgreens initially dispensed.

VII.

According to pharmacy records, the filling error originated with pharmaceutical technician Noelle Mallari (Ms. Mallari), who performed the data entry for A.P.'s prescription (Rx #3094107-3922) at Walgreens #3922.[1]

VIII.

During data entry, Ms. Mallari read the prescription as calling for *Zocor 200 mg.* tablets, rather than the *Zoloft 200 mg.* tablets P.A.'s doctor prescribed. Zocor does not come in 200 mg. tablets, so Ms. Mallari instead selected Zocor 20 mg. tablets.

IX.

Ms. Mallari sent the prescription data into the data entry verification queue for approval by a pharmacist.

X.

Ellen Wagner (Ms. Wagner) is a registered pharmacist in Florida. She is not licensed to practice pharmacy in Nevada. She is employed by Respondent Walgreens Mail Service, Inc. in Florida.

XI.

At the facility in Florida, Ms. Wagner retrieved the data for Rx #3094107-3922 from the queue to perform data verification. Ms. Wagner failed to detect the data entry error and verified Zocor 20 mg. tablets as accurate in lieu of the Zoloft 200 mg. tablets that P.A.'s

[1] The *Audit/Board of Pharmacy Inspection Report Fill History Entered By* field records E. Wagner (Ellen Wagner) for Rx #3094107-2. Walgreens' transactional data indicates that E. Wagner updated the prescriber field subsequent to Ms. Mallari performing data entry. The system records the name of the last individual who adjusted the field.

physician prescribed. After verifying the data as accurate, Ms. Wagner sent the prescription to the queue for filling in Nevada by Walgreens #3922.

XII.

Back at Walgreens #3822, pharmaceutical technician Courtney Watkins retrieved Rx #3094107-3922 from the queue. She filled the prescription with simvastatin (generic for Zocor) 20 mg. tablets, and staged it for the pharmacist's final product review.

XIII.

Pharmacist Lucas Meyers performed the final product verification at Walgreens #3922. He did not detect that the prescription bottle contained simvastatin 20 mg. tablets, instead of the Zoloft 200 mg. tablets P.A.'s doctor prescribed. Without looking at the original prescription or image of the prescription available to him, Mr. Meyers verified and approved the prescription as accurate and complete. He staged the final product for customer pickup.

XIV.

In a written statement, Mr. Meyers explained that under Walgreen's model, his duty is limited to verifying that the product in the vial matches the information on the label and leaflet, even if they do not match the prescription. In this case, the label and leaflet do not match the prescription, as they were generated based on the incorrect data verified by Ms. Wagner at the Florida facility.

XV.

Walgreens #3922 has no mandatory procedure to detect a data entry or verification error by the Florida work shifting facility and/or an out-of-state pharmacist after data verification is complete.

XVI.

Pharmacist Tina Rizzolo's initials are recorded on the Audit/Board of Pharmacy Inspection Report documenting that patient consultation was completed. Ms. Rizzolo did not detect the medication error during counseling.

XVII.

A.P. alleges that counseling was not provided at the pharmacy drive-thru window for Rx #3094107-3922. He informed the Board Investigator that he never receives counseling when he utilizes Walgreens pharmacy drive-thru window.

XVIII.

Walgreens was not able to produce a record of the errant prescription label because Mr. Meyers deleted the errant prescription from A.P.'s patient profile, rather than closing the prescription. The counseling log was also electronically removed from the store level view when the prescription was deleted.

FIRST CAUSE OF ACTION
(Respondent Lucas Meyers)

XIX.

In failing to strictly follow the instructions of A.P.'s physician by verifying and dispensing a prescription for *simvastatin 20 mg. tablets (generic Zocor)*, rather than the *Zoloft 200 mg. tablets* the patient's doctor prescribed, Mr. Meyers violated NAC 639.945(1)(d) and/or (i), which violations are grounds for action pursuant to NRS 639.210(4), (11), and/or (12), and NRS 639.255.

SECOND CAUSE OF ACTION
(Respondent Lucas Meyers)

XX.

In failing to maintain a recordkeeping system that would allow for readily retrievable prescription records for patient A.P.'s prescription, Mr. Meyers violated NRS 639.210(4) and/or (17), NRS 639.236, NAC 639.482, NAC 639.706 and/or NAC 639.945(1)(h) and/or (i), which violations are grounds for action pursuant to NRS 639.210(4) and (17) and/or NRS 639.255.

THIRD CAUSE OF ACTION
(Respondent Tina Rizzolo)

XXI.

In failing to provide adequate counseling for A.P.'s new prescription, which may have detected the medication error, Ms. Rizzolo violated NRS 639.266(1) and NAC 639.707(1) and (2), as well as NAC 639.945(1)(i), which violations are grounds for action pursuant to NRS 639.210(4), (11) and/or (12), and under NRS 639.255.

FOURTH CAUSE OF ACTION
(Respondent Walgreens Pharmacy #3922)

XXII.

As the pharmacy in which the foregoing alleged violations occurred, Walgreens Pharmacy #3922 is responsible for the actions of its employees, Respondents Lucas Meyers and Tina Rizzolo, as alleged herein, pursuant to NAC 639.945(2), which is grounds for discipline pursuant to NRS 639.210(4), (11) and/or (12), and NRS 639.255.

FIFTH CAUSE OF ACTION
(Respondent Walgreens Mail Service, Inc.)

XXIII.

As the pharmacy in which the violations alleged herein occurred, Walgreens Mail Service, Inc. is responsible, pursuant to NAC 639.945(2), for the unprofessional conduct of its employee, Ellen Wagner. That conduct includes Ms. Wagner's:

(1) failure to strictly follow the instructions of the prescriber and verifying *simvastatin 20 mg. tablets (generic Zocor)* as the correct medication, instead of the *Zoloft 200 mg. tablets* the physician prescribed, (*see* NAC 639.945(1)(d) and/or (i)); and

(2) failure to confer with A.P.'s physician to verify the medication name and strength, which are illegible and subject to question here. *See* (NAC 639.945(1)(e). This respondent is therefore subject to discipline under NRS 639.210(4), (11) and (12), and NRS 639.255.

Therefore, it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to the licenses and/or certificates of registration of these respondents.

Signed this 9th day of December, 2015.

Larry L. Pinson, Pharm.D., Executive Secretary
Nevada State Board of Pharmacy

NOTICE TO RESPONDENT(S)

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements regarding your certificate of registration. To do so, you must mail to the Board within 15 days of your receipt of this Notice of Intended Action and Accusation a written statement showing your compliance.

Section 9: Statement of Responsibility - MUST BE COMPLETED by an Authorized Person (NAC 639.945)

Statement of Responsibility

1. I am the Vice President (title) for Walgreen Co. (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be responsible for any violations of pharmacy law that may occur in the Pharmacy owned by such owner(s), shareholder(s), member(s), or partner(s).
3. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against the Pharmacy.
4. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) cannot require or permit the pharmacist(s) in said Pharmacy to violate any provision of local, state, or federal laws or regulations pertaining to the practice of pharmacy.
5. I further understand and acknowledge that Nevada law requires that each pharmacy located inside the State of Nevada employ only pharmacists, intern pharmacists, pharmaceutical technicians, and technicians in training that are licensed by the Nevada State Board of Pharmacy. (NRS 639.100).
6. I further understand and acknowledge that Nevada law requires that each pharmacy located outside the State of Nevada engaged in providing pharmacy services into Nevada employs at least one pharmacist licensed by the Nevada State Board of Pharmacy who will be responsible for any prescription dispensed to a patient located in Nevada and responsible for any acts or omissions of pharmacy personnel who are not registered with the Board. (NRS 639.2328).

Richard Gates

Print Name of Authorized Person

Richard Gates

Original signature of Authorized Person (copies or stamps not accepted)

08 / 26 / 2025

Date

Section 10: Affidavit for Pharmacies- MUST BE COMPLETED by pharmacies NOT CURRENTLY PERFORMING Sterile Compounding

Affidavit for Pharmacy License

I, Richard Gates hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

1. I am the Vice President (title) for Walgreen Co. (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I certify that upon licensure, the Pharmacy will not perform sterile compounding or ship sterile compounds into Nevada.
3. I understand and acknowledge that the Pharmacy and any of its staff members may be subject to discipline by the Board if the Pharmacy performs sterile compounding or ships any sterile compounds into Nevada without first obtaining written authorization from the Board to do so.
4. I certify that if the Pharmacy makes the decision to perform sterile compounding or to ship any sterile compounds into Nevada, the Pharmacy, through an authorized representative, will first notify the Board via a written request, and obtain written approval to perform sterile compounding or to ship any sterile compounds into Nevada.
5. I understand that if the Pharmacy seeks approval to perform sterile compounding or to ship any sterile compounds into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

FURTHER YOUR AFFIANT SAYETH NAUGHT.

Signature

SUBSCRIBED AND SWORN TO
Before me, a notary public this 20th day of August, 2025

Zeljka Borosa-Rajcevic
Notary Public

OFFICIAL SEAL
ZELJKA BOROSA RAJCEVIC
Notary Public, State of Illinois
Commission No. 977646
My Commission Expires September 8, 2027

CONFIDENTIAL/EXEMPT FROM
FREEDOM OF INFORMATION ACT AND
SIMILAR STATE REQUESTS

Ownership Information

Ownership & Leadership of Applicant Entity

Applicant: **Walgreen Co.**
108 Wilmot Rd., Deerfield, IL 60015

Ownership: The Applicant entity is wholly owned (100%) by Walgreens Boots Alliance, Inc.

Officers of Walgreen Co.
Michael Motz - CEO
Richard Gates - Senior Vice President, Chief Pharmacy Officer
Cherita Thomas - Secretary
Matthew Spina - CFO
Michael Handal - Licensing and Provider Enrollment Officer

Ownership & Leadership of Walgreens Boots Alliance, Inc.

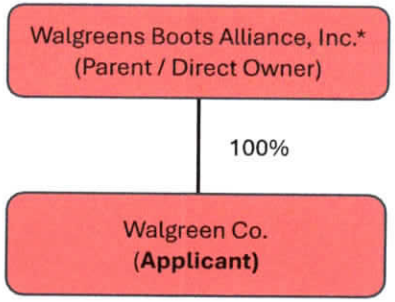
Ownership: Walgreens Boots Alliance, Inc. is wholly owned (100%) by Blazing Star Parent, LLC

Officers of Walgreens Boots Alliance, Inc.
Temporarily vacant - CEO
Mark Weisz - Sr VP, Global Tax
Manmohan Mahajan - Sr VP, Global Controller, CFO
Lanesha Minnix - Corporate Secretary

Please see the attached pre- and post-closing Corporate Organization chart for reference.

Proprietary and Confidential
Not a public record pursuant to
Section 7927.605 of the CPRA and
45 CFR Section 5.31

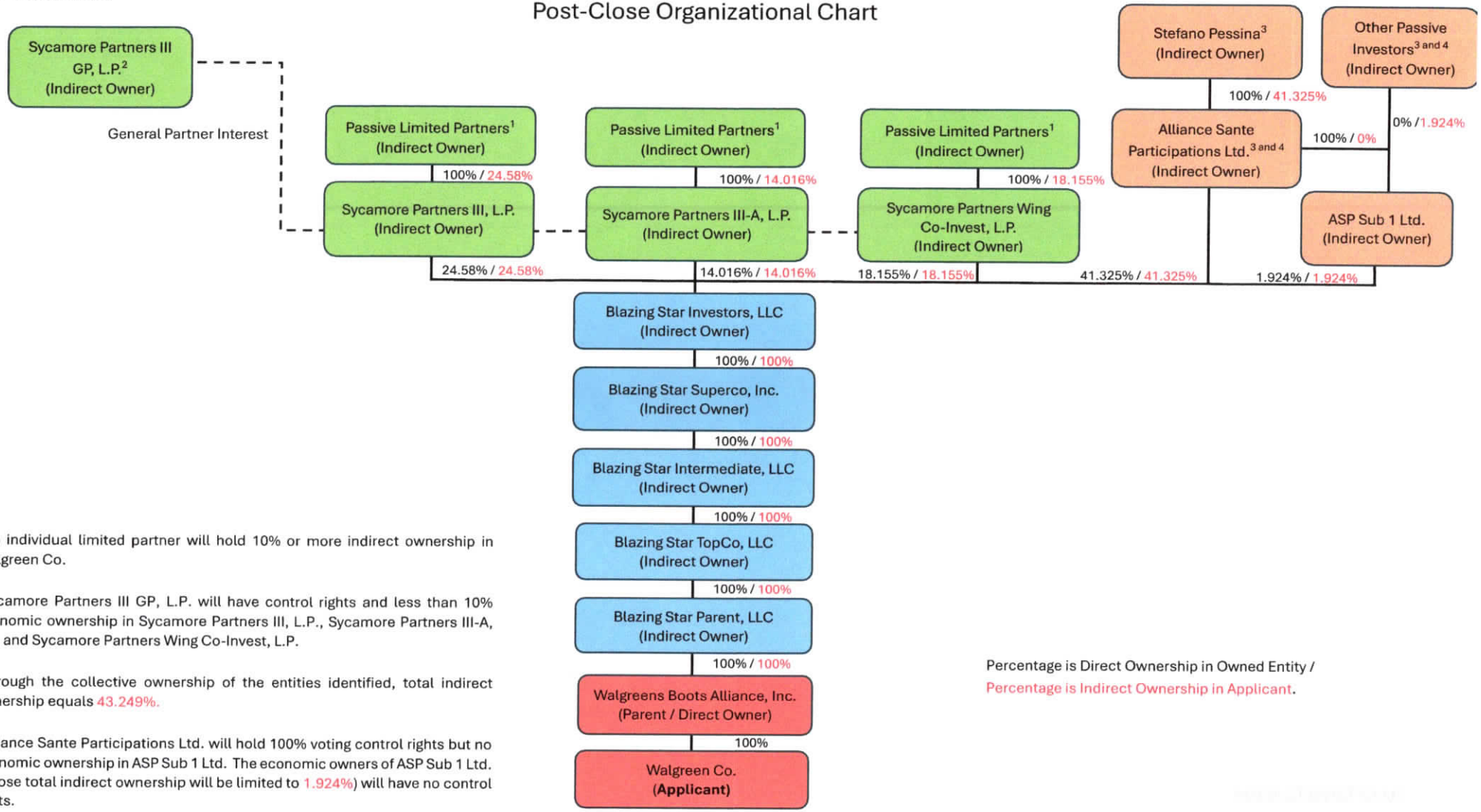
Walgreen Co.
Pre-Close Organizational Chart



Publicly Traded on Nasdaq Stock Market (WBA)

Proprietary and Confidential
Not a public record pursuant to
Section 7927.605 of the CPRA and
45 CFR Section 5.31

Walgreen Co.
Post-Close Organizational Chart



[1]No individual limited partner will hold 10% or more indirect ownership in Walgreen Co.

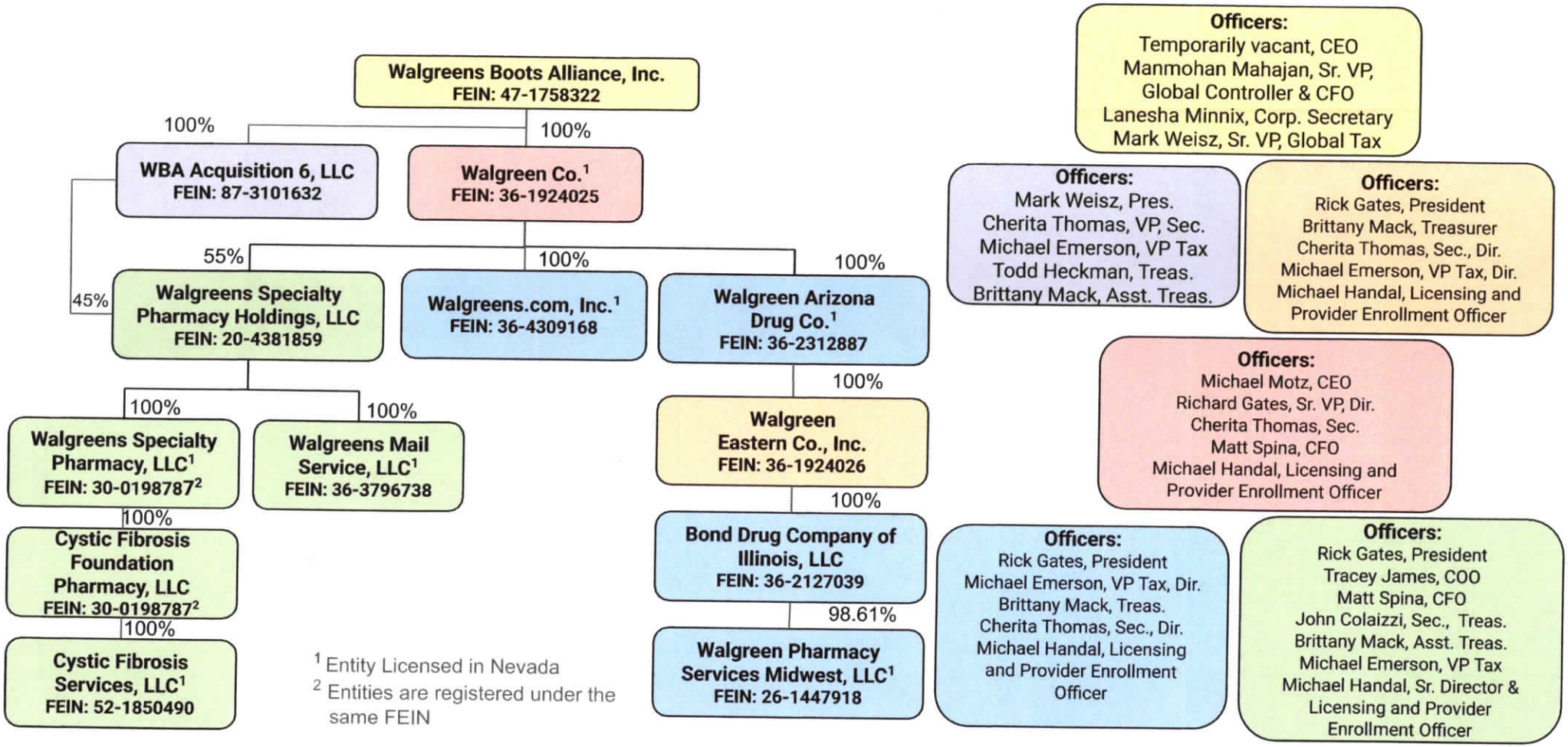
[2]Sycamore Partners III GP, L.P. will have control rights and less than 10% economic ownership in Sycamore Partners III, L.P., Sycamore Partners III-A, L.P. and Sycamore Partners Wing Co-Invest, L.P.

[3]Through the collective ownership of the entities identified, total indirect ownership equals 43.249%.

[4]Alliance Sante Participations Ltd. will hold 100% voting control rights but no economic ownership in ASP Sub 1 Ltd. The economic owners of ASP Sub 1 Ltd. (whose total indirect ownership will be limited to 1.924%) will have no control rights.

Percentage is Direct Ownership in Owned Entity /
Percentage is Indirect Ownership in Applicant.

Walgreen Co.
Post-Close Organizational Chart (cont.)



File Number 1084-348-1

STATE OF ILLINOIS

OFFICE OF THE SECRETARY OF STATE

To all to whom these Presents Shall Come, Greeting:

I, **Alexi Giannoulias,** *Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that*

WALGREEN CO., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON FEBRUARY 15, 1909, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE BUSINESS CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.

In Testimony Whereof, *I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this* 15TH *day of* MAY *A.D.* 2025 .

Authentication #: 2513501622 verifiable until 05/15/2026
Authenticate at: https://www.ilsos.gov

Alexi Giannoulias
SECRETARY OF STATE

9DD

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Pharmacy Application

Non-Refundable $500.00 Fee

Rev (6/11/2024)

Facility Location	Application Type (check all applicable)	Pharmacy Type (check all applicable)	Services the Pharmacy will Provide (check all applicable)
■ Nevada ☐ Out-of-Nevada	☐ New Pharmacy ■ Ownership Change* ☐ Location Change * ☐ Service Modification* ☐ Name Change* (if only a Name Change occurred, submit a $50.00 fee with the application.) * Current license #: PH PH01248	■ Retail/Community ☐ Hospital (# beds _____) ☐ Internet ☐ Nuclear ☐ Other:	■ Retail/Community ■ Dangerous drugs ■ Controlled substances DEA #: BW5707522 ☐ Non-sterile Compounding ☐ Sterile Compounding ☐ Mail-Order Service ☐ Off-site Cognitive Services ☐ Long Term Care ☐ Hospital ☐ Other:

Days of Operation		Ownership Type (check applicable box)
■ Monday	■ Friday	☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9, 10, 11, 12)
■ Tuesday	■ Saturday	■ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9, 10, 11, 12)
■ Wednesday	■ Sunday	☐ Partnership (complete sections 1, 2, 3, 4, 7, 9, 10, 11, 12)
■ Thursday	☐ Holidays	☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9, 10, 11, 12)

Section 1: General Information

Pharmacy Name: WALGREENS #04086

Physical Address: 4470 E BONANZA RD

City: LAS VEGAS State: NV Zip: 89110-6330

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: (702)531-8006 Toll Free # (NAC 639.708, NRS 639.23286): N/A

Fax: (702)531-8013 Contact Email: rxm.04086@store.walgreens.com

Website: https://www.walgreens.com

Nevada Business License # (if applicable) NV19951143510

Supervising/Managing Pharmacist Name (NRS 639.220): WITHANIA NEAL

Supervising/Managing Pharmacist NV Pharmacist Registration # (if applicable): 17708

Section 2: List the name(s) of at least one NEVADA registered pharmacist who practices at the pharmacy, who may be the managing pharmacist or another pharmacist, who will be responsible for any prescriptions dispensed to a patient located in Nevada and responsible for any acts or omissions of pharmacy personnel who are not registered with the Board. NRS 639.2328. (Use a separate piece of paper if additional space is needed.)

Name: WITHANIA NEAL	NV Pharmacist Registration #: 17708
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:

Section 3: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✔
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration from any jurisdiction?		✔
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been subject of an administrative action, board citation, cite fine, or proceeding relating to the pharmaceutical industry?	✔	
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✔
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✔

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name(s) of the owner(s), their credentials and their percent ownership. Write NA if not applicable. NRS 639.232. (Use a separate piece of paper if additional space is needed.)

Name: N/A	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:

1. The Board shall not issue a license to conduct a pharmacy:
   a) To any practitioner; or
   b) To any partnership, corporation, or association in which a practitioner has a controlling interest or owns more than 10 percent of the available stock.
2. This section does not:
   a) Apply to a hospital pharmacy or a health maintenance organization which holds a certificate of authority under chapter 695C of NRS.
   b) Prohibit ownership by a practitioner of a building in which a pharmacy is located, if space for the pharmacy is rented at the prevailing rate.

Section 5: Publicly Traded Corporation

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Does the number of stockholders/shareholders of the corporation exceed four? NRS 639.231 ☐ Yes ☐ No

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: Delaware

Parent Company (if any): Walgreens Boots Alliance, Inc.

Corporation/Organization Name: Walgreen Co.

Mailing Address: 108 Wilmot Rd

City: Deerfield State: IL Zip: 60015

Telephone: 847-224-1348 Email: licenseadministration@walgreens.com

Contact Person Name: Kayla Lechner

Does the number of stockholders/shareholders of the corporation or members exceed four? NRS 639.231 ☐ Yes ☒ No

Section 7: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Please check type of partnership (NAC 639.214) ☐ General ☐ Limited

Does the number of partners or members of the partnership exceed four? NRS 639.231 ☐ Yes ☐ No

Section 8: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Richard Gates

Print Name of Authorized Person Submitting Application (If the applicant is a partnership or corporation, the application must be signed by a partner or by an officer of the corporation). NAC 639.215

Richard Gates

Original signature of Authorized Person (copies or stamps not accepted)

08 / 26 / 2025

Date

Board Use Only	Date Received: 9/22/25	Amount: $500 ck. JP03-3000111129

Section 11: Managing Pharmacist Acknowledgement, Professional/Personal History – REQUIRED TO BE COMPLETED BY THE MANAGING PHARMACIST FOR NEVADA LOCATED PHARMACY APPLICANTS ONLY

Managing Pharmacist Name: WITHANIA NEAL Pharmacist Registration #: 17708

Pharmacy Name: WALGREENS #04086

Initial each statement below to indicate you have read and agree with the following:

WTN I understand that as the managing pharmacist I am responsible for compliance by the pharmacy and its personnel with all state and federal laws and regulations relating to the operation of the pharmacy and the practice of pharmacy. I understand my license can be revoked or that I can be subject of disciplinary action if such laws or regulations are knowingly violated in the pharmacy in which I am the managing pharmacist.

WTN I understand within 48 hours after I report for duty as the managing pharmacist, I shall complete an inventory of all controlled substances of the pharmacy pursuant to 21 CFR Part 1304 and maintain a copy of the inventory in the file at the pharmacy.

WTN I understand that if I cease to be managing pharmacist of the above-named pharmacy, I will jointly, with the new managing pharmacist, take an inventory of all controlled substances.

WTN I understand that as the managing pharmacist I must ensure that all loss or theft of controlled substances are reported on forms provided by the Nevada State Board of Pharmacy and Department of Public Safety within 10 days after the date of discovery of theft or loss. NRS 453.568. Federal regulations require that registrants notify the Field Division Office of the Administration in his area, in writing, of the theft or significant loss of any controlled substance, disposal receptacles or listed chemicals within one business day of discovery of such loss or theft. The registrant shall also complete and submit to the Field Division Office in his area, DEA Form 106 regarding the loss or theft (21 C.F.R. §1301.76(b) and 21 U.S.C. §830(b)(1)(C)).

WTN I understand that as the managing pharmacist I must notify the Nevada State Board of Pharmacy of all employment changes of pharmacy staff within 10 days of the change. NAC 639.540

Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?	☐	☑
2. Have you been charged, arrested, or convicted of a felony or misdemeanor in any state?	☐	☑
3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state?	☐	☑
4. Has your license been subjected to any discipline for violation of pharmacy or drug laws in any state?	☐	☑

If you marked YES to any questions above, include the following information and provide a signed statement of explanation. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Board Administrative Action:	State:	Date:	Case #:

Criminal Action:	State:	Date:	Case #:	County:	Court:

I certify under penalty of perjury that the information I have provided on this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

WITHANIA NEAL

Original signature of Managing Pharmacist (copies or stamps not accepted)

08 / 13 / 2025

Date

FILED
JUL 30 2017
NEVADA STATE BOARD
OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,	)	**CASE NOS. 16-080-PTT- S**
	)	
Petitioner,	)	**16-080-RPH-A-S**
v.	)	**16-080-PH-A-S**
	)	
HAKEEM SANCHEZ-BRAVO, PTT	)	**16-080-RPH-B-S**
Certificate of Registration No. PT17763,	)	**16-080-PH-B-S**
	)	
SHELLEY VERMA, RPH	)	**16-080-RPH-C-S**
Certificate of Registration No. 17761,	)	**16-080-PH-C-S**
	)	
WALGREENS PHARMACY #03845	)	**16-080-PH-D-S**
Certificate of Registration No. PHN01064,	)	
	)	
RACHAEL MCDONALD, RPH	)	**FINDINGS OF FACT,**
Certificate of Registration No. 18416,	)	**CONCLUSIONS OF LAW,**
	)	**AND ORDER**
WALGREENS PHARMACY #04086	)	
Certificate of Registration No. PH01248,	)	**(Shelly Verma, Rachel McDonald,**
	)	**Suzette Jacobs, Walgreens**
SUZETTE JACOBS, RPH	)	**Pharmacy #03845, Walgreens**
Certificate of Registration No. 17642,	)	**Pharmacy #04086, Walgreens**
	)	**Pharmacy #15035 and Walgreens**
WALGREENS PHARMACY #15035	)	**Co.)**
Certificate of Registration No. PH02742, and	)	
	)	
WALGREENS CO., an Illinois Corporation,	)	
	)	
Respondents.	/	

The Nevada State Board of Pharmacy (Board) heard this matter at its regularly scheduled meeting on Wednesday, July 19, 2017, in Las Vegas, Nevada. S. Paul Edwards, Esq., prosecuted the case on behalf of Board Staff. William J. Stilling, Esq., of Kimball Legal, appeared on behalf of Respondents Shelley Verma (Ms. Verma), Certificate of Registration No. 17761; Rachael McDonald (Ms. McDonald), Certificate of Registration No. 18416; Suzette Jacobs (Ms. Jacobs), Certificate of Registration 17642; Walgreens Pharmacy #03845 (Walgreens #03845), Certificate of Registration No. PHN01064; Walgreens Pharmacy #04086 (Walgreens #04086),

Certificate of Registration PH01248; Walgreens Pharmacy #15035 (Walgreens #115035), Certificate of Registration PH02742 and Walgreen Co.

Based on the evidence presented during the hearing, including testimonial and documentary evidence, the Board finds that evidence exists to support each of the factual allegations in the Accusation and enters Findings of Fact, Conclusions of Law, and Orders as follows:

FINDINGS OF FACT

On July 19, 2017, Respondents, through their counsel, entered into a set of *Stipulated Facts*, a copy of which is attached hereto as **Exhibit 1** and incorporated herein by reference. The facts to which Respondents, and each of them, admitted in the *Stipulated Facts* are as follows:

1. The Board has jurisdiction over this matter because at the time of the events described herein Respondents Ms. Verma, Ms. McDonald and Ms. Jacobs were each registered as pharmacists with the Board.

2. Similarly, the Board has jurisdiction over this matter because at the time of the events described herein, Respondents Walgreens #03845, Walgreens #04086 and Walgreens #15035 (collectively the Walgreens Pharmacies) were each registered with the Board.

3. The Board has jurisdiction over Walgreen Co., an Illinois corporation, because it owns and operates each of the Walgreens Pharmacies in Nevada, which pharmacies employed each of the other Respondents at the time of the events described herein.

4. In January 2016, the Board issued Pharmaceutical Technician Trainee Certificate of Registration No. PT17763 to Respondent Hakeem Sanchez-Bravo.

5. Certificate of Registration No. PT17763 was registered to and valid only at Walgreens Pharmacy #4790.

6. Certificate of Registration No. PT17763 expired on October 31, 2016.

7. In November 2016, Mr. Sanchez-Bravo telephoned the Board Office regarding the renewal of his registration. During his discussion with Board Staff, Mr. Sanchez-Bravo disclosed that he had been working at Walgreens Pharmacy #03845.

8. Board Staff determined at that time that Mr. Sanchez-Bravo did not have a valid pharmaceutical technician in training registration at Walgreens Pharmacy #03845.

9. The Board Investigator requested Mr. Sanchez-Bravo's work schedule from April 2016, through October 2016, from Jaclyn Latteri, a Walgreens District Manager.

10. From the records Walgreens provided, Board Staff ascertained that Mr. Sanchez-Bravo had worked at the three Walgreens Pharmacies for a combined total of one-hundred and forty (140) days, from April 2016, through November 2016, without a valid pharmaceutical technician in training registration.

11. Board Staff ascertained that Mr. Sanchez-Bravo had worked:

- 1 day at Walgreens #15035 for pharmacist manager Ms. Jacobs without a valid registration,
- 4 days at Walgreens #04086 for pharmacist manager Ms. McDonald without a valid registration, and
- 135 days at Walgreens #03845 for pharmacist manager Ms. Verma without a valid registration.

12. Ms. Latteri confirmed in a written statement that Mr. Sanchez-Bravo worked unregistered as a pharmaceutical technician in training during the 140 day time period.

13. The records Walgreens provided also indicate that Mr. Sanchez-Bravo did not consistently record the hours that he worked at any of the Walgreens' locations.

14. Mr. Sanchez-Bravo failed to log his hours on duty during the 140 day period at issue in this matter as follows:

- Walgreens #15035 – 1 day
- Walgreens #04086 – 3 days
- Walgreens #03845 – 84 days

15. In a separate Order on file in this matter, the Board found that

> By working at Walgreens #03845, Walgreens #04086 and Walgreens #15035 for a combined total of approximately 140 days

between April 2016, and November 2016, when he did not have a current pharmaceutical technician in training registration at those locations, Hakeem Sanchez-Bravo violated Nevada Administrative Code (NAC) 639.240(1).

See Findings of Fact, Conclusions of Order and Order (Respondent Hakeem Sanchez Bravo), Case No. 16-080PPT-S (2017), attached hereto as **Exhibit 2**, and incorporated herein by reference.

16. Additionally, during the hearing the Board heard testimony and accepted into evidence Exhibit 1, along with certain written evidence, including the prosecution's Hearing Exhibits 1 through 4, Respondents' Hearing Exhibits A and B.

Based on the evidence presented during the hearing, the Board finds that evidence exists to support each of the factual allegations stated in the Accusation.

CONCLUSIONS OF LAW

From the forgoing findings of fact, the Board concludes as a matter of law:

17. The Board has jurisdiction over this matter and these respondents because at the time of the events alleged herein, Respondents Ms. Verma, Ms. McDonald, and Ms. Jacobs, were registered pharmacists with the Board.

18. Similarly, Respondents Walgreens Pharmacy #03845, Walgreens Pharmacy #04086, and Walgreens Pharmacy #15035, were pharmacies registered with the Board.

19. As the managing pharmacist during the period of April 2016, through November 2016, for the pharmacy in which Mr. Sanchez-Bravo worked without a PTT registration for one-hundred and thirty-five (135) days, and in failing to verify that Mr. Sanchez-Bravo had a valid registration for the pharmacy she managed during that time, Respondent Ms. Verma violated Nevada Revised Statute (NRS) 639.220(1) and Nevada Administrative Code (NAC) 639.945(1)(i), which violations are grounds for discipline pursuant to NRS 639.210(4), (12) and (15), or alternatively, under NRS 639.255.

20. As the managing pharmacist during the period of August 2016, through September 2016, for the pharmacy in which Mr. Sanchez-Bravo worked without a PTT

registration for four (4) days, and in failing to verify that Mr. Sanchez-Bravo had a valid registration for the pharmacy she managed during that time, Respondent Rachael McDonald violated NRS 639.220(1) and NAC 639.945(1)(i), which violations are grounds for discipline pursuant to NRS 639.210(4), (12) and (15), or alternatively, under NRS 639.255.

21. As the managing pharmacist during the period of October 2016, for the pharmacy in which Mr. Sanchez-Bravo worked without a PTT registration for one (1) day, and in failing to verify that Mr. Sanchez-Bravo had a valid registration for the pharmacy she managed at that time, Respondent Suzette Jacobs violated NRS 639.220(1) and NAC 639.945(1)(i), which violations are grounds for discipline pursuant to NRS 639.210(4), (12) and (15), or alternatively, under NRS 639.255.

22. By failing to keep and provide Board Staff with a written record showing the days and hours that Mr. Sanchez-Bravo was on duty as a pharmaceutical technician in training during the hours of business at each of their respective pharmacies, Respondents Ms. Verma, Ms. McDonald and Ms. Jacobs each violated NAC 639.245(1) and NAC 639.945(1)(i) and (m). Those violations are grounds for discipline pursuant to NRS 639.210(4) and (15), and under NRS 639.255.

23. NAC 639.945(2) states that "[t]he owner of any business or facility licensed, certified or registered by the Board is responsible for the acts of all personnel in his or her employ". At the time of the violations alleged herein, Respondents Ms. Verma, Ms. McDonald, and Ms. Jacobs were each employees of one of the Walgreens Pharmacies. As such, that Walgreens Pharmacies are responsible for each of the violations alleged herein.

ORDER

24. For the violations described in the Second[i] and Fifth Causes of Action, Respondent Ms. Verma shall (1) receive a *letter of reprimand* from the Board's Executive Secretary regarding her duties and obligations as a managing pharmacist, (2) *complete three extra hours of*

[i] The Board resolved the First Cause of Action in this matter through a separate Order. *See* Exhibit 2 (*Findings of Fact, Conclusions of Order and* Order (Respondent Hakeem Sanchez Bravo), Case No. 16-080PPT-S)(2017).

continuing education (CE) on the topics of *ethics, Nevada law* and *pharmacy manager/pharmacist in charge responsibilities*; and (3) *pay a fine of five hundred dollars* ($500.00).

25. For the violations described in the Third and Fifth Causes of Action, Respondent Ms. McDonald shall (1) receive a *letter of reprimand* from the Board's Executive Secretary regarding her duties and obligations as a managing pharmacist, (2) *complete three extra hours of continuing education* (CE) on the topics of *ethics, Nevada law* and *pharmacy manager/pharmacist in charge responsibilities*; and (3) *pay a fine of one hundred and sixty dollars* ($160.00).

26. For the violations described in the Fourth and Fifth Causes of Action, Respondent Ms. Jacob shall (1) receive a *letter of reprimand* from the Board's Executive Secretary regarding her duties and obligations as a managing pharmacist, (2) *complete three extra hours of continuing education* (CE) on the topics of *ethics, Nevada law* and *pharmacy manager/pharmacist in charge responsibilities,* and (3) *pay a fine of forty dollars* ($40.00).

27. As to Ms. Verma, Ms. McDonald and Ms. Jacob, the extra hours of CE ordered herein are in addition to any continuing education hours each must otherwise complete to maintain or renew her licensure.

28. For the Sixth Cause of Action, Respondents Walgreens Pharmacy #03845, Walgreens Pharmacy #04086, and Walgreens Pharmacy #15035 shall each (1) *pay a fine of five hundred dollars* ($500.00)(for a total of $1,500 between the three Walgreens Pharmacies), and (2) pay a combined administrative fee of *one thousand five hundred dollars* ($1,500.00).

29. The Prosecution withdraw the Seventh Cause of Action.

30. Respondents, and each of them, shall pay the fines ordered herein when due, and by *cashier's check* or *certified check* or *money order* made payable to "State of Nevada, Office of the Treasurer" to be received by the Board's Reno office located at 431 W. Plumb Lane, Reno, NV 89509, within thirty (30) days of the effective date of the Board's Order.

31. Respondents, and each of them, shall pay the administrative fees ordered herein by *cashier's check*, *certified check* or *money order* made payable to the "Nevada State Board of Pharmacy" to be received by the Board's Reno office located at 431 W. Plumb Lane, Reno, NV 89509, within thirty (30) days of the effective date of the Board's Order.

32. Any failure by any Respondent to satisfy the obligations stated herein may result in additional discipline, up to and including suspension or revocation of their respective license or registration.

33. This Order is effective on the date it is executed below.

IT IS SO ORDERED.

Signed and effective this 30 day of July, 2017.

Leo Basch, President
Nevada State Board of Pharmacy

Exhibit 1

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,	)	**CASE NOS. 16-080-PTT- S**
	)	
Petitioner,	)	**16-080-RPH-A-S**
v.	)	**16-080-PH-A-S**
	)	
HAKEEM SANCHEZ-BRAVO, PTT	)	**16-080-RPH-B-S**
Certificate of Registration No. PT17763,	)	**16-080-PH-B-S**
	)	
SHELLEY VERMA, RPH	)	**16-080-RPH-C-S**
Certificate of Registration No. 17761,	)	**16-080-PH-C-S**
	)	
WALGREENS PHARMACY #03845	)	**16-080-PH-D-S**
Certificate of Registration No. PHN01064,	)	
	)	
RACHAEL MCDONALD, RPH	)	**STIPULATED FACTS**
Certificate of Registration No. 18416,	)	**(All Respondents)**
	)	
WALGREENS PHARMACY #04086	)	
Certificate of Registration No. PH01248,	)	
	)	
SUZETTE JACOBS, RPH	)	
Certificate of Registration No. 17642,	)	
	)	
WALGREENS PHARMACY #15035	)	
Certificate of Registration No. PH02742, and	)	
	)	
WALGREENS CO., an Illinois Corporation,	)	
	)	
Respondents.	/	

S. Paul Edwards, Esq., General Counsel for Petitioner the Nevada State Board of Pharmacy (Board), and Respondents Shelley Verma (Ms. Verma), Certificate of Registration No. 17761; Rachael McDonald (Ms. McDonald), Certificate of Registration No. 18416; Suzette Jacobs (Ms. Jacobs), Certificate of Registration 17642; Walgreens Pharmacy #03845 (Walgreens #03845), Certificate of Registration No. PHN01064; Walgreens Pharmacy #04086 (Walgreens

#04086), Certificate of Registration PH01248; Walgreens Pharmacy #15035 (Walgreens #115035), Certificate of Registration PH02742 and Walgreen Co., by and through their counsel, William J. Stilling, Esq., of Kimball Legal,

HEREBY STIPULATE AND AGREE THAT:

1. The Board has jurisdiction over this matter because at the time of the events described herein Respondents Ms. Verma, Ms. McDonald and Ms. Jacobs were each registered as pharmacists with the Board.

2. Similarly, the Board has jurisdiction over this matter because at the time of the events described herein, Respondents Walgreens #03845, Walgreens #04086 and Walgreens #15035 (collectively the Walgreens Pharmacies) were each registered with the Board.

3. The Board has jurisdiction over Walgreen Co., an Illinois corporation, because it owns and operates each of the Walgreens Pharmacies in Nevada, which pharmacies employed each of the other Respondents at the time of the events described herein.

4. In January 2016, the Board issued Pharmaceutical Technician Trainee Certificate of Registration No. PT17763 to Respondent Hakeem Sanchez-Bravo.

5. Certificate of Registration No. PT17763 was registered to and valid only at Walgreens Pharmacy #4790.

6. Certificate of Registration No. PT17763 expired on October 31, 2016.

7. In November 2016, Mr. Sanchez-Bravo telephoned the Board Office regarding the renewal of his registration. During his discussion with Board Staff, Mr. Sanchez-Bravo disclosed that he had been working at Walgreens Pharmacy #03845.

8. Board Staff determined at that time that Mr. Sanchez-Bravo did not have a valid pharmaceutical technician in training registration at Walgreens Pharmacy #03845.

9. The Board Investigator requested Mr. Sanchez-Bravo's work schedule from April 2016 through October 2016, from Jaclyn Latteri, a Walgreens District Manager.

10. From the records the Walgreens Pharmacies provided, Board Staff ascertained that Mr. Sanchez-Bravo had worked at the three Walgreens Pharmacies for a combined total of one-hundred and forty (140) days, from April 2016, through November 2016, without a valid pharmaceutical technician in training registration.

11. Board Staff ascertained that Mr. Sanchez-Bravo had worked:

- 1 day at Walgreens #15035 for pharmacist manager Ms. Jacobs without a valid registration,
- 4 days at Walgreens #04086 for pharmacist manager Ms. McDonald without a valid registration, and
- 135 days at Walgreens #03845 for pharmacist manager Ms. Verma without a valid registration.

12. Ms. Latteri confirmed in a written statement that Mr. Sanchez-Bravo worked unlicensed as a pharmaceutical technician in training during the 140 day time period.

13. The records Walgreens provided also indicate that Mr. Sanchez-Bravo did not consistently record the hours that he worked at any of the Walgreens' locations.

14. Mr. Sanchez-Bravo failed to log his hours on duty during the 140 day period at issue in this matter as follows:

- Walgreens #15035 – 1 day

- Walgreens #04086 – 3 days
- Walgreens #03845 – 84 days

I, the undersigned, William J. Stilling, Esq., of and for the law firm Kimball Legal, have consulted with Respondents in this action, and each of them, regarding factual allegations contained in the Notice of Intended Action and Accusation in this matter, and the terms of this Stipulation. Each Respondent has freely and voluntarily agreed to the factual statements set forth herein, and each has authorized me to sign below on their individual behalf.

Signed this 17th day of July, 2017

William J Stilling, Esq.
Kimball Legal

Counsel for Respondents Shelly Verman, Suzette Jacobs, Rachael McDonald, Walgreens Pharmacy #03845, Walgreens Pharmacy #4086 Walgreens Pharmacy #15035, and Walgreens Co., an Illinois Corporation

FILED
JUL 30 2017
NEVADA STATE BOARD
OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,	)	**CASE NOS. 16-080-PTT- S**
	)	
Petitioner,	)	**16-080-RPH-A-S**
v.	)	**16-080-PH-A-S**
	)	
HAKEEM SANCHEZ-BRAVO, PTT	)	**16-080-RPH-B-S**
Certificate of Registration No. PT17763,	)	**16-080-PH-B-S**
	)	
SHELLEY VERMA, RPH	)	**16-080-RPH-C-S**
Certificate of Registration No. 17761,	)	**16-080-PH-C-S**
	)	
WALGREENS PHARMACY #03845	)	**16-080-PH-D-S**
Certificate of Registration No. PHN01064,	)	
	)	
RACHAEL MCDONALD, RPH	)	**FINDINGS OF FACT,**
Certificate of Registration No. 18416,	)	**CONCLUSIONS OF LAW,**
	)	**AND ORDER**
WALGREENS PHARMACY #04086	)	
Certificate of Registration No. PH01248,	)	**(Hakeem Sanchez-Bravo Only)**
	)	
SUZETTE JACOBS, RPH	)	
Certificate of Registration No. 17642,	)	
	)	
WALGREENS PHARMACY #15035	)	
Certificate of Registration No. PH02742, and	)	
	)	
WALGREENS CO., an Illinois Corporation,	)	
	)	
Respondents.	/	

The Nevada State Board of Pharmacy (Board) heard this matter at its regularly scheduled meeting on Wednesday, July 19, 2017, in Las Vegas, Nevada. S. Paul Edwards, Esq., prosecuted the case on behalf of Board Staff. Respondent Hakeem Sanchez-Bravo (Mr. Sanchez-Bravo), Certificate of Registration No. PT17763, a pharmaceutical technician in training (PTT) at the time of the events alleged in the *Notice of Intended Action and Accusation* (Accusation) on file herein, did not file an answer in response to the Accusation. He did not respond to the Accusation in any way, and failed to appear at the hearing.

Having received no pleading and no response from Mr. Sanchez-Bravo, the Board hereby enters default against him as follows:

FINDINGS OF FACT

The allegations in the Accusation and on which the Board enters default against Mr. Sanchez-Bravo are as follows:

1. In January 2016, the Board issued Pharmaceutical Technician Trainee Certificate of Registration No. PT17763 to Respondent Hakeem Sanchez-Bravo.

2. Certificate of Registration No. PT17763 was registered to and valid only at Walgreens Pharmacy #4790.

3. Certificate of Registration No. PT17763 expired on October 31, 2016.

4. In November 2016, Mr. Sanchez-Bravo telephoned the Board Office regarding the renewal of his registration. During his discussion with Board Staff, Mr. Sanchez-Bravo disclosed that he had been working at Walgreens Pharmacy #03845.

5. Board Staff determined at that time that Mr. Sanchez-Bravo did not have a valid pharmaceutical technician in training registration at Walgreens Pharmacy #03845.

6. A Board Investigator requested Mr. Sanchez-Bravo's work schedule from April 2016, through October 2016, from Jaclyn Latteri, a Walgreens District Manager.

7. From the records Walgreens provided, Board Staff ascertained that Mr. Sanchez-Bravo had worked at three Walgreens pharmacies for a combined total of one-hundred and forty (140) days, from April 2016, through November 2016, without a valid pharmaceutical technician in training registration.

8. Board Staff ascertained that Mr. Sanchez-Bravo had worked:

- 1 day at Walgreens #15035 for pharmacist manager Ms. Jacobs without a valid registration,
- 4 days at Walgreens #04086 for pharmacist manager Ms. McDonald without a valid registration, and

- 135 days at Walgreens #03845 for pharmacist manager Ms. Verma without a valid registration.

9. Ms. Latteri confirmed in a written statement that Mr. Sanchez-Bravo worked unregistered as a pharmaceutical technician in training during the 140 day time period.

10. The records Walgreens provided also indicate that Mr. Sanchez-Bravo did not consistently record the hours that he worked at any of the Walgreens' locations.

11. Mr. Sanchez-Bravo failed to log his hours on duty during the 140 day period at issue in this matter as follows:

- Walgreens #15035 – 1 day
- Walgreens #04086 – 3 days
- Walgreens #03845 – 84 days

12. During the hearing, the Board admitted into the record, among other evidence, the prosecution's Exhibit 4, which is a written statement from Mr. Sanchez-Bravo supporting the allegations that Board Staff eventually filed against him by way of the Accusation.

13. Additionally, on May 5, 2017, Board Staff served the Accusation in this matter on Mr. Sanchez-Bravo by certified mail, return receipt requested, using the address Mr. Sanchez-Bravo most recently provided to the Board.

14. Based on evidence and testimony presented during the hearing, the Board finds that Board Staff satisfied the service requirements of NRS 639.242.

CONCLUSIONS OF LAW

Based upon the forgoing findings of fact, the Board concludes as a matter of law:

15. The Board has jurisdiction over this matter because at the time of the events alleged herein, Respondent Mr. Sanchez-Bravo was a registered pharmaceutical technician in training with the Board.

16. A pharmaceutical technician in training may be employed at multiple pharmacies, but the trainee is required to register at each location. NAC 639.242(5).

17. Nevada Administrative Code (NAC) 639.242(3) states that "[u]pon receipt of an application and the required fee, the Executive Secretary shall, unless he or she has good cause to deny the registration, issue a registration certificate for a pharmaceutical technician in training to the managing pharmacist of the pharmacy where the trainee will be employed."

18. By working at Walgreens #03845, Walgreens #04086 and Walgreens #15035 for a combined total of approximately 140 days between April 2016, and November 2016, when he did not have a current pharmaceutical technician in training registration at those locations, Hakeem Sanchez-Bravo violated Nevada Administrative Code (NAC) 639.240(1).

19. Those violations are grounds for discipline pursuant to NRS 639.210(4), and (13), as well as NRS 639.255.

ORDER

20. For the violations described above, Respondent Mr. Sanchez-Bravo shall (1) receive a *letter of reprimand* from the Board's Executive Secretary regarding his obligations as a pharmaceutical technician in training, (2) *pay a fine of two hundred dollars* ($200.00), and (3), *complete 2 hours of continuing education* (CE) on the topics of *ethics* and *Nevada law*. Those extra hours of CE are in addition to any continuing education hours Mr. Sanchez-Bravo must otherwise complete to maintain or renew his registration.

21. Mr. Sanchez-Bravo shall pay the fine ordered herein by *cashier's check* or *certified check* or *money order* made payable to "State of Nevada, Office of the Treasurer" to be received by the Board's Reno office located at 431 W. Plumb Lane, Reno, NV 89509, within 30 days of the effective date of the Board's Order.

22. Any failure by Mr. Sanchez-Bravo to satisfy the obligations stated herein may result in additional discipline, up to and including suspension or revocation of his registration, or be grounds for the denial of any application by him for registration or licensure with the Board, until all terms have been satisfied.

23. Mr. Sanchez-Bravo may not work in any facility licensed by the Board, including a pharmacy, in any capacity unless and until he has a valid registration.

24. In the event Mr. Sanchez-Bravo applies for reinstatement, or for any other registration or certificate with the Board, he shall appear before the Board to answer questions and give testimony regarding his application, his compliance with this Order, and the facts and circumstances underlying this matter.

IT IS SO ORDERED.

Signed and effective this 30 day of July, 2017.

Leo Basch, President
Nevada State Board of Pharmacy

FILED
MAY 05 2017
NEVADA STATE BOARD OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, Petitioner, v. HAKEEM SANCHEZ-BRAVO, PTT Certificate of Registration No. PT17763, SHELLEY VERMA, RPH Certificate of Registration No. 17761, WALGREENS PHARMACY #03845 Certificate of Registration No. PHN01064, RACHAEL MCDONALD, RPH Certificate of Registration No. 18416, WALGREENS PHARMACY #04086 Certificate of Registration No. PH01248, SUZETTE JACOBS, RPH Certificate of Registration No. 17642, WALGREENS PHARMACY #15035 Certificate of Registration No. PH02742, and WALGREENS CO., an Illinois Corporation, Respondents.	)	CASE NOS. 16-080-PTT- S 16-080-RPH-A-S 16-080-PH-A-S 16-080-RPH-B-S 16-080-PH-B-S 16-080-RPH-C-S 16-080-PH-C-S 16-080-PH-D-S NOTICE OF INTENDED ACTION AND ACCUSATION

Larry L. Pinson, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, makes the following that will serve as both a notice of intended action under Nevada Revised Statutes (NRS) 233B.127(3) and as an accusation under NRS 639.241.

I.

The Nevada State Board of Pharmacy (Board) has jurisdiction over this matter because at the time of the events alleged herein, Respondent Hakeem Sanchez-Bravo (Mr. Sanchez-Bravo), Certificate of Registration PT17763, was a registered pharmaceutical technician in training with the Board; Respondents Shelley Verma (Ms. Verma), Certificate of Registration No. 17761; Rachael McDonald (Ms. McDonald), Certificate of Registration No. 18416; and Suzette Jacobs

(Ms. Jacobs), Certificate of Registration 17642, were registered pharmacists with the Board. Similarly, Respondent Walgreens Pharmacy #03845, Certificate of Registration No. PHN01064; Walgreens Pharmacy #04086, Certificate of Registration PH01248; and Walgreens Pharmacy #15035, Certificate of Registration PH02742, were pharmacies registered with the Board. Walgreen Co. is an Illinois corporation that is the owner of each of the individual Walgreens pharmacies named in this matter.

II.

Nevada Administrative Code (NAC) 639.242(3) states that "[u]pon receipt of an application and the required fee, the Executive Secretary shall, unless he or she has good cause to deny the registration, issue a registration certificate for a pharmaceutical technician in training to the managing pharmacist of the pharmacy where the trainee will be employed."

III.

Additionally, a trainee may be employed as a technician in training at multiple pharmacies, but the trainee is required to register at each location. NAC 639.242(5). If a pharmaceutical technician in training changes pharmacy locations (even within the same chain), the trainee must submit a new application and become registered for the new site. *Id.* Termination of employment at a pharmacy voids the trainee's registration and the trainee must reapply for registration before working at any other pharmacy.

FACTUAL ALLEGATIONS

IV.

On or about January 8, 2016, the Board issued Pharmaceutical Technician Trainee Certificate of Registration No. PT17763 to Hakeem Sanchez-Bravo (Mr. Sanchez-Bravo).

V.

Certificate of Registration No. PT17763 was valid at Walgreens Pharmacy #4790.

VI.

Certificate of Registration No. PT17763 expired on October 31, 2016.

VII.

On November 7, 2016, Mr. Sanchez-Bravo telephoned the Board Office regarding the renewal of his registration. During that discussion with Board Staff, Mr. Sanchez-Bravo indicated that he has been working at Walgreens Pharmacy #03845 for the prior four months.

VIII.

Board Staff learned that Mr. Sanchez-Bravo did not have a valid pharmaceutical technician in training registration at Walgreens Pharmacy #03845.

IX.

Records provided to the Board Investigator by Walgreens' District Manager Jaclyn Latteri show that from April 2016, through November 2016, Mr. Sanchez-Bravo worked as a technician in training at three separate Walgreens' where he did not have a registration. Those records show that he worked unregistered at those locations for a combined total of approximately one-hundred and forty (140) days.

X.

Table 1 below shows the number of hours and the pharmacy manager at each location where Mr. Sanchez-Bravo worked without a registration.

Walgreens Store #	Number of Days Sanchez-Bravo Worked Unregistered	Pharmacy Manager at Each Walgreens Location
03845	135	Shelley Verma
04086	4	Rachael McDonald
15035	1	Suzette Jacobs
Total	**140**	

XI.

Ms. Latteri, Walgreens' District Manager, confirmed in a written statement that Mr. Sanchez-Bravo worked unlicensed as a pharmaceutical technician in training during the 140 day time period.

XII.

The Board Investigator also requested Walgreens' records documenting the hours Mr. Sanchez-Bravo was on duty during the pharmacies' hours of business. The records Walgreens

provided indicate that Mr. Sanchez-Bravo did not consistently record the hours that he worked at any of the Walgreens' locations.

XIII.

The following summarizes the number of days Mr. Sanchez-Bravo worked but failed to log his hours on duty during the 140-day period:

- Walgreens #03845 – 84 days
- Walgreens #04086 – 3 days
- Walgreens #15035 – 1 day

XIV.

Walgreens Co. has a history of allowing employees to work unlicensed in its stores, as evidenced by a number of prior disciplinary actions taken by the Board against various Walgreens' pharmacies for unlicensed activity. Those cases include each of the following:

Prior Disciplinary Actions Taken Against Walgreen Respondents for Unlicensed Practice

A. *Board of Pharmacy v. Respondent Walgreens Pharmacy #05646,* Case No. 07-062-PH-S
Board of Pharmacy v. Respondent Walgreens Pharmacy #03844, Case No. 07-063-PH-S
Board of Pharmacy v. Respondent Walgreens Pharmacy #05646, Case No. 07-064-PH-S
B. *Board of Pharmacy v. Respondent Walgreens Pharmacy #06310,* Case No. 07-021-PH-S
C. *Board of Pharmacy v. Respondent Walgreens Pharmacy #12646,* Case No. 10-007-PH-S
D. *Board of Pharmacy v. Respondent Walgreens Pharmacy #04855,* Case No. 11-044-PH-S
E. *Board of Pharmacy v. Respondent Walgreens Pharmacy #12488,* Case No. 13-016-PH-S

XV.

A copy of the Findings of Fact, Conclusions of Law and Order and/or the Stipulation and Order for each of those cases are attached hereto as **Exhibits A through E**, respectively, the contents of which are incorporated herein by reference.

XVI.

FIRST CAUSE OF ACTION
(Respondent Hakeem Sanchez-Bravo)

A pharmaceutical technician in training may be employed at multiple pharmacies, but the trainee is required to register at each location. NAC 639.242(5).

By working at Walgreens #03845, Walgreens #04086 and Walgreens #15035 for a combined total of approximately 140 days between April 2016, and November 2016, when he

did not have a current pharmaceutical technician in training registration at those locations, Hakeem Sanchez-Bravo violated Nevada Administrative Code (NAC) 639.240(1), which violations are grounds for discipline pursuant to NRS 639.210(4), and/or (13), or alternatively, under NRS 639.255.

SECOND CAUSE OF ACTION
(Respondent Shelley Verma)

XVII.

As the managing pharmacist during the period of April 2016, through November 2016, for the pharmacy in which Mr. Sanchez-Bravo worked without a license for one-hundred and thirty-five (135) days, and in failing to verify that Mr. Sanchez-Bravo had a valid registration for the pharmacy she managed during that time, Respondent Ms. Verma violated Nevada Revised Statute (NRS) 639.220(1) and Nevada Administrative Code (NAC) 639.945(1)(i) and/or (j), which violations are grounds for discipline pursuant to NRS 639.210(4), (11), (12) and/or (15), or alternatively, under NRS 639.255.

THIRD CAUSE OF ACTION
(Respondent Rachael McDonald)

XVIII.

As the managing pharmacist during the period of August 2016, through September 2016, for the pharmacy in which Mr. Sanchez-Bravo worked without a license for four (4) days, and in failing to verify that Mr. Sanchez-Bravo had a valid registration for the pharmacy she managed during that time, Respondent Rachael McDonald violated NRS 639.220(1) and NAC 639.945(1)(i) and/or (j), which violations are grounds for discipline pursuant to NRS 639.210(4), (11), (12) and/or (15), or alternatively, under NRS 639.255.

FOURTH CAUSE OF ACTION
(Respondent Suzette Jacobs)

XIX.

As the managing pharmacist during the period of October 2016, for the pharmacy in which Mr. Sanchez-Bravo worked without a license for one (1) day, and in failing to verify that

Mr. Sanchez-Bravo had a valid registration for the pharmacy she managed at that time, Respondent Suzette Jacobs violated NRS 639.220(1) and NAC 639.945(1)(i) and/or (j), which violations are grounds for discipline pursuant to NRS 639.210(4), (11), (12) and/or (15), or alternatively, under NRS 639.255.

FIFTH CAUSE OF ACTION

(Respondents Ms. Verma, Ms. McDonald and Ms. Jacobs)

XX.

NAC 639.245(1) requires that "[a] written record must be kept available for inspection showing the pharmacists, pharmaceutical technicians and pharmaceutical technicians in training on duty during the hours of business." The record must be "[r]eadily retrievable" and "[r]etained for 2 years. *Id.* NAC 639.945(m) defines unprofessional conduct to include "failing to provide any document, data or information that is required to be made and maintained...to a member of the Board or member of the staff of the Board . . ." upon request.

By failing to keep and provide Board Staff with a written record showing the days and hours that Mr. Sanchez-Bravo was on duty as a pharmaceutical technician in training during the hours of business at each of their respective pharmacies, Respondents Ms. Verma, Ms. McDonald and Ms. Jacobs each violated NAC 639.245(1) and NAC 639.945(1)(i) and (m). Those violations are grounds for discipline pursuant to NRS 639.210(4) and/or (15), or alternatively, under NRS 639.255.

SIXTH CAUSE OF ACTION

(Respondents Walgreens #03845, Walgreens #04086, and Walgreens #15035)

XXI.

NAC 639.945(2) states that "[t]he owner of any business or facility licensed, certified or registered by the Board is responsible for the acts of all personnel in his or her employ". At the time of the violations alleged herein, Respondents Ms. Verma, Ms. McDonald, and Ms. Jacobs were each Walgreens' employees. As such, Walgreens is responsible for each of the violations alleged herein.

The violations alleged above, including in causes of action one through five, are grounds

for discipline against the licenses of Ms. Verma, Mr. McDonald, Ms. Jacobs, as well as Walgreens #03845, Walgreens #04086 and Walgreens #15035 pursuant to NRS 639.210(4), (11), (12), (15) and/or (17) as well as NRS 639.255.

SEVENTH CAUSE OF ACTION
(Respondent Walgreens Co.)

XXII.

In being repeatedly negligent in its registration verification process, as evidenced by the allegations in this action, and the outcome in Case Nos. 07-062-PH-S, 07-063-PH-S, 07-064-PH-S, 07-021-PH-S, 10-007-PH-S, 11-044-PH-S, and 13-016-PH-S, Walgreens Co., through its pharmacies, violated NRS 639.210(4), (12) and/or (16), as well as NAC 639.945(1)(i). Collectively they are responsible for those actions under NAC 639.945(2), and are subject to discipline pursuant to NRS 639.210(4), (11), (12), (15) and (17), as well as NRS 639.255.

WHEREFORE it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to the certificates of registration of these respondents.

Signed this 12th day of May, 2017.

Larry Pinson, Pharm.D., Executive Secretary
Nevada State Board of Pharmacy

NOTICE TO RESPONDENT

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements regarding your certificate of registration. To do so, you must mail to the Board within 15 days of your receipt of this Notice of Intended Action and Accusation a written statement showing your compliance.

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

FINDINGS OF FACT, CONCLUSIONS OF LAW, AND ORDER

LEHA M. DEROSIA, P.T.
Certificate of Registration No. PT06209 — Case No. 07-062-PT-S

WALGREENS PHARMACY #05646
Certificate of Registration No. PH01505, — Case No. 07-062-PH-S

CHRISTINA M. ROMERO, P.T.
Certificate of Registration No. PT01314, — Case No. 07-063-PT-S

WALGREENS PHARMACY #03844
Certificate of Registration No. PH01123, — Case No. 07-063-PH-S

JESSICA L. McCULLOCH, P.T.
Certificate of Registration No. PT07762, — Case No. 07-064-PTT-S

WALGREENS PHARMACY #05646
Certificate of Registration No. PH01505, — Case No. 07-064-PH-S

Respondents.

THIS MATTER was heard by the Nevada State Board of Pharmacy (hereinafter Board) at its regular meeting on October 24, 2007 in Las Vegas, Nevada. The Board was represented by Louis Ling, General Counsel to the Board. All Respondents were represented by Robert Graham of Rob Graham and Associates. The parties entered an oral stipulation which was presented to the Board at the hearing of the matter by Mr. Ling. Based upon the agreements and presentations of the parties, the Board finds the following to be the facts of the matter.

FINDINGS OF FACT

1. The parties orally stipulated to the presentation of this matter by Mr. Ling and that appearances would not be expected from any of the Respondents or Mr. Graham. Mr. Ling explained that the three individual Respondents had already attended a continuing education session regarding Nevada jurisprudence and that all Respondents were agreeable to the presentation made by Mr. Ling.

2. All registrations of pharmaceutical technicians and pharmaceutical technicians in training were required to be renewed by October 31, 2006, and any such registration that was not renewed by October 31, 2006 expired. No pharmaceutical technician or pharmaceutical technician in training may lawfully be employed as a pharmaceutical technician or pharmaceutical technician in training on an expired registration.

2. All of the Respondent pharmaceutical technicians and pharmaceutical technicians in training in this matter failed to renew their respective registrations by October 31, 2006, and all were employed by the various Respondent Walgreen pharmacies as pharmaceutical technicians or pharmaceutical technicians in training on expired registrations. Following is a table of the Respondents and the number of hours and estimated workdays (based upon an assumed eight-hour workday) worked by each Respondent on expired registrations:

Respondents	Hours Worked	Estimated Days Worked
McCulloch/Walgreens #05646	1,440	180
DeRosia/ Walgreens #05646	1,384	173
Romero/ Walgreens #03844	1,312	164
TOTALS	**4,136**	**517**

3. At hearing, Board Staff explained that Walgreens has had a good recent history regarding assuring that its employees have properly and timely renewed their

registrations. Two of the three matters in this case arose from one pharmacy, and the issues regarding that pharmacy have been addressed. Board Staff also explained that the Board's efforts to gain compliance with the renewal and registration laws have been largely successful and that the few instances, such as those in this case, are aberrations.

CONCLUSIONS OF LAW

1. The Nevada State Board of Pharmacy has jurisdiction over this matter because Respondents DeRosia, and Romero are pharmaceutical technicians registered by the Board, Respondent McCulloch is a pharmaceutical technician in training registered by the Board, and Respondents Walgreens ##05646 and 03844 are pharmacies licensed by the Board.

2. In working as a pharmaceutical technician or pharmaceutical technician in training on expired registrations, Respondents DeRosia, Romero, and McCulloch each violated NRS 639.210(4) and (13) and NAC 639.945(1)(k).

3. In employing the individual Respondents, Walgreens ##05646 and 03844 violated NRS 639.210(4) and (13) and NAC 639.945(1)(k) and (2).

ORDER

Based upon the foregoing, the Board hereby orders the following:

1. Each Respondent Walgreens pharmacy shall pay a fine of $250.00 for each of the pharmaceutical technicians or pharmaceutical technicians in training employed with expired registrations. Walgreens may choose to pay by a single cashier's or certified check or money order made payable to "State of Nevada, Office of the

Treasurer" in a total amount of $750.00 to be received by the Board's Reno office within 90 days of the effective date of this Order.

2. Each Respondent technician or technician in training shall pay a fine of $250.00 by a cashier's or certified check or money order made payable to "State of Nevada, Office of the Treasurer" to be received by the Board's Reno office within 90 days of the effective date of this Order.

3. Respondents DeRosia, Romero, and McCulloch shall each attend and successfully complete a Nevada jurisprudence continuing education course presented by Board Staff at such time and place as is set by Board Staff, which attendance may already have been completed before the effective date of this Order and shall be deemed compliance with this Order.

4. The failure by any individual Respondent to comply with any term in this Order shall result in the immediate suspension of her registration and will also result in further discipline, up to and including revocation of the registration. The failure by any Respondent Walgreens pharmacy to comply with any term in this Order shall result in a fine of $1,000 per day for every day that it has failed to comply with the Order until the Order is fully complied with, up to a total fine not to exceed $30,000, and will also result in further discipline, up to and including revocation of the its license.

Signed and effective this 20th day of November, 2007.

Barry Boudreaux, President
Nevada State Board of Pharmacy

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

FINDINGS OF FACT, CONCLUSIONS OF LAW, AND ORDER

AMANDA L. WEAVER, P.T.,
Certificate of Registration No. PT06996,

Case No. 07-021-PT-S

WALGREENS #06310,
Certificate of Registration No. PH01549,

Case No. 07-021-PH-S

Respondents.
_____/

THIS MATTER was heard by the Nevada State Board of Pharmacy (hereinafter Board) at its regular meeting on June 6, 2007 in Las Vegas, Nevada. The Board was represented by Louis Ling, General Counsel to the Board. Respondent Amanda L. Weaver appeared and represented herself. Mr. Ling represented to the Board that Board Staff had entered into an oral stipulation with Robert Graham, counsel for Walgreens #06310, pursuant to which the parties had agreed that Mr. Ling would present the terms of the oral stipulation and that Mr. Graham or representatives of Walgreens were excused from appearing in the matter. Based upon the agreements and presentations of the parties, the Board finds the following to be the facts of the matter.

FINDINGS OF FACT

1. At hearing, Ms. Weaver appeared, testified, and represented herself. Because of the oral stipulation between Mr. Ling and Mr. Graham, Board Staff presented no witnesses or evidence. Instead, Board Staff represented the terms of the

oral stipulation between himself and Mr. Graham, namely that Walgreens #06310 admitted that it had employed Ms. Weaver for 16 days while Ms. Weaver's pharmaceutical technician's registration was expired and that Walgreens #06310 was willing to pay whatever fine and fees and costs as might be assessed by the Board up to but not to exceed the regulatorily established amount of $100.00 per day for each day that Ms. Weaver was employed on an expired registration. Board Staff further explained that Walgreens #06310's employment of Ms. Weaver appeared to be an isolated incident because other similar incidences were not noted after November 1, 2007 in any other Walgreens pharmacy. Based upon the presentations and testimony of the parties, the Board finds the following to be the facts in this matter.

2. All registrations of pharmaceutical technicians were required to be renewed by October 31, 2006, and any such registration that was not renewed by October 31, 2006 expired. No pharmaceutical technician may lawfully be employed as a pharmaceutical technician on an expired registration.

3. On March 9, 2007, Board Staff learned that Ms. Weaver had failed to renew her pharmaceutical technician's registration and that she had worked at Walgreens #06310 while her registration was expired. Subsequent investigation showed that Mr. Weaver had been employed as a pharmaceutical technician a total of 16 days between November 1, 2006 and March 7, 2007.

4. At hearing, Ms. Weaver explained that prior to November 1, 2006, she had accepted temporary employment as an intern at Walt Disney World in Orlando, Florida and that during her internship she had inadvertently forgotten to renew her registration. When she returned to Nevada, she recommenced employment at Walgreens #06310.

After working for a few weeks, Ms. Weaver and Walgreens #06310 discovered that she had failed to renew her registration. Ms. Weaver apologized to the Board for her actions.

CONCLUSIONS OF LAW

1. The Nevada State Board of Pharmacy has jurisdiction over this matter because Respondent Weaver is a pharmaceutical technician registered by the Board and Respondent Walgreens #06310 is a pharmacy licensed by the Board.

2. In working as a pharmaceutical technician on and expired registration, Respondents Weaver violated NRS 639.210(4) and (13) and NAC 639.945(1)(i) and (k).

3. In owning and operating the pharmacy that employed Ms. Weaver as a pharmaceutical technician while her registration was expired, Walgreens #06310 violated NRS 639.210(4) and NAC 639.260 and 639.945(1)(i) and (k) and (2).

ORDER

Based upon the foregoing, the Board hereby orders the following:

1. Respondent Walgreens #06310 shall pay a fine of $250.00 by cashier's or certified check or money order made payable to "State of Nevada, Office of the Treasurer" to be received by the Board's Reno office within 90 days of the effective date of this Order.

2. Respondent Walgreens #06310 shall pay the Board's costs and attorney's fees of $210.00 and the Board's administrative fee of $290.00, for a total of $500.00 by cashier's or certified check or money order made payable to "Nevada State Board of

Pharmacy" to be received by the Board's Reno office within 90 days of the effective date of this Order.

3. Respondent Weaver shall pay a fine of $125.00 by cashier's or certified check or money order made payable to "State of Nevada, Office of the Treasurer" to be received by the Board's Reno office within 90 days of the effective date of this Order.

4. Respondent Weaver shall attend and successfully complete a Nevada jurisprudence continuing education course presented by Board Staff at such time and place as is set by Board Staff. Additionally, Respondent Weaver shall complete three hours of continuing education regarding legal issues related to her practice as a pharmaceutical technician, which hours must be completed before October 31, 2008.

5. The failure by Respondent Weaver to comply with any term in this order shall result in the immediate suspension of her registration and will also result in further discipline, up to and including revocation of the registration. The failure by Respondent Walgreens #06310 to comply with any term in this order shall result in a fine of $1,000 per day for every day that it has failed to comply with the Order until the Order is fully complied with, up to a total fine not to exceed $30,000, and will also result in further discipline, up to and including revocation of the its license.

Signed and effective this 28th day of June, 2007.

J. David Wuest, President
Nevada State Board of Pharmacy

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

FINDINGS OF FACT, CONCLUSIONS OF LAW, AND ORDER

LISA A. HEATHCOCK, PT,
Certificate of Registration No.: PT02628,

Case No. 10-007-PT-S

WALGREENS #12646,
Certificate of Registration No.: PH02353,

Case No. 10-007-PH-S

Respondents.

THIS MATTER was heard by the Nevada State Board of Pharmacy (hereinafter Board) at its regular meeting on July 14, 2010, in Las Vegas, Nevada. The Board was represented by Carolyn J. Cramer, General Counsel for the Board, and Ms. Heathcock was not present because of a family emergency and her matter was continued until the October, 2010 Board meeting. Walgreens #12646 (Walgreens) was represented by Robert Graham, Esq. Based on the presentations of the parties, the parties' admissions, and the public records in the possession and control of the Board, the Board issues the following Findings of Fact, Conclusions of Law, and Order:

FINDINGS OF FACT

1. At hearing, the parties agreed that the facts as plead in the Notice of Intended Action and Accusation were essentially true and correct regarding the issues related to Ms. Heathcock working for Walgreens for 205 days without having renewed her registration as a pharmaceutical technician with the Board. Mr. Graham advised that Walgreens did check to ensure all of their staff had renewed their licenses and that their computer system was working properly, however Walgreens staff was given false

information from Ms. Heathcock. Mr. Graham submitted an exhibit, a copy of license verification with part of the expiration date missing that Ms. Heathcock had written in "2011" and had submitted as her proof to Walgreens that she had renewed her registration. Ms. Heathcock claimed she had not received her registration. Mr. Graham admitted that the managing pharmacist did not following through to make sure that Ms. Heathcock was registered, but ultimately the responsibility was Ms. Heathcock's. Mr. Graham advised that Ms. Heathcock may have been experiencing financial problems because she was borrowing money from store personnel and even requested reimbursement from Walgreens for renewing her registration with the Board of Pharmacy when she had not done so. Based upon the stipulations of the parties and the testimony and evidence presented, the Board finds the following to be the facts of the matter.

2. Ms. Heathcock had worked 1,644 hours or approximately 205 days, between November 1, 2008 and December 14, 2009, the date of her termination of employment, without a valid registration.

CONCLUSIONS OF LAW

1. The Board has jurisdiction over this matter because Ms. Heathcock is a pharmaceutical technician registered by the Board and Walgreens #12646 is a pharmacy licensed with the Board.

2. In owning and operating the pharmacy in which Ms. Heathcock worked without a registration and in failing to verify that Ms. Heathcock had timely and validly renewed her registration, Walgreens #12646 violated NRS 639.210(4) and/or NAC 639.260, 639.945(1)(i) and/or (k) and/or (2).

ORDER

Based upon the foregoing, the Board hereby orders the following:

1. Walgreens #12646 shall pay a fine of $250.00 by cashier's or certified check or money order made payable to "State of Nevada, Office of the Treasurer" to be received by the Board's Reno office within 60 days of the effective date of this Order.

2. Walgreens #12646 shall pay the Board's administrative fee of $295.00, by cashier's or certified check or money order made payable to "Nevada State Board of Pharmacy" to be received by the Board's Reno office within 60 days of the effective date of this Order.

3. Walgreen's shall do a presentation to Board Staff of its computer system that tracks the licensure of employees to make sure the problem is corrected within 60 days of the signing of this Order.

4. Ms. Heathcock's appearance before the Board is continued until the October 2010 meeting in Las Vegas, Nevada.

Signed and effective this 9th day of August, 2010.

Candy Nalley for
Donald W. Fey, President
Nevada State Board of Pharmacy

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

STIPULATION AND ORDER

YVONNE JETT, PT
Certificate of Registration No.: PT09615

Case No. 11-044-PTT-S

WALGREENS #04855
Certificate of Registration No.: PH01307

Case No. 11-044-PH-S

WALGREENS CO.
An Illinois Corporation

Case No. 11-044-PH-S

Respondents.
_____/

Carolyn J. Cramer, General Counsel for the Nevada State Board of Pharmacy, and Respondents, Yvonne Jett, Walgreens #04855 and Walgreens Corporation, all represented by Rob Graham, Esq., of Rob Graham and Associates, stipulate and agree as follows:

1. The Respondents admit the factual allegations made in the First, Second and Third Causes of Action.

2. Respondents admit that although there are systems in place to prevent a licensed employee who has not renewed his or her license from working in Respondent's pharmacy, those systems did not work and additional steps must be taken to prevent this from happening again.

3. The parties shall present this Stipulation and Agreement to the Board at its meeting on July 13, 2011. The parties agree that the Board may ask questions of the parties' counsel, may discuss and deliberate regarding the presentations, and shall enter an Order that may impose discipline as recommended by the parties.

4. Board Staff and the Respondent Jett will recommend that the Board impose discipline for the First Cause of Action by suspending her pharmaceutical technician registration for 120 days during which time she cannot work in any facility that is licensed pursuant the Nevada Board of Pharmacy and pay a total fine of $2,500 by cashier's check or certified check or money order made payable to "State of Nevada, Office of the Treasurer" to be received by the Board's Reno office within 180 days after her suspension ends. The suspension of Respondent Jett's pharmaceutical technician registration will start with the effective date of this order and run through November 10, 2011.

5. Board Staff and Respondents Walgreens Corporation and Walgreens #04855 will recommend that the Board impose discipline on Respondents for the Second and Third Causes of Action by requiring that all Nevada Walgreens pharmacies be trained on and use the licensing computer program that is in place in Nevada. In addition, Walgreens pharmacies in Nevada will be required to implement a statewide policy requiring all managing pharmacists, or if none is present staff pharmacists, to personally verify that the personnel they are working with are properly licensed or registered before they work. If the managing pharmacist, or if no managing pharmacist is present the staff pharmacist, fails to personally verify that all registered personnel are properly licensed or registered and may lawfully work, the managing pharmacist or staff pharmacist will be disciplined by Walgreens and will be subject to disciplinary action by the Board.

6. If the Board rejects any part or all of this stipulation, the parties agree that a full hearing on the merits of this matter may be heard by the Board and that the Board would hear this matter at its meeting on October 12, 2011. The terms and admissions

in this stipulation may not be used or referred to in the full hearing on the merits of this matter.

7. The Board and the Respondents shall each agree to release the other from any and all claims, whether known or unknown, that might otherwise have existed on or before the effective date of the Board's Order in this matter.

Signed this 13th day of July, 2011.

Carolyn J. Cramer, General Counsel

Rob Graham, Esq.

Yvonne Jett, PT.

DECISION AND ORDER

The Nevada State Board of Pharmacy hereby adopts the foregoing Stipulation as its decision and hereby orders that the foregoing Stipulation be made effective. This decision and order shall be effective on the 13th day of July, 2011.

7/13/2011
DATED

Beth Foster, RPh
Beth Foster, President
Nevada State Board of Pharmacy

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, Petitioner, v. ANGELIQUE CHEYENNE STINSON, PT Certificate of Registration No. PT06175 LUDWIG JOSEPH, PTT Certificate of Registration No. PT14490 AMBER SHORE, RPH Certificate of Registration No. 17498 WALGREENS #12488 Certificate of Registration No. PH02741 Respondents.	)	CASE NOS. 13-016-PT-N 13-016-PTT-N 13-016-RPH-N 13-016-PH-N STIPULATION AND ORDER

S. Paul Edwards, General Counsel for Petitioner the Nevada State Board of Pharmacy (Board), and ANGELIQUE CHEYENNE STINSON, PT, Certificate of Registration No. PT06175; LUDWIG JOSEPH, PTT, Certificate of Registration No. PT14490; AMBER SHORE, RPH, Certificate of Registration No. 17498 and WALGREENS #12488, Certificate of Registration No. PH02741 (collectively Respondents), by and through their counsel, Williams J. Stilling of Parsons Behle & Latimer, **HEREBY STIPULATE AND AGREE AS FOLLOWS:**

1. Respondents, and each of them, admit to the factual allegations set forth in paragraphs I through III of the Accusation on file herein.

2. Respondent Ms. Stinson agrees that the facts she admits above subject her to fines under NRS 639.255 and NAC 639.955.

3. Respondent Mr. Joseph agrees that the facts he admits above subject him to fines under NRS 639.255 and NAC 639.955.

4. Respondent Ms. Shore agrees that the facts she admits above subject her to fines under NRS 639.255 and NAC 639.955.

5. Respondent Walgreens #12488 agrees that the facts it admits above subject it to fines under NRS 639.255 and NAC 639.955.

6. Based on Respondents' admissions, Board Staff and Respondents will recommend that the Board impose discipline as follows:

a. Ms. Stinson, PT, shall pay a fine of $480.00 ($20/day for each of the twenty-four (24) days she worked without a current registration).

b. Mr. Joseph, PTT, shall pay a fine of $100.00 ($20/day for each of the five (5) days he worked without a current registration).

c. Ms. Shore, RPh., shall pay a fine of $250.00 for allowing respondents Ms. Stinson and Mr. Joseph to each work under her supervision without a current registration.

d. Walgreens shall pay a fine of $500.00 and an administrative fee of $395.00 for allowing respondents Ms. Stinson and Mr. Joseph to each work in its store without a current registration.

e. Walgreens shall establish policies and procedures to prevent unlicensed and/or unregistered personnel from performing tasks that require a license or registration in any of its Nevada stores. Walgreens shall further demonstrate to Board Staff, within 30 days of entry of this Order, that all of its pharmacists, intern pharmacists, pharmaceutical technicians, and pharmaceutical technicians in training have read, and expressly agree to strictly comply with, those policies and procedures.

7. Board Counsel will present this Stipulation to the Board at its regular meeting on September 4, 2013.

8. Respondents will appear at the September 4, 2013, meeting to answer questions, if any, put to them by the Board. The Board may discuss and deliberate, and at its sole discretion, may enter a Decision and Order accepting this Stipulation and imposing discipline as recommended by the parties, but it is not obligated to do so.

9. If the Board adopts the recommendations set forth above, respondents shall pay the fine(s) set forth herein by cashier's check, certified check or money order made payable to

the "State of Nevada, Office of the Treasurer" to be received by the Board's Reno office located at 431 W. Plumb Lane, Reno, NV 89509, within 90 days of the effective date of this Order.

10. Respondents shall pay the administrative fees ordered herein by cashier's check, certified check or money order made payable to the "Nevada State Board of Pharmacy" to be received by the Board's Reno office located at 431 W. Plumb Lane, Reno, NV 89509, within 90 days of the effective date of this Order.

11. If the Board adopts the recommendations set forth above, the Board and Respondents, and each of them, each agree to release the other from any and all claims arising from the facts set forth in the Accusation on file herein, whether known or unknown, that might otherwise have existed on or before the effective date of the Board's Order in this matter.

12. If the Board rejects any part or all of this Stipulation, the parties agree that a full hearing on the merits of this matter may be heard by the Board, and that the hearing shall occur at the Board's December 4, 2013 meeting.

13. The terms and admissions in this Stipulation may not be used or referred to in a full hearing on the merits of this matter.

Signed this 4th day of September, 2013

S. Paul Edwards, General Counsel
Nevada State Board of Pharmacy

Signed this ___ day of September 2013

ANGELIQUE CHEYENNE STINSON, PT

LUDWIG JOSEPH, PTT

AMBER SHORE, RPH

AUTHORIZED REPRESENTATIVE OF
WALGREENS

LUDWIG JOSEPH, PTT

AMBER SHORE, RPH

AUTHORIZED REPRESENTATIVE OF
WALGREENS

DECISION AND ORDER

The Nevada State Board of Pharmacy hereby adopts the foregoing Stipulation in the matter of the Board versus ANGELIQUE CHEYENNE STINSON, PT; LUDWIG JOSEPH, PTT; AMBER SHORE, RPH and WALGREENS as its decision, and hereby orders that the foregoing Stipulation be made effective. This decision and order shall be effective upon execution.

Signed this ___ day of September, 2013.

Kamlesh Gandhi, President

Nevada State Board of Pharmacy

DECISION AND ORDER

The Nevada State Board of Pharmacy hereby adopts the foregoing Stipulation in the matter of the Board versus ANGELIQUE CHEYENNE STINSON, PT; LUDWIG JOSEPH, PTT; AMBER SHORE, RPH and WALGREENS as its decision, and hereby orders that the foregoing Stipulation be made effective. This decision and order shall be effective upon execution.

Signed this 4 day of September, 2013.

Kamlesh Gandhi, President
Nevada State Board of Pharmacy

Section 9: Statement of Responsibility - MUST BE COMPLETED by an Authorized Person (NAC 639.945)

Statement of Responsibility

1. I am the Vice President (title) for Walgreen Co. (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be responsible for any violations of pharmacy law that may occur in the Pharmacy owned by such owner(s), shareholder(s), member(s), or partner(s).
3. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against the Pharmacy.
4. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) cannot require or permit the pharmacist(s) in said Pharmacy to violate any provision of local, state, or federal laws or regulations pertaining to the practice of pharmacy.
5. I further understand and acknowledge that Nevada law requires that each pharmacy located inside the State of Nevada employ only pharmacists, intern pharmacists, pharmaceutical technicians, and technicians in training that are licensed by the Nevada State Board of Pharmacy. (NRS 639.100).
6. I further understand and acknowledge that Nevada law requires that each pharmacy located outside the State of Nevada engaged in providing pharmacy services into Nevada employs at least one pharmacist licensed by the Nevada State Board of Pharmacy who will be responsible for any prescription dispensed to a patient located in Nevada and responsible for any acts or omissions of pharmacy personnel who are not registered with the Board. (NRS 639.2328).

Richard Gates

Print Name of Authorized Person

Richard Gates

Original signature of Authorized Person (copies or stamps not accepted)

08 / 26 / 2025

Date

Section 10: Affidavit for Pharmacies- MUST BE COMPLETED by pharmacies NOT CURRENTLY PERFORMING Sterile Compounding

Affidavit for Pharmacy License

I, Richard Gates hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

1. I am the Vice President (title) for Walgreen Co. (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I certify that upon licensure, the Pharmacy will not perform sterile compounding or ship sterile compounds into Nevada.
3. I understand and acknowledge that the Pharmacy and any of its staff members may be subject to discipline by the Board if the Pharmacy performs sterile compounding or ships any sterile compounds into Nevada without first obtaining written authorization from the Board to do so.
4. I certify that if the Pharmacy makes the decision to perform sterile compounding or to ship any sterile compounds into Nevada, the Pharmacy, through an authorized representative, will first notify the Board via a written request, and obtain written approval to perform sterile compounding or to ship any sterile compounds into Nevada.
5. I understand that if the Pharmacy seeks approval to perform sterile compounding or to ship any sterile compounds into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

FURTHER YOUR AFFIANT SAYETH NAUGHT.

Signature

SUBSCRIBED AND SWORN TO
Before me, a notary public this 20th day of August, 2025

Zeljka Borosa-Rajcevic
Notary Public

OFFICIAL SEAL
ZELJKA BOROSA RAJCEVIC
Notary Public, State of Illinois
Commission No. 977646
My Commission Expires September 8, 2027

CONFIDENTIAL/EXEMPT FROM
FREEDOM OF INFORMATION ACT AND
SIMILAR STATE REQUESTS

Ownership Information

Ownership & Leadership of Applicant Entity

Applicant: **Walgreen Co.**
108 Wilmot Rd., Deerfield, IL 60015

Ownership: The Applicant entity is wholly owned (100%) by Walgreens Boots Alliance, Inc.

Officers of Walgreen Co.
Michael Motz - CEO
Richard Gates - Senior Vice President, Chief Pharmacy Officer
Cherita Thomas - Secretary
Matthew Spina - CFO
Michael Handal - Licensing and Provider Enrollment Officer

Ownership & Leadership of Walgreens Boots Alliance, Inc.

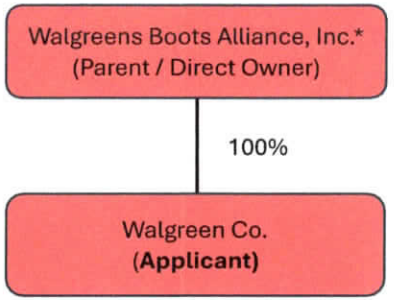
Ownership: Walgreens Boots Alliance, Inc. is wholly owned (100%) by Blazing Star Parent, LLC

Officers of Walgreens Boots Alliance, Inc.
Temporarily vacant - CEO
Mark Weisz - Sr VP, Global Tax
Manmohan Mahajan - Sr VP, Global Controller, CFO
Lanesha Minnix - Corporate Secretary

Please see the attached pre- and post-closing Corporate Organization chart for reference.

Proprietary and Confidential
Not a public record pursuant to
Section 7927.605 of the CPRA and
45 CFR Section 5.31

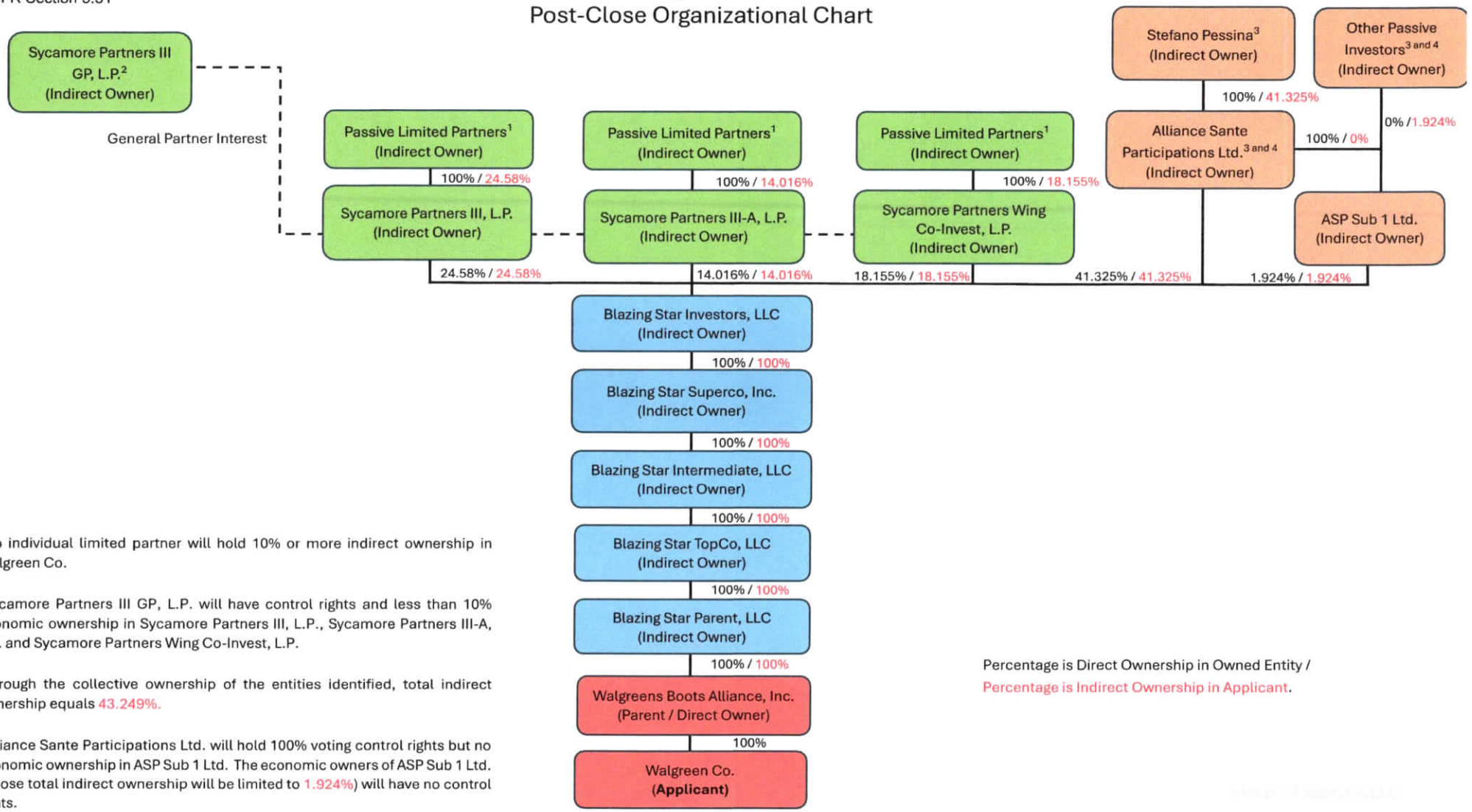
Walgreen Co.
Pre-Close Organizational Chart



Publicly Traded on Nasdaq Stock Market (WBA)

Proprietary and Confidential
Not a public record pursuant to
Section 7927.605 of the CPRA and
45 CFR Section 5.31

Walgreen Co.
Post-Close Organizational Chart



[1]No individual limited partner will hold 10% or more indirect ownership in Walgreen Co.

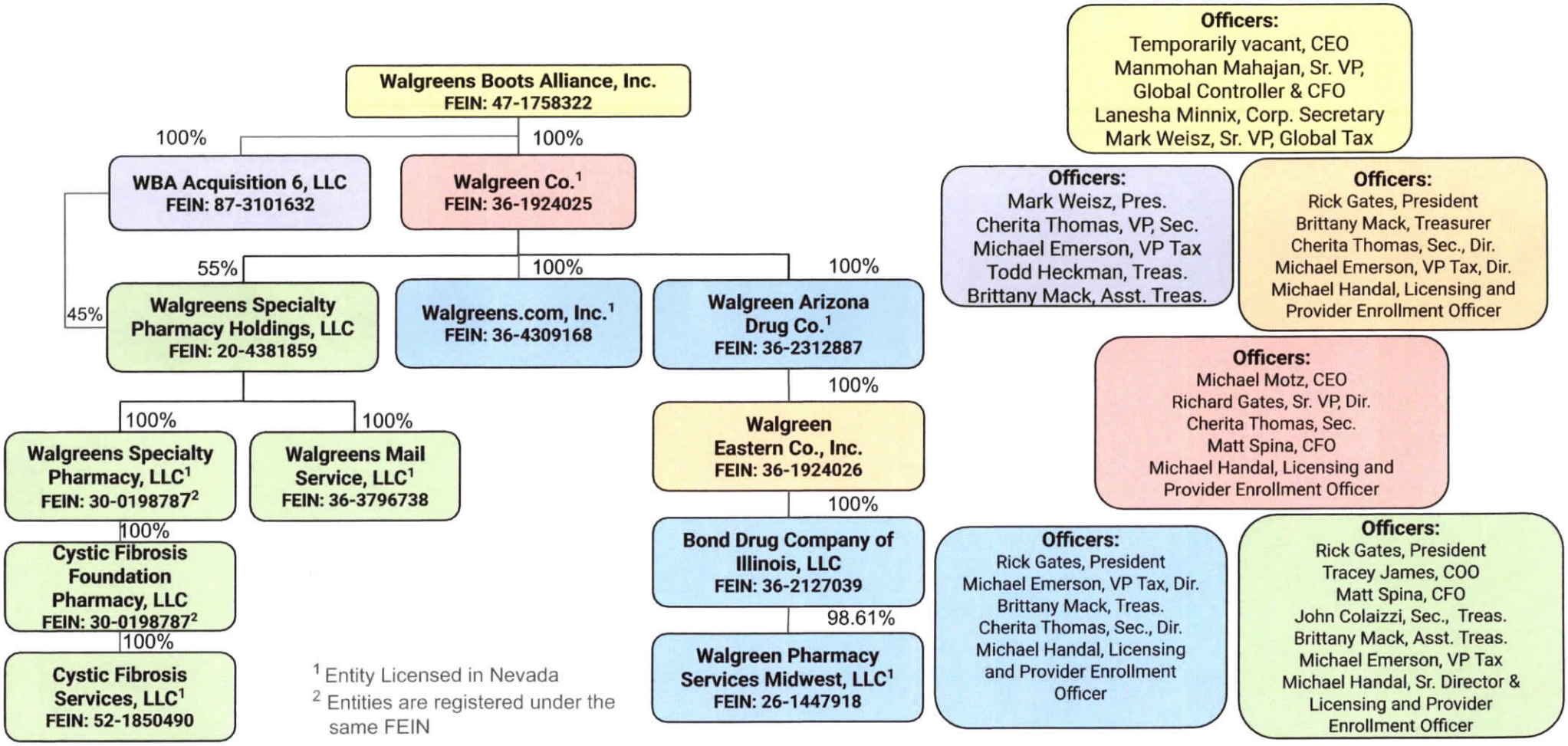
[2]Sycamore Partners III GP, L.P. will have control rights and less than 10% economic ownership in Sycamore Partners III, L.P., Sycamore Partners III-A, L.P. and Sycamore Partners Wing Co-Invest, L.P.

[3]Through the collective ownership of the entities identified, total indirect ownership equals 43.249%.

[4]Alliance Sante Participations Ltd. will hold 100% voting control rights but no economic ownership in ASP Sub 1 Ltd. The economic owners of ASP Sub 1 Ltd. (whose total indirect ownership will be limited to 1.924%) will have no control rights.

Percentage is Direct Ownership in Owned Entity /
Percentage is Indirect Ownership in Applicant.

Walgreen Co.
Post-Close Organizational Chart (cont.)



File Number 1084-348-1

STATE OF ILLINOIS

OFFICE OF THE SECRETARY OF STATE

To all to whom these Presents Shall Come, Greeting:

I, **Alexi Giannoulias,** *Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that*

WALGREEN CO., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON FEBRUARY 15, 1909, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE BUSINESS CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.

In Testimony Whereof, *I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this* 15TH *day of* MAY *A.D.* 2025 .

Authentication #: 2513501622 verifiable until 05/15/2026
Authenticate at: https://www.ilsos.gov

Alexi Giannoulias
SECRETARY OF STATE

9EE

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Pharmacy Application

Non-Refundable $500.00 Fee

Rev (6/11/2024)

Facility Location	Application Type (check all applicable)	Pharmacy Type (check all applicable)	Services the Pharmacy will Provide (check all applicable)
■ Nevada	☐ New Pharmacy	■ Retail/Community	■ Retail/Community
☐ Out-of-Nevada	■ Ownership Change*	☐ Hospital (# beds _____)	■ Dangerous drugs
	☐ Location Change *	☐ Internet	■ Controlled substances
	☐ Service Modification*	☐ Nuclear	DEA #: BW5412642
	☐ Name Change* (if only a Name Change occurred, submit a $50.00 fee with the application.)	☐ Other:	☐ Non-sterile Compounding
			☐ Sterile Compounding
			☐ Mail-Order Service
			☐ Off-site Cognitive Services
			☐ Long Term Care
	* Current license #: PH PH01132		☐ Hospital
			☐ Other:

Days of Operation		Ownership Type (check applicable box)
■ Monday	■ Friday	☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9, 10, 11, 12)
■ Tuesday	■ Saturday	■ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9, 10, 11, 12)
■ Wednesday	■ Sunday	☐ Partnership (complete sections 1, 2, 3, 4, 7, 9, 10, 11, 12)
■ Thursday	☐ Holidays	☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9, 10, 11, 12)

Section 1: General Information

Pharmacy Name: WALGREENS #04137

Physical Address: 9415 W DESERT INN RD

City: LAS VEGAS State: NV Zip: 89117-6765

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: (702)233-8935 Toll Free # (NAC 639.708, NRS 639.23286): N/A

Fax: (702)233-8955 Contact Email: rxm.04137@store.walgreens.com

Website: https://www.walgreens.com

Nevada Business License # (if applicable) NV19951143510

Supervising/Managing Pharmacist Name (NRS 639.220): NICHOLE BAKER

Supervising/Managing Pharmacist NV Pharmacist Registration # (if applicable): 18342

Document Ref: TT9JY-UHEOQ-G92PU-65MT5

Section 2: List the name(s) of at least one NEVADA registered pharmacist who practices at the pharmacy, who may be the managing pharmacist or another pharmacist, who will be responsible for any prescriptions dispensed to a patient located in Nevada and responsible for any acts or omissions of pharmacy personnel who are not registered with the Board. NRS 639.2328. (Use a separate piece of paper if additional space is needed.)

Name: NICHOLE BAKER	NV Pharmacist Registration #: 18342
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:

Section 3: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✓
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration from any jurisdiction?		✓
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been subject of an administrative action, board citation, cite fine, or proceeding relating to the pharmaceutical industry?	✓	
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✓
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✓

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name(s) of the owner(s), their credentials and their percent ownership. Write NA if not applicable. NRS 639.232. (Use a separate piece of paper if additional space is needed.)

Name: N/A	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:

1. The Board shall not issue a license to conduct a pharmacy:
   a) To any practitioner; or
   b) To any partnership, corporation, or association in which a practitioner has a controlling interest or owns more than 10 percent of the available stock.
2. This section does not:
   a) Apply to a hospital pharmacy or a health maintenance organization which holds a certificate of authority under chapter 695C of NRS.
   b) Prohibit ownership by a practitioner of a building in which a pharmacy is located, if space for the pharmacy is rented at the prevailing rate.

Section 5: Publicly Traded Corporation

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Does the number of stockholders/shareholders of the corporation exceed four? NRS 639.231 ☐ Yes ☐ No

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: Delaware

Parent Company (if any): Walgreens Boots Alliance, Inc.

Corporation/Organization Name: Walgreen Co.

Mailing Address: 108 Wilmot Rd

City: Deerfield State: IL Zip: 60015

Telephone: 847-224-1348 Email: licenseadministration@walgreens.com

Contact Person Name: Kayla Lechner

Does the number of stockholders/shareholders of the corporation or members exceed four? NRS 639.231 ☐ Yes ☒ No

Section 7: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Please check type of partnership (NAC 639.214) ☐ General ☐ Limited

Does the number of partners or members of the partnership exceed four? NRS 639.231 ☐ Yes ☐ No

Section 8: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Document Ref: TT9JY-UHEOQ-G92PU-65MT5

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Richard Gates

Print Name of Authorized Person Submitting Application (If the applicant is a partnership or corporation, the application must be signed by a partner or by an officer of the corporation). NAC 639.215

Richard Gates

Original signature of Authorized Person (copies or stamps not accepted)

08 / 26 / 2025

Date

Board Use Only	Date Received: 9/22/25	Amount: $500 ck DP03-30004129

Section 11: Managing Pharmacist Acknowledgement, Professional/Personal History – REQUIRED TO BE COMPLETED BY THE MANAGING PHARMACIST FOR NEVADA LOCATED PHARMACY APPLICANTS ONLY

Managing Pharmacist Name: NICHOLE BAKER Pharmacist Registration #: 18342

Pharmacy Name: WALGREENS #04137

Initial each statement below to indicate you have read and agree with the following:

N.B. I understand that as the managing pharmacist I am responsible for compliance by the pharmacy and its personnel with all state and federal laws and regulations relating to the operation of the pharmacy and the practice of pharmacy. I understand my license can be revoked or that I can be subject of disciplinary action if such laws or regulations are knowingly violated in the pharmacy in which I am the managing pharmacist.

N.B. I understand within 48 hours after I report for duty as the managing pharmacist, I shall complete an inventory of all controlled substances of the pharmacy pursuant to 21 CFR Part 1304 and maintain a copy of the inventory in the file at the pharmacy.

N.B. I understand that if I cease to be managing pharmacist of the above-named pharmacy, I will jointly, with the new managing pharmacist, take an inventory of all controlled substances.

N.B. I understand that as the managing pharmacist I must ensure that all loss or theft of controlled substances are reported on forms provided by the Nevada State Board of Pharmacy and Department of Public Safety within 10 days after the date of discovery of theft or loss. NRS 453.568. Federal regulations require that registrants notify the Field Division Office of the Administration in his area, in writing, of the theft or significant loss of any controlled substance, disposal receptacles or listed chemicals within one business day of discovery of such loss or theft. The registrant shall also complete and submit to the Field Division Office in his area, DEA Form 106 regarding the loss or theft (21 C.F.R. §1301.76(b) and 21 U.S.C. §830(b)(1)(C)).

N.B. I understand that as the managing pharmacist I must notify the Nevada State Board of Pharmacy of all employment changes of pharmacy staff within 10 days of the change. NAC 639.540

Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?	☐	☑
2. Have you been charged, arrested, or convicted of a felony or misdemeanor in any state?	☐	☑
3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state?	☐	☑
4. Has your license been subjected to any discipline for violation of pharmacy or drug laws in any state?	☐	☑

If you marked YES to any questions above, include the following information and provide a signed statement of explanation. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Board Administrative Action:	State:	Date:	Case #:

Criminal Action:	State:	Date:	Case #:	County:	Court:

I certify under penalty of perjury that the information I have provided on this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

NICHOLE BAKER

Original signature of Managing Pharmacist (copies or stamps not accepted)

08 / 01 / 2025

Date

Document Ref: 3K3GS-QVMTX-VLEOJ-2TM5V

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

WENDELL C. WEEKS, R.Ph.,
Certificate of Registration #13944,

WALGREENS #04137
Certificate of Registration No. PH01132

Respondents.

NOTICE OF INTENDED ACTION AND ACCUSATION

Case No. 06-044-RPH-S

Case No. 06-044-PH-S

COMES NOW Larry L. Pinson, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, and makes the following that will serve as both a notice of intended action under Nevada Revised Statutes (NRS) 233B.127(3) and as an accusation under NRS 639.241.

I.

The Nevada State Board of Pharmacy has jurisdiction over this matter because Respondent Wendell C. Weeks is a pharmacist licensed by the Board and Walgreens #04137 is a pharmacy licensed by the Board, located at 9415 West Desert Inn Road, Las Vegas, Nevada.

II.

On or about July 24, 2006, Mr. K picked up a refill prescription (Rx 0809534) for Ambien 10 mg. #30 for his wife. Patient K began taking the medication on July 25, 2006, and she took the medication for thirteen days but was not receiving the desired sleeping results she normally got from taking Ambien. During that period of time, Patient K was experiencing lack of sleep, heart tremors/fluttering, cold sweats, shakiness, and a lack of concentration and energy. Patient K examined the medication

she had been taking more closely and noticed that the label was correct but the medication contained in the prescription container were white oblong tablets and the surface was not smooth like previous Ambien tablets she had taken were. Patient K noted that the tablets had the number "50" on one side and "266" on the other.

III.

Patient K contacted Walgreens #04137 and described the tablets she had been taking. At that time it was discovered that Patient K received Levothyrixine 50 mcg. tablets that were for the treatment of a thyroid condition. It was also determined that Mr. Weeks was the pharmacist that filled the prescription. Patient K was already being treated for a thyroid condition and was taking Levoxyl 100 mcg. tablets. Thus, Patient K had been ingesting twice the prescribed thyroid medication. Fortunately, Patient K suffered no harm beyond her discomfort previously described.

FIRST CAUSE OF ACTION

IV.

In failing to follow the order of Patient K's physician, namely by filling Patient K's prescription with Levothyrixine 50 mcg. tablets rather than Ambien 10 mg. tablets that had been ordered, Mr. Weeks violated NRS 639.210(4) and NAC 639.945(1)(d) and (i).

SECOND CAUSE OF ACTION

V.

In owning and operating the pharmacy in which Mr. Weeks's violation occurred and from which Patient K's prescription was dispensed incorrectly, Walgreens #04137 violated NRS 639.210(4) and NAC 639.945(1)(d) and (i) and (2).

WHEREFORE it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to the certificates of registration of the Respondents.

Signed this 20th day of June, 2007.

Larry L. Pinson, Executive Secretary
Nevada State Board of Pharmacy

NOTICE TO RESPONDENT

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements regarding your certificate of registration. To do so, you must mail to the Board within 15 days of your receipt of this Notice of Intended Action and Accusation a written statement showing your compliance.

BEFORE THE NEVADA STATE BOARD OF PHARMACY

JUL 16 2007

NEVADA STATE BOARD OF PHARMACY,

Petitioner, **STIPULATION AND ORDER**

v.

WALGREENS #04137 **Case No. 06-044-PH-S**
Certificate of Registration No. PH01132

Respondent.
_____/

The Nevada State Board of Pharmacy and Respondent Walgreens #04137, hereby stipulate as follows:

1. That Notice of Intended Action and Accusation was sent to Respondent and that Respondent received said Notice.

2. That Respondent is fully aware of his right to be served with an Accusation and have a hearing on the matters alleged in the Notice of Intended Action, his right to reconsideration, his right to appeal, and any and all other rights which may be accorded to him pursuant to the Nevada Administrative Procedure Act and the Nevada Pharmacy Act.

3. That Respondent hereby freely and voluntarily waives his rights to a hearing, reconsideration, appeal, and any and all other rights that may be accorded to him by the Nevada Administrative Procedure Act and the Nevada Pharmacy Act.

4. That Respondent admits the truth of the matters alleged in the Notice of Intended Action and Accusation.

5. That cause for disciplinary action against the Respondent exists pursuant to the provisions of Nevada Revised Statutes (NRS) 639.210(4), Nevada Administrative Code (NAC) 639.945(1) (d) and (i) and (2).

6. That the admissions made herein are for the purpose of this proceeding only and shall have no force or effect in any other case or proceeding.

7. That based upon the Notice of Intended Action and Accusation and the foregoing admissions, it is stipulated that the following penalty is imposed:

Respondent shall pay to the State of Nevada a fine of $200.00 certified check, or money order made payable to "State of Nevada, Office of the Treasurer". All moneys shall be mailed to and received by the Board office no later than fifteen days from the receipt of the Board's decision and order in this matter.

Respondent's failure to timely comply with the above-listed conditions shall result in a in a fine of $1000 per day for every day the term is not complied with, up to a maximum of $30,000, and will result in further discipline, up to and including revocation of the Respondent's license.

8. If this Stipulation is not accepted in its entirety by the Nevada State Board of Pharmacy, it shall have no effect whatsoever.

I have fully considered the charges and allegations contained in the Notice of Intended Action. I understand my right to a hearing, as well as my right to reconsideration, appeal, and any and all other rights accorded me pursuant to the Nevada Administrative Procedure Act and the Nevada Pharmacy Practice Act, including my right to be represented by counsel at my own expense. I hereby freely and **voluntarily waive all these rights and agree to the terms of this Stipulation.**

7/11/07
DATED

Matt Forster - Pharmacy Supervisor
type or print name
Las Vegas West District

for Walgreens #04137

DECISION AND ORDER

The Nevada State Board of Pharmacy hereby adopts the foregoing Stipulation as its decision and hereby orders that the foregoing Stipulation be made effective. This decision and order shall be effective on the 25th day of July, 2007.

7/26/07
DATED

J. David Wuest, President
Nevada State Board of Pharmacy

FILED
OCT 12 2022
NEVADA STATE BOARD
OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **WALGREENS PHARMACY #4137, Pharmacy License No. PH01132,** **HIEP TRAN, RPH, Certificate of Registration No. 17091, and** **THUTHAPORN WONGSE-SANIT, RPH, Certificate of Registration No. 16891,** **Respondents.**	**Case Nos.** **18-072-PH-S** **18-072-RPH-A-S** **18-072-RPH-B-S** **STIPULATION AND ORDER**

Courtney K. Lee, General Counsel for Petitioner, the Nevada State Board of Pharmacy ("Board"), and Respondent Walgreens Pharmacy #4137 ("Walgreens"), Pharmacy License No. PH01132, Respondent Hiep Tran, RPh ("Tran"), Certificate of Registration No. 17091, and Respondent Thuthaporn Wongse-Sanit, RPh ("Wongse-Sanit"), Certificate of Registration No. 16891, jointly by and through counsel, William Stilling, Esq. of Stilling & Harrison, **HEREBY STIPULATE AND AGREE THAT**:

1. The Board has jurisdiction over Respondents and these matters.

2. On or about August 31, 2022, Board's staff served Respondents Walgreens, Tran, and Wongse-Sanit with the Notice of Intended Action and Accusation ("Accusation") on file in this matter together with the Statement to Respondents and Notice of Hearing.

3. In lieu of filing an Answer through commonly retained counsel, William Stilling, Esq., this Stipulation and Order is being submitted for the Board's consideration.

4. Respondents are aware of the right to seek the advice of counsel in this matter and obtained the advice of counsel prior to entering this Stipulation.

5. Respondents are aware of the right to a hearing on the matters alleged in the Accusation, their right to reconsideration, their right to appeal, and any and all other rights which may be accorded pursuant to NRS Chapter 233B, Nevada Administrative Procedure Act, NRS Chapter 622A, Administrative Procedure Before Certain Regulatory Bodies, and NRS Chapter 639, Nevada Pharmacy Act.

6. Conditioned on the acceptance of this Stipulation by the Board, and with the exception of the right to challenge any determination that Respondents, or any of them, have failed to comply with the provisions of this Stipulation, Respondents hereby freely and voluntarily waive their rights to a hearing, reconsideration, appeal and any and all other rights related to this action that may be accorded to them by NRS Chapter 233B, Nevada Administrative Procedure Act, NRS Chapter 622A, Administrative Procedure Before Certain Regulatory Bodies, and NRS Chapter 639, Nevada Pharmacy Act.

7. Respondents admit that evidence exists, and that Board's staff prosecuting this case could present such evidence at an administrative hearing, to establish a factual basis for certain of the violations alleged in the Accusation, that:

A. Respondent Tran failed to strictly follow the instructions of a prescriber M.H. by dispensing the wrong dosage of Morphine Sulfate **30 mg**, prescription number 2844442, instead of the correct dosage 15 mg, and engaged in unprofessional conduct as defined in NAC 639.945(1)(d).

B. Respondent Tran performed his duties in an incompetent, unskillful or negligent manner when he failed to accurately verify medication at data entry review for prescription number 2844442, which was the wrong dosage of Morphine Sulfate **30 mg** instead of the correct dosage 15 mg, failed to properly verify medication during final review, and engaged in unprofessional conduct as defined in NAC 639.945(1)(i).

C. Respondent Wongse-Sanit performed her duties in an incompetent, unskillful or negligent manner when she overrode DUR flag(s) for prescription number 2844442, and engaged in unprofessional conduct as defined in NAC 639.945(1)(i).

D. As the pharmacy where Respondent Tran, Respondent Wongse-Sanit, and PT C.S. violated the laws as alleged herein, Walgreens is responsible for those violations pursuant to NAC 639.702, and NAC 639.945(2).

E. By failing to keep complete, accurate, and readily retrievable records of all controlled substances dispensed, failing to record the correct pharmacy personnel who performed each step of data entry, verification and dispensing, Walgreens violated NRS 453.246; NRS 453.326; NAC 453.480; NAC 639.245; NAC 639.482; NAC 639.485; NAC 639.487; 21 CFR § 1304.21.

8. These violations are plead with particularity in the Accusation, and are grounds for disciplinary action pursuant to NRS 639.210 and/or NRS 639.255.

9. In order to resolve this matter without incurring any further costs or the expense associated with a hearing, the Board and Respondent Tran, Certificate of Registration No. 17091, stipulate to the following penalties and/or conditions:

A. Respondent Tran shall pay a fine of One-Thousand Dollars ($1,000.00) for the violations; and

B. Respondent Tran shall pay Five-Hundred Dollars ($500.00) to partially reimburse the Board for recoverable attorney's fees and investigative costs.

10. In order to resolve this matter without incurring any further costs or the expense associated with a hearing, the Board and Respondent Wongse-Sanit, Certificate of Registration No. 16891, stipulate to the following penalties and/or conditions:

C. Respondent Wongse-Sanit shall pay a fine of One-Thousand Dollars ($1,000.00) for the violations; and

D. Respondent Wongse-Sanit shall pay Five-Hundred Dollars ($500.00) to partially reimburse the Board for recoverable attorney's fees and investigative costs.

11. In order to resolve this matter without incurring any further costs or the expense associated with a hearing, the Board and Respondent Walgreens, Pharmacy License No. PH01132 stipulate to the following penalties and/or conditions:

A. Respondent Walgreens shall pay a fine of Two-Thousand Dollars ($2,000.00) for the violations; and

B. Respondent Walgreens shall pay One-Thousand Dollars ($1,000.00) to partially reimburse the Board for recoverable attorney's fees and investigative costs.

12. Any failure by any Respondent to comply with the terms of this Order may result in issuance by the Executive Secretary of an order to show cause pursuant to NAC 639.965 directing the non-compliant Respondent(s) to appear before the Board at the next regularly-scheduled meeting for a show cause hearing. If such a hearing results in a finding of a violation of this Order by any Respondent, the Board may impose additional discipline upon the non-compliant Respondent(s) consistent with the provisions of NRS Chapter 639.

13. General Counsel will present this Stipulation to the Board for approval pursuant to NRS 622.330 at the Board's regularly scheduled public meeting on October 12, 2022. Respondents will appear in person at the meeting to answer questions from the Board Members and/or Board Staff. The Board Members and Staff may discuss and deliberate regarding this Stipulation, even if Respondents or counsel are not present at the meeting.

14. The Board has discretion to accept this Stipulation, but it is not obligated to do so. If this Stipulation is approved by the Board, it shall be a public record pursuant to NRS 622.330 and shall be reported to the National Practitioner Data Bank pursuant to 42 USC § 1396r–2 and 45 CFR Part 60.

15. If the Board rejects any part or all of this Stipulation, and unless they reach an alternative agreement on the record during the hearing, the parties agree that a full hearing on the merits of this matter may be heard by the Board on the same day or at a later date. The terms and admissions herein may not be used or referred to in a full hearing on the merits of this matter.

16. Upon approval of this Stipulation by the Board, Respondents shall pay the fines agreed to herein by *personal check, business check, cashier's check* or *certified check* or *money order* made payable to **"State of Nevada, Office of the Treasurer,"** to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within thirty (30) days of entry of this Order.

17. Upon approval of this Stipulation by the Board, Respondents shall pay the attorney's fees and investigative costs agreed to herein by *personal check, business check, cashier's check* or *certified check* or *money order* made payable to **"Nevada State Board of Pharmacy,"** to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within thirty (30) days of entry of this Order.

18. Subject to the approval of this Stipulation by the Board, the Board and Respondents agree to release one another from any and all additional claims arising from the facts set forth in the Accusation on file herein, whether known or unknown that might otherwise have existed on or before the effective date of this Order.

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Respondents have fully considered the charges and allegations contained in the *Notice of Intended Action and Accusation* in this matter, and the terms of this Stipulation, and have freely and voluntarily agreed to the terms set forth herein, and waived certain rights, as stated herein.

AGREED:

Signed this 7th day of October, 2022

WALGREENS PHARMACY #4137,
Pharmacy License No. PH01132

Signed this ___ day of October, 2022

HIEP TRAN, RPH,
Certificate of Registration No. 17091

Signed this ___ day of October, 2022

THUTHAPORN WONGSE-SANIT, RPH,
Certificate of Registration No. 16891

APPROVED AS TO FORM AND CONTENT
this ___ day of October, 2022

WILLIAM STILLING, ESQ.
Counsel for Respondents

Signed this ___ day of October, 2022

COURTNEY K. LEE, ESQ.
General Counsel
Nevada State Board of Pharmacy

Respondents have fully considered the charges and allegations contained in the *Notice of Intended Action and Accusation* in this matter, and the terms of this Stipulation, and have freely and voluntarily agreed to the terms set forth herein, and waived certain rights, as stated herein.

AGREED:

Signed this ___ day of October, 2022

WALGREENS PHARMACY #4137,
Pharmacy License No. PH01132

Signed this 19 day of October, 2022

HIEP TRAN, RPH,
Certificate of Registration No. 17091

Signed this ___ day of October, 2022

THUTHAPORN WONGSE-SANIT, RPH,
Certificate of Registration No. 16891

APPROVED AS TO FORM AND CONTENT
this ___ day of October, 2022

WILLIAM STILLING, ESQ.
Counsel for Respondents

Signed this ___ day of October, 2022

COURTNEY K. LEE, ESQ.
General Counsel
Nevada State Board of Pharmacy

Respondents have fully considered the charges and allegations contained in the *Notice of Intended Action and Accusation* in this matter, and the terms of this Stipulation, and have freely and voluntarily agreed to the terms set forth herein, and waived certain rights, as stated herein

AGREED:

Signed this day of October, 2022

WALGREENS PHARMACY #4137,
Pharmacy License No. PH01132

Signed this ___ day of October, 2022

HIEP TRAN, RPH,
Certificate of Registration No. 17091

Signed this ___ day of October, 2022

THUTHAPORN WONGSE-SANIT, RPH.
Certificate of Registration No. 16891

APPROVED AS TO FORM AND CONTENT
this ___ day of October, 2022

WILLIAM STILLING, ESQ.
Counsel for Respondents

Signed this 7 day of October, 2022

COURTNEY K. LEE, ESQ.
General Counsel
Nevada State Board of Pharmacy

Respondents have fully considered the charges and allegations contained in the *Notice of Intended Action and Accusation* in this matter, and the terms of this Stipulation, and have freely and voluntarily agreed to the terms set forth herein, and waived certain rights, as stated herein.

AGREED:

Signed this ___ day of October, 2022

WALGREENS PHARMACY #4137,
Pharmacy License No. PH01132

Signed this ___ day of October, 2022

HIEP TRAN, RPH,
Certificate of Registration No. 17091

Signed this ___ day of October, 2022

THUTHAPORN WONGSE-SANIT, RPH,
Certificate of Registration No. 16891

APPROVED AS TO FORM AND CONTENT
this 6th day of October, 2022

WILLIAM STILLING, ESQ.
Counsel for Respondents

Signed this 10th day of October, 2022

COURTNEY K. LEE, ESQ.
General Counsel
Nevada State Board of Pharmacy

ORDER

The Nevada State Board of Pharmacy hereby adopts the foregoing Stipulation as to Respondent Walgreens Pharmacy #4137, Pharmacy License No. PH01132, Respondent Hiep Tran, RPH, Certificate of Registration No. 17091, and Respondent Thuthaporn Wongse-Sanit, RPH, Certificate of Registration No. 16891, in Case Nos. 18-072-PH-S, 18-072-RPH-A-S, 18-072-RPH-B-S, and hereby orders that the terms of the foregoing Stipulation be made immediately effective upon execution below.

IT IS SO ORDERED.

Entered this 12th day of October, 2022.

Helen Park, President
Nevada State Board of Pharmacy

FILED
AUG 31 2021
NEVADA STATE BOARD OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

WALGREENS PHARMACY #4137, Pharmacy License No. PH01132,

HIEP TRAN, RPH, Certificate of Registration No. 17091, and

THUTHAPORN WONGSE-SANIT, RPH, Certificate of Registration No. 16891,

Respondents.

Case No. 18-072-PH-S
18-072-RPH-A-S
18-072-RPH-B-S

NOTICE OF INTENDED ACTION AND ACCUSATION

J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, makes the following that will serve as both a notice of intended action under NRS 233B.127(3) and as an accusation under NRS 622A.300(1) and/or NRS 639.241.

JURISDICTION

The Nevada State Board of Pharmacy ("Board") has jurisdiction over this matter because, at the time of the events alleged herein, Respondent Walgreens Pharmacy #4137 ("Walgreens"), Pharmacy License No. PH01132, Respondent Hiep Tran, RPH ("Tran"), Certificate of Registration No. 17091, and Respondent Thuthaporn Wongse-Sanit, RPH ("Wongse-Sanit"), Certificate of Registration No. 16891 were licensed/registered with the Board.

FACTUAL ALLEGATIONS

1. Respondent Walgreens is located at 9415 W. Desert Inn, in Las Vegas, Nevada.

2. Respondent Tran was a staff pharmacist at Walgreens during the alleged and relevant timeframes.

3. Respondent Wongse-Sanit was a staff pharmacist at Walgreens during the alleged and relevant timeframes.

4. On April 5, 2018, practitioner M.H. wrote patient K.J. a prescription for Morphine Sulfate 15 mg Immediate Release, quantity 120, which was designated prescription number 2844442 by Walgreens.

5. Walgreens' records showed that pharmaceutical technician ("PT") S.V. scanned the prescription on April 5, 2018.

6. Drug utilization review ("DUR") flag(s) were overridden by Respondent Wongse-Sanit on April 5, 2018.

7. It was later discovered that PT S.V. was not the PT who scanned and entered the prescription information incorrectly for prescription number 2844442 on April 5, 2018. PT C.S. entered the information incorrectly as Morphine Sulfate 15 mg **Extended Release** instead of Immediate Release. PT S.V. forgot to sign out of his computer terminal, and PT C.S. failed to sign in, resulting in the recording of data entry under the wrong PT's name. Respondent Tran discovered the PT's data entry mistake and attempted to correct from **Extended Release** to the prescribed Immediate Release, but in attempting to correct the prescription, Tran selected the wrong dosage **30 mg**, instead of the prescribed 15 mg.

8. The final product review was performed by Respondent Tran on April 5, 2018 for the prescription, Morphine Sulfate at a higher dosage of **30 mg** than prescribed. This prescription was dispensed on April 10, 2018.

9. In addition, although Respondent Tran did not work on April 10, 2018, the date of dispensed prescription number 2844442, his name was kept on the dispensing record because Respondent Tran was the last recorded pharmacist who performed final review. A Walgreens' representative explained that a "MSC exception" was utilized instead of a "TPR exception", and that only a rebilling to a different insurance occurred, so that the original entry user was still responsible for the data entered.

10. Patient K.J. ingested all 120 tablets. Patient K.J. initially experienced dizziness and nausea when she took the increased and incorrect prescribed dosage of Morphine Sulfate, prescription number 2844442. The error was discovered upon a follow-up visit with practitioner M.H. on May 1, 2018.

APPLICABLE LAW

11. A licensee/registrant commits unprofessional conduct when he fails to follow strictly the instructions of a practitioner when filling, labeling, and dispensing a prescription. NAC 639.945(1)(d).

12. Unprofessional conduct also includes a licensee performing his or her duties in an "incompetent, unskillful, or negligent manner." NAC 639.945(1)(i).

13. Persons registered to dispense controlled substances and/or dangerous drugs shall keep records and maintain inventories in conformance with the recordkeeping and inventory requirements of state and federal law, and maintain proper personnel on duty records. NRS 453.246; NRS 453.326; NAC 453.480; NAC 639.245; NAC 639.482; NAC 639.485; NAC 639.487; 21 CFR § 1304.21.

14. NAC 639.252(2) states in relevant part: "If a pharmaceutical technician performs one or more of the functions necessary to prepare a prescription, the pharmacist supervising the pharmaceutical technician is responsible for the filled prescription."

15. "Any violation of any of the provisions of this chapter [NRS Chapter 639] by a managing pharmacist or by personnel of the pharmacy under the supervision of the managing pharmacist is cause for the suspension or revocation of the license of the pharmacy by the Board." NRS 639.230(5).

16. "The owner of a pharmacy, the managing pharmacist of the pharmacy and the registered pharmacist on duty at the pharmacy are responsible for the acts and omissions of pharmaceutical technicians and other personnel who are not pharmacists working in or for the pharmacy, including, but not limited to, any errors committed or unauthorized work performed by such personnel, if the owner, managing pharmacist or registered pharmacist knew or reasonably should have known of the act or omission." NAC 639.702.

17. A pharmacy owner is responsible for violations committed by the pharmacy's employees. NAC 639.945(2).

18. Respondents are subject to discipline for violations pursuant to NRS 639.210 and/or NRS 639.255.

COUNT ONE
Unprofessional Conduct – Failure to Strictly Follow Directions of Prescriber
(Respondent Tran)

19. Respondent Tran failed to strictly follow the instructions of a prescriber M.H. by dispensing the wrong dosage of Morphine Sulfate **30 mg**, prescription number 2844442, instead of the correct dosage 15 mg, and engaged in unprofessional conduct as defined in NAC 639.945(1)(d), and is therefore subject to discipline pursuant to NRS 639.210 and/or NRS 639.255.

COUNT TWO
Unprofessional Conduct- Incompetent, Unskillful, or Negligent Conduct
(Respondents Tran and Wongse-Sanit)

20. Respondent Tran performed his duties in an incompetent, unskillful or negligent manner when he failed to accurately verify medication at data entry review for prescription number 284444, which was the wrong dosage of Morphine Sulfate **30 mg** instead of the correct dosage 15 mg, failed to properly verify medication during final review, and engaged in unprofessional

conduct as defined in NAC 639.945(1)(i), and is therefore subject to discipline pursuant to NRS 639.210 and/or NRS 639.255.

21. Respondent Wongse-Sanit performed her duties in an incompetent, unskillful or negligent manner when she overrode DUR flag(s) for prescription number 2844442, and engaged in unprofessional conduct as defined in NAC 639.945(1)(i), and is therefore subject to discipline pursuant to NRS 639.210 and/or NRS 639.255.

COUNT THREE
Pharmacy/Pharmacy Owner Responsibility
(Respondent Walgreens)

22. As the pharmacy where Respondent Tran, Respondent Wongse-Sanit, and PT C.S. violated the laws as alleged herein, Walgreens is responsible for those violations pursuant to NAC 639.702, and NAC 639.945(2). Respondent Walgreens is therefore subject to discipline pursuant to NRS 639.210 and/or NRS 639.255.

23. By failing to keep complete, accurate, and readily retrievable records of all controlled substances dispensed, failing to record the correct pharmacy personnel who performed each step of data entry, verification and dispensing, Walgreens violated NRS 453.246; NRS 453.326; NAC 453.480; NAC 639.245; NAC 639.482; NAC 639.485; NAC 639.487; 21 CFR § 1304.21, and is subject to discipline pursuant to NRS 639.210, and/or NRS 639.255.

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WHEREFORE, it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to the license(s)/registration(s) of these Respondents.

Signed this 31st day of August, 2022.

Yenh Long, Pharm.D., Deputy Executive Secretary of the Nevada State Board of Pharmacy, for and on behalf of J. David Wuest, R.Ph., Executive Secretary of the Nevada State Board of Pharmacy

NOTICE TO RESPONDENTS

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241. To do so, you must complete, and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Notice of Intended Action and Accusation. NRS 622A.320; NRS 639.243. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, Petitioner. v. WALGREENS PHARMACY #4137, Pharmacy License No. PH01132, Respondent.	CASE NO. 18-072-PH-S STATEMENT TO THE RESPONDENT AND NOTICE OF HEARING

TO THE RESPONDENT ABOVE-NAMED: PLEASE TAKE NOTICE THAT:

1. Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy (Board) by NRS 639.241 to NRS 639.2576, inclusive, and NRS chapter 233B and 622A, a Notice of Intended Action and Accusation has been filed with the Board by the Petitioner, J. David Wuest, Executive Secretary for the Board, alleging grounds for imposition of disciplinary action by the Board against you, as is more fully explained and set forth in the Notice of Intended Action and Accusation served herewith and hereby incorporated reference herein.

2. You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241. To do so, you must complete and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Statement and Notice, and of the Notice of Intended Action and Accusation served within. NRS 622A.320; NRS 639.243.

3. **The Board has scheduled your hearing on this matter for Wednesday, October 12, 2022, at 9:00 AM PST or soon thereafter at the following location:**

Hilton Garden Inn Las Vegas Strip South
7830 S. Las Vegas Blvd
Las Vegas, NV 89123

4. Pursuant to NRS 241.033 and 241.034, please be advised that the hearing is a public meeting, and the Board may, without further notice, take administrative action against you if the Board determines that such administrative action is warranted after considering your character, alleged misconduct, professional competence, or physical or mental health. The Board at its discretion may go into closed session to consider your character, alleged misconduct, professional competence, or physical or mental health. You may attend any closed session, have an attorney or other representative of your choosing present during any closed session, and present written evidence, provide testimony, and present witnesses relating to your character, alleged misconduct, professional competence, or physical or mental health during any closed session.

5. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

DATED this 31st day of August, 2022.

Yenh Long, Pharm.D., Deputy Executive Secretary of the Nevada State Board of Pharmacy, for and on behalf of J. David Wuest, R.Ph., Executive Secretary of the Nevada State Board of Pharmacy

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, Petitioner, v. WALGREENS PHARMACY #4137, Pharmacy License No. PH01132, Respondent.	CASE NO. 18-072-PH-S ANSWER AND NOTICE OF DEFENSE

Respondent above named, in answer to the Notice of Intended Action and Accusation filed in the above-entitled matter before the Nevada State Board of Pharmacy, declares:

1. That his/her objection to the Notice of Intended Action and Accusation as being incomplete or failing to state clearly the charges against him/her, is hereby interposed on the following grounds: (State specific objections or insert "none").

2. That, in answer to the Notice of Intended Action and Accusation, he/she admits, denies and alleges as follows:

I hereby declare, under penalty of perjury, that the foregoing Answer and Notice of Defense, and all facts therein stated, are true and correct to the best of my knowledge.

DATED this _____ day of _____, 2022.

_____
TYPE OR PRINT NAME

_____
AUTHORIZED REPRESENTATIVE FOR WALGREENS PHARMACY #4137

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

NOTICE OF INTENDED ACTION AND ACCUSATION

JENNIFER CHAN, RPH.,
Certificate of Registration #14660,

Case No. 10-032-RPH-S

WALGREENS #04137,
Certificate of Registration #PH01132,

Case No. 10-032-PH-S

Respondents.

COMES NOW Larry L. Pinson, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, and makes the following that will serve as both a notice of intended action under Nevada Revised Statutes (NRS) 233B.127(3) and as an accusation under NRS 639.241.

I.

The Nevada State Board of Pharmacy has jurisdiction over this matter because Respondent Jennifer Chan is a pharmacist licensed by the Board and Walgreens #04137 is a pharmacy licensed by the Board, located at 9415 West Desert Inn Road, Las Vegas, Nevada.

FIRST CAUSE OF ACTION

II.

On or about February 14, 2010 Edward Eckels was released from St. Rose Hospital San Martin Campus after having double bypass surgery. Mr. Eckels was given a prescription blank with three medications written on it. The medication in question is for metoprolol tartrate 12.5 mg. with directions to take one tablet twice daily. Janice Eckles, Mr. Eckels wife, took Mr. Eckels home and had her son take the prescriptions to Walgreens #04137 to be filled. Mr. Eckels son waited for the prescriptions to be filled and brought them home for Mr. Eckels to continue his therapy after his bypass surgery.

III.

Mr. Eckels began taking his medication that evening. On February 22, 2010 a home health care nurse was attending to Mr. Eckels and commented that the metoprolol 125 mg. tablets taken twice daily seemed like a high dosage and she suggested that Mr. Eckels discuss the dosage with his cardiologist. Mr. Eckels saw his cardiologist on February 25, 2010 and he, also, thought that was an unusually high dosage and reduced the dose to 50 mg. per day to be taken twice daily – 25 mg. in the morning and 25 mg. at night. Mr. and Mrs. Eckels returned to Walgreens #4137 and asked to see the original prescription their son had filled on February 14th, 2010. Mrs. Eckels asked various pharmacy staff to read the metoprolol dosage and each of them read it as 12.5 mg. and was surprised that the original prescription was filled to take 125 mg. Mr. Eckels had been taking 10 times the amount of metoprolol than prescribed.

IV.

During the investigation of this matter it was learned that Jennifer Chan was the pharmacist responsible for this error. In a written statement Ms. Chan indicated that she checked the dosage several times during the filling of the prescription and stated that she did not see a decimal point between the 2 and the 5. Ms. Chan apologized to the Eckles' and advised that they were short staffed that evening and that probably contributed to making the error since she input, filled and verified the prescription for metoprolol for Mr. Eckels. Ms. Chan has changed her pharmacy practice since this incident to never solely type the label and fill the prescription as there would not be a second set of eyes to verify that the prescription was filled correctly.

V.

In failing to strictly follow the instructions of Mr. Eckels' physician by filling his prescription with incorrect dosing directions that ultimately caused him to ingest 10 times the amount of metoprolol than was prescribed , Ms. Chan violated Nevada

Revised Statutes (NRS) 639.210(4) and/or Nevada Administrative Code (NAC) 639.945(1)(d) and/or (i).

SECOND CAUSE OF ACTION

VI.

At its regularly scheduled Board meeting on January 11, 2011 in Las Vegas, Nevada, the Board heard another matter (Case No. 09-102-RPH-S) which involved Jennifer Chan. Ms. Chan did not contest that she dispensed twenty-one methylprednisolone 4 mg. tablets instead of ten dosage units of medroxyprogesterone acetate 10 mg. tablets to a patient that was trying to regulate her menstrual cycle. The patient in this matter claimed to experience dizziness, headaches and an unbalanced feeling. Ms. Chan was Ordered to pay the Board's investigation, attorney's fees and an administrative fee totaling $1,394.19 in this matter.

VII.

In being repeatedly negligent for having misfilled a prescription in Case No. 09-102-RPH-S that was heard at the January 11, 2011 Board meeting, Ms. Chan violated NRS 639.210(4) and (16) and/or NAC 639.945(1)(d) and/or (i).

THIRD CAUSE OF ACTION

VIII.

In owning and operating the pharmacy in which Ms. Chan failed to notice that she filled Mr. Eckels' prescription with the wrong dosage, namely metoprolol 125 mg. rather than the prescribed metoprolol 12.5 mg., Walgreens #04137 violated NRS 639.210(4) and or NAC 639.945(1)(d) and/or (i) and (2).

WHEREFORE it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to the certificates of registration of the Respondents.

Signed this 28th day of April, 2011.

Larry L. Pinson, Executive Secretary
Nevada State Board of Pharmacy

NOTICE TO RESPONDENT

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements regarding your certificate of registration. To do so, you must mail to the Board within 15 days of your receipt of this Notice of Intended Action and Accusation a written statement showing your compliance.

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

STIPULATION AND ORDER

JENNIFER CHAN, R.Ph.
Certificate of Registration #14660,

Case No. 10-032-RPH-S

WALGREENS #04137,
Certificate of Registration #PH01307,

Case No. 10-032-PH-S

Respondents.

Carolyn J. Cramer, General Counsel for the Nevada State Board of Pharmacy, and Respondents and Rob Graham, Esq. of Rob Graham & Associates., stipulate and agree as follows:

1. Respondent Chan admits the factual allegations made in the First and Second Causes of Action.

2. Respondent Walgreens #04137 admits the factual allegations of the Third Cause of Action.

3. The Board Staff concluded after investigation that Respondent Chan's inattention and being overwhelmed as reported by Respondent Chan was due short staffing and led to the errors in this case.

4. Respondent Chan fully recognizes the errors that were made and understands that she must take corrective action to avoid such errors in the future.

5. The parties shall present this Stipulation and Agreement to the Board at its meeting on July 13, 2011. The parties agree that the Board may ask questions of the

parties' counsel, may discuss and deliberate regarding the presentations, and shall enter an Order that may impose discipline as recommended by the parties.

6. Board Staff and Respondent Chan recommend that the Board impose as discipline that she successfully complete the Your Success Rx program at her own expense including the following:

a. That Respondent Chan shall cooperate fully and genuinely with the needs, demands, and requirements of the program and contact the program within 10 days of the acceptance of the Stipulation and Order by the Board.

b. That Respondent Chan shall inform and assure that her employing pharmacy accommodate the program's needs regarding Respondent Chan's time needed to participate in the program and the program's potential need to be present in the employing pharmacy.

c. When Respondent Chan has completed the program, the program shall submit to Board Staff a final report regarding Respondent Chan's participation in the program. Board Staff will set a meeting with Respondent Chan and the program administrator to review and to discuss the report.

7. Respondent Chan be placed on probation for a period of two years subject to the following terms and conditions:

a. Respondent Chan shall report any errors to the Board within seven days of the incident.

b. Respondent Chan shall not work as a managing pharmacist during the period of probation.

c. Respondent Chan shall not work any more than 32 hours per week.

d. Respondent Chan shall comply with all laws related to the practice of pharmacy, whether state or federal and whether statutory or regulatory.

8. The failure by Respondent Chan to comply with any term in this order shall result in the immediate suspension of her license and will also result in further discipline, up to and including revocation of the license.

9. If Respondent Chan is employed fulltime at one pharmacy she may petition the Board to reduce the period of probation.

10. Board Staff and Respondent Walgreens #04137 recommend that the Board impose discipline that it receive a letter of reprimand issued by the Executive Secretary.

11. If the Board rejects any part or all of this stipulation, the parties agree that a full hearing on the merits of this matter may be heard by the Board and that the Board would hear this matter at its meeting on October 12, 2011. The terms and admissions in this stipulation may not be used or referred to in the full hearing on the merits of this matter.

12. The Board and the Respondents shall each agree to release the other from any and all claims, whether known or unknown, that might otherwise have existed on or before the effective date of the Board's Order in this matter.

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Signed this 13th day of July, 2011.

OFFICE OF THE GENERAL COUNSEL
Nevada State Board of Pharmacy

Carolyn J. Cramer, General Counsel

Rob Graham, Esq.

Jennifer Chan, R.Ph.

DECISION AND ORDER

The Nevada State Board of Pharmacy hereby adopts the foregoing Stipulation as its decision and hereby orders that the foregoing Stipulation be made effective. This decision and order shall be effective on the 13th day of July, 2011.

7-13-2011
DATED

Beth Foster, RPh
Beth Foster, President
Nevada State Board of Pharmacy

Section 9: Statement of Responsibility - MUST BE COMPLETED by an Authorized Person (NAC 639.945)

Statement of Responsibility

1. I am the Vice President (title) for Walgreen Co. (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be responsible for any violations of pharmacy law that may occur in the Pharmacy owned by such owner(s), shareholder(s), member(s), or partner(s).
3. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against the Pharmacy.
4. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) cannot require or permit the pharmacist(s) in said Pharmacy to violate any provision of local, state, or federal laws or regulations pertaining to the practice of pharmacy.
5. I further understand and acknowledge that Nevada law requires that each pharmacy located inside the State of Nevada employ only pharmacists, intern pharmacists, pharmaceutical technicians, and technicians in training that are licensed by the Nevada State Board of Pharmacy. (NRS 639.100).
6. I further understand and acknowledge that Nevada law requires that each pharmacy located outside the State of Nevada engaged in providing pharmacy services into Nevada employs at least one pharmacist licensed by the Nevada State Board of Pharmacy who will be responsible for any prescription dispensed to a patient located in Nevada and responsible for any acts or omissions of pharmacy personnel who are not registered with the Board. (NRS 639.2328).

Richard Gates

Print Name of Authorized Person

Richard Gates

Original signature of Authorized Person (copies or stamps not accepted)

08 / 26 / 2025

Date

Section 10: Affidavit for Pharmacies- MUST BE COMPLETED by pharmacies NOT CURRENTLY PERFORMING Sterile Compounding

Affidavit for Pharmacy License

I, Richard Gates hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

1. I am the Vice President (title) for Walgreen Co. (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I certify that upon licensure, the Pharmacy will not perform sterile compounding or ship sterile compounds into Nevada.
3. I understand and acknowledge that the Pharmacy and any of its staff members may be subject to discipline by the Board if the Pharmacy performs sterile compounding or ships any sterile compounds into Nevada without first obtaining written authorization from the Board to do so.
4. I certify that if the Pharmacy makes the decision to perform sterile compounding or to ship any sterile compounds into Nevada, the Pharmacy, through an authorized representative, will first notify the Board via a written request, and obtain written approval to perform sterile compounding or to ship any sterile compounds into Nevada.
5. I understand that if the Pharmacy seeks approval to perform sterile compounding or to ship any sterile compounds into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

FURTHER YOUR AFFIANT SAYETH NAUGHT.

Signature

SUBSCRIBED AND SWORN TO
Before me, a notary public this 20th day of August, 2025

Zeljka Borosa-Rajcevic
Notary Public

OFFICIAL SEAL
ZELJKA BOROSA RAJCEVIC
Notary Public, State of Illinois
Commission No. 977646
My Commission Expires September 8, 2027

CONFIDENTIAL/EXEMPT FROM FREEDOM OF INFORMATION ACT AND SIMILAR STATE REQUESTS

Ownership Information

Ownership & Leadership of Applicant Entity

Applicant: **Walgreen Co.**
108 Wilmot Rd., Deerfield, IL 60015

Ownership: The Applicant entity is wholly owned (100%) by Walgreens Boots Alliance, Inc.

Officers of Walgreen Co.
Michael Motz - CEO
Richard Gates - Senior Vice President, Chief Pharmacy Officer
Cherita Thomas - Secretary
Matthew Spina - CFO
Michael Handal - Licensing and Provider Enrollment Officer

Ownership & Leadership of Walgreens Boots Alliance, Inc.

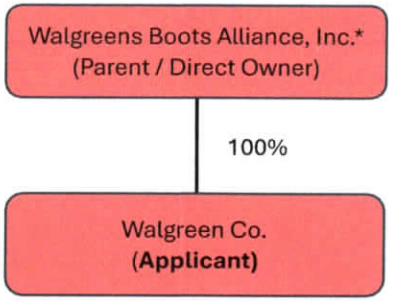
Ownership: Walgreens Boots Alliance, Inc. is wholly owned (100%) by Blazing Star Parent, LLC

Officers of Walgreens Boots Alliance, Inc.
Temporarily vacant - CEO
Mark Weisz - Sr VP, Global Tax
Manmohan Mahajan - Sr VP, Global Controller, CFO
Lanesha Minnix - Corporate Secretary

Please see the attached pre- and post-closing Corporate Organization chart for reference.

Proprietary and Confidential
Not a public record pursuant to
Section 7927.605 of the CPRA and
45 CFR Section 5.31

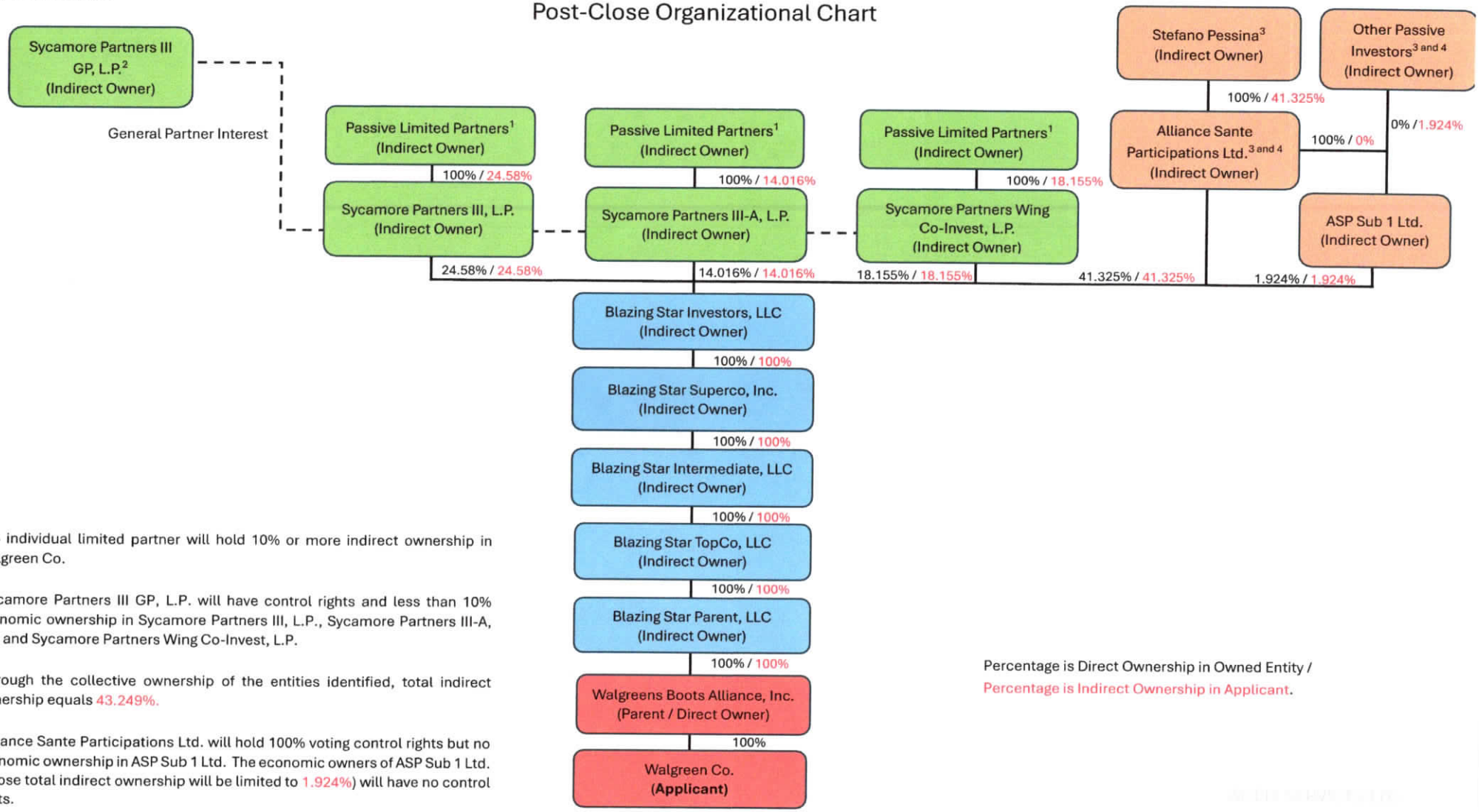
Walgreen Co.
Pre-Close Organizational Chart



Publicly Traded on Nasdaq Stock Market (WBA)

Proprietary and Confidential
Not a public record pursuant to
Section 7927.605 of the CPRA and
45 CFR Section 5.31

Walgreen Co.
Post-Close Organizational Chart



[1]No individual limited partner will hold 10% or more indirect ownership in Walgreen Co.

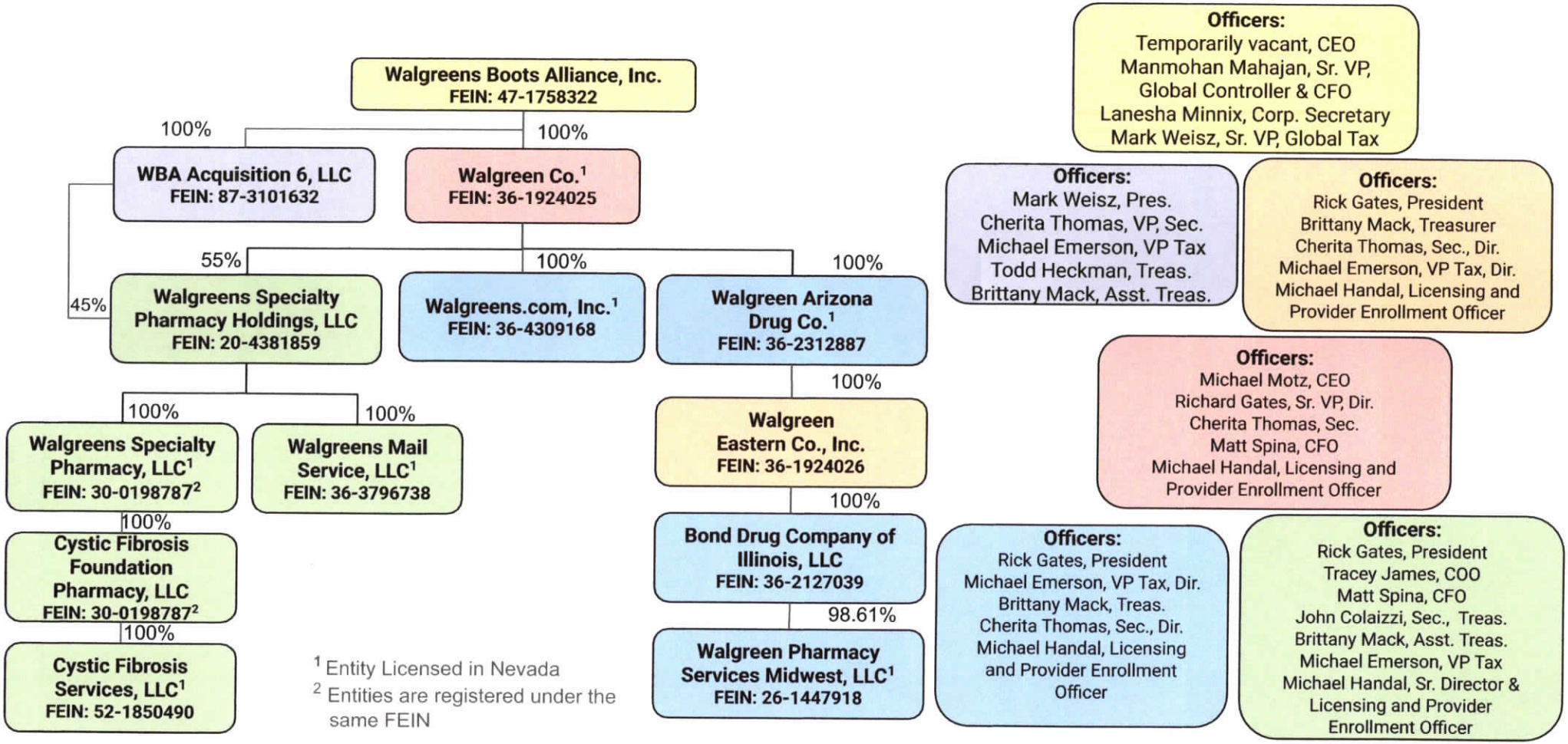
[2]Sycamore Partners III GP, L.P. will have control rights and less than 10% economic ownership in Sycamore Partners III, L.P., Sycamore Partners III-A, L.P. and Sycamore Partners Wing Co-Invest, L.P.

[3]Through the collective ownership of the entities identified, total indirect ownership equals 43.249%.

[4]Alliance Sante Participations Ltd. will hold 100% voting control rights but no economic ownership in ASP Sub 1 Ltd. The economic owners of ASP Sub 1 Ltd. (whose total indirect ownership will be limited to 1.924%) will have no control rights.

Percentage is Direct Ownership in Owned Entity /
Percentage is Indirect Ownership in Applicant.

Walgreen Co.
Post-Close Organizational Chart (cont.)



File Number 1084-348-1

STATE OF ILLINOIS

OFFICE OF THE SECRETARY OF STATE

To all to whom these Presents Shall Come, Greeting:

I, **Alexi Giannoulias,** *Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that*

WALGREEN CO., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON FEBRUARY 15, 1909, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE BUSINESS CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.

In Testimony Whereof, *I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this* 15TH *day of* MAY *A.D.* 2025 .

Authentication #: 2513501622 verifiable until 05/15/2026
Authenticate at: https://www.ilsos.gov

Alexi Giannoulias
SECRETARY OF STATE

9FF

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Pharmacy Application

Non-Refundable $500.00 Fee

Rev (6/11/2024)

Facility Location	Application Type (check all applicable)	Pharmacy Type (check all applicable)	Services the Pharmacy will Provide (check all applicable)
☑ Nevada	☐ New Pharmacy	☑ Retail/Community	☑ Retail/Community
☐ Out-of-Nevada	☑ Ownership Change*	☐ Hospital (# beds _____)	☑ Dangerous drugs
	☐ Location Change *	☐ Internet	☑ Controlled substances
	☐ Service Modification*	☐ Nuclear	DEA #: BW5495026
	☐ Name Change* (if only a Name Change occurred, submit a $50.00 fee with the application.)	☐ Other:	☐ Non-sterile Compounding
			☐ Sterile Compounding
			☐ Mail-Order Service
			☐ Off-site Cognitive Services
			☐ Long Term Care
	* Current license #: PH PH01142		☐ Hospital
			☐ Other:

Days of Operation		Ownership Type (check applicable box)
☑ Monday	☑ Friday	☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9, 10, 11, 12)
☑ Tuesday	☑ Saturday	☑ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9, 10, 11, 12)
☑ Wednesday	☑ Sunday	☐ Partnership (complete sections 1, 2, 3, 4, 7, 9, 10, 11, 12)
☑ Thursday	☐ Holidays	☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9, 10, 11, 12)

Section 1: General Information

Pharmacy Name: WALGREENS #04197

Physical Address: 8500 W CHEYENNE AVE

City: LAS VEGAS State: NV Zip: 89129-7262

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: (702)655-7258 Toll Free # (NAC 639.708, NRS 639.23286): N/A

Fax: (702)655-7295 Contact Email: rxm.04197@store.walgreens.com

Website: https://www.walgreens.com

Nevada Business License # (if applicable) NV19951143510

Supervising/Managing Pharmacist Name (NRS 639.220): JUDE EZIDIEGWU

Supervising/Managing Pharmacist NV Pharmacist Registration # (if applicable): 17036

Section 2: List the name(s) of at least one NEVADA registered pharmacist who practices at the pharmacy, who may be the managing pharmacist or another pharmacist, who will be responsible for any prescriptions dispensed to a patient located in Nevada and responsible for any acts or omissions of pharmacy personnel who are not registered with the Board. NRS 639.2328. (Use a separate piece of paper if additional space is needed.)

Name: JUDE EZIDIEGWU	NV Pharmacist Registration #: 17036
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:

Section 3: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✓
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration from any jurisdiction?		✓
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been subject of an administrative action, board citation, cite fine, or proceeding relating to the pharmaceutical industry?	✓	
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✓
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✓

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name(s) of the owner(s), their credentials and their percent ownership. Write NA if not applicable. NRS 639.232. (Use a separate piece of paper if additional space is needed.)

Name: N/A	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:

1. The Board shall not issue a license to conduct a pharmacy:
   a) To any practitioner; or
   b) To any partnership, corporation, or association in which a practitioner has a controlling interest or owns more than 10 percent of the available stock.
2. This section does not:
   a) Apply to a hospital pharmacy or a health maintenance organization which holds a certificate of authority under chapter 695C of NRS.
   b) Prohibit ownership by a practitioner of a building in which a pharmacy is located, if space for the pharmacy is rented at the prevailing rate.

Section 5: Publicly Traded Corporation

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Does the number of stockholders/shareholders of the corporation exceed four? NRS 639.231 ☐ Yes ☐ No

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: Delaware

Parent Company (if any): Walgreens Boots Alliance, Inc.

Corporation/Organization Name: Walgreen Co.

Mailing Address: 108 Wilmot Rd

City: Deerfield State: IL Zip: 60015

Telephone: 847-224-1348 Email: licenseadministration@walgreens.com

Contact Person Name: Kayla Lechner

Does the number of stockholders/shareholders of the corporation or members exceed four? NRS 639.231 ☐ Yes ☒ No

Section 7: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Please check type of partnership (NAC 639.214) ☐ General ☐ Limited

Does the number of partners or members of the partnership exceed four? NRS 639.231 ☐ Yes ☐ No

Section 8: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Richard Gates

Print Name of Authorized Person Submitting Application (If the applicant is a partnership or corporation, the application must be signed by a partner or by an officer of the corporation). NAC 639.215

Richard Gates

Original signature of Authorized Person (copies or stamps not accepted)

08 / 26 / 2025

Date

Board Use Only	Date Received: 9/22/25	Amount: $500 ck JP05-250071117291

Section 11: Managing Pharmacist Acknowledgement, Professional/Personal History – REQUIRED TO BE COMPLETED BY THE MANAGING PHARMACIST FOR NEVADA LOCATED PHARMACY APPLICANTS ONLY

Managing Pharmacist Name: JUDE EZIDIEGWU Pharmacist Registration #: 17036

Pharmacy Name: WALGREENS #04197

Initial each statement below to indicate you have read and agree with the following:

Jce — I understand that as the managing pharmacist I am responsible for compliance by the pharmacy and its personnel with all state and federal laws and regulations relating to the operation of the pharmacy and the practice of pharmacy. I understand my license can be revoked or that I can be subject of disciplinary action if such laws or regulations are knowingly violated in the pharmacy in which I am the managing pharmacist.

Jce — I understand within 48 hours after I report for duty as the managing pharmacist, I shall complete an inventory of all controlled substances of the pharmacy pursuant to 21 CFR Part 1304 and maintain a copy of the inventory in the file at the pharmacy.

Jce — I understand that if I cease to be managing pharmacist of the above-named pharmacy, I will jointly, with the new managing pharmacist, take an inventory of all controlled substances.

Jce — I understand that as the managing pharmacist I must ensure that all loss or theft of controlled substances are reported on forms provided by the Nevada State Board of Pharmacy and Department of Public Safety within 10 days after the date of discovery of theft or loss. NRS 453.568. Federal regulations require that registrants notify the Field Division Office of the Administration in his area, in writing, of the theft or significant loss of any controlled substance, disposal receptacles or listed chemicals within one business day of discovery of such loss or theft. The registrant shall also complete and submit to the Field Division Office in his area, DEA Form 106 regarding the loss or theft (21 C.F.R. §1301.76(b) and 21 U.S.C. §830(b)(1)(C)).

Jce — I understand that as the managing pharmacist I must notify the Nevada State Board of Pharmacy of all employment changes of pharmacy staff within 10 days of the change. NAC 639.540

Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?	☐	☑
2. Have you been charged, arrested, or convicted of a felony or misdemeanor in any state?	☐	☑
3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state?	☐	☑
4. Has your license been subjected to any discipline for violation of pharmacy or drug laws in any state?	☐	☑

If you marked YES to any questions above, include the following information and provide a signed statement of explanation. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Board Administrative Action:	State:	Date:	Case #:

Criminal Action:	State:	Date:	Case #:	County:	Court:

I certify under penalty of perjury that the information I have provided on this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

JUDE EZIDIEGWU

Original signature of Managing Pharmacist (copies or stamps not accepted)

08 / 04 / 2025

Date

Document Ref: DHSXB-LS54F-B5BTT-GLQN2

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

NOTICE OF INTENDED ACTION AND ACCUSATION

v.

CHANICE NEWCOMER, R.PH.
Certificate of Registration No. 17439

Case No. 11-113-R.PH.-S

WALGREEN'S PHARMACY #04197
Certificate of Registration No. PH01142

Case No. 11-113-PH-S

Respondents.
_____/

COMES NOW Larry L. Pinson, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, and makes the following that will serve as both a notice of intended action under Nevada Revised Statutes (NRS) 233B.127(3) and as an accusation under NRS 639.241.

I.

The Nevada State Board of Pharmacy has jurisdiction over this matter and these Respondents because Respondent Chanice Newcomer (Certificate Number 17439) is a registered pharmacist with the Board and Respondent Walgreen's Pharmacy (Walgreen's #04197) is a pharmacy licensed by the Board, located at 8500 West Cheyenne Avenue, Las Vegas, Nevada.

II.

On or about November 9, 2011, Board staff received a complaint from Jennifer Buitrago, Certified Pediatric Nurse Practitioner with the Children Specialty Center, on behalf of her patient, seven year old KP, and the patient's parents. On October 12, 2011, Ms. Buitrago wrote a prescription for patient KP for Methotrexate 2.5 mg. with directions to take 7.5 tablets weekly. Ms. Buitrago claimed that the prescription which was dispensed to the patient was labeled Methotrexate 2.5 mg. with instructions to take 3 tablets weekly, which was less than half of the dosage that was originally prescribed. Ms. Buitrago discovered the error when patient KP's Methotrexate levels were not within the normal range for the dosage written. On or about November 2, 2011,

Ms. Buitrago contacted Walgreen's Pharmacy to verify the prescription and it was discovered that the dosing instructions were entered incorrectly. Ms. Buitrago alleged that the mislabeling of the dosing instructions resulted in a delay in therapy for the patient.

III.

During the investigation of this matter, it was learned that the original prescription was input into the pharmacy computer system by a pharmaceutical technician. During input, the pharmaceutical technician entered the incorrect dosing instructions as "take 3 tablets weekly". Chanice Newcomer was the verifying pharmacist. Ms. Newcomer failed to catch the dosing instruction error during verification and the medication was approved and dispensed.

FIRST CAUSE OF ACTION

IV.

In failing to strictly follow the directions of KP's nurse practitioner by mislabeling her prescription for Methotrexate 2.5 mg. with incorrect dosing instructions, namely "3 tablets by mouth every week" rather than 7.5 tablets every week, Ms. Newcomer violated Nevada Revised Statutes (NRS) 639.210(4) and/or Nevada Administrative Code (NAC) 639.945(1)(d) and/or (i).

SECOND CAUSE OF ACTION

V.

In owning and operating the pharmacy in which Ms. Newcomer committed the above violations, Walgreen's #04197 violated NRS 639.210(4) and/or NAC and/or 639.945(1)(d) and/or (i) and (2).

WHEREFORE it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to the certificate of registration of the Respondent.

Signed this 26th day of September, 2012.

Larry L. Pinson, Executive Secretary
Nevada State Board of Pharmacy

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

STIPULATION AND AGREEMENT

CHANICE NEWCOMER, R.Ph.,
Certificate of Registration #17439,

Case No. 11-113-RPH-S

WALGREEN'S PHARMACY #04197
Certificate of Registration No. PH01142

Case No. 11-113-PH-S

Respondents.

Carolyn J. Cramer, General Counsel for the Nevada State Board of Pharmacy, and Respondent Newcomer and Robert C. Graham, Esq., of LAWYERSWEST, LTD., stipulate and agree as follows:

1. The Respondent Newcomer admits the factual allegations made in the First Cause of Action. Respondent admits to the factual allegations made in the Second Cause of Action.

2. The Board Staff concluded after investigation that Respondent Newcomer's inattention led to the error in this case.

3. Respondent Newcomer fully recognizes the error that was made and recognizes that she must take corrective action to avoid such an error in the future.

4. The parties shall present this Stipulation and Agreement to the Board at its meeting on January 16, 2013. The parties agree that the Board may ask questions of the parties counsel, may discuss and deliberate regarding the presentations, and shall enter an Order that may impose discipline as recommended by the parties.

5. Board Staff and the Respondent Newcomer will recommend that the Board impose discipline that she successfully completes the Your Success Rx program at her own expense.

a. That Respondent Newcomer shall cooperate fully and genuinely with the needs, demands, and requirements of the program and contact the program within 10 days of the acceptance of the Stipulation and Order by the Board.

b. That Respondent Newcomer shall inform and assure that her employing pharmacy accommodates the program's needs regarding Respondent Newcomer's time needed to participate in the program and the program's potential need to be present in the employing pharmacy.

c. When Respondent Newcomer has completed the program, the program shall submit to Board Staff a final report regarding Respondent Newcomer's participation in the program. Board Staff will set a meeting with Respondent Newcomer and the program administrator to review the report and to discuss the report.

6. Board Staff and Respondent Walgreen's #04197 recommend that the Board impose discipline on Respondent Walgreen's #04197 by having Walgreens #04197 accept a letter issued by the Executive Secretary on this matter.

7. If the Board rejects any part or all of this stipulation, the parties agree that a full hearing on the merits of this matter may be heard by the Board and that the Board would hear this matter at its meeting on April 17, 2013. The terms and admissions in this stipulation may not be used or referred to in the full hearing on the merits of this matter.

8. The Board and each Respondent shall each agree to release the other from any and all claims, whether known or unknown, that might otherwise have existed on or before the effective date of the Board's Order in this matter.

Signed this 16th day of January, 2013.

OFFICE OF THE GENERAL COUNSEL
Nevada State Board of Pharmacy

Carolyn J. Cramer, General Counsel

Robert C. Graham, Esq.

Chanice Newcomer, R.Ph.

DECISION AND ORDER

The Nevada State Board of Pharmacy hereby adopts the foregoing Stipulation as its decision and hereby orders that the foregoing Stipulation be made effective. This decision and order shall be effective on the 16th day of January 2013.

1/16/13
DATED

Kirk Wentworth, President
Nevada State Board of Pharmacy

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

STIPULATION AND ORDER

v.

CHETANKUMAR PATEL, R.Ph.
Certificate of Registration No.: 16319

Case No. 10-090-RPH-S

WALGREENS #04197
Certificate of Registration No.: PH01142

Case No. 10-090-PH-S

Respondents.

THIS MATTER was heard by the Nevada State Board of Pharmacy (hereinafter Board) at its regular meeting on July 18, 2012, in Las Vegas, Nevada. The Board was represented by Carolyn J. Cramer, General Counsel for the Nevada State Board of Pharmacy, and Respondents Chetankumar Patel, R.Ph. and Walgreens #04197 were represented by Rob Graham, Esq., of Rob Graham and Associates, agree and stipulate as follows:

1. Respondent Patel admits the factual allegations made in the First and Second Causes of Action. Respondent Walgreens #04197 admits the factual allegations made in the Third and Fourth Causes of Action.

2. Respondent Patel shall pay a total fine of $500.00 for the First Cause of Action by cashier's check or money order made payable to "State of Nevada, Office of the Treasurer" to be received by the Board's office within 90 days of the effective date of this Order.

3. Respondent Patel shall pay a total fine of $1,000.00 for the Second Cause of Action by cashier's check or money order made payable to "State of Nevada, Office of

the Treasurer" to be received by the Board's office within 90 days of the effective date of this Order.

4. Respondent Patel shall successfully complete a continuing education class on ethics approved by Board Staff prior to taking it, and provide proof of completion. Respondent Patel shall review the computer record deletion policy for Walgreens and send a letter to Board Staff that Respondent Patel has completed that review.

5. Walgreens shall pay a total fine of $1,000.00 for the Third Cause of Action by cashier's check or money order made payable to "State of Nevada, Office of the Treasurer" to be received by the Board's office within 90 days of the effective date of this Order. In addition, Walgreens will commit to modifying the audit report so that deletions show on the report. Board Staff will report to the Board when that has been completed.

6. Walgreens shall pay a total fine of $1,000.00 for the Fourth Cause of Action by cashier's check or money order made payable to "State of Nevada, Office of the Treasurer" to be received by the Board's office within 90 days of the effective date of this Order.

Signed this 10th day of August, 2012.

Beth Foster, RPh

Beth Foster, President
Nevada Board of Pharmacy

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

NOTICE OF INTENDED ACTION AND ACCUSATION

CHETANKUMAR PATEL, R.Ph.
Certificate of Registration No. 16319 — **Case No. 10-090-RPH-S**

WALGREENS #04197
Certificate of Registration No: PH01142 — **Case No. 10-090-PH-S**

Respondents.

/

COMES NOW Larry L. Pinson, in his official capacity as Executive Secretary of the Nevada State board of Pharmacy, and makes the following that will serve as both a notice of intended action under Nevada Revised Statutes (NRS) 233B.127(3) and as an accusation under NRS 639.241.

I.

The Nevada State Board of Pharmacy has jurisdiction over this matter because Respondent Chetankumar Patel is a pharmacist licensed by the Board and Respondent Walgreens #04197 is a pharmacy licensed by the Board, located at 2125 West Cheyenne Avenue, Las Vegas, Nevada.

II.

On or about December 27, 2010 Board staff received a complaint from Terry Hirni regarding four refills he requested from Walgreens #04197. Mr. Hirni was refilling his prescriptions for Simvastatin 20 mg. tablets, metropolol tartrate 25 mg. tablets,

amiodarone 200 mg. tablets and aspirin 325 mg. EC tablets. Since these refills needed approval from Mr. Hirni's physician, he was given a three day supply by the pharmacy and called his physician's office and asked that his refills be approved. Mr. Hirni returned to the pharmacy a few days later to pick up his prescriptions. He was given Simvastatin 20 mg. tablets, metoprolol tartrate 50 mg. tablets and amiodarone 200 mg. tablets. Mr. Hirni was advised that his physician had changed the dosage of his metoprolol tartrate from 25 mg. tablets to 50 mg. tablets. When he asked about the aspirin 325 mg. EC tablets he was told he could purchase that over the counter.

III.

That evening Mr. Hirni took one of the 50 mg. tablets of metoprolol tartrate. Since Mr. Hirni did not discuss the change in medication with his physician, he telephoned the physician's office and spoke with Maria who called in Mr. Hirni's refills to Walgreens #04197. Maria assured him that his metoprolol tartrate had not been changed and that the doctor still wanted Mr. Hirni to take the prescribed aspirin 325 mg. EC tablets.

IV.

Mr. Hirni returned to Walgreens #04197 and spoke with Mr. Patel. Mr. Hirni indicated that Maria from his physician's office called to correct the metoprolol tartrate prescription. Mr. Patel checked the computer system and realized that a mistake had been made and refilled Mr. Hirni's prescription with the correct metoprolol tartrate 25 mg. tablets. The following day, Mr. Hirni received a telephone call from Maria and she told Mr. Hirni there was no record of him being dispensed 50 mg. metoprolol tartrate

tablets at Walgreens #04197. Again, Mr. Hirni returned to Walgreens #04197, however Mr. Patel was not in the pharmacy that day. Mr. Hirni spoke with a woman pharmacist who confirmed that Maria was correct and there was no record in the Walgreens #04197 computer records to indicate that 50 mg. metoprolol tartrate tablets were ever filled or dispensed to Mr. Hirni. Mr. Hirni asked if the error had been reported however considering there was no record of the misfilled prescription, Mr. Hirni believed Mr. Patel was trying to cover up his error.

V.

During the investigation of this matter, it was learned that when Mr. Patel had corrected the error, he completely deleted prescription number 1655905 for 50 mg. metoprolol tartrate and the only record in Walgreens #04197 computer system for Mr. Hirni was for prescription number 1656846 which was the corrected prescription. Board staff contacted Holly Prievo, the district pharmacy supervisor for Walgreens #04197, and requested information regarding prescription number 1655905. Ms. Prievo provided Board staff with information from Walgreens IT department that detailed that the deletion occurred at 2:42 PM pacific time, however there were three pharmacists on duty at that time and they could not identify who deleted the prescription. No STARS report was completed by anyone for this error as required by Walgreens. It was determined from his written statement that Mr. Patel was the filling pharmacist that made the error and since he was the pharmacist that corrected the error he assumes he was the pharmacist that inadvertently deleted the erred prescription. It was also learned that a STARS report cannot be made if a prescription had been deleted.

Considering that Mr. Patel was the managing pharmacist for Walgreens #04197 and a Walgreens trainer for new pharmacists to Walgreens, interns and pharmaceutical technicians, Board staff found this troubling.

VI.

After review of the Walgreens prescription taken from the voice mail left by Maria for refilling Mr. Hirni's four prescriptions, the pharmacist transcribed the aspirin 325 mg. EC tablets as Afrin and noted that it was OTC. Eventually, Mr. Hirni's aspirin prescription was filled for him.

FIRST CAUSE OF ACTION

VII.

By filling and dispensing Mr. Hirni's prescription for metoprolol tartrate 25 mg. tablets with metoprolol tartrate 50 mg. tablets, Mr. Patel violated Nevada Revised Statute (NRS) 639.210(4) and/or Nevada Administrative Code (NAC) 639.945 (1)(i).

SECOND CAUSE OF ACTION

VIII.

By failing to maintain a record of the misfilled metoprolol tartrate 50 mg. prescription in the pharmacy computer records by deleting the prescription from the pharmacy computer, Mr. Patel violated NRS 639.210(4) and/or NAC 639.930(3)(d) and/or 639.935 and/or 639.945(1)(i).

THIRD CAUSE OF ACTION

IX.

By failing to maintain a record of the misfilled metoprolol tartrate 50 mg.

prescription in the pharmacy computer records and being unable to positively identify the person who deleted the metoprolol tartrate 50 mg. prescription from the pharmacy computer, Walgreens #04197 violated NRS 639.210(4) and/or NAC 639.930(3)(d) and/or 639.935 and/or 639.945(1)(i) and 2.

FOURTH CAUSE OF ACTION

IX.

In owning and operating the pharmacy in which these errors took place, Walgreens #04197 violated NRS 639.210(4) and NAC 639.945 (1)(i) and (2).

WHEREFORE it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to the licenses or registrations of the Respondents.

Signed this 11th day of April, 2012.

Larry L. Pinson, Executive Secretary
Nevada State Board of Pharmacy

NOTICE TO RESPONDENT

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements regarding your certificate of registration. To do so, you must mail to the Board within 10 days of your receipt of this Notice of Intended Action and Accusation a written statement showing your compliance.

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

NOTICE OF INTENDED ACTION AND ACCUSATION

v.

GEORGE E. MOORE, R.PH
Certificate of Registration No. 14703

Case No. 04-049-RPH-S

WALGREENS #04197
Certificate of Registration No. PH01142

Case No. 04-049-PH-S

Respondents.
_____/

COMES NOW Keith W. Macdonald, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, and makes the following that will serve as both a notice of intended action under Nevada Revised Statutes (NRS) 233B.127(3) and as an accusation under NRS 639.241.

I.

The Nevada State Board of Pharmacy has jurisdiction over this matter and this Respondent because Respondent George E. Moore, R.Ph, (Certificate Number 14703) is a registered pharmacist with the Board and Respondent Walgreens #04197 (Certificate Number PH01142) is a pharmacy licensed with the Board.

II.

Patient Z was given two prescriptions by his physician. One prescription was for Halcion 0.125 mg tablets #40 with directions to take one tablet by mouth every night at bedtime, for helping Patient Z sleep. Patient Z's physician advised Patient Z that he could take two Halcion tablets, if needed, for sleep. The other prescription was for DDAVP 0.2 mg. tablets #30 with directions to take two tablets by mouth every night at bedtime, for a urinary problem. These prescriptions were transferred to Walgreens #04197 from two other Walgreens pharmacies.

III.

A pharmaceutical technician pulled the drugs and printed the labels for the

Halcion and the DDAVP. Walgreens #04197 only had three bottles of #10 Halcion and had to order the fourth bottle. Halcion is dispensed in stock bottles of 10 and patient labels are adhered to the stock bottles. In the meantime, the pharmaceutical technician labeled the three stock bottles of Halcion however inadvertently put the label for DDAVP on one of the Halcion stock bottles. Mr. Moore reviewed the pharmaceutical technicians' work and did not notice the mislabeled bottle of Halcion.

IV.

Patient Z and his daughter picked up Patient Z's prescriptions at the drive through window. Even though these were new prescriptions for Patient Z at Walgreens #04197, neither Patient Z nor his daughter spoke to a pharmacist during this transaction and they were not counseled regarding the transferred prescriptions. Patient Z began taking his medication that evening before bed and took two tablets from one of the prescription bottles labeled Halcion and two tablets from the bottle labeled DDAVP. Patient Z's wife noticed after Patient Z had taken his medication that he had ingested four Halcion tablets and actually had not taken any DDAVP.

FIRST CAUSE OF ACTION

V.

In failing to strictly follow the prescription written for Patient Z by mislabeling his DDAVP 0.2 mg. prescription and with a Halcion 0.125 mg. tablets label, Mr. Moore violated Nevada Revised Statutes (NRS) 639.210(4) and Nevada Administrative Code (NAC) 639.945(1)(d) and (i).

SECOND CAUSE OF ACTION

VI.

In owning and operating the pharmacy in which the above acts and violations were committed by Mr. Moore, Walgreens #04197 violated NRS 639.210(4) and NAC 639.945(1)(d) and (i) and (2).

THIRD CAUSE OF ACTION

VII.

On August 23, 2002, the Board entered a Findings of Fact, Conclusions of Law and Order regarding Walgreens #04197. The facts of the matter were that a patient

dropped off a new prescription for Clomiphene Citrate at Walgreens #04197. The patient returned later to pick up his prescription at the drive through window and was not counseled. The Board ordered Walgreens #04197, along with six other Walgreens pharmacies, to pay a fine of $5,600.

IX.

On May 23, 2003, the Board entered a Findings of Fact, Conclusions of Law and Order regarding Walgreens #04197. The facts were that the pharmacist of Walgreens #04197 filled a prescription for morphine sulfate with directions to take 5 ml. (1 teaspoon) by mouth every 4 hours as needed. The patient received 20 times more morphine sulfate than the physician had ordered. The Board ordered Walgreens #04197 to pay a fine of $6,000 plus costs and fees totaling $5,444.14. Walgreens #04197 was on probation for one year with conditions including completion of the ISMP Self Assessment.

X.

In being repeatedly negligent as evidenced by the Board's Orders in Case Nos. 02-050-PH-S and 03-011-PH-S, Walgreens #04197 violated NRS 639.210(4) and (16).

WHEREFORE it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to the certificate of registration of the Respondent.

Signed this 14 day of September, 2004.

Keith W. Macdonald

Keith W. Macdonald, Executive Secretary
Nevada State Board of Pharmacy

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

FINDINGS OF FACT, CONCLUSIONS OF LAW, AND ORDER

GEORGE E. MOORE, R.Ph.,
Certificate of Registration #14703,

Case No. 04-049-RPH-S

WALGREENS #04197,
Certificate of Registration #PH01142,

Case No. 04-049-PH-S

Respondents.
_____/

THIS MATTER was heard by the Nevada State Board of Pharmacy (hereinafter Board) at its regular meeting on October 13, 2004 in Las Vegas, Nevada. The Board was represented by Louis Ling, General Counsel to the Board. Respondents George E. Moore and Walgreens #04197 were represented by Robert C. Graham. Based on the presentations of the parties and the public records in the possession and control of the Board, the Board issues the following Findings of Fact, Conclusions of Law, and Order:

FINDINGS OF FACT

1. At hearing, the parties stipulated and agreed that the facts as plead in the Notice of Intended Action and Accusation were true and correct. Based upon this agreement, Board Staff presented no testimony or evidence. The parties stipulated to the entry into evidence of one exhibit that was thereafter accepted into evidence. Respondents presented the testimony of Mr. Moore, Michael Scowalski and Samina Sam. Based on the presentations of the parties and the public records in the

possession and control of the Board, the Board finds the following to be the facts of this matter.

2. Patient Z received two prescriptions from his physician. One prescription was for Halcion 0.125 mg. tablets #40 with directions for use to take one tablet by mouth every night at bedtime. Patient Z's physician advised Patient Z that he could take two Halcion tablets if needed for sleep. The second prescription was for DDAVP 0.2 mg. tablets #30 with directions for use to take two tablets by mouth every night at bedtime. Patient Z had the two prescriptions transferred from a different Walgreens to Walgreens #04197 to have them filled.

3. At Walgreens #04197, a pharmaceutical technician generated the prescription label and obtained the drugs to fill the prescription from the pharmacy's shelves. Halcion is dispensed in stock bottles that each contains 10 dosage units. At the time that Walgreens #04197 filled Patient Z's prescriptions, it only had 3 stock bottles of Halcion #10 and, therefore, had to order the fourth bottle. In the course of placing the labels upon the stock bottles of Halcion, the pharmaceutical technician inadvertently placed the DDAVP label on one of the three Halcion stock bottles. Mr. Moore reviewed the prescriptions filled by the pharmaceutical technician, but, unfortunately, did not notice the Halcion stock bottle that had been mistakenly labeled with the DDAVP label.

4. Patient Z and his daughter picked up Patient Z's prescriptions at the drive-through window at Walgreens #04197. Even though these were new prescriptions for Patient Z at Walgreens #04197, neither Patient Z nor his daughter spoke to a pharmacist during the transaction at the drive-through window and they were not

counseled, therefore, regarding these prescriptions. Patient Z began taking tablets from the prescriptions that evening before bed and took two tablets from one of the prescription bottles labeled Halcion and two tablets from the bottle labeled DDAVP (which was also Halcion). Patient Z's wife noticed after Patient Z had taken the drugs that he had actually ingested four Halcion tablets and had not taken any DDAVP.

5. At hearing, Mr. Moore and Mr. Scowalski testified that the scan-verification software installed at the time of the filling of Patient Z's prescriptions was not functioning properly, and, therefore, the scan-verification system was not in use. Mr. Moore admitted that he should have caught the erroneous placement of the DDAVP label upon the Halcion stock bottle, and he could not explain why he had not. Mr. Moore and Mr. Scowalski believed that the new, revised scan-verification software would have prevented the error that occurred with Patient Z because the new software prohibits the operation of the cash register for any prescription that has not been scan-verified.

6. At hearing, the parties discussed with the Board the past disciplinary history of Walgreens #04197, namely Case Nos. 02-050-PH-S and 03-011-PH-S. Commonalities between those cases and the present case were noted, including that Case No. 02-050-PH-S involved a failure to counsel a patient at the drive-through window and Case No. 03-011-PH-S involved the mislabeling of a prescription that was ultimately dispensed to and used by a patient. None of the Respondents could explain why this particular Walgreens pharmacy had been subject to three consumer complaints that resulted in disciplinary action.

CONCLUSIONS OF LAW

1. The Nevada State Board of Pharmacy has jurisdiction over this matter because Respondent Moore is a pharmacist licensed by the Board and Walgreens #04197 is a pharmacy licensed by the Board.

2. By incorrectly labeling Patient Z's Halcion stock bottle with a DDAVP label, Mr. Moore violated NRS 639.210(4) and NAC 639.945(1)(d) and (i).

3. In owning and operating the pharmacy in which Mr. Moore's violations occurred, Walgreens #04197 violated NRS 639.210(4) and NAC 639.945(1)(i) and (2).

4. In being repeatedly negligent as evidenced by the Board's Orders in Case Nos. 02-050-PH-S and 03-011-PH-S, Walgreens #04197 violated NRS 639.210(4) and (16).

ORDER

Based upon the foregoing, the Board hereby orders the following:

1. Mr. Moore shall pay a fine of $150.00 by cashier's or certified check or money order made payable to "State of Nevada, Office of the Treasurer" to be received by the Board's Reno office within 30 days of the effective date of this Order.

2. Mr. Moore shall pay one-half of the Board's costs and attorney's fees of $1,080.00 and one-half of the Board's administrative fee of $250.00, for a total of $665.00 ($1,080.00 + $250.00 / 2 = $665.00) by cashier's or certified check or money order made payable to "Nevada State Board of Pharmacy" to be received by the Board's Reno office within 30 days of the effective date of this Order.

3. Mr. Moore shall take and successfully complete three hours of continuing education regarding prescription errors. The continuing education credits to satisfy this

paragraph must be submitted to the Board's Reno office within 30 days of the effective date of this Order and will be in addition to and will not be counted toward the 30 hours of continuing education required to be verified by the time Mr. Moore submits his renewal application. Board staff shall review the continuing education submitted to satisfy this paragraph. If the continuing education is appropriate to satisfy this paragraph and is from an ACPE-approved provider, it will immediately be counted toward satisfying the requirements of this paragraph. If the continuing education is appropriate to satisfy this paragraph and is not from an ACPE-approved provider, then Board staff will submit the continuing education to the Board's continuing education committee, and if the continuing education committee approves the continuing education, then it will be counted toward satisfying the requirements of this paragraph.

4. Walgreens #04197 shall pay a fine of $2,500.00 in cash, cashier's or certified check, or money order made payable to "State of Nevada, Office of the Treasurer" to be received by the Board's Reno office within 90 days of the effective date of this Order.

5. Walgreens #04197 shall pay one-half of the Board's costs and attorney's fees of $1,080.00 and one-half of the Board's administrative fee of $250.00, for a total of $665.00 ($1,080.00 + $250.00 / 2 = $665.00) by cashier's or certified check or money order made payable to "Nevada State Board of Pharmacy" to be received by the Board's Reno office within 30 days of the effective date of this Order.

6. Walgreens #04197 shall be on probation for a period of one year from the effective date of this Order according to the following terms and conditions:

a. For a period of six months commencing with the effective date of this Order, Walgreens #04197 shall integrate into its operating policies and procedures a

requirement that for all prescriptions for which counseling is mandated by Nevada law or for which a patient requests counseling, the pharmacist shall include in his or her counseling the opening of each of the prescription containers and the showing a sample of the contents of the containers to the patient ("show-and-tell" counseling).

b. For the period during which the pharmacist is engaged in "show-and-tell" counseling, the pharmacist shall record on the pharmacy's counseling log or a separate document that he or she has provided the "show-and-tell" counseling.

c. If the pharmacist discovers preparatory to or during "show-and-tell" counseling any variance from what was ordered by the physician, the pharmacist shall correct the variance and shall note on the counseling log or a separate document (1) the name of the pharmacist, (2) the date the variance was discovered, (3) the variance noted, and (4) the remediation made as a result of the variance.

d. At the end of the period during which the pharmacists at Walgreens #04197 are engaged in "show-and-tell" counseling, Walgreens #04197 shall compile all of the records made and kept as directed by this Order and make a written report to the Board of the compiled results. The report shall provide detail regarding the number of patients who received "show-and-tell" counseling, the number of variances noted and a generic description of the variances noted (e.g. wrong drug, wrong strength, wrong directions, etc.). The report

shall be sent to the Board's Reno office within two weeks of the end of the six-month period during which "show-and-tell" counseling is required.

e. Upon receiving the report required in the preceding paragraph, Board Staff shall schedule an appearance before the Board at its next following regularly scheduled meeting in Las Vegas. At the meeting, Walgreens shall appear and shall have present the managing pharmacist at Walgreens #04197 to discuss with the Board the results contained in the report.

f. The records made in compliance with this Order shall be considered proprietary information and shall only be available to staff of Walgreens as Walgreens so directs and to Board Staff as Board Staff deems necessary to review, verify, and understand the report submitted by Walgreens #04197. The report provided by Walgreens #04197 shall be a public record, but the underlying logs and data shall not be.

g. Walgreens #04197's operations shall conform with all applicable laws, whether federal or state and whether statutory or regulatory.

5. The failure by Mr. Moore to comply with any term in this order shall result in the immediate suspension of his license and will also result in further discipline, up to and including revocation of his license. The failure by Walgreens #04197 to comply with any term in this order shall result in a fine of $1,000 per day for every day that it has failed to comply with the Order until the Order is fully complied with, up to a total fine not to exceed $30,000, and will also result in further discipline, up to and including revocation of its license.

Signed this 2nd day of November, 2004.

Larry L. Pinson, President
Nevada State Board of Pharmacy

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

WALGREEN CO.,
An Illinois Corporation,

WALGREENS PHARMACY #03843,
Certificate of Registration #PH01062,

CARL M. HEUER, R.Ph.,
Certificate of Registration #13810,

WALGREENS PHARMACY #03844,
Certificate of Registration #PH01123,

PETER A. RISO, JR., R.Ph.,
Certificate of Registration #15162,

PETER M. KAMBISS, R.Ph.,
Certificate of Registration #10601,

JOHN M. QUINN, P.T.,
Certificate of Registration #PT03749

WALGREENS PHARMACY #03871,
Certificate of Registration #PH01080,

JONATHAN C. BOX, R.Ph.,
Certificate of Registration #15055,

WALGREENS PHARMACY #03872,
Certificate of Registration #PH01282,

MICHAEL A. TRIOLO, R.Ph.,
Certificate of Registration #13675,

WALGREENS PHARMACY #03873,
Certificate of Registration #PH01125,

SCOTT L. TRINH, R.Ph.,
Certificate of Registration #14360,

REVISED FINDINGS OF FACT CONCLUSIONS OF LAW AND ORDER

Case No. 02-073-PH-S

Case No. 02-065-PH-S

Case No. 02-065-RPH-S

Case No. 02-047-PH-S

Case No. 02-047A-RPH-S

Case No. 02-047B-RPH-S

Case No. 02-047C-PT-S

Case No. 02-038-PH-S

Case No. 02-038-RPH-S

Case No. 02-062-PH-S

Case No. 02-062-RPH-S

Case No. 02-060-PH-S

Case No. 02-060-RPH-S

WALGREENS PHARMACY #04197, Certificate of Registration #PH01142,	**Case No. 02-050-PH-S**
ROBIN M. BONGA, R.Ph., Certificate of Registration #15598,	**Case No. 02-050-RPH-S**
WALGREENS PHARMACY #05014, Certificate of Registration #PH01371,	**Case No. 02-032-PH-S**
MICHELE L. ITO, R.Ph., Certificate of Registration #15357,	**Case No. 02-032-RPH-S**
WALGREENS PHARMACY #05015, Certificate of Registration #PH01309,	**Case No. 02-031-PH-S**
JESSICA NGUYEN, R.Ph Certificate of Registration #15397,	**Case No. 02-031-RPH-S**
WALGREENS PHARMACY #06310, Certificate of Registration #PH01549,	**Case No. 02-019-PH-S**
STEPHEN C. LESSARD, R.Ph Certificate of Registration #13632,	**Case No. 02-019-RPH-S**
Respondents.	

THIS MATTER was heard by the Board at its regular meeting on July 24, 2002, in Las Vegas, Nevada. The Board was represented by Louis Ling, General Counsel to the Board. All of the Respondent Walgreen's pharmacies, Walgreens Co., and Respondents Carl M. Heuer, Peter A. Riso, Jr., Peter M. Kambiss, Jonathan C. Box, Scott L. Trinh, Robin M. Bonga, Michele L. Ito, and Stephen C. Lessard were represented by Graham, Wilde, Harker & Boggess and Robert C. Graham. Respondent Jessica Nguyen was represented by Thomas J. Tanksley. Respondent Michael Triolo was represented by Kathleen A. Murphy. Respondent John M. Quinn appeared and represented himself.

Prior to the hearing, Mr. Ling and Mr. Graham stipulated to bifurcate the matter involving Walgreen's Pharmacy #03843 and Carl M. Heuer (Case No. 02-065) from the remaining matters. Mr. Ling and Mr. Graham further agreed that Case No. 02-065

would be heard at the Board's regular meeting on October 16, 2002 in Las Vegas. The Board accepted the stipulation proposed by Mr. Ling and Mr. Graham and ordered that Case No. 02-065 be heard separately on October 16, 2002.

As a result of the stipulation to bifurcate approved by the Board, the Board heard the remaining matters at its hearing on July 24, 2002. Based upon the testimony and evidence presented and the public records in the possession of the Board, the Board issues the following findings of fact, conclusions of law, and order resolving as a final order all matters except Case No. 02-065.

FINDINGS OF FACT

1. The Board and the various Respondents' counsels presented the testimony of numerous witnesses and introduced several exhibits into evidence. Because the testimonies of most of the witnesses served primarily for individual matters and for the sake of administrative convenience, the Board will state the facts for each matter on a matter-by-matter basis.

Walgreens #3871 & Jonathan Box (Case No. 02-038)

2. Counsel for Walgreens and Mr. Box and the General Counsel agreed that the facts as plead in the Notice of Intended Action and Accusation were true and correct regarding this matter. The General Counsel stated that the complainant in this matter was unavailable for medical reasons, but because of the agreement reached between the parties, his testimony would be unnecessary. Counsel for Walgreens and Mr. Box presented the testimony of Mr. Box.

3. On January 7, 2002, Patient M's physician prescribed Singulair 5mg. tablets for him to help with his breathing difficulty. Patient M's physician telephoned the prescription to Walgreen's #03871 to be filled. Patient M is a five-year-old male with an asthmatic condition.

4. Patient M took the medication for four days before telling his father that the "medicine tasted funny." Patient M's father checked the prescription bottle and it was labeled correctly. Upon closer observation Patient M's father found that the label had been placed on a stock bottle of Proscar 5 mg. tablets. After checking the tablets in the Proscar stock bottle it was determined that the medication was not Singulair as prescribed, but Proscar tablets.

5. Mr. Box was the pharmacist who filled Patient M's prescription. Mr. Box stated that he doubted that he had counseled Ms. M when she picked up the prescription for Patient M as he believed Patient M had taken Singulair in the past. The counseling log was inconclusive as there were no initials on the log. At hearing, Mr. Box stated that he could not explain how he had mistakenly filled a Singulair prescription with Proscar 5 mg.

Walgreens #05014 & Michelle Ito (Case No. 02-032)

6. Board staff presented the testimony of Aubrey Alexander. According to Ms. Alexander, on February 6, 2002, she took two new prescriptions from her physician to Walgreen's #05014 to be filled. One prescription was for Ambien for her sleeping difficulties and the other was for Ultram for persistent pain. Ms. Alexander dropped the prescriptions off in the morning and was advised she could pick them up in the afternoon. Ms. Alexander inquired if she could use the drive-through to pick up her prescriptions and was told that she could pick them up at that location.

7. Ms. Alexander returned to Walgreen's #05014 at approximately 4:00 p.m. to pick up her medication at the drive-through window. Ms. Alexander recalls having to wait for a period of time as there were two cars ahead of her in line. When she arrived at the drive-through window, Ms. Alexander was told by a pharmacy technician that her prescriptions were not ready. Ms. Alexander asked the pharmacy technician to check again as she was told the prescriptions would be ready at 3:00 p.m. After a few minutes' wait, the pharmacy technician returned with her prescriptions. Ms. Alexander was asked if she had taken these medications before. Ms. Alexander indicated that she had taken both medications before. Other than the question asked by the pharmacy technician, Ms. Alexander was not counseled by a pharmacist on her prescriptions even though both prescriptions were new to her profile at this pharmacy.

8. While in her vehicle, Ms. Alexander took one tablet from the Ultram vial for the pain she was experiencing and left the pharmacy to run errands. After an hour had passed and her pain had not diminished, Ms. Alexander took a second tablet from the Ultram vial. After taking the second tablet Ms. Alexander began feeling disoriented and sick to her stomach. Ms. Alexander cancelled her plans to run errands, went home and fell asleep sitting up in a chair. Ms. Alexander explained at hearing that it was

extremely unusual and out of character for her to sleep in a chair. Several hours later she was awakened by her telephone ringing.

9. Ms. Alexander realized that something was wrong with the medication she had taken and reviewed the prescription bottles she picked up from Walgreens #05014 earlier in the day. After looking inside the bottles, Ms. Alexander discovered the Ambien medication was in the prescription bottle labeled Ultram and the Ultram medication was in the prescription bottle labeled Ambien.

10. The Board's investigation showed that there were two labels on each bottle. The underneath labels were for the correct medication, but the instructions for taking the medications were incomplete.

11. At hearing, Ms. Ito explained that when she was verifying prescriptions filled by the pharmaceutical technicians at Walgreens #05014 she discovered that the label for one of Ms. Alexander's prescriptions contained an incomplete direction for use, so she sent the prescriptions back to the pharmaceutical technician to have the label corrected. The two vials would have been sent back together since they were for the same patient. Ms. Ito explained that she would have checked the new labels and that she could not explain why she did not discover that the new labels had been improperly placed upon the wrong vials.

12. Ms. Ito also explained that the pharmacy's computer system showed that Ms. Alexander picked up her prescription at 4:07 p.m. Ms. Ito claimed that she was off shift at 4:00 p.m. and that she would have left precisely at 4:00 p.m. Thus, Ms. Ito claimed that she could not have been the pharmacist who failed to counsel Ms. Alexander and that the pharmacist who replaced Ms. Ito would have been responsible to counsel Ms. Alexander.

Walgreens #06310 and Stephen Lessard (Case No. 01-019)

13. Board staff presented the testimony of Rebecca Gang. According to Ms. Gang, on February 7, 2002, she took two new prescriptions from her physician to Walgreen's #06310 to be filled. One prescription was for Ambien 5mg. #20 and the other was for Synthroid 0.075mg. #90. Ms. Gang dropped the prescriptions off at approximately 9:30 a.m.

14. Ms. Gang returned to Walgreen's #06310 at approximately 12:30 p.m. to pick up her medication at the drive-through window. Ms. Gang was told by a Walgreen's pharmacy clerk that they owed her 85 pills on her prescription. Ms. Gang questioned the clerk and the clerk advised her that they had run out of Levothyroxine. Ms. Gang advised the clerk that she was taking Synthroid, not Levothyroxine, and asked to speak to the pharmacist. Ms. Gang asked the clerk to speak to the pharmacist several times, but the pharmacist did not respond to Ms. Gang's requests.

15. Ms. Gang was advised that her prescription for Synthroid would be ready in approximately 15 minutes. Ms. Gang requested her prescription for Ambien and indicated she would return later for the Synthroid prescription. Ms. Gang was not counseled for her new prescription for Ambien.

16. Ms. Gang returned to the drive-through window of Walgreen's #06310 later in the evening of February 7th to pick up her prescription for Synthroid. Ms. Gang was not counseled for her new prescription for Synthroid by the pharmacist on duty, Stephen Lessard.

17. At hearing, Mr. Lessard explained that it was Walgreens' routine and policy to substitute levothyroxine for Synthroid, even though he admitted that the two are not AB rated. Mr. Lessard explained that he did not speak to Ms. Lessard because his pharmaceutical technician relayed Ms. Gang's questions to him while he was filling Ms. Gang's Synthroid prescription. He further explained that he was on his way over to counsel Ms. Gang, but the pharmaceutical technician had already given Ms. Gang the Ambien prescription and so Ms. Gang left before he could speak with her.

Walgreens #05015 & Jessica Nguyen (Case No. 02-031)

18. Board staff presented the testimony of Robbie Ierley. Ms. Ierley testified that on February 25, 2002, she took a new prescription from her dentist for Decadron Dosepak to Walgreen's #05015 to be filled. Ms. Ierley stated that she was quite familiar with the Decadron Dosepak because it was an older medication that she had dispensed when she worked at retail pharmacies and because it was manufactured by Merck, and she was presently employed as a pharmacist by the Merck-Medco pharmacy facility in Las Vegas.

19. The pharmacy was busy and Ms. Ierley waited for approximately an hour for her prescription to be filled. When Ms. Ierley finally picked up her prescription, a clerk brought Ms. Ierley her prescription and said to her, "I know you're a pharmacist", to which Ms. Ierley replied that she was. The clerk told Ms. Ierley that her prescription would be $10.00 and concluded the transaction. Ms. Ierley was not counseled regarding her prescription even though Medrol Dosepak was new to Ms. Ierley's profile at the pharmacy.

20. When the prescription was ready Ms. Ierley noticed that her prescription had been filled with Methylpredisolone 4mg. Dosepak. Ms. Ierley is a pharmacist and knew that the strength of the drug she was given was not as strong as the drug her dentist prescribed. Ms. Ierley questioned a pharmacist on duty, Jessica Nguyen, regarding the difference in strength. Ms. Nguyen told Ms. Ierley that she did not have Decadron Dosepak and argued that the drug she was given was exactly the same as the drug her dentist prescribed. Because of the way Ms. Nguyen addressed Ms. Ierley's concerns and because Ms. Ierley could not conceive that a pharmacist would change a drug on a prescription without first contacting the prescribing practitioner, Ms. Ierley assumed Ms. Nguyen had contacted her dentist to change the medication.

21. Ms. Ierley reluctantly took the medication home and began taking the medication given to her as directed because she was in considerable dental pain. Ms. Ierley tried to contact her dentist to verify the change in medication, but she was not able to make contact with him for four days. When Ms. Ierley finally spoke with her dentist, he informed her that he had not spoken to anyone from Walgreen's #05015 and that he did not authorize a change in medication.

22. Ms. Ierley related that the lower strength Methylpredisolone Dosepak failed her treatment. Her dentist gave Ms. Ierley another prescription for Decadron Dosepak that she had filled elsewhere, and fortunately her condition improved.

23. At hearing, Ms. Nguyen testified that Walgreens #05015 was extremely busy and, in her opinion, poorly staffed. Ms. Nguyen described one of her pharmaceutical technicians as 70 years old and incapable of keeping up with the accelerated pace of Walgreens #05015. Ms. Nguyen also indicated that Walgreens' computer system had a gauge that monitored how quickly various tasks were being completed, including how

quickly prescriptions were being filled. Ms. Nguyen's understanding of the gauges were that it was her responsibility to keep any of the three gauges from "going red."

24. Ms. Nguyen also testified that the policy for counseling at Walgreens was to allow the clerk or pharmaceutical technician to ask the patient questions such as, "Would you like to speak to the pharmacist?" or "Have you taken this drug before?" Pharmacists only spoke to patients at the their request. X's or other marks would be placed on the counseling log by the clerk or pharmaceutical technician, and the pharmacist would sign next to the X or other mark at some time later.

Walgreens #04197 & Robin Bonga (Case No. 02-050)

25. Board staff presented the testimony of Darwin Albrecht. Mr. Albrecht testified that on March 27, 2002, he took a new prescription from his physician for Clomiphene Citrate 50 mg. #30 to Walgreen's #04197 to be filled. Mr. Albrecht dropped the prescription off late in the afternoon. Mr. Albrecht was aware from discussions with his physician that Clomiphene Citrate 50 mg. was an unusual drug to be prescribed for a male, and as a result of the unusual nature of the prescription, Mr. Albrecht wanted to speak with a pharmacist about the prescription.

26. Mr. Albrecht returned to Walgreen's #04197 between 7:00 and 8:00 p.m. to pick up his medication at the drive through window. He was given his new prescription by a Walgreen's pharmacy clerk, and he paid for his medication and departed through the drive through lanes.

27. Mr. Albrecht was not counseled for his prescription for Clomiphene Citrate 50 mg., even though the prescription was new to his profile and was for an unusual drug for a male.

28. At hearing, Ms. Bonga testified that she was aware that the prescription was unusual for a male patient, but she was not the pharmacist on duty at the time that Mr. Albrecht picked up the prescription. Ms. Bonga also testified that the policy for counseling at Walgreens was to allow the clerk or pharmaceutical technician to ask the patient questions such as, "Would you like to speak to the pharmacist?" or "Have you taken this drug before?" Pharmacists only spoke to patients at the patients' request. X's or other marks would sometimes be placed on the counseling log by the clerk or

pharmaceutical technician, and the pharmacist would sign next to the X or other mark at some time later.

Walgreens #03844, Peter Riso, Peter Kambiss, & John Quinn
(Case No. 02-047)

29. Board staff presented the testimony of Serena Allen. Ms. Allen testified that prior to Saturday, March 30, 2002, she was traveling in California and realized that she would be out of her maintenance medication for her heart, Inderal 10 mg. tablets, by the weekend when she planned to returned home to Las Vegas. Ms. Allen telephoned Walgreen's #03844 and spoke with managing pharmacist Peter Riso to have her Inderal prescription refilled. Mr. Riso advised Ms. Allen that her refills had run out, but he would contact her physician to get refill authorization. Mr. Riso advised Ms. Allen that if contact with her physician was not made prior to her return, she could pick up 15 tablets to hold her over for the weekend.

30. Ms. Allen returned home and went to Walgreens #03844 to pick up her Inderal on Saturday, March 30, 2002. Ms. Allen's physician had not yet called the pharmacy to approve refilling her Inderal. Ms. Allen then requested from pharmaceutical technician John Quinn the 15 tablets Mr. Riso had promised her.

31. Mr. Quinn questioned the pharmacist on duty, Peter Kambiss, if he could give Ms. Allen 15 tablets of Inderal for the weekend. Mr. Kambiss gave Mr. Quinn permission to dispense an emergency amount of Inderal until her physician contacted the pharmacy to refill her prescription. At that time, Mr. Quinn obtained a stock bottle of Inderal 10 mg. tablets and poured a quantity of tablets in his hand, counted the tablets, and placed them in Ms. Allen's prescription vial. Ms. Allen questioned why Mr. Quinn was handling her medication with his hand. Mr. Quinn replied that it was common practice and Ms. Allen did not know pharmacy law. According to Ms. Allen, Mr. Quinn was abusive and rude, and all of the conversation between Mr. Quinn and herself occurred within the sight and hearing of Mr. Kambiss. Ms. Allen left the pharmacy with the medication.

32. A few minutes later, Ms. Allen returned with her husband and a member of the store management staff. Ms. Allen asked Mr. Kambiss to replace the Inderal tablets given to her by Mr. Quinn. According to Mr. Kambiss, up to this time, he was unaware

that Mr. Quinn had handled Ms. Allen's tablets with his hands. While Mr. Kambiss was replacing the Inderal tablets, Ms. Allen and Mr. Quinn began to argue again. Unfortunately, the argument grew increasingly heated with Mr. Quinn, Ms. Allen, and Mr. Allen all speaking loudly. All of this occurred in the sight and hearing of Mr. Kambiss, but according to Mr. Kambiss' testimony, he took no action with Mr. Quinn to stop the argument except to say Mr. Quinn's first name. Ms. Allen and her husband asked to see Mr. Quinn's pharmacy technician registration. Mr. Kambiss went to locate the certificate, however it was not in the frame where pharmacy staff licenses were kept.

33. Ms. Allen asked for a telephone number for a pharmacy supervisor and was given Marcie Ranick's telephone number. Ms. Allen thought to call Walgreens' management because she had dealt with Walgreens' management, specifically George Flaherty and Joe Daniels, regarding an earlier incident that had been satisfactorily managed by Mr. Flaherty and Mr. Daniels.

34. Prior to speaking with Ms. Ranick, Ms. Allen telephoned the Board office and checked to see if Mr. Quinn was registered. Ms. Allen was advised that Mr. Quinn had been registered as a pharmaceutical technician-in-training at a Sav-On pharmacy, but he left his employment where he was registered, and his registration was closed. Mr. Quinn did not have a pharmaceutical technician's registration and was not registered as a technician-in-training at Walgreens #03844 or at any other Walgreens pharmacy. Ms. Allen spoke with Ms. Ranick and found her to be unconcerned about Mr. Quinn's practice of filling prescriptions from the palm of his hand. Ms. Ranick also told Ms. Allen that Mr. Quinn was a registered pharmaceutical technician and that Board staff must have been mistaken.

35. The evidence showed that Mr. Quinn had been working at Walgreens #03844 since February 15, 2001 without a valid pharmacy technician registration certificate. During that time, Mr. Quinn worked a total of 18 days as a pharmaceutical technician without a proper registration.

36. After the incident with the Allens, Mr. Quinn brought a copy of his certificate to the pharmacy. Mr. Quinn explained that he had "whited-out" the employer on the copy of the certificate that he gave to Walgreens #03844 because it contained the

address of his previous and only authorized employer, Sav-on Pharmacy. Mr. Quinn "whited-out" Sav-on's name and address because he still worked occasionally at Sav-on on good terms and did not want his problems at Walgreens #03844 to become known to Sav-on.

37. After the incident with the Allens, Mr. Quinn was transferred to Walgreens Pharmacy #03845 where he continued to be employed. Board staff had notified Walgreens #03845 to cease to employ or use Mr. Quinn in the capacity of a pharmaceutical technician or technician-in-training until Mr. Quinn applied to be and was granted registration as a pharmaceutical technician-in-training at that pharmacy.

38. At hearing, Mr. Riso testified that he took responsibility for not checking Mr. Quinn's registration certificate closely. Mr. Riso said that once he discovered that Mr. Quinn was not properly registered as a technician-in-training at Walgreens #03844, Mr. Riso assigned Mr. Quinn only to clerk tasks and did not allow Mr. Quinn to perform any pharmaceutical technician tasks.

Walgreens #03872 & Michael Triolo (Case No. 02-062)

39. Board staff presented the testimony of Linda Owens. Ms. Owens testified that on April 10, 2002, she took five new prescriptions from her physician to Walgreen's #03872 to be filled. Ms. Owens decided she only wanted four of the prescriptions filled at that time. The pharmacy technician explained the pharmacy would keep the fifth prescription at the pharmacy in case Ms. Owens changed her mind and wanted to have it filled.

40. Ms. Owens noted that the pharmacy was extremely busy while she was waiting for her prescriptions to be filled. She testified that the pharmaceutical technician and the pharmacist were the only two employees and that the pharmaceutical technician was constantly in motion between the drive-up window, the telephone, the pharmacy counter, and the front counter.

41. When the prescriptions were ready Ms. Owens was given five prescriptions, four in one bag and one in a separate bag. Ms. Owens questioned the pharmaceutical technician and explained she should only have four prescriptions. The technician stated that there were five. Since Ms. Owens was not feeling well, she paid for all five prescriptions and left Walgreens #03872. Though the prescriptions were new to Ms.

Owens and her profile at this pharmacy, Ms. Owens was not counseled by a pharmacist.

42. Ms. Owens took the medication home and began taking the medication given to her as directed that evening and the following day. Ms. Owens received a telephone call on the evening of April 11, 2002 from a female pharmacist from Walgreens #03872 asking if she had been in the previous day to pick up any prescriptions. Ms. Owens stated she had picked up her prescriptions the previous day and had been taking them as directed. Ms. Owens was advised that one of the prescriptions she picked up was for another patient with the same name. Ms. Owens examined the prescriptions she had obtained the previous day and found one that had a doctor's name that was unknown to her on the label although the patient's name on the vial was also Linda Owens. In this way, Ms. Owens discovered that she had taken Metronidazole 500 mg. tablets that were not prescribed for her.

43. Ms. Owens explained that she filed the complaint because of her dealings with pharmacist Ledrue Ware after the error had been discovered. Ms. Owens testified that Mr. Ware seemed uninterested in her and her concerns and seemed mostly concerned about informing her that he was not the pharmacist who had dispensed the erroneous prescription to her.

44. At hearing, Mr. Triolo explained that the Walgreens verification computer system did not contain any specific information regarding a patient, such as the patient's birth date or address, at the time of the verification. Thus, as Mr. Triolo explained, it was possible and foreseeable that errors such as occurred in this matter would not be caught by the verifying pharmacist because there would be no way to tell at the verification screen which "Linda Owens" the prescriptions were for. From Walgreens' records, Mr. Triolo could not identify who had filled the Metronidazole prescription for the Linda Owens who was not the complainant in this matter. Mr. Triolo also explained that he was not the pharmacist on duty at the time Ms. Owens picked up her prescriptions and that Mr. Ware was the pharmacist on duty at that time.

Walgreens #03873 & Scott Trinh (Case No. 02-060)

45. Board staff presented the testimony of Daniel Garcia, Investigator for the Board. Mr. Garcia testified that on May 2, 2002, he and Investigator/Supervisor Fred

Ackermann went to Walgreens #03873 to acquire information and evidence on an investigation of a consumer complaint. That consumer complaint was ultimately closed without action.

46. While they were present at the pharmacy, they observed staff pharmacist Scott L. Trinh speaking with a pharmaceutical technician at one end of the pharmacy counter. Mr. Garcia did not observe any patient at the pharmacy's counter to whom Mr. Trinh may have been speaking. At the same time, Mr. Garcia and Mr. Ackermann observed another pharmacy technician at the drive-through window serving a patient.

47. Kelly Moczynski was identified as the pharmaceutical technician at the drive-through window. She had given a male patient a prescription and returned his identification. As Ms. Moczynski concluded the register transaction with this patient, Mr. Garcia and Mr. Ackermann observed her mark on the "Refused" section of the counseling log that the patient had refused counseling. At no time during this transaction did Mr. Garcia observe Mr. Trinh come to the drive-through window.

48. Mr. Ackermann asked Ms. Moczynski if the prescription she had just dispensed was a new prescription, to which she said it was. Mr. Ackermann asked Ms. Moczynski to retrieve the prescription she had dispensed to the patient at the drive-through window. Supervisor Ackermann then advised Mr. Trinh that he needed to come to the drive-through window and counsel the patient regarding his new prescription. Only after Mr. Ackermann required Mr. Trinh to counsel the patient did Mr. Trinh cease speaking with the other employee and counsel the patient regarding the patient's new prescription.

49. Mr. Garcia testified that he had personally investigated several of the cases involved in this matter and that he had consulted with Mr. Ackermann regarding other of the cases that Mr. Ackermann had investigated. Mr. Garcia explained that Walgreens' counseling policy was to allow the clerk or pharmaceutical technician to ask the patient questions such as, "Would you like to speak to the pharmacist?" or "Have you taken this drug before?" Pharmacists only spoke to patients at the patients' request. X's or other marks would sometimes be placed on the counseling log by the clerk or pharmaceutical technician, and the pharmacist would sign next to the X or other mark at some time

later. In some cases, the pharmacist would not initial next to the X's or other mark until the end of the pharmacist's shift.

50. Mr. Trinh testified that he was very careful to assure that patients were counseled at his pharmacy. Mr. Trinh explained that he was counseling a patient at the time that Mr. Ackermann asked him to counsel the patient at the drive-through window, but he could not explain why Mr. Ackermann and Mr. Garcia had not seen the patient at the pharmacy counter that he was counseling. Mr. Trinh admitted that he changed the counseling log regarding the patient the he counseled at Mr. Ackermann's request to show that counseling had been accepted, and he also admitted that the patient would have left Walgreens #03873 had Mr. Ackermann not requested that he counsel the patient.

CONCLUSIONS OF LAW

1. The Nevada State Board of Pharmacy has jurisdiction over this matter because Respondents Walgreens Pharmacies ##03844, 03871, 03872, 03873, 04197, 05014, 05015, and 06310 are pharmacies licensed by the Board and because Respondents Riso, Kambiss, Quinn, Box, Triolo, Trinh, Bonga, Ito, Nguyen, and Lessard are pharmacists or pharmaceutical technicians licensed by or registered with the Board. Walgreen Co. is an Illinois corporation that is the owner of all of the individual Walgreens Pharmacies at issue in this matter.

Walgreens #03871 & Jonathan Box (Case No. 02-038)

2. In failing to strictly follow the prescription written for Patient M. by filling his Singulair 5 mg. prescription with Proscar 5 mg., Mr. Box violated NRS 639.210(4) and NAC 639.945(1)(d) and (i).

3. In failing to counsel Patient M's mother on Patient M's new prescription, Mr. Box violated NRS 639.210(4) and 639.266(1) and NAC 639.707(1)(a) and 639.945(1)(i).

4. In owning and operating a pharmacy that failed to counsel Patient M's mother regarding Patient M's new prescription, Walgreen Co. and Walgreens Pharmacy #03871 violated NRS 639.210(4) and 639.266(1) and NAC 639.707(1)(a) and 639.945(1)(i) and (2).

5. The Second Cause of Action in Walgreens' Notice of Intended Action and Accusation is dismissed.

Walgreens #05014 & Michelle Ito (Case No. 02-032)

6. In failing to label Ms. Alexander's prescriptions correctly, Ms. Ito violated NRS 639.210(4) and NAC 639.945(1)(d) and (i).

7. The Second Cause of Action in Ms. Ito's Notice of Intended Action and Accusation is dismissed.

8. In owning and operating a pharmacy that failed to label Ms. Alexander's prescriptions correctly, Walgreen Co. and Walgreens Pharmacy #05014 violated Nevada Revised Statute (NRS) 639.210(4) and Nevada Administrative Code (NAC) 639.945(1)(d) and (i) and (2).

9. In owning and operating a pharmacy that failed to counsel Ms. Alexander on either of her new prescriptions, Walgreen Co. and Walgreens Pharmacy #05014 violated NRS 639.210(4) and 639.266(1) and NAC 639.707(1)(a) and 639.945(1)(i) and (2).

Walgreens #06310 and Stephen Lessard (Case No. 01-019)

10. In failing to counsel Ms. Gang regarding either of her new prescriptions, especially because Ms. Gang requested to speak with the pharmacist several times, Mr. Lessard violated NRS 639.210(4) and 639.266(1) and NAC 639.707(1)(a) and 639.945(1)(i).

11. The Sixth Cause of Action in Walgreens' Notice of Intended Action and Accusation is dismissed.

Walgreens #05015 & Jessica Nguyen (Case No. 02-031)

12. In failing to follow the instructions of the prescribing physician and by incorrectly labeling and dispensing a prescription drug, Ms. Nguyen violated NRS 639.210(4) and NAC 639.945(1)(d) and (i).

13. In failing to counsel Ms. Ierley, Ms. Nguyen violated NRS 639.210(4) and 639.266(1) and NAC 639.707(1)(a) and 639.945(1)(i).

14. In owning and operating a pharmacy that failed to counsel Ms. Ierley, Walgreen Co. and Walgreens Pharmacy #05015 violated NRS 639.210(4) and 639.266(1) and NAC 639.707(1)(a) and 639.945(1)(i) and (2).

15. The Seventh Cause of Action in Walgreens' Notice of Intended Action and Accusation is dismissed.

Walgreens #04197 & Robin Bonga (Case No. 02-050)

16. The First Cause of Action in Ms. Bonga's Notice of Intended Action and Accusation is dismissed.

17. In owning and operating a pharmacy that failed to counsel Mr. Albrecht, Walgreens Co. and Walgreens Pharmacy #04197 violated NRS 639.210(4) and 639.266(1) and NAC 639.707(1)(a) and 639.945(1)(i) and (2).

Walgreens #03844, Peter Riso, Peter Kambiss, & John Quinn (Case No. 02-047)

18. In failing to verify that Mr. Quinn was properly registered to work as a pharmaceutical technician and in employing Mr. Quinn as a pharmaceutical technician when Mr. Quinn was not, in fact, properly registered to work as a pharmaceutical technician-in-training at Walgreens #03844, Mr. Riso violated NRS 639.210(4) and (15) and NAC 639.945(1)(i).

19. In failing to intervene as the staff pharmacist on duty while Mr. Quinn and the Allens argued, Mr. Kambiss violated NRS 639.210(4) and NAC 639.945(1)(i).

20. The Second Cause of Action in Mr. Kambiss' Notice of Intended Action and Accusation is dismissed.

21. In working at Walgreens #03844 as a pharmaceutical technician without being properly registered so to do, Mr. Quinn violated NRS 639.210(4) and 639.284(2) and NAC 639.945(1)(i) and (k).

22. By owning and operating a pharmacy that employed and worked and continues to work Mr. Quinn as a pharmaceutical technician, both at Walgreens #03844 and other Walgreens pharmacies, without a current active pharmaceutical technician license, Walgreen Co. and Walgreens Pharmacy #03845 violated NRS 639.210(4) and 639.284(2) and NAC 639.702 and 639.945(1)(i) and (k) and (2).

23. The Tenth and Eleventh Causes of Action in Walgreens' Notice of Intended Action and Accusation are dismissed.

Walgreens #03872 & Michael Triolo (Case No. 02-062)

24. In failing to follow the instruction of the prescribing physician and by incorrectly dispensing another patient's drug to Ms. Owens, Mr. Triolo violated NRS 639.210(4) and NAC 639.945(1)(d) and (i).

25. The Second Cause of Action in Mr. Triolo's Notice of Intended Action and Accusation is dismissed.

26. In owning and operating a pharmacy that failed to follow the instructions of the prescribing physician and by incorrectly dispensing a prescription drug to the wrong patient, Walgreen Co. and Walgreens Pharmacy #03872 violated Nevada Revised Statutes (NRS) 639.210(4) and Nevada Administrative Code (NAC) 639.945 (1) (d) and (i) and (2).

27. The unlabeled Cause of Action in Walgreens' Notice of Intended Action and Accusation relating to the failure to counsel Ms. Owens is dismissed.

Walgreens #03873 & Scott Trinh (Case No. 02-060)

28. In failing to counsel a patient regarding a new prescription until being told by Board of Pharmacy staff to do so, Mr. Trinh violated NRS 639.210(4) and 639.266(1) and NAC 639.707(1)(a) and 639.945(1)(i).

29. In being the pharmacist on duty responsible for the acts of a pharmaceutical technician who falsified the pharmacy's counseling log by indicating that a patient had declined counseling when counseling had not been attempted or initiated with the patient, Mr. Trinh violated NRS 639.210(4) and NAC 639.702, 639.707(4), and 639.945(1)(i).

30. In owning and operating a pharmacy that failed to counsel a patient regarding a new prescription until the pharmacist on duty was told by Board of Pharmacy staff to do so, Walgreen Co. and Walgreens Pharmacy #03873 violated NRS 639.210(4) and 639.266(1) and NAC 639.707(1)(a) and 639.945(1)(i) and (2).

31. In owning and operating a pharmacy in which the pharmacist on duty allowed a pharmaceutical technician to falsify the pharmacy's counseling log by indicating that a patient had declined counseling when counseling had not even been attempted with the patient, Mr. Trinh violated NRS 639.210(4) and NAC 639.702, 639.707(4) and 639.945(1)(i) and (2).

ORDER

Based upon the foregoing, the Board hereby orders the following:

1. The licenses of Walgreens Pharmacies ##03872, 03871, 05014, 03873, 04197, 05015, and 03844 shall be on probation for a period of one year from the effective date of this order. The conditions of probation shall include:

a. One or more representatives of Walgreens Co. shall appear before the Board at every regularly scheduled Board meeting held in Las Vegas throughout the period of the probation to explain to the Board what Walgreens Co. has done to address the concerns raised in this matter, which concerns include Walgreens' counseling as mandated by Nevada law, Walgreens' counseling logs, Walgreens' prescription filling procedure, and Walgreens' policy for addressing patient calls (especially calls in which the patient indicates that he or she has taken an incorrect drug).

b. Development of a counseling log that complies with Nevada law. Walgreens Co. shall provide to the Board a copy of a proposed new counseling log within 30 days of the effective date of this Order, and this proposed new counseling log will be reviewed by the Board at its next succeeding regularly scheduled meeting. Upon approval by the Board of the new counseling log, Walgreens Co. shall provide and implement the new log in all of its Nevada pharmacies.

c. Walgreens Co. shall review its policies and procedures regarding patient counseling to assure that the policies and procedures fully comply with Nevada law. Walgreens Co. shall notify all of its Nevada pharmacies regarding its policies and procedures regarding counseling, including the proper use of the new counseling log developed pursuant to subsection 1(b) of this Order.

d. Walgreens Co. shall review its operational policies and procedures in light of the findings in this matter and shall develop specific suggestions or improvements to address failings in present operational policies and procedures that were shown in the findings of this matter. The details of Walgreens Co.'s review and specific suggestions or improvements shall comprise part of the presentation made by Walgreens Co. pursuant to subsection 1(a) of this Order.

2. Walgreens Co. and Walgreens Pharmacies ##03872, 03871, 05014, 03873, 04197, 05015, and 03844 shall pay a total fine of $5,600.00 by cashier's or certified

check or money order made payable to "State of Nevada, Office of the Treasurer" to be received by the Board's Reno office within 60 days of the effective date of this Order. The total fine consists of the following specific fines:

Third Cause of Action	$750.00
Fourth Cause of Action	$250.00
Fifth Cause of Action	$750.00
Eighth Cause of Action	$750.00
Ninth Cause of Action	$750.00
Twelfth Cause of Action	$750.00
Thirteenth Cause of Action	$100.00
Fourteenth Cause of Action	$750.00
Fifteenth Cause of Action	$750.00
TOTAL	**$5,600.00**

3. Walgreens Co. and Walgreens Pharmacies ##03872, 03871, 05014, 03873, 04197, 05015, and 03844 shall pay the Board's total administrative fee (nine causes of action X $250.00/cause of action = $2,250.00) and the Board's costs of investigation and prosecution ($11,878.35) for a total of $14,128.35 by cashier's or certified check or money order made payable to "Nevada State Board of Pharmacy" to be received by the Board's Reno office within 60 days of the effective date of this Order.

4. Mr. Triolo shall pay the Board's administrative fee of $250.00 by cashier's or certified check or money order made payable to "Nevada State Board of Pharmacy" to be received by the Board's Reno office within 60 days of the effective date of this Order. Mr. Triolo shall also receive a letter of admonition.

5. Mr. Lessard shall pay a fine of $375.00 by cashier's or certified check or money order made payable to "State of Nevada, Office of the Treasurer" to be received by the Board's Reno office within 60 days of the effective date of this Order. Mr. Lessard shall also pay the Board's administrative fee of $250.00 by cashier's or certified check or money order made payable to "Nevada State Board of Pharmacy" to be received by the Board's Reno office within 60 days of the effective date of this Order.

6. Mr. Box shall pay a total fine of $625.00 by cashier's or certified check or money order made payable to "State of Nevada, Office of the Treasurer" to be received by the Board's Reno office within 60 days of the effective date of this Order. Mr. Box shall also pay the Board's administrative fee of $250.00 by cashier's or certified check

or money order made payable to "Nevada State Board of Pharmacy" to be received by the Board's Reno office within 60 days of the effective date of this Order.

7. Ms. Ito shall pay a fine of $250.00 by cashier's or certified check or money order made payable to "State of Nevada, Office of the Treasurer" to be received by the Board's Reno office within 60 days of the effective date of this Order. Ms. Ito shall also pay the Board's administrative fee of $250.00 by cashier's or certified check or money order made payable to "Nevada State Board of Pharmacy" to be received by the Board's Reno office within 60 days of the effective date of this Order.

8. Mr. Trinh shall pay a total fine of $1,250.00 by cashier's or certified check or money order made payable to "State of Nevada, Office of the Treasurer" to be received by the Board's Reno office within 60 days of the effective date of this Order.

9. Ms. Nguyen shall pay a total fine of $625.00 by cashier's or certified check or money order made payable to "State of Nevada, Office of the Treasurer" to be received by the Board's Reno office within 60 days of the effective date of this Order. Ms. Nguyen shall also pay the Board's administrative fee of $250.00 by cashier's or certified check or money order made payable to "Nevada State Board of Pharmacy" to be received by the Board's Reno office within 60 days of the effective date of this Order.

10. Mr. Riso shall pay a fine of $100.00 by cashier's or certified check or money order made payable to "State of Nevada, Office of the Treasurer" to be received by the Board's Reno office within 60 days of the effective date of this Order. Mr. Riso shall also pay one-half the Board's administrative fee of $125.00 by cashier's or certified check or money order made payable to "Nevada State Board of Pharmacy" to be received by the Board's Reno office within 60 days of the effective date of this Order.

11. Mr. Kambiss shall pay a fine of $100.00 by cashier's or certified check or money order made payable to "State of Nevada, Office of the Treasurer" to be received by the Board's Reno office within 60 days of the effective date of this Order. Mr. Kambiss shall also pay one-half the Board's administrative fee of $125.00 by cashier's or certified check or money order made payable to "Nevada State Board of Pharmacy" to be received by the Board's Reno office within 60 days of the effective date of this Order.

12. Mr. Quinn shall pay a fine of $360.00 ($20/day x 18 days = $360.00) by cashier's or certified check or money order made payable to "State of Nevada, Office of the Treasurer" to be received by the Board's Reno office within 60 days of the effective date of this Order. Mr. Quinn shall also pay the Board's administrative fee of $250.00 by cashier's or certified check or money order made payable to "Nevada State Board of Pharmacy" to be received by the Board's Reno office within 60 days of the effective date of this Order.

13. Mr. Quinn may not apply for any license or registration with the Board for a period of one year from the effective date of this Order. Mr. Quinn will not be granted any license or registration with the Board until he pays the fine and administrative fee set out in paragraph 12 of this Order. During the period in which Mr. Quinn may not apply for any license or registration with the Board, Mr. Quinn may not be employed by or work in any capacity in any business licensed or registered by the Board.

Signed and effective this 5th day of September, 2002.

Larry L. Pinson, President
Nevada State Board of Pharmacy

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

FINDINGS OF FACT, CONCLUSIONS OF LAW, AND ORDER

PETER S. TRINH, R.Ph.,
Certificate of Registration #12898,

Case No. 03-011-RPH-S

WALGREENS #04197,
Certificate of Registration #PH01142,

Case No. 03-011-PH-S

Respondents.
_____/

THIS MATTER was heard by the Nevada State Board of Pharmacy (hereinafter Board) at its regular meeting on April 23, 2003 in Las Vegas, Nevada. The Board was represented by Louis Ling, General Counsel to the Board. Respondents Peter S. Trinh and Walgreens #04197 were represented by Robert C. Graham and Graham & Wilde, P.C. Based on the presentations of the parties and the public records in the possession and control of the Board, the Board issues the following Findings of Fact, Conclusions of Law, and Order:

FINDINGS OF FACT

1. At hearing, Board staff presented the testimony of Carol Passos, Robin Shoemaker, Gail Shoemaker, and Fred Ackermann. The parties stipulated to and jointly introduced nine documents that were accepted into evidence. Respondents presented the testimony of Mr. Trinh and Duane Pinon. Based on the presentations of the parties and the public records in the possession and control of the Board, the Board finds the following to be the facts of this matter.

2. Phanetta Shoemaker was a 79-year-old female who had been treated for colon cancer. According to her daughter, Ms. Passos, Mrs. Shoemaker's medical and mental condition declined after the treatment for the colon cancer. At some point, the family members could no longer care for Mrs. Shoemaker themselves, so they arranged for Ms. Shoemaker to stay at "As Time Goes By" group home.

3. On January 1, 2003, Mrs. Shoemaker was transported from "As Time Goes By" to Mountain View Hospital where she was admitted with symptoms of a possible heart attack. On January 2, 2003, the physician who admitted Mrs. Shoemaker into the hospital ordered that Mrs. Shoemaker be discharged back to "As Time Goes By" on noon of the next day, January 3, 2003.

4. On the morning of January 3, 2003, various members of Mrs. Shoemaker's family met with a hospice representative to discuss Mrs. Shoemaker's transfer back to "As Time Goes By." One of the results of the meeting was that Mrs. Shoemaker's physician wrote a prescription for Roxanol 20 mg./ml. #120 cc with directions for use of "5 mg. po q 4° prn." The Roxanol prescription was intended to allow the group home to provide pain relief for Mrs. Shoemaker.

5. According to family members who were with Mrs. Shoemaker on January 3, 2003, Mrs. Shoemaker was eating normally in her hospital bed and could converse with them.

6. Because there were problems with the travel arrangements to get Mrs. Shoemaker from the hospital to "As Time Goes By," and because Mrs. Shoemaker seemed to be suffering some pain, Robin Shoemaker, Mrs. Shoemaker's daughter, took the Roxanol prescription to Walgreens #04197 to have it filled. Mrs. Shoemaker's

Roxanol prescription was a new prescription to Mrs. Shoemaker's profile as Mrs. Shoemaker had not taken any morphine products before. Robin Shoemaker arrived at the pharmacy at approximately 11:15 a.m., and she described the pharmacy as not being busy. Robin Shoemaker was told that the prescription would be filled while she waited, so she waited at the pharmacy for approximately fifteen minutes.

7. Mrs. Shoemaker's Roxanol prescription was filled by a pharmaceutical technician with generic morphine sulfate and was verified by Mr. Trinh. The directions for use reviewed and approved by Mr. Trinh were: "Take 5 ml. (1 teaspoon) by mouth every 4 hours as needed."

8. When the prescription was ready, Robin Shoemaker was given the prescription by Mr. Trinh. Robin Shoemaker testified that Mr. Trinh spoke to her for only a few seconds and that he did not mention anything about the dose of the morphine sulfate.

9. Robin Shoemaker returned to the hospital with the morphine sulfate prescription. Because Mrs. Shoemaker appeared to be having pain, Robin Shoemaker administered one dose to Mrs. Shoemaker according to the directions for use sometime between 1:00 p.m. and 2:00 p.m. At hearing, Robin Shoemaker explained that she took a plastic teaspoon from Mrs. Shoemaker's lunch tray, filled the teaspoon with the morphine sulfate, and administered the teaspoon of morphine sulfate to Mrs. Shoemaker.

10. The family members who were with Mrs. Shoemaker after the dose of morphine sulfate was administered described Mrs. Shoemaker as being clammy and cold, with her eyes rolled back into her head so that all that could be seen were the

whites of her eyes. They described Mrs. Shoemaker's breathing as difficult and labored, and they feared that she was having a heart attack.

11. Because the family had executed a do-not-resuscitate order for Mrs. Shoemaker, the transport took Mrs. Shoemaker to "As Time Goes By," even though Mrs. Shoemaker's condition was very poor.

12. Gail Shoemaker, Mrs. Shoemaker's daughter-in-law, stated that she discovered that Mrs. Shoemaker had been given an overdose of the morphine sulfate when Gail Shoemaker conversed with a caregiver at "As Time Goes By" about the dose. The caregiver had indicated that the dose seemed very high. After some additional inquiry, it was determined that the dose on the prescription label was 5 ml., not the 5 mg. ordered by the physician. Thus, Mrs. Shoemaker received 20 times more morphine sulfate than the physician had ordered.

13. According to the family members who testified, after Mrs. Shoemaker received the overdose of morphine sulfate, Mrs. Shoemaker was never the same as she was before the overdose. Mrs. Shoemaker could only eat infrequently, and when she did eat she could only eat soft foods. Mrs. Shoemaker could no longer converse with the family members. Most of the time, Mrs. Shoemaker seemed to be comatose or was incapable of communication.

14. On January 12, 2003, Mrs. Shoemaker died. Though the cause of death shown on the death certificate was colon cancer, Mrs. Passos testified that the family disagreed with the cause of death as shown on the death certificate. No medical testimony was taken regarding the actual or proximate cause of Mrs. Shoemaker's death.

15. At hearing, Mr. Trinh testified that when he reviewed Mrs. Shoemaker's prescription, he believed that it said 5 ml. instead of 5 mg. Mr. Trinh said he was aware that the 5 ml. dosage of morphine sulfate was very high, but he also admitted that he did not contact the physician, Robin Shoemaker, or anybody or any reference in the pharmacy about his concerns regarding the dosage. Mr. Trinh explained that the pharmacy's computer system did provide a high-dose warning that he personally bypassed. Mr. Trinh said that he does not check a patient's profile unless he is prompted to do so by the pharmacy's computer, so the only drug utilization review concerns addressed by Mr. Trinh are those raised by the pharmacy's computer, not by Mr. Trinh's independent examination of the patient's prescription record. Mr. Trinh also explained that when he counseled a patient, he merely imparted information to the patient and did not ask the patient questions to assure that the drug was correct or to assure that the patient understood the information given by Mr. Trinh. Mr. Trinh related that when he counseled Robin Shoemaker he was so concerned about the dosage that he checked the prescription again as he was talking with Robin Shoemaker, but he yet again saw 5 ml. instead of 5 mg. Mr. Trinh testified that he warned Robin Shoemaker that the dose was high. Mr. Trinh could not explain how every time he looked at the prescription – a prescription that clearly states "5 mg.," not "5 ml." on its face – he saw the incorrect, extremely high dose of 5 ml.

16. Because Robin Shoemaker testified that she received essentially no counseling and because Mr. Trinh testified that he did counsel Robin Shoemaker, including explaining to her that the dose was high, we must resolve the conflicting testimony. We find that Mr. Trinh either did not counsel Robin Shoemaker (just as she

testified) or that if he did, he did not do so adequately to assure that Robin Shoemaker was apprised of the potential threat and harm that could result from the 5 ml. dose of morphine sulfate. We find that many factors should have alerted Mr. Trinh to the severity of the dosing error, such as Mrs. Shoemaker's age, Mrs. Shoemaker's previous lack of history with opiate or morphine products, the product's inclusion of 1 ml. dropper that would have required five dropper's full for a single dose, and the general knowledge of the increased dangers of the use of morphine sulfate in elderly patients because of morphine sulfate's CNS depressive effects. Mr. Trinh's explanations regarding his actions, none of which were witnessed or testified to by Robin Shoemaker, seem inconsistent with his profession that he had spotted and was concerned about the high dosage he was dispensing. Our view of the evidence is that either Mr. Trinh did not actually catch the high dose or that if he did, he did not act professionally and reasonably to resolve what should have been very obvious concerns with the dose.

17. Board staff raised a concern with the number of disciplinary cases that have recently been brought against Walgreens pharmacies operated throughout the Las Vegas area. We share this concern. The particular Walgreens pharmacy at issue in this matter, Walgreens #04197, was already on probation for a failure to counsel that was found as part of a disciplinary proceeding in which nine different matters were heard and determined. Several of the prescription errors in the combined proceeding were serious and caused harm to the patients involved. Most of the cases in the combined proceeding involved unacceptable violations of the patient counseling laws. At the same Board meeting at which the hearing in this matter occurred, another

prescription error was also resolved by this Board by stipulation of the parties. The cluster of patient complaints that has produced eleven disciplinary actions since August 2002 concerns both Walgreens and this Board. We must agree with Board staff that these disciplinary actions must be viewed as a totality, not as isolated incidents, because the incidents show a systemic dysfunction that seems to underlie these matters. We must find, therefore, that Walgreens #04197 was guilty of repeated negligence, the negligence being a failure to counsel or adequately counsel patients being served by Walgreens #04197, especially while Walgreens #04197 was on probation for its previous violation of the same patient counseling laws.

18. Board staff was concerned regarding the staffing, recordkeeping and prescription volume at Walgreens #04197. Walgreens disagreed with Board staff. Once the records were explained by Mr. Pinon, they seem not to indicate any actionable concern regarding the staffing of Walgreens #04197 at the time that Mr. Trinh made the error regarding Mrs. Shoemaker's Roxanol prescription. In support of this finding is Robin Shoemaker's testimony that the pharmacy was not busy at approximately 11:15 a.m. when she brought the prescription to the pharmacy. We find, therefore, that the evidence did not support Board staff's assertion that the pharmacy was inadequately or improperly staffed for the prescription volume processed by the pharmacy.

19. This Board's findings of fact regarding Mrs. Shoemaker's medical condition and treatment are intended for the purpose of determining the basis for and extent of disciplinary action in this matter. This Board's findings of fact regarding Mrs. Shoemaker's medical condition and treatment are not intended to preclude or

determine issues outside the scope of this Board's authority such as whether and how damages should be assessed in a court of competent jurisdiction.

CONCLUSIONS OF LAW

1. The Nevada State Board of Pharmacy has jurisdiction over this matter because Respondent Peter S. Trinh is a pharmacist licensed by the Board and Walgreens #04197 is a pharmacy licensed by the Board.

2. By incorrectly labeling Mrs. Shoemaker's prescription for morphine sulfate with incorrect dosing directions, Mr. Trinh violated NRS 639.210(4) and NAC 639.700(6) and 639.945(1)(d) and (i).

3. By inadequately counseling Robin Shoemaker regarding Mrs. Shoemaker's morphine sulfate prescription, Mr. Trinh violated NRS 639.210(4) and NAC 639.707(1) and (3) and 639.945(1)(i).

4. In having a second disciplinary action regarding negligent patient counseling and while it was on probation for a previous disciplinary action, Walgreens #04197 violated NRS 639.210(4) and (16).

5. In owning and operating the pharmacy in which the violations noted in Conclusions of Law #2, 3, and 4 occurred, Walgreens #04197 violated NRS 639.210(4) and NAC 639.945(1)(i) and (2).

6. The Fourth Cause of Action regarding Walgreens #04197's maintaining a pharmacy with inadequate staffing to safely and effectively serve the public is dismissed.

ORDER

Based upon the foregoing, the Board hereby orders the following:

1. Mr. Trinh shall pay a fine of $3,250.00 ($2,500 for the First Cause of Action and $750 for the Second Cause of Action) by cashier's or certified check or money order made payable to "State of Nevada, Office of the Treasurer" to be received by the Board's Reno office within 90 days of the effective date of this Order.

2. Mr. Trinh shall take eight hours of APCE approved continuing education regarding pain management and four hours of continuing education regarding patient counseling. The continuing education credits to satisfy this paragraph must be submitted to the Board's Reno office within six months of the effective date of this Order and will be in addition to and will not be counted toward the 30 hours of continuing education required to be verified by the time Mr. Trinh submits his renewal application. Board staff shall review the continuing education submitted to satisfy this paragraph.

3. Walgreens #04197 shall pay a fine of $6,000.00 ($1,000.00 for the Third Cause of Action and $5000.00 for the Fifth Cause of Action) in cash, cashier's or certified check, or money order made payable to "State of Nevada, Office of the Treasurer" to be received by the Board's Reno office within 90 days of the effective date of this Order. Walgreens #04197 shall pay the Board's costs and attorney's fees of $5,194.14 and the Board's administrative fee of $250.00, for a total of $5,444.14 by cashier's or certified check or money order made payable to "Nevada State Board of Pharmacy" to be received by the Board's Reno office within 90 days of the effective date of this Order.

4. Walgreens #04197 shall be on probation for a period of one year from September 10, 2003 according to the following terms and conditions:

a. Staff for Walgreens #04197 shall obtain and complete the ISMP Medication Safety Self Assessment for Community/Ambulatory Pharmacy (ISMP Self Assessment) available from the Institution on Safe Medication Practices at www.ismp.org under the "Self Assessment" tab. After completing the ISMP Self Assessment, the managing pharmacist for Walgreens #04197 shall submit the information from the ISMP Self Assessment to ISMP through the process available on ISMP's website. The managing pharmacist shall obtain and print from the ISMP's website the preliminary aggregate results available only after the ISMP Self Assessment information has been submitted to ISMP.

b. The managing pharmacist shall provide the preliminary aggregate results to the Board's Reno office and Walgreens' district management no later than July 23, 2003. The Board's staff shall assure that the preliminary aggregate results are included in the Board's materials provided in advance of the Board's meeting scheduled for August 6 and 7, 2003.

c. The staff of Walgreens #04197 shall obtain, prepare, and complete the tasks in the preceding subparagraphs 4(a) and 4(b) without any the assistance, oversight, interference, or other involvement of Walgreens' regional, district, or national management. The Board intends that the information provided by the staff of Walgreens #04197 to be honest, truthful, accurate, complete, and free from any real or perceived concern about adverse employment consequences because the ISMP process can only work to the pharmacy's, the Board's, and the public's benefit if the information used in the process is

trustworthy and accurate. The Board may provide oversight of the completion of the ISMP Self Assessment process if requested by the staff of Walgreens #04197 or if the Board's staff deems such oversight necessary to maintain the integrity of the process.

d. The Board will review the results of the ISMP process, including the preliminary aggregate results provided under subparagraph 4(b) above, at the Board meeting on August 6 and 7, 2003. Walgreens #04197 shall assure that the managing pharmacist and other management personnel shall be available when the ISMP results are discussed.

e. The Board reserves the right and ability in its discretion to add other terms and conditions to Walgreens #04197's probation as the Board deems necessary or appropriate in view of the ISMP results and the discussion of those results with Walgreens' personnel.

f. Walgreens #04197's operations shall conform with all applicable laws, whether federal or state and whether statutory or regulatory.

5. The failure by Mr. Trinh to comply with any term in this order shall result in the immediate suspension of his license and will also result in further discipline, up to and including revocation of his license. The failure by Walgreens #04197 to comply with any term in this order shall result in a fine of $1,000 per day for every day that it has failed to comply with the Order until the Order is fully complied with, up to a total fine not to exceed $30,000, and will also result in further discipline, up to and including revocation of the its license.

Signed this 23rd day of May, 2003.

Larry L. Pinson, President
Nevada State Board of Pharmacy

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

NOTICE OF INTENDED ACTION AND ACCUSATION

PETER S. TRINH, R.PH
Certificate of Registration No. 12898

Case No. 03-011-RPH-S

WALGREENS #04197,
Certificate of Registration No. PH01142;

Case No. 03-011-PH-S

Respondents.

/

COMES NOW Keith W. Macdonald, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, and makes the following that will serve as both a notice of intended action under Nevada Revised Statutes (NRS) 233B.127(3) and as an accusation under NRS 639.241.

I.

The Nevada State Board of Pharmacy has jurisdiction over this matter and these Respondents for the following reasons:

A. Respondent Peter S. Trinh, R.Ph, (certificate number 12898) is a pharmacist licensed by the Board.

B. Respondent Walgreens #04197 is a pharmacy licensed by the Board located at 8500 West Cheyenne Avenue, Las Vegas, Nevada.

II.

Patient S was a 79-year-old female with metastasizing colon cancer who resided in a group home. On January 1, 2003, Patient S was transported from the group home

to the emergency room of Mountain View Hospital where she was admitted with symptoms of a possible heart attack. On January 2, 2003, the physician who admitted Patient S into the hospital ordered her discharge for noon on January 3, 2003.

III.

The morning of January 3, 2003, Patient S' family members were meeting with a hospice facility representative where Patient S was being transferred to from the hospital. The hospice representative asked Patient S's physician for a prescription for Roxanol (morphine sulfate). The hospice representative explained that Roxanol was standard procedure for terminal patients to ensure they were comfortable during their illness. Patient S' daughter, Ms. RS, was given a prescription for Patient S to be filled prior to her release from the hospital. The prescription was written for Roxanol 20 mg./ml. #120 cc with directions for use of 5 mg by mouth every four hours as needed.

IV.

Ms. RS took the prescription to Walgreens #04197 to be filled. By noon, the discharge papers were complete for Patient S and she and various family members were waiting for transport to the group home. While waiting, Patient S was sitting up in bed, eating her lunch and conversing with family members.

V.

Mr. Trinh was the pharmacist responsible for checking Patient S's Roxanol prescription. The directions for use approved by Mr. Trinh were: "Take 5 ml. (1 teaspoon) by mouth every 4 hours as needed."

VI.

When Ms. RS picked up Patient S's prescription, Mr. Trinh spoke to Ms. RS for a few seconds. Based on this translation of a few seconds' duration, Mr. Trinh indicated that he had provided counseling to Ms. RS.

VII.

Mr. Trinh indicated that he knew at the time that he dispensed Patient S's Roxanol prescription to Ms. RS that 5 ml. of Roxanol was a high dose. Nonetheless, Mr. Trinh dispensed Patient S's Roxanol prescription without taking any action to verify or clarify the high dosage except, according to Mr. Trinh, to review the prescription.

VIII.

Ms. RS returned to the hospital, noted her mother was becoming agitated and appeared to be experiencing some pain, so Ms. RS administered the medication to Patient S between 1:00 and 2:00 p.m. according to the directions on the label of the bottle of Roxanol, meaning that Ms. RS gave Patient S one teaspoon (approximately 5 ml.) of Roxanol.

IX.

By approximately 4:00 p.m. after ingesting the medication, Ms. RS reported that Patient S became very cold and clammy, had difficulty breathing, her eyes rolled back in her head and she began twitching and shaking. When the transport arrived at approximately 7:00 p.m., they were cautious about transporting her to the hospice. Transport employees went to the nursing station and obtained a copy of the "do no resuscitate" (DNR) form that was on file for Patient S and transported her to the hospice.

X.

After Patient S was settled into her room, her family members gave Patient S's medication to the night caregiver. The caregiver questioned the family regarding the unusually high dosage of morphine sulphate. It was at this juncture that the incorrect directions for use were discovered. Because of the incorrect directions for use, Patient S received 100 mg. of Roxanol liquid, 20 times the amount of morphine sulphate than she was prescribed.

XI.

As the days past, Patient S became more and more unresponsive. Patient S died on January 12, 2003. Patient S was a terminally ill person and none of her health care professionals could attribute the overdose of the morphine sulphate as the cause for her death.

FIRST CAUSE OF ACTION

XII.

By incorrectly labeling Patient S's prescription for morphine sulphate with incorrect dosing directions, Mr. Trinh violated Nevada Revised Statutes (NRS) 639.210(4) and Nevada Administrative Code (NAC) 639.700(6) and 639.945 (1) (d) and (i).

SECOND CAUSE OF ACTION

XIII.

In inadequately counseling Ms. RS regarding Patient S's Roxanol prescription, Mr. Trinh violated NRS 639.210(4) and NAC 639.707(1) and (3) and 639.945(1)(i).

THIRD CAUSE OF ACTION

XIV.

On July 24, 2002, Walgreens #04197 was one of nine Walgreens pharmacies that had a disciplinary hearing. During the course of those administrative hearings, it was determined that Walgreens #04197 was guilty of owning and operating a pharmacy that failed to properly counsel patients. Walgreens #04197 was placed on one-year probation with conditions.

XV.

In having a second disciplinary matter at Walgreens #04197 while that pharmacy is on probation constituting repeated negligence, Respondent Walgreens #04197 violated NRS 639.210(4) and (16).

FOURTH CAUSE OF ACTION

XVI.

The time records and prescription volume of Walgreens #04197 indicate that Walgreens #04197 was inadequately staffed to safely and effectively serve the public.

XVII.

In maintaining a pharmacy with inadequate staffing to safely and effectively serve the public, Walgreens #04197 violated NRS 639.210(4) and NAC 639.945(1)(l).

FIFTH CAUSE OF ACTION

XVIII.

In owning and operating the pharmacy in which the above acts and violations occurred, Respondent Walgreens #04197 violated NRS 639.210(4) and NAC 639.945 (1) (d) and (l) and (2).

WHEREFORE it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to the certificate of registration of the Respondent.

Signed this 25th day of March, 2003.

Keith W. Macdonald

Keith W. Macdonald, Executive Secretary
Nevada State Board of Pharmacy

NOTICE TO RESPONDENT

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements regarding your certificate of registration. To do so, you must mail to the Board within 15 days of your receipt of this Notice of Intended Action and Accusation a written statement showing your compliance.

Section 9: Statement of Responsibility - MUST BE COMPLETED by an Authorized Person (NAC 639.945)

Statement of Responsibility

1. I am the Vice President (title) for Walgreen Co. (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be responsible for any violations of pharmacy law that may occur in the Pharmacy owned by such owner(s), shareholder(s), member(s), or partner(s).
3. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against the Pharmacy.
4. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) cannot require or permit the pharmacist(s) in said Pharmacy to violate any provision of local, state, or federal laws or regulations pertaining to the practice of pharmacy.
5. I further understand and acknowledge that Nevada law requires that each pharmacy located inside the State of Nevada employ only pharmacists, intern pharmacists, pharmaceutical technicians, and technicians in training that are licensed by the Nevada State Board of Pharmacy. (NRS 639.100).
6. I further understand and acknowledge that Nevada law requires that each pharmacy located outside the State of Nevada engaged in providing pharmacy services into Nevada employs at least one pharmacist licensed by the Nevada State Board of Pharmacy who will be responsible for any prescription dispensed to a patient located in Nevada and responsible for any acts or omissions of pharmacy personnel who are not registered with the Board. (NRS 639.2328).

Richard Gates

Print Name of Authorized Person

Richard Gates

Original signature of Authorized Person (copies or stamps not accepted)

08 / 26 / 2025

Date

Section 10: Affidavit for Pharmacies- MUST BE COMPLETED by pharmacies NOT CURRENTLY PERFORMING Sterile Compounding

Affidavit for Pharmacy License

I, Richard Gates hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

1. I am the Vice President (title) for Walgreen Co. (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I certify that upon licensure, the Pharmacy will not perform sterile compounding or ship sterile compounds into Nevada.
3. I understand and acknowledge that the Pharmacy and any of its staff members may be subject to discipline by the Board if the Pharmacy performs sterile compounding or ships any sterile compounds into Nevada without first obtaining written authorization from the Board to do so.
4. I certify that if the Pharmacy makes the decision to perform sterile compounding or to ship any sterile compounds into Nevada, the Pharmacy, through an authorized representative, will first notify the Board via a written request, and obtain written approval to perform sterile compounding or to ship any sterile compounds into Nevada.
5. I understand that if the Pharmacy seeks approval to perform sterile compounding or to ship any sterile compounds into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

FURTHER YOUR AFFIANT SAYETH NAUGHT.

Signature

SUBSCRIBED AND SWORN TO
Before me, a notary public this 20th day of August, 2025

Zeljka Borosa-Rajcevic
Notary Public

OFFICIAL SEAL
ZELJKA BOROSA RAJCEVIC
Notary Public, State of Illinois
Commission No. 977646
My Commission Expires September 8, 2027

CONFIDENTIAL/EXEMPT FROM
FREEDOM OF INFORMATION ACT AND
SIMILAR STATE REQUESTS

Ownership Information

Ownership & Leadership of Applicant Entity

Applicant: **Walgreen Co.**
108 Wilmot Rd., Deerfield, IL 60015

Ownership: The Applicant entity is wholly owned (100%) by Walgreens Boots Alliance, Inc.

Officers of Walgreen Co.
Michael Motz - CEO
Richard Gates - Senior Vice President, Chief Pharmacy Officer
Cherita Thomas - Secretary
Matthew Spina - CFO
Michael Handal - Licensing and Provider Enrollment Officer

Ownership & Leadership of Walgreens Boots Alliance, Inc.

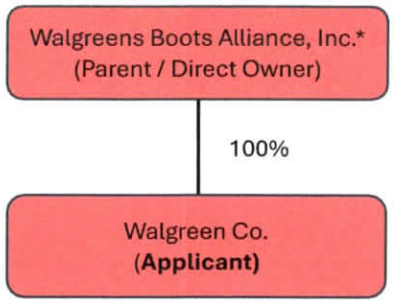
Ownership: Walgreens Boots Alliance, Inc. is wholly owned (100%) by Blazing Star Parent, LLC

Officers of Walgreens Boots Alliance, Inc.
Temporarily vacant - CEO
Mark Weisz - Sr VP, Global Tax
Manmohan Mahajan - Sr VP, Global Controller, CFO
Lanesha Minnix - Corporate Secretary

Please see the attached pre- and post-closing Corporate Organization chart for reference.

Proprietary and Confidential
Not a public record pursuant to
Section 7927.605 of the CPRA and
45 CFR Section 5.31

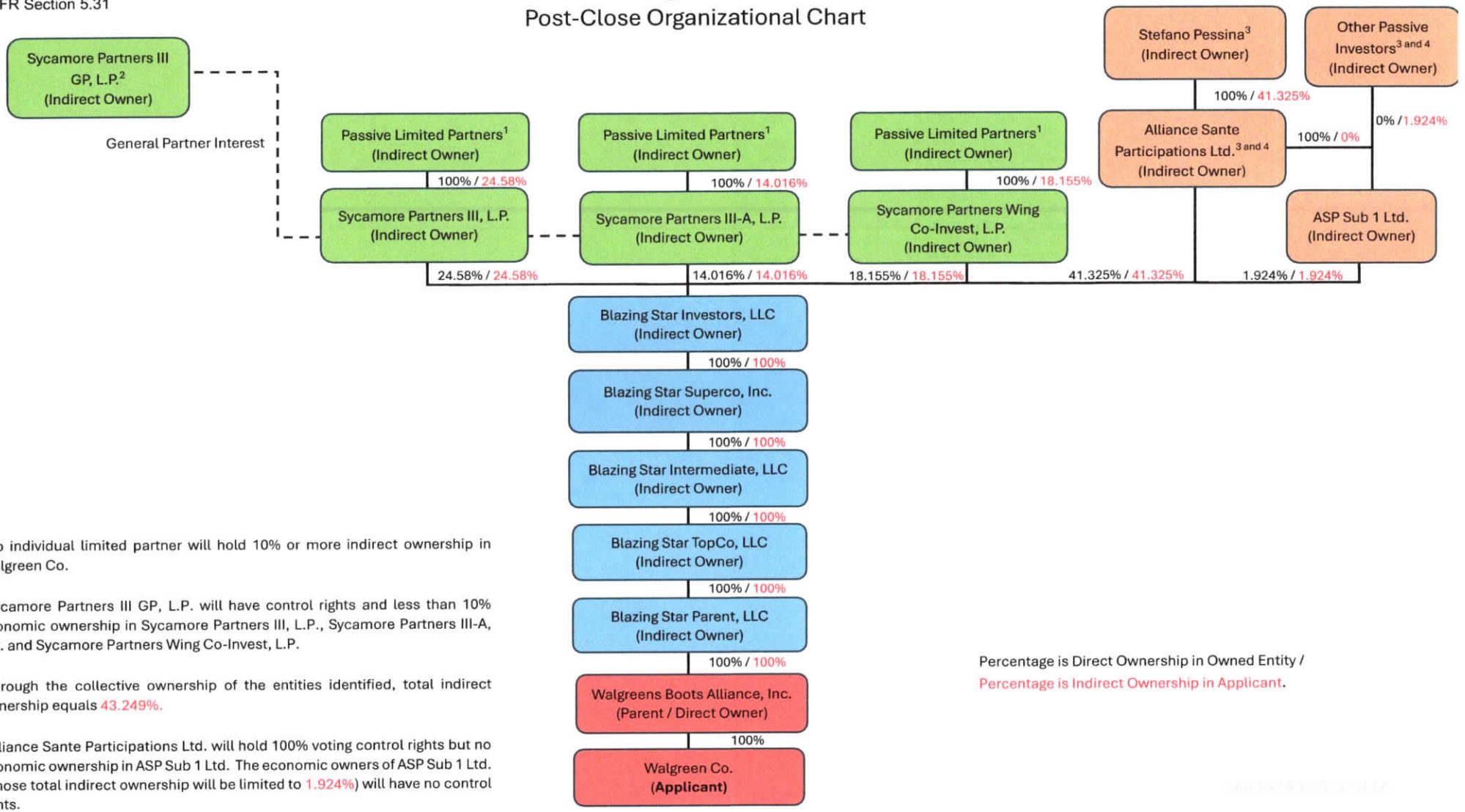
Walgreen Co.
Pre-Close Organizational Chart



Publicly Traded on Nasdaq Stock Market (WBA)

Proprietary and Confidential
Not a public record pursuant to
Section 7927.605 of the CPRA and
45 CFR Section 5.31

Walgreen Co.
Post-Close Organizational Chart



[1]No individual limited partner will hold 10% or more indirect ownership in Walgreen Co.

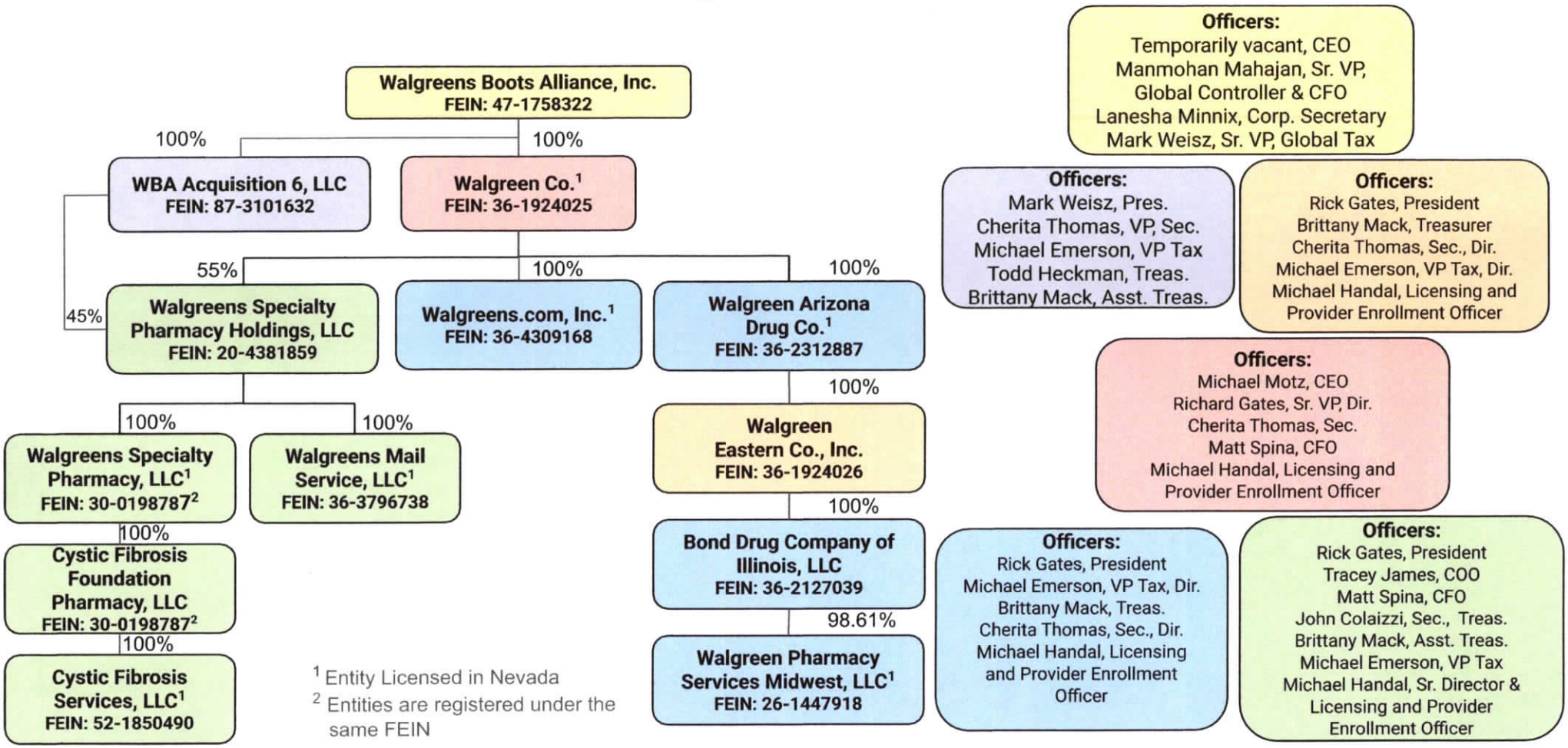
[2]Sycamore Partners III GP, L.P. will have control rights and less than 10% economic ownership in Sycamore Partners III, L.P., Sycamore Partners III-A, L.P. and Sycamore Partners Wing Co-Invest, L.P.

[3]Through the collective ownership of the entities identified, total indirect ownership equals 43.249%.

[4]Alliance Sante Participations Ltd. will hold 100% voting control rights but no economic ownership in ASP Sub 1 Ltd. The economic owners of ASP Sub 1 Ltd. (whose total indirect ownership will be limited to 1.924%) will have no control rights.

Percentage is Direct Ownership in Owned Entity /
Percentage is Indirect Ownership in Applicant.

Walgreen Co.
Post-Close Organizational Chart (cont.)



File Number 1084-348-1

STATE OF ILLINOIS

OFFICE OF THE SECRETARY OF STATE

To all to whom these Presents Shall Come, Greeting:

I, **Alexi Giannoulias,** *Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that*

WALGREEN CO., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON FEBRUARY 15, 1909, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE BUSINESS CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.

In Testimony Whereof, *I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this* 15TH *day of* MAY *A.D.* 2025 .

Authentication #: 2513501622 verifiable until 05/15/2026
Authenticate at: https://www.ilsos.gov

SECRETARY OF STATE

9GG

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Pharmacy Application

Non-Refundable $500.00 Fee

Rev (6/11/2024)

4

Facility Location	Application Type (check all applicable)	Pharmacy Type (check all applicable)	Services the Pharmacy will Provide (check all applicable)
■ Nevada	☐ New Pharmacy	■ Retail/Community	■ Retail/Community
☐ Out-of-Nevada	■ Ownership Change*	☐ Hospital (# beds _____)	■ Dangerous drugs
	☐ Location Change *	☐ Internet	■ Controlled substances
	☐ Service Modification*	☐ Nuclear	DEA #: BW5495026
	☐ Name Change* (if only a Name Change occurred, submit a $50.00 fee with the application.)	☐ Other:	☐ Non-sterile Compounding
			☐ Sterile Compounding
			☐ Mail-Order Service
			☐ Off-site Cognitive Services
			☐ Long Term Care
	* Current license #: PH PH01165		☐ Hospital
			☐ Other:

Days of Operation		Ownership Type (check applicable box)
■ Monday	■ Friday	☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9, 10, 11, 12)
■ Tuesday	■ Saturday	■ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9, 10, 11, 12)
■ Wednesday	■ Sunday	☐ Partnership (complete sections 1, 2, 3, 4, 7, 9, 10, 11, 12)
■ Thursday	☐ Holidays	☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9, 10, 11, 12)

Section 1: General Information

Pharmacy Name: WALGREENS #04242

Physical Address: 9420 W LAKE MEAD BLVD

City: LAS VEGAS State: NV Zip: 89134-8312

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: (702)363-5247 Toll Free # (NAC 639.708, NRS 639.23286): N/A

Fax: (702)363-5023 Contact Email: rxm.04242@store.walgreens.com

Website: https://www.walgreens.com

Nevada Business License # (if applicable) NV19951143510

Supervising/Managing Pharmacist Name (NRS 639.220): MADELEINE WHEELER

Supervising/Managing Pharmacist NV Pharmacist Registration # (if applicable): 17119

Section 2: List the name(s) of at least one NEVADA registered pharmacist who practices at the pharmacy, who may be the managing pharmacist or another pharmacist, who will be responsible for any prescriptions dispensed to a patient located in Nevada and responsible for any acts or omissions of pharmacy personnel who are not registered with the Board. NRS 639.2328. (Use a separate piece of paper if additional space is needed.)

Name: MADELEINE WHEELER	NV Pharmacist Registration #: 17119
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:

Section 3: History of Company	**Yes**	**No**
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✓
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration from any jurisdiction?		✓
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been subject of an administrative action, board citation, cite fine, or proceeding relating to the pharmaceutical industry?	✓	
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✓
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✓

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name(s) of the owner(s), their credentials and their percent ownership. Write NA if not applicable. NRS 639.232. (Use a separate piece of paper if additional space is needed.)

Name: N/A	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:

1. The Board shall not issue a license to conduct a pharmacy:
   a) To any practitioner; or
   b) To any partnership, corporation, or association in which a practitioner has a controlling interest or owns more than 10 percent of the available stock.
2. This section does not:
   a) Apply to a hospital pharmacy or a health maintenance organization which holds a certificate of authority under chapter 695C of NRS.
   b) Prohibit ownership by a practitioner of a building in which a pharmacy is located, if space for the pharmacy is rented at the prevailing rate.

Section 5: Publicly Traded Corporation

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Does the number of stockholders/shareholders of the corporation exceed four? NRS 639.231 ☐ Yes ☐ No

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: Delaware

Parent Company (if any): Walgreens Boots Alliance, Inc.

Corporation/Organization Name: Walgreen Co.

Mailing Address: 108 Wilmot Rd

City: Deerfield State: IL Zip: 60015

Telephone: 847-224-1348 Email: licenseadministration@walgreens.com

Contact Person Name: Kayla Lechner

Does the number of stockholders/shareholders of the corporation or members exceed four? NRS 639.231 ☐ Yes ☒ No

Section 7: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Please check type of partnership (NAC 639.214) ☐ General ☐ Limited

Does the number of partners or members of the partnership exceed four? NRS 639.231 ☐ Yes ☐ No

Section 8: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Richard Gates

Print Name of Authorized Person Submitting Application (If the applicant is a partnership or corporation, the application must be signed by a partner or by an officer of the corporation). NAC 639.215

Richard Gates

Original signature of Authorized Person (copies or stamps not accepted)

08 / 26 / 2025

Date

Board Use Only	Date Received: 9/22/25	Amount: $500-CK JPO3-3000111129

Section 11: Managing Pharmacist Acknowledgement, Professional/Personal History – REQUIRED TO BE COMPLETED BY THE MANAGING PHARMACIST FOR NEVADA LOCATED PHARMACY APPLICANTS ONLY

Managing Pharmacist Name: MADELEINE WHEELER Pharmacist Registration #: 17119

Pharmacy Name: WALGREENS #04242

Initial each statement below to indicate you have read and agree with the following:

Madeleine Wheeler — I understand that as the managing pharmacist I am responsible for compliance by the pharmacy and its personnel with all state and federal laws and regulations relating to the operation of the pharmacy and the practice of pharmacy. I understand my license can be revoked or that I can be subject of disciplinary action if such laws or regulations are knowingly violated in the pharmacy in which I am the managing pharmacist.

Madeleine Wheeler — I understand within 48 hours after I report for duty as the managing pharmacist, I shall complete an inventory of all controlled substances of the pharmacy pursuant to 21 CFR Part 1304 and maintain a copy of the inventory in the file at the pharmacy.

Madeleine Wheeler — I understand that if I cease to be managing pharmacist of the above-named pharmacy, I will jointly, with the new managing pharmacist, take an inventory of all controlled substances.

Madeleine Wheeler — I understand that as the managing pharmacist I must ensure that all loss or theft of controlled substances are reported on forms provided by the Nevada State Board of Pharmacy and Department of Public Safety within 10 days after the date of discovery of theft or loss. NRS 453.568. Federal regulations require that registrants notify the Field Division Office of the Administration in his area, in writing, of the theft or significant loss of any controlled substance, disposal receptacles or listed chemicals within one business day of discovery of such loss or theft. The registrant shall also complete and submit to the Field Division Office in his area, DEA Form 106 regarding the loss or theft (21 C.F.R. §1301.76(b) and 21 U.S.C. §830(b)(1)(C)).

Madeleine Wheeler — I understand that as the managing pharmacist I must notify the Nevada State Board of Pharmacy of all employment changes of pharmacy staff within 10 days of the change. NAC 639.540

Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?	☐	☑
2. Have you been charged, arrested, or convicted of a felony or misdemeanor in any state?	☐	☑
3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state?	☐	☑
4. Has your license been subjected to any discipline for violation of pharmacy or drug laws in any state?	☐	☑

If you marked YES to any questions above, include the following information and provide a signed statement of explanation. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Board Administrative Action:	State:	Date:	Case #:

Criminal Action:	State:	Date:	Case #:	County:	Court:

I certify under penalty of perjury that the information I have provided on this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

MADELEINE WHEELER

Original signature of Managing Pharmacist (copies or stamps not accepted)

08 / 02 / 2025

Date

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,	)	
	)	
Petitioner,	)	**CASE NO. 13-024-RPH-S**
v.	)	**CASE NO. 13-024-PH-S**
	)	
NAZIDA ZEBARI, R.PH.	)	**STIPULATION AND ORDER**
Certificate of Registration No. 17786,	)	
	)	
WALGREENS PHARMACY #04242	)	
Certificate of Registration No. PH01165,	)	
	)	
Respondents.	/	

S. Paul Edwards, General Counsel for Petitioner the Nevada State Board of Pharmacy, and Respondents Nazida Zebari, R.Ph., Certificate of Registration No. 17786 ("Ms. Zebari") and Walgreens Pharmacy #4242, Certificate of Registration No. PH001165 ("Walgreens Pharmacy #4242") (collectively "Respondents"), represented by William J. Stilling of Parsons Behle & Latimer,

HEREBY STIPULATE AND AGREE THAT:

1. The Board has jurisdiction over these matters.

2. The Board served a Notice of Intended Action and Accusation (Accusation) on each of the Respondents on or about September 16, 2014.

3. Respondents filed a joint written Answer and Notice of Defense (Answer) with the Board on or about October 9, 2014.

4. Respondents, and each of them, were fully aware of their right to seek the advice of counsel in this matter, and obtained the advice of counsel prior to entering into this Stipulation.

NEVADA STATE BOARD OF PHARMACY
OCT 15 2014
FILED

5. Respondents (Ms. Zebari, R.Ph., and Walgreens Pharmacy #4242), and each of them, are fully aware of their right to a hearing on the matters alleged in the Accusation, their right to reconsideration, their right to appeal, and any and all other rights which may be accorded to them pursuant to the Nevada Administrative Procedure Act and the Nevada Pharmacy Act.

6. Conditioned on the Board's acceptance of this Stipulation, and with the exception of the right to challenge any determination that Respondents have failed to comply with the provisions of this Stipulation, Respondents, and each of them, hereby freely and voluntarily waive their rights to a hearing, reconsideration, appeal, and any and all other rights that may be accorded to them by the Nevada Administrative Procedure Act and the Nevada Pharmacy Act.

7. Respondents, and each of them, admit that evidence exists, and that such evidence could be presented at a hearing, to establish a factual basis for the violations alleged in the Accusation, *to wit*, that:

a. By filling and dispensing a prescription for ondansetron 4 mg. tablets with instructions to take 2 tablets (8 mg.) every four hours as needed, rather than the prescribed 2 mg. every four hours as needed, Nazida Zebari violated Nevada Administrative Code (NAC) 639.945(1)(d), and/or (i), which violations are grounds for action pursuant to Nevada Revised Statute NRS 639.255.

b. In failing to provide adequate counseling for JF's new prescription, Nazida Zebari violated NRS 639.266(1), NAC 639.707(1) and/or 639.945(1)(i), which violations are grounds for action pursuant to NRS 639.255.

c. As the owner of the pharmacy in which the foregoing violations, or any one of them, occurred, Walgreens Pharmacy #04242 is responsible for the actions of its

employees, and therefore subject to discipline pursuant to NAC 639.945(2), which is grounds for action pursuant to NRS 639.255.

8. Based on Respondents' admissions, cause for disciplinary action against Ms. Zebari exists under the statutes and regulations cited above.

9. Based on Respondents' admissions, Walgreens Pharmacy #4242 is responsible for the acts of its employees under NAC 639.945(2).[1]

10. Said violations are grounds for discipline pursuant to Nevada Revised Statutes NRS 639.255.

11. The foregoing is for the purposes of this proceeding only, and shall have no force or effect in any other case or proceeding before the Board.

12. Based upon the Accusation and the foregoing admissions, Respondents, and each of them, stipulate to the following penalties, which will become binding and enforceable upon approval of this agreement by the Board:

a. Related to the violation alleged in the First Cause of Action, Ms. Zebari shall: (i) receive a public letter of reprimand from the Board's Executive Secretary; (ii) pay an administrative fee of $49 dollars to cover the costs of fingerprinting as required by Nevada law; and (iii) complete a one hour CE on the topic of error prevention.

b. Related to the violation(s) alleged in the Second Cause of Action, Ms. Zebari shall: (i) pay a fine of $750.00 and (ii) complete a one hour CE on the topic of counseling.

c. Related to the allegations in the Third Cause of Action, Walgreens' Pharmacy #4242 will pay an administrative fee of $500.00.

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[1] Walgreens Pharmacy #4242 does not stipulate to have acted negligently in this matter.

13. Board Counsel will present this stipulation to the Board for approval at its meeting on October 15, 2014 in Las Vegas, Nevada. Respondents, and each of them, will appear at that meeting to answer questions put to them by members of the Board and Board Staff. The Board may discuss and deliberate regarding the stipulation even if a Respondent or both of them are absent. The Board has discretion to approve this stipulation, but it has no obligation to do so.

14. If the Board adopts the recommendations set forth above, Respondents and the Board each agree to release the other from any and all claims arising from the facts set forth in the Accusation, whether known or unknown, that might otherwise have existed on or before the effective date of the Board's Order in this matter.

15. If the Board rejects any part or all of this Stipulation and Order, the parties agree that a full hearing on the merits of this matter may be heard by the Board, and that the hearing shall occur at the Board's January 21, 2015 meeting in Las Vegas, Nevada. The terms and admissions herein may not be used or referred to in a full hearing on the merits of this matter.

16. Respondents shall pay the fines agreed to herein by *cashier's check* or *certified check* or *money order* made payable to "State of Nevada, Office of the Treasurer" to be received by the Board's Reno office located at 431 W. Plumb Lane, Reno, NV 89509, within 90 days of the effective date of the Board's Order.

17. Respondents shall pay the administrative fees agreed to herein by *cashier's check*, *certified check* or *money order* made payable to the "Nevada State Board of Pharmacy" to be received by the Board's Reno office located at 431 W. Plumb Lane, Reno, NV 89509, within thirty (30) days of the effective date of the Board's Order.

18. Any failure by any Respondent to satisfy the obligations stated herein may result in additional discipline, up to and including suspension or revocation of each Respondent's respective registration/license, until all terms have been satisfied.

Signed this ~~15~~ 14 day of October, 2014

S. Paul Edwards,
General Counsel
Nevada State Board of Pharmacy

Signed this 15 day of October, 2014

Nazida Zebari, R.Ph.
Certificate of Registration No. 17786

Signed this 15 day of October, 2014

Authorized Representative
Walgreens Pharmacy #4242

DECISION AND ORDER

The Nevada State Board of Pharmacy hereby adopts the foregoing Stipulation as its decision as to Respondent Nazida Zebari, R.Ph., Certificate of Registration No. 17786 and Walgreens Pharmacy #4242, Certificate of Registration No. PH01165, in case numbers 13-024-RPH-N and 13-024-RH-N, and hereby orders that the terms of the foregoing Stipulation be made effective. This decision and order shall be effective upon execution.

10/14/2014
DATED

Kamlesh Gandhi, President
Nevada State Board of Pharmacy

NEVADA STATE BOARD OF PHARMACY
SEP 16 2014
FILED

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,	)	
	)	
Petitioner,	)	**CASE NO. 13-024-RPH-S**
v.	)	**CASE NO. 13-024-PH-S**
	)	
NAZIDA ZEBARI, R.PH.	)	**NOTICE OF INTENDED ACTION**
Certificate of Registration No. 17786,	)	**AND ACCUSATION**
	)	
WALGREENS PHARMACY #04242	)	
Certificate of Registration No. PH01165,	)	
	)	
Respondents.	/	

Larry L. Pinson, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, makes the following that will serve as both a notice of intended action under Nevada Revised Statutes (NRS) 233B.127(3) and as an accusation under NRS 639.241.

I.

The Nevada State Board of Pharmacy (Board) has jurisdiction over this matter because at the time of the alleged conduct, Respondent Nazida Zebari, Certificate of Registration No. 17786 (Ms. Zebari), was a registered pharmacist with the Board, and Respondent Walgreens Pharmacy #04242, Certificate of Registration No. PH01165 (Walgreens), was a pharmacy registered with the Board.

II.

On April 28, 2013, Dr. Ellen Martin of Southwest Medical Associates Urgent Care prescribed to ten-year-old patient JF ondansetron 4 mg. tablets with instructions to take 2 mg. (half a tablet) every four hours as needed. Dr. Martin transmitted the prescription electronically to Walgreens #04242. JF's mother, S. Hakes (Ms. Hakes), picked up the prescription from Walgreens the same day.

III.

The prescription, designated as prescription number 431719 (ondansetron 4 mg. tablets), was a new prescription for JF.

IV.

Ms. Hakes stated in the complaint, and again during an interview with a Board Investigator, that Respondent Ms. Zebari offered no counseling regarding JF's new medication. Respondent Ms. Zebari wrote in her written statement dated June 23, 2014, that counseling was offered and declined. Ms. Zebari disclosed during an interview with the Board investigator that she asked Ms. Zebari: "Do you have any questions?"

V.

On April 29, 2013, Ms. Hakes started to give JF a dose of the ondansetron that Walgreens dispensed. Ms. Hakes noticed that the dose directed on the label was significantly more than the dose that JF received during her visit with Dr. Martin. The instructions on the electronic prescription read: "Ondansetron 4 MG Oral Tablet Dispersible *TAKE 2 mg every 4 hours PRN*" (as needed). The label reads: "ONDANSETRON ODT 4MG TABLETS GIVE "J" 2 TABLETS BY MOUTH EVERY 4 HOURS AS NEEDED", which is approximately four times the prescribed dose.

VI.

Ms. Hakes contacted Walgreens pharmacy manager, Joseph Henderson, who confirmed that the instructions on the prescription label were not correct.

VII.

Respondent Ms. Zebari was the pharmacist who initiated the processing of JF's prescription. During data entry, Ms. Zebari input the incorrect dosing instructions to take 2 tablets (8 mg.) every four hours as needed, rather than the prescribed 2 mg. (one-half tablet) every four hours as needed.

VIII.

The dosing instructions entered into the computer by Ms. Zebari prompted two Drug Utilization Review (DUR) warnings to appear on the screen: 1) "6 EA OF ONDANSETRON ODT 4MG TABLETS EXCEEDS THE RECOMMENDED PEDIATRIC DOSAGE: 1 – 3 EA PER DAY"; and, 2) "HD-DOSE TOO HIGH." Ms. Zebari overrode both DUR warnings.

IX.

Ms. Zebari filled and verified the prescription as accurate. When interviewed by the Board Investigator, Ms. Zebari said that she did not verify what she had typed against the scanned image in the pharmacy computer or the original electronic prescription. She only verified the drug.

FIRST CAUSE OF ACTION

X.

By filling and dispensing a prescription for ondansetron 4 mg. tablets with instructions to take 2 tablets (8 mg.) every four hours as needed, rather than the prescribed 2 mg. (one-half tablet) every four hours as needed, Nazida Zebari violated Nevada Administrative Code (NAC) 639.945(1)(d), and/or (i), which violations are grounds for action pursuant to Nevada Revised Statute NRS 639.255.

SECOND CAUSE OF ACTION

XI.

In failing to provide adequate counseling for JF's new prescription, Nazida Zebari violated NRS 639.266(1), NAC 639.707(1) and/or 639.945(1)(i), which violations are grounds for action pursuant to NRS 639.255.

THIRD CAUSE OF ACTION

XII.

As the owner of the pharmacy in which the foregoing violations, or any one of them,

occurred, Walgreens Pharmacy #04242 is responsible for the actions of its employees, and therefore subject to discipline pursuant to NAC 639.945(2), which is grounds for action pursuant to NRS 639.255.

WHEREFORE it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to the certificate of registration of the Respondent.

Signed this 16th day of September, 2014.

David Wuest, Pharm.D., Deputy Executive Secretary
Nevada State Board of Pharmacy

NOTICE TO RESPONDENTS

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements regarding your certificate of registration. To do so, you must mail to the Board within 15 days of your receipt of this Notice of Intended Action and Accusation a written statement showing your compliance.

FILED
APR 22 2022
NEVADA STATE BOARD OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, Petitioner, v. NAZIDA ZEBARI, RPh. Certificate of Registration No. 17786, and WALGREENS PHARMACY #4242 Certificate of Registration No. PH01165, Respondents.	CASE NOS. 17-076-RPH-S 17-076-PH-S STIPULATION AND ORDER

Peter Keegan, General Counsel for Petitioner the Nevada State Board of Pharmacy ("Board"), Respondent Nazida Zebari ("Zebari"), Certificate of Registration No. 17786, through her counsel, Lyn Beggs, Esq., and Respondent Walgreens Pharmacy #4242 ("Walgreens"), Pharmacy License No. PH 01165, by and through its counsel, William Stilling, Esq., **HEREBY STIPULATE AND AGREE THAT**:

1. The Board has jurisdiction over Respondents and this matter.

2. On or about February 16, 2022, Board Staff properly served Zebari and Walgreens with the Notice of Intended Action and Accusation ("Accusation") on file in this matter together with the Statement to Respondent and Notice of Hearing.

3. On or about March 9, 2022, Zebari filed an Answer and Notice of Defense to the Accusation.

4. Zebari and Walgreens are fully aware of their right to seek the advice of counsel in this matter and have obtained the advice of counsel prior to entering into this Stipulation.

5. Zebari and Walgreens are aware of their right to a hearing on the matters alleged in the Accusation, their right to reconsideration, their right to appeal and any and all other rights

which may be accorded to them pursuant to NRS Chapter 233B ("Nevada Administrative Procedure Act"), NRS Chapter 622A ("Administrative Procedure Before Certain Regulatory Bodies"), and NRS Chapter 639 ("Nevada Pharmacy Act").

6. Conditioned on the acceptance of this Stipulation by the Board, and with the exception of the right to challenge any determination that Respondents, or any of them, have failed to comply with the provisions below, Zebari and Walgreens hereby freely and voluntarily waive their rights to a hearing, reconsideration, appeal and any and all other rights related to this action that may be accorded to them by NRS Chapter 233B ("Nevada Administrative Procedure Act"), NRS Chapter 622A ("Administrative Procedure Before Certain Regulatory Bodies"), and NRS Chapter 639 ("Nevada Pharmacy Act").

7. Respondents, and each of them, admit that evidence exists, and that Board staff prosecuting this case could present such evidence at an administrative hearing to establish a factual basis for the violations alleged therein, *to wit,* that:

A. Zebari engaged in unprofessional conduct as defined in NAC 639.945(1)(d) and NAC 639.945(1)(i) by failing to strictly follow the instructions of a practitioner to discontinue a prescription for Lisinopril 10 mg, which caused the erroneous dispensing of said prescription via auto-refill on four (4) occasions. Respondent Zebari is therefore subject to discipline pursuant to NRS 639.210(4).

B. Walgreens, as the pharmacy at which the violations of law alleged herein occurred, is responsible for any violations of law by Zebari pursuant to NRS 639.230(5) and NAC 639.945(2).

8. The above cited violations of law are plead with particularity in the Accusation and are grounds for action pursuant to NRS 639.210, NRS 639.230(5), and NRS 639.255.

9. Based upon the Accusation and the foregoing admissions, the Board and Zebari stipulate to the below listed penalties. Respondent Nazida Zebari, Certificate of Registration No. 17786, shall:

A. Pay a fine of One Thousand Dollars ($1,000.00) for the violations;

B. Pay Five Hundred Dollars ($500.00) to partially reimburse the Board for recoverable attorney's fees and costs incurred in investigating and prosecuting this matter; and

C. Complete two (2) extra hours of continuing education (CE) on error prevention, in addition to the CE hours she must otherwise complete to maintain licensure. Respondent must provide certificates demonstrating that she completed those additional CEs within sixty (60) days of the effective date of this Order.

10. Based upon the Accusation and the foregoing admissions, the Board and Walgreens stipulate to the below listed penalties. Respondent Walgreens Pharmacy #4242, Pharmacy License No. PH01977, shall:

A. Pay a fine of One Thousand Dollars ($1,000.00) for the violations; and

B. Pay Five Hundred Dollars ($500.00) to partially reimburse the Board for recoverable attorney's fees and costs incurred in investigating and prosecuting this matter.

11. Any failure by any Respondent to comply with the terms of this Order may result in issuance by the Executive Secretary of an order to show cause pursuant to NAC 639.965 directing that Respondent to appear before the Board at the next regularly scheduled meeting for a show cause hearing. If such a hearing results in a finding of a violation of this Order by that Respondent, the Board may impose additional discipline upon that Respondent not inconsistent with the provisions of NRS Chapter 639.

12. General Counsel will present this Stipulation to the Board for approval pursuant to NRS 622.330 at the Board's regularly scheduled public meeting on April 13, 2022. Respondents and their authorized representative(s) will appear at the meeting to answer questions from the Board Members and/or Board Staff. The Board Members and Staff may discuss and deliberate regarding this Stipulation, even if Respondents or their counsel are not present at the meeting.

13. The Board has discretion to accept this Stipulation, but it is not obligated to do so. If this Stipulation is approved by the Board, it shall be a public record pursuant to NRS 622.330 and shall be reported to the National Practitioner Data Bank pursuant to 42 U.S.C. § 1396r–2 and 45 CFR Part 60.

14. If the Board rejects any part or all of this Stipulation, and unless they reach an alternative agreement on the record during the hearing, the parties agree that a full hearing on the merits of this matter may be heard by the Board. The terms and admissions herein may not be used or referred to in a full hearing on the merits of this matter.

15. Upon approval of this Stipulation by the Board, Respondents shall pay the fines agreed to herein by *cashier's check* or *certified check* or *money order* made payable to "State of Nevada, Office of the Treasurer," to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within thirty (30) days of the effective date of this Order.

16. Upon approval of this Stipulation by the Board, Respondents shall pay the attorney's fees and costs agreed to herein by *cashier's check* or *certified check* or *money order* made payable to "Nevada State Board of Pharmacy," to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within thirty (30) of the effective date of this Order.

17. Subject to the approval of this Stipulation by the Board, the Board and Respondents, and each of them, agree to release each other from any and all additional claims arising from the facts set forth in the Accusation on file herein, whether known or unknown that might otherwise have existed on or before the effective date of this Order.

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Respondents, and each of them, have fully considered the charges and allegations contained in the *Notice of Intended Action and Accusation* in this matter, and the terms of this Stipulation, and have freely and voluntarily agreed to the terms set forth herein, and waived certain rights, as stated herein.

AGREED:

Signed this 25th day of March 2022.

NAZIDA ZEBARI, RPH
Certificate of Registration No. 17786

Signed this 29th day of March 2022.

PETER KEEGAN, ESQ.
Assistant General Counsel
Nevada State Board of Pharmacy

APPROVED AS TO FORM AND CONTENT this 28 day of March 2022.

LYN BEGGS, ESQ.
Counsel For Nazida Zebari, RPH

Signed this ___ day of March 2022.

WALGREENS PHARMACY #4242,
Pharmacy License No. PH01165

Signed this ___ day of March 2022.

PETER KEEGAN
Assistant General Counsel
Nevada State Board of Pharmacy

APPROVED AS TO FORM AND CONTENT this ___ day of March 2022.

WILLIAM J. STILLING, ESQ.
Counsel for Walgreens Pharmacy #4242

Respondents, and each of them, have fully considered the charges and allegations contained in the *Notice of Intended Action and Accusation* in this matter, and the terms of this Stipulation, and have freely and voluntarily agreed to the terms set forth herein, and waived certain rights, as stated herein.

AGREED:

Signed this ___ day of March 2022.

NAZIDA ZEBARI, RPH
Certificate of Registration No. 17786

APPROVED AS TO FORM AND CONTENT this ___ day of March 2022.

LYN BEGGS, ESQ.
Counsel For Nazida Zebari, RPH

Signed this ___ day of March 2022.

PETER KEEGAN, ESQ.
Assistant General Counsel
Nevada State Board of Pharmacy

Signed this 23 day of March 2022.

WALGREENS PHARMACY #4242,
Pharmacy License No. PH01165

APPROVED AS TO FORM AND CONTENT this 28th day of March 2022.

WILLIAM J. STILLING, ESQ.
Counsel for Walgreens Pharmacy #4242

Signed this 29th day of March 2022.

PETER KEEGAN
Assistant General Counsel
Nevada State Board of Pharmacy

DECISION AND ORDER

The Nevada State Board of Pharmacy hereby adopts the foregoing Stipulation as its decision as to Respondent Nazida Zebari, Certificate of Registration No. 17786, and Respondent Walgreens Pharmacy #4242, Pharmacy License No. PH01165, in Case No. 17-076 and hereby orders that the terms of the foregoing Stipulation be made effective upon execution below.

IT IS SO ORDERED.

Entered this 22nd day of April 2022.

Helen Park, President
Nevada State Board of Pharmacy

FILED
JAN 21 2022
NEVADA STATE BOARD OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **NAZIDA ZEBARI, RPh.** **Certificate of Registration No. 17786,** **and** **WALGREENS PHARMACY #4242** **Certificate of Registration No. PH01165,** **Respondents.**	**Case No. 17-076-RPH-S** **17-076-PH-S** **NOTICE OF INTENDED ACTION AND ACCUSATION**

J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, makes the following that will serve as both a notice of intended action under NRS 233B.127(3) and as an accusation under NRS 622A.300(1) and/or NRS 639.241.

JURISDICTION

1. The Nevada State Board of Pharmacy ("Board") has jurisdiction over this matter because, at the time of the events alleged herein, Respondent Nazida Zebari, RPh. ("Zebari"), Certificate of Registration No. 17786 was a pharmacist registered with the Board and Respondent Walgreens Pharmacy #4242 ("Walgreens #4242"), License No. PH01165, was a pharmacy licensed by the Board.

DISCIPLINARY HISTORY

2. On October 15, 2014, the Board approved a Stipulation and Order in Case No. 13-024-RPH-S, wherein Respondent agreed to discipline on the basis that evidence existed to establish a factual basis that she had violated NAC 639.945(1)(d), and/or (i) by providing incorrect instructions on a dispensed prescription, as well as NRS 639.266(1), NAC 639.707(1), and/or NAC 639.945(1)(i) by failing to provide adequate patient counseling.

FACTUAL ALLEGATIONS

3. Respondent Zebari was employed by Walgreens #4242 at the time of the events alleged herein.

4. On July 18, 2016, a prescription for Lisinopril 10 mg tablets was processed by Walgreens #4242 for patient L.I. and designated as prescription no. 1783706 by Walgreen's computer system. Prescription no. 1783706 was placed on auto-refill.

5. On December 6, 2016, a prescription for Terazosin HCL 2 mg issued to patient L.I. was entered into the Walgreen's #4242 computer system by Respondent Zebari. The prescription was designated prescription no. 1829306 by Walgreen's computer system. Respondent Zebari typed "DISCONTINUE LISINOPRIL (ACE: ALLERGY; COUGH)" in Walgreen's computer system under the drug directions for prescription no. 1829306; however, no notifications were placed into patient L.I.'s profile in the Walgreen's computer system.

6. On December 6, 2016, Respondent Zebari performed the prescription review, overrode the Drug Utilization Review ("DUR") checks for therapeutic duplication, filled prescription no. 1829306, and conducted the product verification. Walgreen's records for prescription no. 1829306 reflect that patient L.I. declined the patient consultation.

7. Respondent Zebari failed to follow the prescribing practitioner's orders to "Discontinue Lisinopril" as written on the Terazosin HCL 2mg prescription which caused four (4) erroneous prescriptions for a dangerous drug to be dispensed to patient L.I. after December 6, 2016.

8. On December 24, 2016, an automatic refill entry in the Walgreens Pharmacy #4242 computer system was initiated for prescription no. 1783706 for Lisinopril 10 mg tablets. The product review was performed by Dominic Ortega, RPh. ("Ortega"), Certificate of Registration No. 16810, the managing pharmacist for Walgreens #4242 and pharmacist of record. The refill of prescription no. 1783706 was sold to patient L.I. on December 26, 2016.

9. On January 22, 2017, an automatic re-fill entry in the Walgreens Pharmacy #4242 computer system was initiated for prescription no. 1783706 for Lisinopril 10 mg tablets. The product review was performed by Pharmacist Brijesh Patel, RPh. ("Patel"), Certificate of Registration No. 18040, the pharmacist of record, and the prescription refill was sold to patient L.I. on January 24, 2017.

10. On February 20, 2017, an automatic re-fill entry in the Walgreens Pharmacy #4242 computer system was initiated for prescription no. 1783706 for Lisinopril 10 mg tablets. The product review was performed by Respondent Zebari, the pharmacist of record, and the prescription refill was sold to patient L.I. on February 28, 2017.

11. On March 27, 2017, an automatic re-fill entry in the Walgreens Pharmacy #4242 computer system was initiated for prescription no. 1783706 for Lisinopril 10 mg tablets. The product review was performed by Respondent Zebari, the pharmacist of record, and the prescription refill was sold to patient L.I. on March 30, 2017.

12. Patient L.I. complained to Walgreens #4242 about the erroneous Lisinopril prescriptions she was dispensed; however, patient L.I. did not report taking any of the erroneously dispensed Lisinopril or suffering any harm.

COUNT ONE

Unprofessional Conduct
(Respondent Zebari)

13. Unprofessional conduct includes the failure by a licensee to strictly follow the instructions of a practitioner when labeling and dispensing a prescription. NAC 639.945(1)(d). It also includes a licensee performing his or her duties in an "incompetent, unskillful or negligent manner." NAC 639.945(1)(i).

14. Respondent Zebari engaged in unprofessional conduct as defined in NAC 639.945(1)(d) and (i) when she failed to strictly follow the instructions of a practitioner by not discontinuing the Lisinopril 10 mg prescription, which caused the erroneous dispensing of said

prescription via auto-refill on four (4) occasions. Respondent Zebari is therefore subject to discipline pursuant to NRS 639.210(4).

COUNT TWO

Pharmacy/Pharmacy Owner Responsibility
(Respondent Walgreens Pharmacy #4242)

15. NRS 639.230(5) provides: "Any violation of any of the provisions of this chapter [NRS Chapter 639] by a managing pharmacist or by personnel of the pharmacy under the supervision of the managing pharmacist is cause for the suspension or revocation of the license of the pharmacy by the Board." Further, the owner of any business of facility licensed, certified, or registered by the Board is responsible for the acts of all personnel in his or her employ. NAC 639.945(2).

16. To the extent the erroneous dispensing errors were attributable to Respondent Zebari, Walgreens #4242 is responsible for those violations pursuant to NRS 639.230(5) and NAC 639.945(2).

WHEREFORE, it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to the certificate of registration of this respondent.

Signed this 21st day of January 2022.

J. David Wuest, R.Ph., Executive Secretary,
Nevada State Board of Pharmacy

NOTICE TO RESPONDENTS

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241. To do so, you must complete, and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Notice of Intended Action and Accusation. NRS 622A.320; NRS 639.243. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **NAZIDA ZEBARI, RPh.** **Certificate of Registration No. 17786,** **Respondent.**	**CASE NO. 17-076-RPH-S** **STATEMENT TO THE RESPONDENT AND NOTICE OF HEARING**

TO THE RESPONDENT ABOVE-NAMED: PLEASE TAKE NOTICE THAT:

1. Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy (Board) by NRS 639.241 to NRS 639.2576, inclusive, and NRS chapter 233B and 622A, a Notice of Intended Action and Accusation has been filed with the Board by the Petitioner, J. David Wuest, Executive Secretary for the Board, alleging grounds for imposition of disciplinary action by the Board against you, as is more fully explained and set forth in the Notice of Intended Action and Accusation served herewith and hereby incorporated reference herein.

2. You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241. To do so, you must complete and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Statement and Notice, and of the Notice of Intended Action and Accusation served within. NRS 622A.320; NRS 639.243.

3. **The Board has scheduled your hearing on this matter for Wednesday, April 13, 2022, at 9:00 AM PST or soon thereafter. Pursuant to NRS 241.023(1)(c) you may appear live via Zoom remotely or at the following location:**

Home2 Suites Las Vegas Strip South
7740 Las Vegas Blvd. South
Las Vegas, NV 89123

Via Videoconference at Zoom: https://zoom.us/j/5886256671
or
Via Teleconference at 1 (669) 900-6833
Meeting ID: 588 625 6671

4. Pursuant to NRS 241.033 and 241.034, please be advised that the hearing is a public meeting, and the Board may, without further notice, take administrative action against you if the Board determines that such administrative action is warranted after considering your character, alleged misconduct, professional competence, or physical or mental health. The Board at its discretion may go into closed session to consider your character, alleged misconduct, professional competence, or physical or mental health. You may attend any closed session, have an attorney or other representative of your choosing present during any closed session, and present written evidence, provide testimony, and present witnesses relating to your character, alleged misconduct, professional competence, or physical or mental health during any closed session.

5. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

DATED this 21st day of January, 2022.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **NAZIDA ZEBARI, RPh.** **Certificate of Registration No. 17786,** **Respondent.**	**CASE NO. 17-076-RPH-S** **ANSWER AND NOTICE OF DEFENSE**

Respondent above named, in answer to the Notice of Intended Action and Accusation filed in the above-entitled matter before the Nevada State Board of Pharmacy, declares:

1. That his/her objection to the Notice of Intended Action and Accusation as being incomplete or failing to state clearly the charges against him/her, is hereby interposed on the following grounds: (State specific objections or insert "none").

2. That, in answer to the Notice of Intended Action and Accusation, he/she admits, denies and alleges as follows:

I hereby declare, under penalty of perjury, that the foregoing Answer and Notice of Defense, and all facts therein stated, are true and correct to the best of my knowledge.

DATED this _____ day of _____, 2022.

_____

NAZIDA ZEBARI, RPh

Section 9: Statement of Responsibility - MUST BE COMPLETED by an Authorized Person (NAC 639.945)

Statement of Responsibility

1. I am the Vice President (title) for Walgreen Co. (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be responsible for any violations of pharmacy law that may occur in the Pharmacy owned by such owner(s), shareholder(s), member(s), or partner(s).
3. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against the Pharmacy.
4. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) cannot require or permit the pharmacist(s) in said Pharmacy to violate any provision of local, state, or federal laws or regulations pertaining to the practice of pharmacy.
5. I further understand and acknowledge that Nevada law requires that each pharmacy located inside the State of Nevada employ only pharmacists, intern pharmacists, pharmaceutical technicians, and technicians in training that are licensed by the Nevada State Board of Pharmacy. (NRS 639.100).
6. I further understand and acknowledge that Nevada law requires that each pharmacy located outside the State of Nevada engaged in providing pharmacy services into Nevada employs at least one pharmacist licensed by the Nevada State Board of Pharmacy who will be responsible for any prescription dispensed to a patient located in Nevada and responsible for any acts or omissions of pharmacy personnel who are not registered with the Board. (NRS 639.2328).

Richard Gates

Print Name of Authorized Person

Richard Gates

Original signature of Authorized Person (copies or stamps not accepted)

08 / 26 / 2025

Date

Section 10: Affidavit for Pharmacies- MUST BE COMPLETED by pharmacies NOT CURRENTLY PERFORMING Sterile Compounding

Affidavit for Pharmacy License

I, Richard Gates hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

1. I am the Vice President (title) for Walgreen Co. (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I certify that upon licensure, the Pharmacy will not perform sterile compounding or ship sterile compounds into Nevada.
3. I understand and acknowledge that the Pharmacy and any of its staff members may be subject to discipline by the Board if the Pharmacy performs sterile compounding or ships any sterile compounds into Nevada without first obtaining written authorization from the Board to do so.
4. I certify that if the Pharmacy makes the decision to perform sterile compounding or to ship any sterile compounds into Nevada, the Pharmacy, through an authorized representative, will first notify the Board via a written request, and obtain written approval to perform sterile compounding or to ship any sterile compounds into Nevada.
5. I understand that if the Pharmacy seeks approval to perform sterile compounding or to ship any sterile compounds into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

FURTHER YOUR AFFIANT SAYETH NAUGHT.

Signature

SUBSCRIBED AND SWORN TO
Before me, a notary public this 20th day of August, 2025

Zeljka Borosa-Rajcevic
Notary Public

OFFICIAL SEAL
ZELJKA BOROSA RAJCEVIC
Notary Public, State of Illinois
Commission No. 977646
My Commission Expires September 8, 2027

CONFIDENTIAL/EXEMPT FROM
FREEDOM OF INFORMATION ACT AND
SIMILAR STATE REQUESTS

Ownership Information

Ownership & Leadership of Applicant Entity

Applicant: **Walgreen Co.**
108 Wilmot Rd., Deerfield, IL 60015

Ownership: The Applicant entity is wholly owned (100%) by Walgreens Boots Alliance, Inc.

Officers of Walgreen Co.
Michael Motz - CEO
Richard Gates - Senior Vice President, Chief Pharmacy Officer
Cherita Thomas - Secretary
Matthew Spina - CFO
Michael Handal - Licensing and Provider Enrollment Officer

Ownership & Leadership of Walgreens Boots Alliance, Inc.

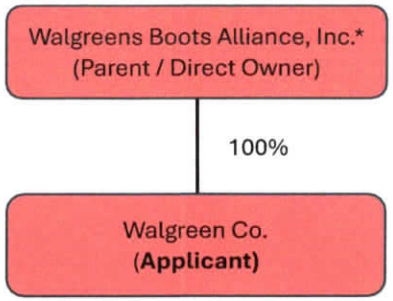
Ownership: Walgreens Boots Alliance, Inc. is wholly owned (100%) by Blazing Star Parent, LLC

Officers of Walgreens Boots Alliance, Inc.
Temporarily vacant - CEO
Mark Weisz - Sr VP, Global Tax
Manmohan Mahajan - Sr VP, Global Controller, CFO
Lanesha Minnix - Corporate Secretary

Please see the attached pre- and post-closing Corporate Organization chart for reference.

Proprietary and Confidential
Not a public record pursuant to
Section 7927.605 of the CPRA and
45 CFR Section 5.31

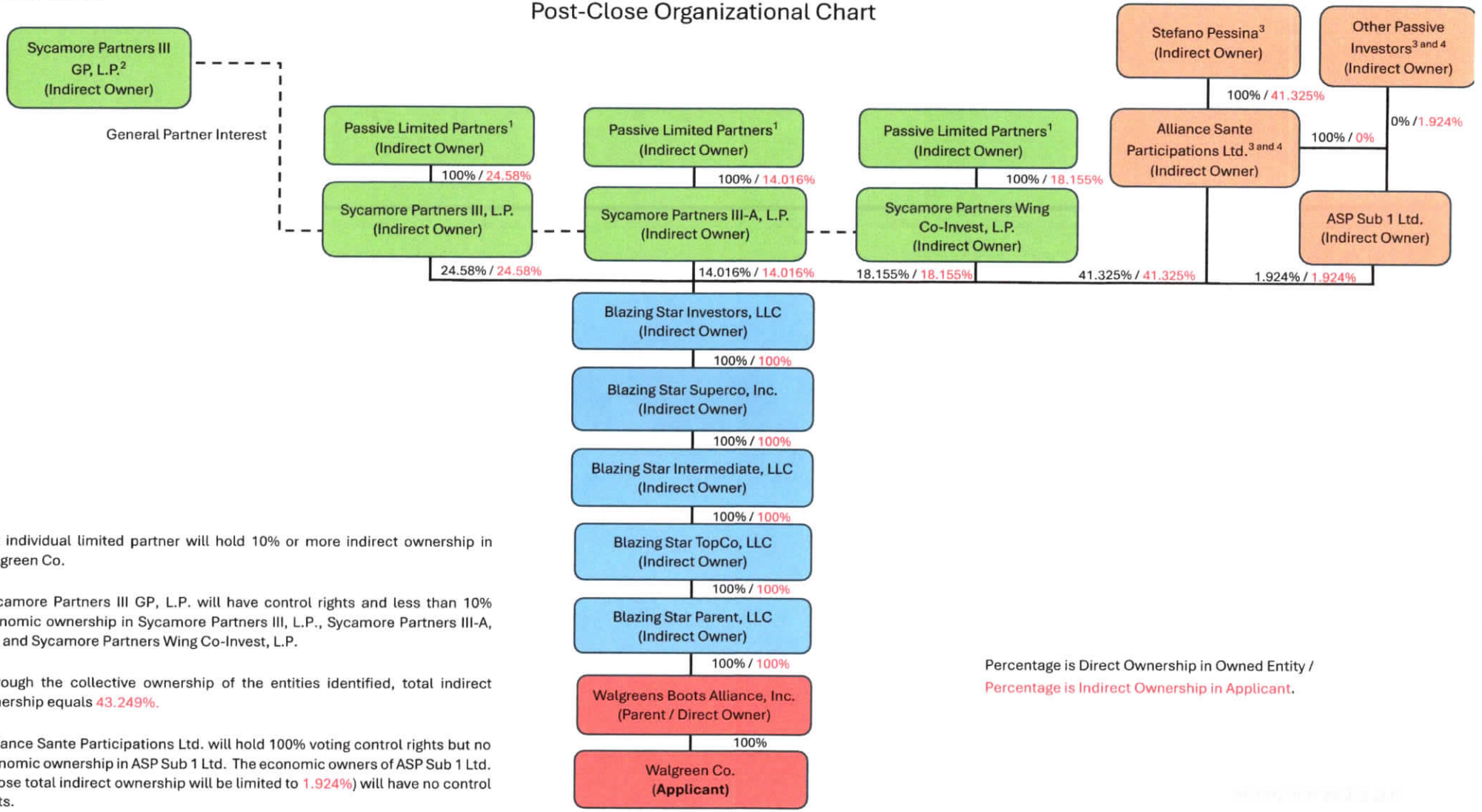
Walgreen Co.
Pre-Close Organizational Chart



Publicly Traded on Nasdaq Stock Market (WBA)

Proprietary and Confidential
Not a public record pursuant to
Section 7927.605 of the CPRA and
45 CFR Section 5.31

Walgreen Co.
Post-Close Organizational Chart



[1]No individual limited partner will hold 10% or more indirect ownership in Walgreen Co.

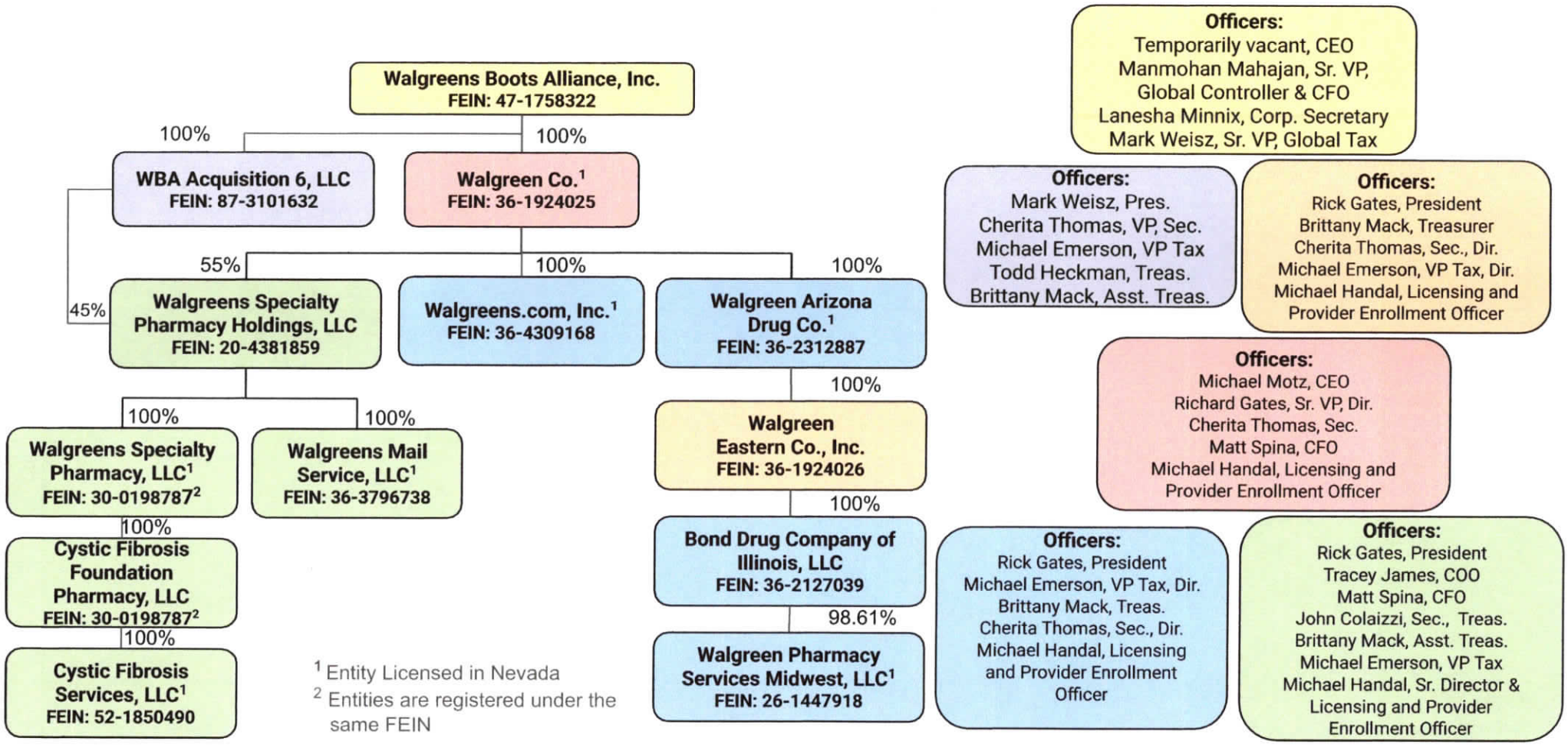
[2]Sycamore Partners III GP, L.P. will have control rights and less than 10% economic ownership in Sycamore Partners III, L.P., Sycamore Partners III-A, L.P. and Sycamore Partners Wing Co-Invest, L.P.

[3]Through the collective ownership of the entities identified, total indirect ownership equals 43.249%.

[4]Alliance Sante Participations Ltd. will hold 100% voting control rights but no economic ownership in ASP Sub 1 Ltd. The economic owners of ASP Sub 1 Ltd. (whose total indirect ownership will be limited to 1.924%) will have no control rights.

Percentage is Direct Ownership in Owned Entity /
Percentage is Indirect Ownership in Applicant.

Walgreen Co.
Post-Close Organizational Chart (cont.)



File Number 1084-348-1

STATE OF ILLINOIS

OFFICE OF THE SECRETARY OF STATE

To all to whom these Presents Shall Come, Greeting:

I, **Alexi Giannoulias,** *Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that*

WALGREEN CO., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON FEBRUARY 15, 1909, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE BUSINESS CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.

In Testimony Whereof, *I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this* 15TH *day of* MAY *A.D.* 2025 .

Authentication #: 2513501622 verifiable until 05/15/2026
Authenticate at: https://www.ilsos.gov

Alexi Giannoulias
SECRETARY OF STATE

9HH

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Pharmacy Application

Non-Refundable $500.00 Fee

Rev (6/11/2024)

Facility Location	Application Type (check all applicable)	Pharmacy Type (check all applicable)	Services the Pharmacy will Provide (check all applicable)
☑ Nevada	☐ New Pharmacy	☑ Retail/Community	☑ Retail/Community
☐ Out-of-Nevada	☑ Ownership Change*	☐ Hospital (# beds _____)	☑ Dangerous drugs
	☐ Location Change *	☐ Internet	☑ Controlled substances
	☐ Service Modification*	☐ Nuclear	DEA #: BW6349636
	☐ Name Change* (if only a Name Change occurred, submit a $50.00 fee with the application.)	☐ Other:	☐ Non-sterile Compounding
			☐ Sterile Compounding
			☐ Mail-Order Service
			☐ Off-site Cognitive Services
			☐ Long Term Care
	* Current license #: PH PH01383		☐ Hospital
			☐ Other:

Days of Operation		Ownership Type (check applicable box)
☑ Monday	☑ Friday	☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9, 10, 11, 12)
☑ Tuesday	☑ Saturday	☑ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9, 10, 11, 12)
☑ Wednesday	☑ Sunday	☐ Partnership (complete sections 1, 2, 3, 4, 7, 9, 10, 11, 12)
☑ Thursday	☐ Holidays	☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9, 10, 11, 12)

Section 1: General Information

Pharmacy Name: WALGREENS #04755

Physical Address: 3480 S JONES BLVD

City: LAS VEGAS State: NV Zip: 89146-6709

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: (702)871-1405 Toll Free # (NAC 639.708, NRS 639.23286): N/A

Fax: (702)871-1657 Contact Email: rxm.04755@store.walgreens.com

Website: https://www.walgreens.com

Nevada Business License # (if applicable) NV19951143510

Supervising/Managing Pharmacist Name (NRS 639.220): ELAINE SANTIAGO

Supervising/Managing Pharmacist NV Pharmacist Registration # (if applicable): 13454

Section 2: List the name(s) of at least one NEVADA registered pharmacist who practices at the pharmacy, who may be the managing pharmacist or another pharmacist, who will be responsible for any prescriptions dispensed to a patient located in Nevada and responsible for any acts or omissions of pharmacy personnel who are not registered with the Board. NRS 639.2328. (Use a separate piece of paper if additional space is needed.)

Name: ELAINE SANTIAGO	NV Pharmacist Registration #: 13454
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:

Section 3: History of Company	**Yes**	**No**
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✓
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration from any jurisdiction?		✓
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been subject of an administrative action, board citation, cite fine, or proceeding relating to the pharmaceutical industry?	✓	
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✓
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✓

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name(s) of the owner(s), their credentials and their percent ownership. Write NA if not applicable. NRS 639.232. (Use a separate piece of paper if additional space is needed.)

Name: N/A	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:

1. The Board shall not issue a license to conduct a pharmacy:
   a) To any practitioner; or
   b) To any partnership, corporation, or association in which a practitioner has a controlling interest or owns more than 10 percent of the available stock.
2. This section does not:
   a) Apply to a hospital pharmacy or a health maintenance organization which holds a certificate of authority under chapter 695C of NRS.
   b) Prohibit ownership by a practitioner of a building in which a pharmacy is located, if space for the pharmacy is rented at the prevailing rate.

Section 5: Publicly Traded Corporation

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Does the number of stockholders/shareholders of the corporation exceed four? NRS 639.231 ☐ Yes ☐ No

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: Delaware

Parent Company (if any): Walgreens Boots Alliance, Inc.

Corporation/Organization Name: Walgreen Co.

Mailing Address: 108 Wilmot Rd

City: Deerfield State: IL Zip: 60015

Telephone: 847-224-1348 Email: licenseadministration@walgreens.com

Contact Person Name: Kayla Lechner

Does the number of stockholders/shareholders of the corporation or members exceed four? NRS 639.231 ☐ Yes ☑ No

Section 7: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Please check type of partnership (NAC 639.214) ☐ General ☐ Limited

Does the number of partners or members of the partnership exceed four? NRS 639.231 ☐ Yes ☐ No

Section 8: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Richard Gates

Print Name of Authorized Person Submitting Application (If the applicant is a partnership or corporation, the application must be signed by a partner or by an officer of the corporation). NAC 639.215

Richard Gates

Original signature of Authorized Person (copies or stamps not accepted)

08 / 26 / 2025

Date

Board Use Only	Date Received: 9/22/25	Amount: $850 ck OP03-3060111129

Section 11: Managing Pharmacist Acknowledgement, Professional/Personal History – REQUIRED TO BE COMPLETED BY THE MANAGING PHARMACIST FOR NEVADA LOCATED PHARMACY APPLICANTS ONLY

Managing Pharmacist Name: ELAINE SANTIAGO Pharmacist Registration #: 13454

Pharmacy Name: WALGREENS #04755

Initial each statement below to indicate you have read and agree with the following:

ebs — I understand that as the managing pharmacist I am responsible for compliance by the pharmacy and its personnel with all state and federal laws and regulations relating to the operation of the pharmacy and the practice of pharmacy. I understand my license can be revoked or that I can be subject of disciplinary action if such laws or regulations are knowingly violated in the pharmacy in which I am the managing pharmacist.

ebs — I understand within 48 hours after I report for duty as the managing pharmacist, I shall complete an inventory of all controlled substances of the pharmacy pursuant to 21 CFR Part 1304 and maintain a copy of the inventory in the file at the pharmacy.

ebs — I understand that if I cease to be managing pharmacist of the above-named pharmacy, I will jointly, with the new managing pharmacist, take an inventory of all controlled substances.

ebs — I understand that as the managing pharmacist I must ensure that all loss or theft of controlled substances are reported on forms provided by the Nevada State Board of Pharmacy and Department of Public Safety within 10 days after the date of discovery of theft or loss. NRS 453.568. Federal regulations require that registrants notify the Field Division Office of the Administration in his area, in writing, of the theft or significant loss of any controlled substance, disposal receptacles or listed chemicals within one business day of discovery of such loss or theft. The registrant shall also complete and submit to the Field Division Office in his area, DEA Form 106 regarding the loss or theft (21 C.F.R. §1301.76(b) and 21 U.S.C. §830(b)(1)(C)).

ebs — I understand that as the managing pharmacist I must notify the Nevada State Board of Pharmacy of all employment changes of pharmacy staff within 10 days of the change. NAC 639.540

Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?	☐	☑
2. Have you been charged, arrested, or convicted of a felony or misdemeanor in any state?	☐	☑
3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state?	☑	☐
4. Has your license been subjected to any discipline for violation of pharmacy or drug laws in any state?	☐	☑

If you marked YES to any questions above, include the following information and provide a signed statement of explanation. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Board Administrative Action:	State:	Date:	Case #:

Criminal Action:	State:	Date:	Case #:	County:	Court:

I certify under penalty of perjury that the information I have provided on this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Elaine B. Santiago
Original signature of Managing Pharmacist (copies or stamps not accepted)

08 / 05 / 2025
Date

STEVE SISOLAK
Governor

HELEN PARK
President

J. DAVID WUEST
Executive Secretary

STATE OF NEVADA

BOARD OF PHARMACY

985 Damonte Ranch Pkwy, Ste 206
Reno, NV 89521

October 25, 2022

VIA CERTIFIED U.S. MAIL & ELECTRONIC MAIL

Elaine B. Santiago, RPH
Pharmacist Registration No. 13454
3036 Palace Gate Court
Las Vegas, NV 89117
elainebsantiago@gmail.com

Re: Notice of Nevada Citation and Fine (Case No. 21-110)

Greetings:

The Nevada State Board of Pharmacy ("Board") has determined that you misfilled the following prescription:

On or about 8/19/2021, patient K.H. was prescribed tramadol 50 mg, quantity 90 tablets, which was filled at Walgreens Pharmacy #4755, designated prescription number 283472. This prescription was misfilled as it contained 16 tablets of trazadone intermixed with the prescribed medication, tramadol.

This notice shall serve as a CITATION pursuant to NRS 639.2895(2) for unprofessional conduct by a pharmacist under NAC 639.945(1)(d) for "failing strictly to follow the instructions of the person writing, making or ordering a prescription as to its filling or refilling." Furthermore, pharmacists are responsible for errors committed by pharmaceutical technicians and other personnel who are not pharmacists pursuant to NAC 639.252 and NAC 639.702.

The Board has assessed an administrative fine of five hundred dollars ($500.00) pursuant to NRS 639.2895(3). This administrative fine must be paid within 30 days of receipt of this citation. Payment must be by *personal check, business check, cashier's check, certified check* or *money order* made payable to "State of Nevada, Office of the Treasurer," to be received at the Board's Reno office, located at 985 Damonte Ranch Parkway – Suite 206, Reno, NV 89521. Please include a copy of this notice with payment.

You have the right to appeal this citation by submitting a written request for a hearing to the Board at the Board's Reno office no later than 30 days after receipt of this notice. *See* NRS 639.2895(2). If you have any questions, please do not hesitate to contact Board staff at 775-850-1440.

Sincerely,

Nevada State Board of Pharmacy

9171 9690 0935 0278 8963 33

FILED
OCT 11 2023
NEVADA STATE BOARD
OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **MONA MATAR, RPH,** **Certificate of Registration No, 20104,** **and,** **WALGREENS PHARMACY #04755,** **Pharmacy License No. PH01383,** **Respondents.**	**Case No. 22-370-RPH-S** **22-370-PH-S** **STIPULATION AND ORDER**

Gregory L. Zunino, Senior General Counsel for Petitioner the Nevada State Board of Pharmacy (Board), and Respondent Mona Matar, RPh (Matar), Certificate of Registration No. 20104, and Respondent Walgreens Pharmacy #04755, Pharmacy License No. PH01383, jointly by and through counsel, William J. Stilling, of Stilling & Harrison, **HEREBY STIPULATE AND AGREE THAT**:

1. The Nevada State Board of Pharmacy ("Board") has jurisdiction over Respondents Walgreens and these matters.

2. The Board's staff properly served Respondents with the Notice of Intended Action and Accusation ("Accusation") on file in this matter, together with the Statement to Respondent and Notice of Hearing.

3. The undersigned representative of Respondent Walgreens hereby warrants and represents that he/she has all necessary corporate power and authority to execute this Stipulation and Proposed Order ("Stipulation") on behalf of Respondent Walgreens.

4. Respondents Walgreens and Matar acknowledge that they understand the terms of this Stipulation and that they have executed the Stipulation knowingly and voluntarily.

5. Respondents acknowledge that they are aware of the right to a hearing on the matters alleged in the Accusation, the right to reconsideration of a Board determination in a contested case, the right to appeal a Board determination in a contested case, and all other rights afforded Respondent Walgreens under NRS Chapter 233B, the Nevada Administrative Procedure Act, NRS Chapter 622A, which governs administrative procedure before the Board, NRS Chapter 639, the Nevada Pharmacy Act, and NRS Chapter 453, the Nevada Uniform Controlled Substances Act.

6. Conditioned on the acceptance of this Stipulation by the Board, and excluding the right to challenge any determination that Respondents, or any of them, have failed to comply with the provisions of the paragraphs below, Respondents hereby knowingly and voluntarily waive their rights to a hearing, reconsideration, appeal and any and all other rights related to this action that may be accorded to them by NRS Chapter 233B, Nevada Administrative Procedure Act, NRS Chapter 622A, Administrative Procedure Before Certain Regulatory Bodies, and NRS Chapter 639, Nevada Pharmacy Act.

7. Respondents admit that evidence exists, and that Board staff prosecuting this case could present such evidence at an administrative hearing, to establish a factual basis for the violations alleged against Respondents Matar and Walgreens in Count Two of the Accusation, *to wit*:

A. Respondent Matar knew or should have known that she had prepared an incorrect dose of Energix B for the adult customer. Accordingly, Respondent Matar performed her duties as a pharmacist in an incompetent, unskillful, or negligent manner. This constitutes unprofessional conduct for which the Board may impose administrative discipline. *See* NRS 639.210(4), NRS 639.255, NAC 639.945(1)(i), and NAC 639.955.

B. As the pharmacy/pharmacy owner, Respondent Walgreens may be held responsible for the acts of Respondent Matar as set forth above pursuant NRS 639.230(5) and NAC 639.945(2).

8. The Board and Respondents agree that Count One and Count Two of the Accusation are duplicative insofar as they address the same underlying conduct. Accordingly, the parties agree that upon approval of this Stipulation by the Board, Count One of the Accusation shall be dismissed.

9. To resolve this matter without incurring any further costs or the expenses associated with a hearing, the Board and Respondent Matar, stipulate to the following penalties:

A. Respondent Matar shall pay an administrative fine in the amount of One Thousand and 00/100s Dollars ($1,000.00) for the violation alleged in Count Two of the Accusation. Respondent Matar shall pay the fine by cashier's check, certified check, or money order made payable to **"State of Nevada, Office of the Treasurer."** Respondent Matar shall remit payment in full to the Board's Reno office, located at 985 Damonte Ranch Parkway, Suite 206, Reno, Nevada 89521, within thirty (30) days after the effective date of the Board's Order as stated below.

B. Respondent Matar shall pay the sum of Five Hundred and 00/100 Dollars ($500.00) to partially reimburse the Board for recoverable attorney's fees and costs incurred in investigating and prosecuting this matter. Respondent Matar shall pay such attorney's fees and costs by issuance of a cashier's check, certified check, or money order made payable to **"Nevada State Board of Pharmacy."** Respondent Matar shall remit payment in full to the Board's Reno office, located at 985 Damonte Ranch Parkway, Suite 206, Reno, Nevada 89521, within thirty (30) days of the effective date of the Board's Order as stated below.

10. To resolve this matter without incurring any further costs or the expenses associated with a hearing, the Board and Respondent Walgreens stipulate to the following penalties:

A. Respondent Walgreens shall pay an administrative fine in the amount of One Thousand and 00/100 Dollars ($1,000.00) for the violation alleged in Count Two of the Accusation. Respondent Walgreens shall pay the fine by company check, cashier's check, certified check, or money order made payable to **"State of Nevada, Office of the Treasurer."** Respondent Walgreens shall remit

payment in full to the Board's Reno office, located at 985 Damonte Ranch Parkway, Suite 206, Reno, Nevada 89521, within thirty (30) days after the effective date of the Board's Order as stated below.

B. Respondent Walgreens shall pay the sum of Five Hundred and 00/100 Dollars ($500.00) to partially reimburse the Board for recoverable attorney's fees and costs incurred in investigating and prosecuting this matter. Respondent Walgreens shall pay such attorney's fees and costs by issuance of a company check, cashier's check, certified check, or money order made payable to **"Nevada State Board of Pharmacy."** Respondent Walgreens shall remit payment in full to the Board's Reno office, located at 985 Damonte Ranch Parkway, Suite 206, Reno, Nevada 89521, within thirty (30) days of the effective date of the Board's Order as stated below.

11. Any failure by any Respondent to comply with the terms of this Order may result in issuance by the Executive Secretary of an order to show cause pursuant to NAC 639.965 directing the non-compliant Respondent(s) to appear before the Board at the next regularly scheduled meeting for a show cause hearing. If such a hearing results in a finding of a violation of this Order by any Respondent, the Board may impose additional discipline upon the non- compliant Respondent(s) consistent with the provisions of NRS Chapter 639.

12. The undersigned Board counsel will present this Stipulation to the Board for approval pursuant to NRS 622.330 at the Board's regularly scheduled public meeting on October 11, 2023, in Las Vegas, Nevada. The Board Members and Staff may discuss and deliberate regarding this Stipulation, even if Respondent Walgreens or its attorney fails to appear for the meeting.

13. The Board may accept this Stipulation, but it is not obligated to do so. If this Stipulation is approved by the Board, it shall be a public record pursuant to NRS 622.330 and shall be reported to the National Practitioner Data Bank pursuant to 42 U.S.C. § 1396r–2 and 45 CFR Part 60.

14. If the Board rejects any part or all this Stipulation, and unless the parties reach an alternative agreement on the record during the hearing, the parties agree that the Board may hear a full contested hearing on the merits of all alleged violations as stated in the Accusation at the next regularly

scheduled Board meeting in Las Vegas. The terms and admissions herein may not be used, relied upon, or referred to by any party during any such hearing.

15. Subject to the approval of this Stipulation by the Board, the Board and Respondent Walgreens agree to release each other from any or all additional claims arising from the facts set forth in the Accusation on file herein.

AGREED:

Signed this 4th day of October 2023.

WALGREENS PHARMACY #04755
Pharmacy License No. PH01383,

Signed this ___ day of October 2023

MONA MATAR, RPH
Certificate of Registration No. 20104

APPROVED AS TO FORM AND CONTENT
this ___ day of October 2023.

WILLIAM STILLING, ESQ.
Stilling & Harrison, PLLC
Counsel for Respondents

APPROVED AS TO FORM AND CONTENT
this 6th day of October 2023.

GREGORY L. ZUNINO, ESQ.
Senior General Counsel
Nevada State Board of Pharmacy

scheduled Board meeting in Las Vegas. The terms and admissions herein may not be used, relied upon, or referred to by any party during any such hearing.

15. Subject to the approval of this Stipulation by the Board, the Board and Respondent Walgreens agree to release each other from any or all additional claims arising from the facts set forth in the Accusation on file herein.

AGREED:

Signed this ___ day of October 2023.

WALGREENS PHARMACY #04755
Pharmacy License No. PH01383,

Signed this 5 day of October 2023

MONA MATAR, RPH
Certificate of Registration No. 20104

APPROVED AS TO FORM AND CONTENT
this ___ day of October 2023.

WILLIAM STILLING, ESQ.
Stilling & Harrison, PLLC
Counsel for Respondents

APPROVED AS TO FORM AND CONTENT
this ___ day of October 2023.

GREGORY L. ZUNINO, ESQ.
Senior General Counsel
Nevada State Board of Pharmacy

scheduled Board meeting in Las Vegas. The terms and admissions herein may not be used, relied upon, or referred to by any party during any such hearing.

15. Subject to the approval of this Stipulation by the Board, the Board and Respondent Walgreens agree to release each other from any or all additional claims arising from the facts set forth in the Accusation on file herein.

AGREED:

Signed this ___ day of October 2023.

WALGREENS PHARMACY #04755
Pharmacy License No. PH01383,

APPROVED AS TO FORM AND CONTENT
this 6th day of October 2023.

WILLIAM STILLING, ESQ.
Stilling & Harrison, PLLC
Counsel for Respondents

Signed this ___ day of October 2023

MONA MATAR, RPH
Certificate of Registration No. 20104

APPROVED AS TO FORM AND CONTENT
this ___ day of October 2023.

GREGORY L. ZUNINO, ESQ.
Senior General Counsel
Nevada State Board of Pharmacy

DECISION AND ORDER

The Nevada State Board of Pharmacy hereby adopts the foregoing Stipulation as its decision as to Respondent Walgreens Pharmacy #04755, Pharmacy License No. PH01383 in Case No. 22-370-PH-S and Mona Matar, RPh., Certificate of Registration No, 20104 in Case No. 22-370-RPH-S and hereby orders that the terms of the foregoing Stipulation be made effective immediately upon execution below.

IT IS SO ORDERED.

Entered this 11th day of October 2023.

Helen Park, Pharm.D.
President
Nevada State Board of Pharmacy

FILED
JUL 28 2023
NEVADA STATE BOARD OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, Petitioner, v. MONA MATAR, RPH, Certificate of Registration No. 20104, and, WALGREENS #04755, Pharmacy License No. PH01383, Respondents.	Case No. 22-370-RPH-S 22-370-PH-S NOTICE OF INTENDED ACTION AND ACCUSATION

J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, files the following document that will serve as both a notice of intended action under NRS 233B.127(3) and an accusation under NRS 622A.300(1) and NRS 639.241.

JURISDICTION

1. The Nevada State Board of Pharmacy (Board) has personal jurisdiction over Respondent Mona Matar, RPH (Matar), because Matar, at the time of the violations alleged herein, held a certificate of registration issued by the Board pursuant to NRS 639.127, authorizing her to engage in the practice of pharmacy within the state of Nevada.

2. The Board has personal jurisdiction over Respondent Walgreens #04755 (Walgreens) because Walgreens, at the time of the violations alleged herein, held a license issued by the Board pursuant to NRS 639.230, authorizing Walgreens to operate a pharmacy located at 3480 S. Jones Boulevard in Las Vegas, Nevada.

3. The Board has jurisdiction over the subject matter of this accusation because, at the time of the violations alleged herein, Matar was the pharmacist on duty at the Walgreens pharmacy located at 3480 S. Jones Boulevard in Las Vegas, Nevada, where she engaged in unprofessional conduct by a pharmacist.

FACTUAL ALLEGATIONS

4. Matar is a registered pharmacist authorized by the Board to engage in the practice of pharmacy.

5. On or about September 14, 2022, Matar was the pharmacist on duty at the Walgreens pharmacy located on South Jones Boulevard in Las Vegas, Nevada. While on duty, Matar fielded an adult customer's request to be vaccinated against hepatitis B.

6. Matar prepared a 10 mcg/0.5 ml dose of the Engerix B vaccine for administration by a pharmacy technician. Matar removed this pediatric dose from a refrigerator where it was stored as part of lot number YM444. Lot number YM444 consisted entirely of pediatric doses. At that time, lot number YM444 was the only Energix B remaining in Walgreens' inventory.

7. Matar placed the pediatric dose of Energix B in a bin for administration by a pharmacy technician. The technician subsequently removed the pediatric dose from the bin and injected it into the adult customer.

8. On or about September 15, 2022, a second adult customer requested to be vaccinated against hepatitis B. When a pharmacy employee advised the customer that the pharmacy had run out of adult doses of the hepatitis B vaccine, another Walgreens employee mentioned that an adult dose had been administrated to a customer one day prior. Following that conversation, the employees checked the refrigerator only to discover that lot number YM444 was the only supply of Energix B remaining in inventory.

9. After confirming that the Walgreens pharmacy had exhausted its supply of 20 mcg/ml doses of Energix B, the employees notified the pharmacy manager, Elaine Santiago, who then checked pharmacy records to identify the adult customer who had been vaccinated with the pediatric dose of Energix B. Ms. Santiago quickly identified the customer based upon the informed consent form that Matar had prepared in connection with the vaccination. Matar had noted on the form that the customer received a vaccine dose from lot number YM444.

10. Ms. Santiago telephoned the customer to advise her that she had a received a pediatric dose of the vaccine, advising her that she could return to the pharmacy for the correct dose. The customer later contacted the Board to make a complaint.

11. In response to an inquiry by Board Investigator Kenneth Scheuber, Matar explained in a written statement dated November 21, 2022, that the day of the incident had been a busy workday for her, with many patients waiting for vaccines. Mater stated that she regretted her mistake.

12. Matar was the subject of an unrelated complaint involving a similar allegation that she misfilled a prescription for Levothyroxine while employed at the QHR Pharmacy in Las Vegas, Nevada. This alleged misfill occurred on or about April 20, 2022. Pursuant to NRS 639.2895(3), Matar was separately cited for the April 20 incident.

APPLICABLE LAW

13. The Board may revoke or suspend the registration of any pharmacist who has been guilty of unprofessional conduct or conduct contrary to the public interest. *See* NRS 639.210(4). In lieu of revoking or suspending such a pharmacist's registration, the Board may impose fines as a disciplinary measure. *See* NRS 639.255; NAC 639.955.

14. A pharmacist's conduct is deemed unprofessional if the pharmacist fails to strictly follow the instructions of the person writing, making, or ordering a prescription as to its filling or refilling. *See* NAC 639.945(1)(i). Additionally, a pharmacist's conduct is deemed unprofessional if the pharmacist performs his or her duties in an incompetent, unskillful or negligent manner. *See* NAC 639.945(1)(i).

15. Pursuant to NRS 639.230(5), NAC 639.702 and NAC 639.945(2), pharmacies, pharmacy managers, and/or pharmacists are responsible for the acts and omissions of the pharmacy employees under their supervision.

COUNT ONE
Failure to Follow Instructions of Person Ordering Prescription

16. On or about September 14, 2022, as alleged above, Matar failed to strictly follow the instructions of an adult customer who requested to be vaccinated against hepatitis B. This constitutes unprofessional conduct for which the Board may impose administrative discipline. *See* NRS 639.210(4); NRS 639.255; NAC 639.945(1)(h); NAC 639.955.

17. As the owner/operator of the pharmacy at which Matar was employed on September 14, 2022, Walgreens is responsible for Matar's unprofessional conduct as alleged above. NRS 639.230(5), NRS 639.255; NAC 639.702; NAC 639.945(2); and NAC 639.955.

COUNT TWO
Performing Duties in a Negligent Manner

18. On or about September 14, 2022, as alleged above, Matar caused an adult customer to be injected with a pediatric dose of Energix B, thus necessitating a second vaccination resulting in unnecessary discomfort to the customer.

19. Matar knew or should have known that she had prepared an incorrect dose of Energix B for the adult customer. Accordingly, Matar performed her duties as a pharmacist in an incompetent, unskillful, or negligent manner. This constitutes unprofessional conduct for which the Board may impose administrative discipline. *See* NRS 639.210(4), NRS 639.255, NAC 639.945(1)(i), and NAC 639.955.

20. As alleged above, the incident on September 14, 2022, was the second of two incidents involving an alleged mistake by Matar in filling a prescription. Accordingly, the incident on September 14, 2022, warrants administrative disciplinary action and/or the imposition of a fine pursuant to NAC 639.955(1)(c).

21. As the owner/operator of the pharmacy at which Matar was employed on September 14, 2022, Walgreens is responsible for Matar's unprofessional conduct as alleged above. NRS 639.230(5), NRS 639.255; NAC 639.702; NAC 639.945(2); and NAC 639.955.

WHEREFORE it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to the certificate of registration of the Respondent Mona Matar and the pharmacy license of Respondent Walgreens #04755.

DATED this 28th day of July 2023.

Yenh Long, Pharm.D., Deputy Executive Secretary of the
Nevada State Board of Pharmacy, for and on behalf of
J. David Wuest, R.Ph., Executive Secretary of the
Nevada State Board of Pharmacy

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

WALGREENS #04755
Certificate of Registration No. PH01383,
Respondents.

NOTICE OF INTENDED ACTION AND ACCUSATION

Case No. 04-006-PH-S

COMES NOW Keith W. Macdonald, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, and makes the following that will serve as both a notice of intended action under Nevada Revised Statutes (NRS) 233B.127(3) and as an accusation under NRS 639.241.

I.

The Nevada State Board of Pharmacy has jurisdiction over this matter because Respondent James A. Rustman is a pharmacist licensed by the Board and Walgreens #04755 is a pharmacy licensed by the Board, located at 3480 South Jones Boulevard, Las Vegas, Nevada.

II.

On or about January 13, 2004, Patient L saw physician assistant Carlos Jimenez and was given three prescriptions, one of which was new to Patient L and was for Mexiletine 150 mg. #30 with directions to take one capsule by mouth every day with dinner (Rx #375091-04755). Patient L took her prescriptions to Walgreens #04755 to be filled on January 15, 2004 and picked them up on January 16, 2004.

III.

When Patient L picked up her Mexiletine prescription, she was not counseled by a pharmacist at Walgreens #04755. The Board's investigation showed that there was no record or entry on Walgreens #04755's counseling log at all regarding Patient L's Mexiletine prescription.

IV.

When Patient L arrived home she began ingesting her medication, including Mexiletine 150 mg., according to the instructions on the labels and realized that she had never taken Mexiletine in the past. Patient L contacted Walgreens #04755 and asked what Mexiletine was used for and was advised that it was for an irregular heartbeat. Patient L contacted her physician and asked why she had been prescribed Mexiletine and was told it was to be used in conjunction with her other medications to subside sharp pains.

V.

After discovering what the medication was to be used for and discussing the long term effects of using Mexiletine, Patient L determined she would not continue using this product. Patient L claimed that if she had been counseled when she picked up her medication she would not have accepted it for her drug therapy.

VI.

Mr. Rustman did not remember any specifics of this prescription in particular for Patient L, however after examining his counseling log at Walgreens #04755 he determined that her prescription number for Mexiletine was not on the counseling long and, in probability, Patient L had not been counseled.

FIRST CAUSE OF ACTION

VII.

In failing to counsel Patient L on her new prescription for Mexiletine and in failing to have any record regarding the prescription in the pharmacy's counseling log, Walgreens #04755 violated NRS 639.210(4) and 639.266(1) and NAC 639.707(1) and (6) and 639.945(1)(i) and (2).

WHEREFORE it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to the certificates of registration of the Respondents.

Signed this 17th day of June, 2004.

Keith W. Macdonald, Executive Secretary
Nevada State Board of Pharmacy

NOTICE TO RESPONDENT

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements regarding your certificate of registration. To do so, you must mail to the Board within 15 days of your receipt of this Notice of Intended Action and Accusation a written statement showing your compliance.

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner, STIPULATION AND ORDER

v.

WALGREENS #04755 Case No. 04-006-PH-S
Certificate of Registration No. PH01383

Respondent.

The Nevada State Board of Pharmacy and Respondent Walgreens #04755, hereby stipulate as follows:

1. That Notice of Intended Action and Accusation was sent to Respondent and that Respondent received said Notice.

2. That Respondent is fully aware of his right to be served with an Accusation and have a hearing on the matters alleged in the Notice of Intended Action, his right to reconsideration, his right to appeal, and any and all other rights which may be accorded to him pursuant to the Nevada Administrative Procedure Act and the Nevada Pharmacy Act.

3. That Respondent hereby freely and voluntarily waives his rights to a hearing, reconsideration, appeal, and any and all other rights that may be accorded to him by the Nevada Administrative Procedure Act and the Nevada Pharmacy Act.

4. That Respondent admits the truth of the matters alleged in the Notice of Intended Action and Accusation.

5. That cause for disciplinary action against the Respondent exists pursuant to the provisions of Nevada Revised Statutes (NRS) 639.210(4), Nevada Administrative Code (NAC) 639.945(1) (d) and (i) and (2).

FROM :WALGREENS DISTRICT OFFICE FAX NO. :702-889-8287 Jun. 21 2004 09:58AM P4
4116

6. That the admissions made herein are for the purpose of this proceeding only and shall have no force or effect in any other case or proceeding.

7. That based upon the Notice of Intended Action and Accusation and the foregoing admissions, it is stipulated that the following penalty is imposed:

Respondent shall pay to the State of Nevada a fine of $750.00 certified check, or money order made payable to "State of Nevada, Office of the Treasurer". All moneys shall be mailed to and received by the Board office no later than fifteen days from the receipt of the Board's decision and order in this matter.

Respondent's failure to timely comply with the above-listed conditions shall result in a In a fine of $1000 per day for every day the term is not complied with, up to a maximum of $30,000, and will result in further discipline, up to and including revocation of the Respondent's license.

8. If this Stipulation is not accepted in its entirety by the Nevada State Board of Pharmacy, it shall have no effect whatsoever.

I have fully considered the charges and allegations contained in the Notice of Intended Action. I understand my right to a hearing, as well as my right to reconsideration, appeal, and any and all other rights accorded me pursuant to the Nevada Administrative Procedure Act and the Nevada Pharmacy Practice Act, including my right to be represented by counsel at my own expense. **I hereby freely and voluntarily waive all these rights and agree to the terms of this Stipulation.**

6-25-04
DATED

DENNIS O'DELL, SENIOR VICE PRESIDENT
type or print name

Dennis O'Dell
for Walgreens #04755

FROM :WALGREENS DISTRICT OFFICE FAX NO. :702-889-8287 Jun. 21 2004 09:58AM P5

DECISION AND ORDER

The Nevada State Board of Pharmacy hereby adopts the foregoing Stipulation as its decision and hereby orders that the foregoing Stipulation be made effective. This decision and order shall be effective on the 21st day of July, 2004.

7/21/04
DATED

Larry L. Pinson, President
Nevada State Board of Pharmacy

FROM :WALGREENS DISTRICT OFFICE FAX NO. :702-889-8287 Jun. 21 2004 09:58AM P6

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

NOTICE OF INTENDED ACTION AND ACCUSATION

SOTHY HIM, R.Ph.,
Certificate of Registration #15426,

Case No. 02-101-RPH-S

WALGREENS PHARMACY #4755,
Certificate of Registration #PH01383,

Case No. 02-101-PH-S

Respondents.
_____/

COMES NOW Keith W. Macdonald, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, and makes the following that will serve as both a notice of intended action under Nevada Revised Statutes (NRS) 233B.127(3) and as an accusation under NRS 639.241.

I.

The Nevada State Board of Pharmacy has jurisdiction over this matter because Respondent Sothy Him is a pharmacist licensed by the Board and Walgreens Pharmacy #4755 (Walgreens #4755) is a pharmacy licensed by the Board, located at 3480 South Jones Boulevard, Las Vegas, Nevada.

II.

Patient W went to her physician prior to having eye surgery and received two prescriptions for eye drops and a sheet of pre-surgery instructions. Patient W took the prescriptions to Walgreens #4755 to have them filled on or about October 15, 2002.

III.

The first prescription for Patient W was for Acular 5 ml. solution with directions to put one drop in the right eye four times a day starting four days prior to surgery. The directions on the label prepared by Mr. Him and dispensed by Walgreens #4755 were, "Instill 1 drop right eye six times daily (start 6 days before surgery)." The second prescription for Patient W was for Ocuflox 5 ml. solution with directions to put one drop in right eye four times a day starting four days prior to surgery. The directions on the label prepared by Mr. Him and dispensed by Walgreens #4755 were, "Instill 4 drops into right eye daily (start four days before surgery)." Mr. Him was the pharmacist who filled these prescriptions.

IV.

Patient W's daughter administered the medication to Patient W as directed on the labels and discovered the incorrect directions on both prescriptions while making copies of Patient W's pre-surgery medical information.

V.

Patient W had her eye surgery and no harm resulted from using the medication once as directed on the incorrect labels of her two eye drop prescriptions.

FIRST CAUSE OF ACTION

VI.

In failing to follow the order of Patient W's physician, namely by filling Patient W's prescriptions with the wrong directions, Mr. Him violated NRS 639.210(4) and NAC 639.945(1) (b), (d), and (i).

SECOND CAUSE OF ACTION

VII.

In owning and operating the pharmacy in which Mr. Him's violation occurred, Walgreens Pharmacy #4755 violated NRS 639.210(4) and NAC 639.945(1) (b), (d), and (i) and (2).

WHEREFORE it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to the certificates of registration of the Respondents.

Signed this 16th day of December, 2002.

Keith W. Macdonald

Keith W. Macdonald, Executive Secretary
Nevada State Board of Pharmacy

NOTICE TO RESPONDENT

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements regarding your certificate of registration. To do so, you must mail to the Board within 15 days of your receipt of this Notice of Intended Action and Accusation a written statement showing your compliance.

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner, STIPULATION AND ORDER

v.

WALGREENS PHARMACY #4755
Certificate of Registration No. PH01383

Case No. 02-101-PH-S

Respondent.

The Nevada State Board of Pharmacy and Respondent Walgreens Pharmacy #4755, hereby stipulate as follows:

1. That Notice of Intended Action and Accusation was sent to Respondent and that Respondent received said Notice.

2. That Respondent is fully aware of his right to be served with an Accusation and have a hearing on the matters alleged in the Notice of Intended Action, his right to reconsideration, his right to appeal, and any and all other rights which may be accorded to him pursuant to the Nevada Administrative Procedure Act and the Nevada Pharmacy Act.

3. That Respondent hereby freely and voluntarily waives his rights to a hearing, reconsideration, appeal, and any and all other rights that may be accorded to him by the Nevada Administrative Procedure Act and the Nevada Pharmacy Act.

4. That Respondent admits the truth of the matters alleged in the Notice of Intended Action and Accusation.

5. That cause for disciplinary action against the Respondent exists pursuant to the provisions of Nevada Revised Statutes (NRS) 639.210(4), Nevada Administrative Code (NAC) 639.945(1) (d) and (i) and (2).

6. That the admissions made herein are for the purpose of this proceeding only and shall have no force or effect in any other case or proceeding.

7. That based upon the Notice of Intended Action and Accusation and the foregoing admissions, it is stipulated that the following penalty is imposed:

Respondent shall pay to the State of Nevada a fine of $100.00 certified check, or money order made payable to "State of Nevada, Office of the Treasurer". All moneys shall be mailed to and received by the Board office no later than fifteen days from the receipt of the Board's decision and order in this matter.

Respondent's failure to timely comply with the above-listed conditions shall result in a in a fine of $1000 per day for every day the term is not complied with, up to a maximum of $30,000, and will result in further discipline, up to and including revocation of the Respondent's license.

8. If this Stipulation is not accepted in its entirety by the Nevada State Board of Pharmacy, it shall have no effect whatsoever.

I have fully considered the charges and allegations contained in the Notice of Intended Action. I understand my right to a hearing, as well as my right to reconsideration, appeal, and any and all other rights accorded me pursuant to the Nevada Administrative Procedure Act and the Nevada Pharmacy Practice Act, including my right to be represented by counsel at my own expense. **I hereby freely and voluntarily waive all these rights and agree to the terms of this Stipulation**.

12-31-02
DATED

DENNIS O'DELL, VICE PRESIDENT
type or print name

Dennis O'Dell
for Walgreens Pharmacy #4755

DECISION AND ORDER

The Nevada State Board of Pharmacy hereby adopts the foregoing Stipulation as its decision and hereby orders that the foregoing Stipulation be made effective. This decision and order shall be effective on the 22nd day of January, 2003.

1/22/03
DATED

Larry L. Pinson, President
Nevada State Board of Pharmacy

Section 9: Statement of Responsibility - MUST BE COMPLETED by an Authorized Person (NAC 639.945)

Statement of Responsibility

1. I am the Vice President (title) for Walgreen Co. (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be responsible for any violations of pharmacy law that may occur in the Pharmacy owned by such owner(s), shareholder(s), member(s), or partner(s).
3. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against the Pharmacy.
4. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) cannot require or permit the pharmacist(s) in said Pharmacy to violate any provision of local, state, or federal laws or regulations pertaining to the practice of pharmacy.
5. I further understand and acknowledge that Nevada law requires that each pharmacy located inside the State of Nevada employ only pharmacists, intern pharmacists, pharmaceutical technicians, and technicians in training that are licensed by the Nevada State Board of Pharmacy. (NRS 639.100).
6. I further understand and acknowledge that Nevada law requires that each pharmacy located outside the State of Nevada engaged in providing pharmacy services into Nevada employs at least one pharmacist licensed by the Nevada State Board of Pharmacy who will be responsible for any prescription dispensed to a patient located in Nevada and responsible for any acts or omissions of pharmacy personnel who are not registered with the Board. (NRS 639.2328).

Richard Gates

Print Name of Authorized Person

Richard Gates

Original signature of Authorized Person (copies or stamps not accepted)

08 / 26 / 2025

Date

Section 10: Affidavit for Pharmacies- MUST BE COMPLETED by pharmacies NOT CURRENTLY PERFORMING Sterile Compounding

Affidavit for Pharmacy License

I, Richard Gates hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

1. I am the Vice President (title) for Walgreen Co. (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I certify that upon licensure, the Pharmacy will not perform sterile compounding or ship sterile compounds into Nevada.
3. I understand and acknowledge that the Pharmacy and any of its staff members may be subject to discipline by the Board if the Pharmacy performs sterile compounding or ships any sterile compounds into Nevada without first obtaining written authorization from the Board to do so.
4. I certify that if the Pharmacy makes the decision to perform sterile compounding or to ship any sterile compounds into Nevada, the Pharmacy, through an authorized representative, will first notify the Board via a written request, and obtain written approval to perform sterile compounding or to ship any sterile compounds into Nevada.
5. I understand that if the Pharmacy seeks approval to perform sterile compounding or to ship any sterile compounds into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

FURTHER YOUR AFFIANT SAYETH NAUGHT.

Signature

SUBSCRIBED AND SWORN TO
Before me, a notary public this 20th day of August, 2025

Zeljka Borosa-Rajcevic
Notary Public

OFFICIAL SEAL
ZELJKA BOROSA RAJCEVIC
Notary Public, State of Illinois
Commission No. 977646
My Commission Expires September 8, 2027

File Number 1084-348-1

STATE OF ILLINOIS

OFFICE OF THE SECRETARY OF STATE

To all to whom these Presents Shall Come, Greeting:

I, **Alexi Giannoulias,** *Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that*

WALGREEN CO., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON FEBRUARY 15, 1909, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE BUSINESS CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.

In Testimony Whereof, *I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this* 15TH *day of* MAY *A.D.* 2025 .

Authentication #: 2513501622 verifiable until 05/15/2026
Authenticate at: https://www.ilsos.gov

Alexi Giannoulias
SECRETARY OF STATE

CONFIDENTIAL/EXEMPT FROM
FREEDOM OF INFORMATION ACT AND
SIMILAR STATE REQUESTS

Ownership Information

Ownership & Leadership of Applicant Entity

Applicant: **Walgreen Co.**
108 Wilmot Rd., Deerfield, IL 60015

Ownership: The Applicant entity is wholly owned (100%) by Walgreens Boots Alliance, Inc.

Officers of Walgreen Co.
Michael Motz - CEO
Richard Gates - Senior Vice President, Chief Pharmacy Officer
Cherita Thomas - Secretary
Matthew Spina - CFO
Michael Handal - Licensing and Provider Enrollment Officer

Ownership & Leadership of Walgreens Boots Alliance, Inc.

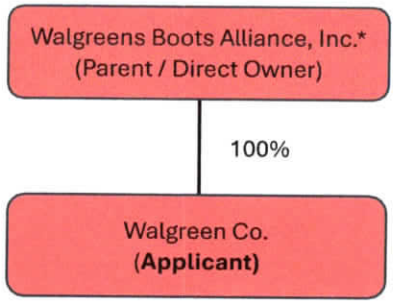
Ownership: Walgreens Boots Alliance, Inc. is wholly owned (100%) by Blazing Star Parent, LLC

Officers of Walgreens Boots Alliance, Inc.
Temporarily vacant - CEO
Mark Weisz - Sr VP, Global Tax
Manmohan Mahajan - Sr VP, Global Controller, CFO
Lanesha Minnix - Corporate Secretary

Please see the attached pre- and post-closing Corporate Organization chart for reference.

Proprietary and Confidential
Not a public record pursuant to
Section 7927.605 of the CPRA and
45 CFR Section 5.31

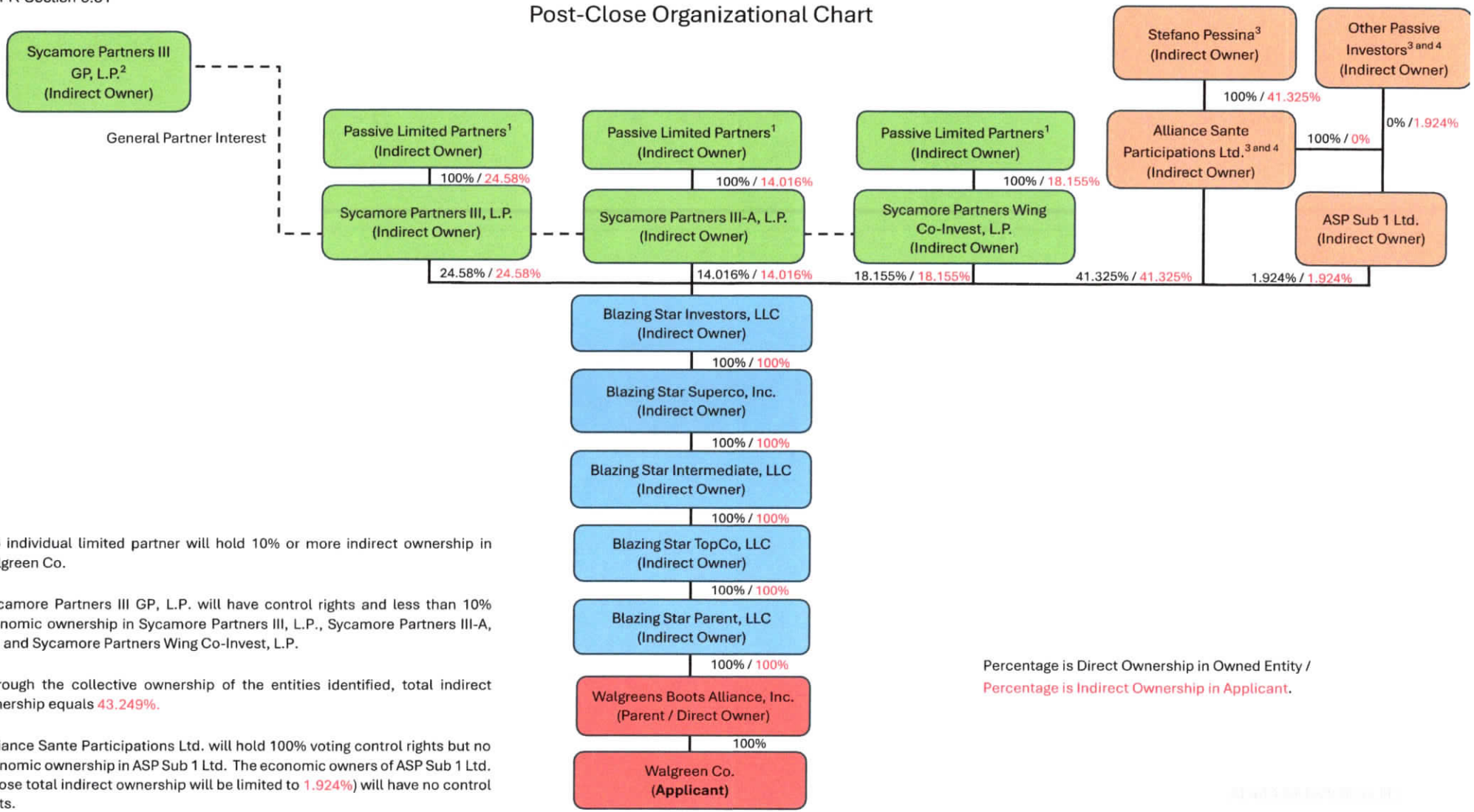
Walgreen Co.
Pre-Close Organizational Chart



Publicly Traded on Nasdaq Stock Market (WBA)

Proprietary and Confidential
Not a public record pursuant to
Section 7927.605 of the CPRA and
45 CFR Section 5.31

Walgreen Co.
Post-Close Organizational Chart



[1]No individual limited partner will hold 10% or more indirect ownership in Walgreen Co.

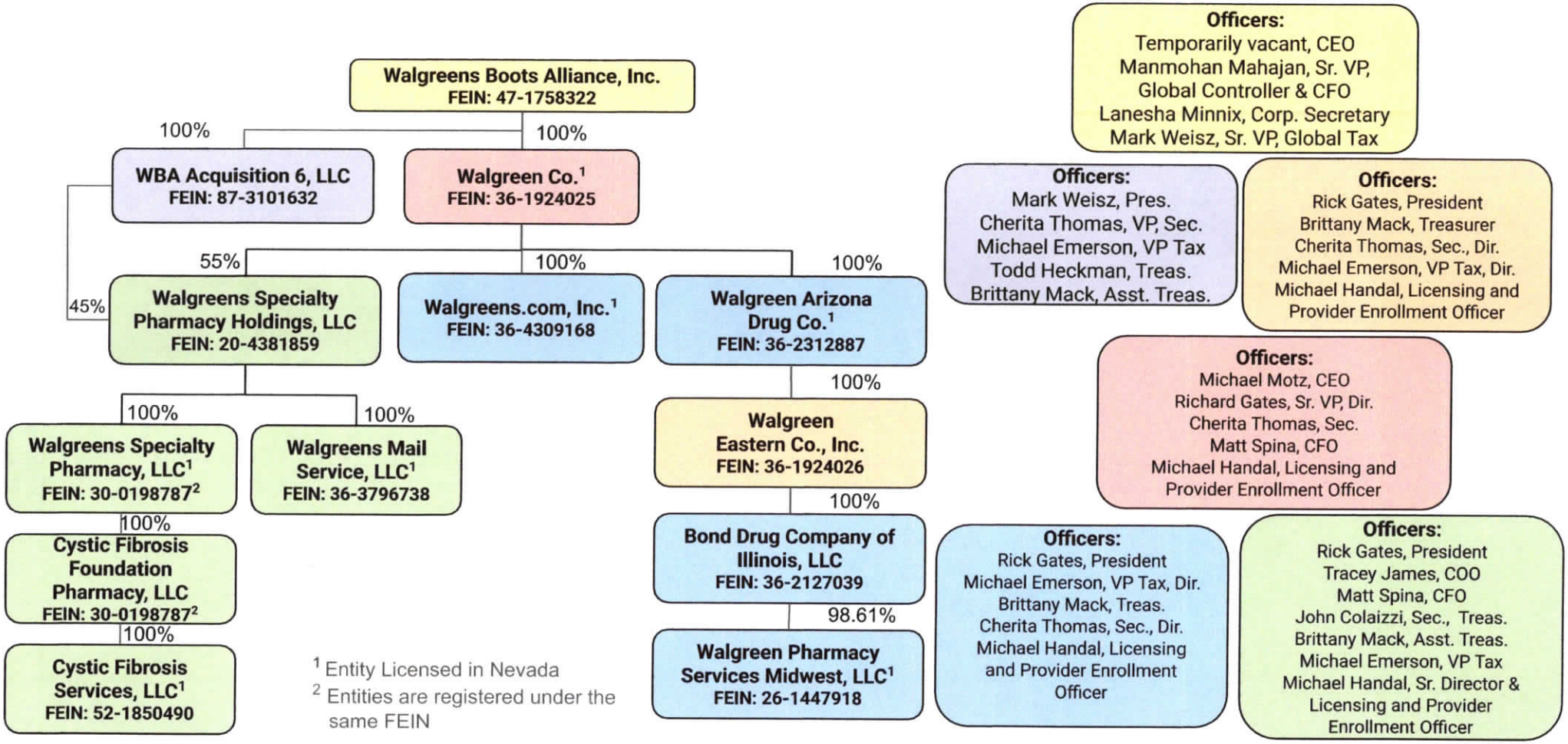
[2]Sycamore Partners III GP, L.P. will have control rights and less than 10% economic ownership in Sycamore Partners III, L.P., Sycamore Partners III-A, L.P. and Sycamore Partners Wing Co-Invest, L.P.

[3]Through the collective ownership of the entities identified, total indirect ownership equals 43.249%.

[4]Alliance Sante Participations Ltd. will hold 100% voting control rights but no economic ownership in ASP Sub 1 Ltd. The economic owners of ASP Sub 1 Ltd. (whose total indirect ownership will be limited to 1.924%) will have no control rights.

Percentage is Direct Ownership in Owned Entity /
Percentage is Indirect Ownership in Applicant.

Walgreen Co.
Post-Close Organizational Chart (cont.)



911

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Pharmacy Application

Non-Refundable $500.00 Fee

Rev (6/11/2024)

Facility Location	Application Type (check all applicable)	Pharmacy Type (check all applicable)	Services the Pharmacy will Provide (check all applicable)
■ Nevada ☐ Out-of-Nevada	☐ New Pharmacy ■ Ownership Change* ☐ Location Change * ☐ Service Modification* ☐ Name Change* (if only a Name Change occurred, submit a $50.00 fee with the application.) * Current license #: PH PH01307	■ Retail/Community ☐ Hospital (# beds _____) ☐ Internet ☐ Nuclear ☐ Other:	■ Retail/Community ■ Dangerous drugs ■ Controlled substances DEA #: BW6176071 ☐ Non-sterile Compounding ☐ Sterile Compounding ☐ Mail-Order Service ☐ Off-site Cognitive Services ☐ Long Term Care ☐ Hospital ☐ Other:

Days of Operation		Ownership Type (check applicable box)
■ Monday	■ Friday	☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9, 10, 11, 12)
■ Tuesday	■ Saturday	■ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9, 10, 11, 12)
■ Wednesday	■ Sunday	☐ Partnership (complete sections 1, 2, 3, 4, 7, 9, 10, 11, 12)
■ Thursday	☐ Holidays	☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9, 10, 11, 12)

Section 1: General Information

Pharmacy Name: WALGREENS #04855

Physical Address: 6001 W CHEYENNE AVE

City: LAS VEGAS State: NV Zip: 89108-4205

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: (702)396-0917 Toll Free # (NAC 639.708, NRS 639.23286): N/A

Fax: (702)396-0927 Contact Email: rxm.04855@store.walgreens.com

Website: https://www.walgreens.com

Nevada Business License # (if applicable) NV19951143510

Supervising/Managing Pharmacist Name (NRS 639.220): STANLEY WONG

Supervising/Managing Pharmacist NV Pharmacist Registration # (if applicable): 16990

Document Ref: TUGHI-YRV4V-J3DQ3-BMFNH

Section 2: List the name(s) of at least one NEVADA registered pharmacist who practices at the pharmacy, who may be the managing pharmacist or another pharmacist, who will be responsible for any prescriptions dispensed to a patient located in Nevada and responsible for any acts or omissions of pharmacy personnel who are not registered with the Board. NRS 639.2328. (Use a separate piece of paper if additional space is needed.)

Name: STANLEY WONG	NV Pharmacist Registration #: 16990
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:

Section 3: History of Company	**Yes**	**No**
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✓
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration from any jurisdiction?		✓
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been subject of an administrative action, board citation, cite fine, or proceeding relating to the pharmaceutical industry?	✓	
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✓
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✓

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name(s) of the owner(s), their credentials and their percent ownership. Write NA if not applicable. NRS 639.232. (Use a separate piece of paper if additional space is needed.)

Name: N/A	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:

1. The Board shall not issue a license to conduct a pharmacy:
   a) To any practitioner; or
   b) To any partnership, corporation, or association in which a practitioner has a controlling interest or owns more than 10 percent of the available stock.
2. This section does not:
   a) Apply to a hospital pharmacy or a health maintenance organization which holds a certificate of authority under chapter 695C of NRS.
   b) Prohibit ownership by a practitioner of a building in which a pharmacy is located, if space for the pharmacy is rented at the prevailing rate.

Section 5: Publicly Traded Corporation

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Does the number of stockholders/shareholders of the corporation exceed four? NRS 639.231 ☐ Yes ☐ No

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: Delaware

Parent Company (if any): Walgreens Boots Alliance, Inc.

Corporation/Organization Name: Walgreen Co.

Mailing Address: 108 Wilmot Rd

City: Deerfield State: IL Zip: 60015

Telephone: 847-224-1348 Email: licenseadministration@walgreens.com

Contact Person Name: Kayla Lechner

Does the number of stockholders/shareholders of the corporation or members exceed four? NRS 639.231 ☐ Yes ☒ No

Section 7: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Please check type of partnership (NAC 639.214) ☐ General ☐ Limited

Does the number of partners or members of the partnership exceed four? NRS 639.231 ☐ Yes ☐ No

Section 8: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Richard Gates

Print Name of Authorized Person Submitting Application (If the applicant is a partnership or corporation, the application must be signed by a partner or by an officer of the corporation). NAC 639.215

Richard Gates

Original signature of Authorized Person (copies or stamps not accepted)

08 / 26 / 2025

Date

Board Use Only	Date Received: 9/22/25	Amount: $250 ck JPB3-3000-111129

Section 11: Managing Pharmacist Acknowledgement, Professional/Personal History – REQUIRED TO BE COMPLETED BY THE MANAGING PHARMACIST FOR NEVADA LOCATED PHARMACY APPLICANTS ONLY

Managing Pharmacist Name: STANLEY WONG Pharmacist Registration #: 16990

Pharmacy Name: WALGREENS #04855

Initial each statement below to indicate you have read and agree with the following:

S.T. I understand that as the managing pharmacist I am responsible for compliance by the pharmacy and its personnel with all state and federal laws and regulations relating to the operation of the pharmacy and the practice of pharmacy. I understand my license can be revoked or that I can be subject of disciplinary action if such laws or regulations are knowingly violated in the pharmacy in which I am the managing pharmacist.

S.T. I understand within 48 hours after I report for duty as the managing pharmacist, I shall complete an inventory of all controlled substances of the pharmacy pursuant to 21 CFR Part 1304 and maintain a copy of the inventory in the file at the pharmacy.

S.T. I understand that if I cease to be managing pharmacist of the above-named pharmacy, I will jointly, with the new managing pharmacist, take an inventory of all controlled substances.

S.T. I understand that as the managing pharmacist I must ensure that all loss or theft of controlled substances are reported on forms provided by the Nevada State Board of Pharmacy and Department of Public Safety within 10 days after the date of discovery of theft or loss. NRS 453.568. Federal regulations require that registrants notify the Field Division Office of the Administration in his area, in writing, of the theft or significant loss of any controlled substance, disposal receptacles or listed chemicals within one business day of discovery of such loss or theft. The registrant shall also complete and submit to the Field Division Office in his area, DEA Form 106 regarding the loss or theft (21 C.F.R. §1301.76(b) and 21 U.S.C. §830(b)(1)(C)).

S.T. I understand that as the managing pharmacist I must notify the Nevada State Board of Pharmacy of all employment changes of pharmacy staff within 10 days of the change. NAC 639.540

Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?	☐	☑
2. Have you been charged, arrested, or convicted of a felony or misdemeanor in any state?	☐	☑
3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state?	☐	☑
4. Has your license been subjected to any discipline for violation of pharmacy or drug laws in any state?	☐	☑

If you marked YES to any questions above, include the following information and provide a signed statement of explanation. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Board Administrative Action:	State:	Date:	Case #:

Criminal Action:	State:	Date:	Case #:	County:	Court:

I certify under penalty of perjury that the information I have provided on this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

STANLEY WONG

Original signature of Managing Pharmacist (copies or stamps not accepted)

08 / 10 / 2025

Date

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

FINDINGS OF FACT, CONCLUSIONS OF LAW, AND ORDER

JENNIFER CHAN, R.Ph.
Certificate of Registration #14660,

Case No. 09-102-RPH-S

WALGREENS #04855,
Certificate of Registration #PH01307,

Case No. 09-102-PH-S

Respondents.

THIS MATTER was heard by the Nevada State Board of Pharmacy (hereinafter Board) at its regular meeting on January 11, 2011 in Las Vegas, Nevada. The Board was represented by Carolyn J. Cramer, General Counsel to the Board. All Respondents were represented by Robert C. Graham. Based on the presentations of the parties and the public records in the possession and control of the Board, the Board issues the following Findings of Fact, Conclusions of Law, and Order:

FINDINGS OF FACT

1. At hearing, the parties stipulated to the admission to all exhibits. The Respondents did not contest that Leilani Chang got twenty-one methylprednisolone 4 mg tablets instead of ten dosage units of medroxyprogesterone acetate 10 mg tablets as prescribed by her doctor. Board Staff presented the testimony of Leilani Chang and Fred Ackermann, Board investigator.

2. Ms. Chang testified that her physician prescribed 10 dosage units of medroxyprogesterone acetate 10 mg tablets, the generic for Provera, to regulate her menstrual cycle. The prescription as called into Walgreens #04855 by her doctor and

she picked it up on or about August 28, 2010. Ms. Chang testified she took all of the medication but did not get her menstrual cycle but instead experienced dizziness, headaches and a feeling of being unbalanced. Ms. Chang testified that she returned to the pharmacy to report the symptoms, showed the pharmacist on duty the medication vial, and asked if the medication was generic for Provera. That is when the pharmacist on duty informed her that she had taken 21 dosage units of generic prednisone, not Provera.

3. Respondents presented the testimony of Ms. Chan. Ms. Chan apologized to the Board and to Ms. Chang for making this error and causing Ms. Chang to experience the adverse effects from her taking prednisone. Ms. Chan testified to the changes that she has made to her practice as a result of the incident and the continuing education courses she has taken on error prevention. Ms. Chan testified that she reviews each segment of a word at input to ensure correct processing and it has helped her focus more closely on filling prescriptions.

CONCLUSIONS OF LAW

1. The Nevada State Board of Pharmacy has jurisdiction over this matter because Respondent Chan is a pharmacist licensed by the Board and Walgreens #04855 is a pharmacy licensed by the Board.

2. By failing to strictly follow the instructions of Ms. Chang's physician by filling her prescription for #10 medroxyprogesterone acetate 10 mg tablets with #21 methylprednisolone 4 mg tablets, Ms. Chan violated NRS 639.210(4) and NAC 639.945(1) (d) and/or (i).

3. In owning and operating the pharmacy in which Ms. Chan failed to notice that she filled Ms. Chang's prescription with the wrong medication, namely

methylprednisolone 4 mg rather than the prescribed medroxyprogesterone acetate 10 mg, and failed to notice that the dosage was also incorrect, namely dispensing 21 dosage units of methylprednisolone rather than the prescribed 10 dosage units of medroxyprogesterone acetate, Walgreens #04855 violated NRS 639.210(4) and NAC 639.945(1)(d) and/or(i) and (2).

ORDER

Based upon the foregoing, the Board hereby orders the following:

1. Ms. Chan shall pay the Boards investigation and attorney's fees of $1,099.19 and the Board's administrative fee of $295.00, for a total of $1,394.19 by cashier's check or certified check or money order made payable to "Nevada State Board of Pharmacy" to be received by the Board's Reno office within 60 days of the effective date of this Order.

2. Walgreens #004855 shall receive a letter of reprimand

3. The failure by Ms. Chan to comply with any term in this order shall result in the immediate suspension of her license and will also result in further discipline, up to and including revocation of the her license.

Signed this 2nd day of February, 2011.

Beth Foster

Beth Foster, President
Nevada State Board of Pharmacy

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

NOTICE OF INTENDED ACTION AND ACCUSATION

JENNIFER CHAN, RPH.,
Certificate of Registration #14660,

Case No. 09-102-RPH-S

WALGREENS #04855,
Certificate of Registration #PH01307,

Case No. 09-102-PH-S

Respondents.
_____/

COMES NOW Larry L. Pinson, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, and makes the following that will serve as both a notice of intended action under Nevada Revised Statutes (NRS) 233B.127(3) and as an accusation under NRS 639.241.

I.

The Nevada State Board of Pharmacy has jurisdiction over this matter because Respondent Jennifer Chan is a pharmacist licensed by the Board and Walgreens #04855 is a pharmacy licensed by the Board, located at 6001 West Cheyenne Avenue, Las Vegas, Nevada.

FIRST CAUSE OF ACTION

II.

On or about August 28, 2009 Leilani Chang was prescribed 10 dosage units of medroxyprogesterone acetate 10 mg. tablets with directions to take one tablet daily as directed by Dr. Karen Navarro of Southwest Medical Associates. Ms. Chang was trying to get pregnant and Dr. Navarro prescribed the medroxyprogesterone acetate then instructed Ms. Chang to get some blood work after her menstrual cycle. Dr. Navarro faxed the prescription to Walgreens #04855 to be filled.

III.

Ms. Chang picked up her prescription from Walgreens #04855 and began taking her medication immediately. Ms. Chang took all of the medication that she obtained from Walgreens #04855, however she did not have a menstrual cycle. Ms. Chang indicated that she was having dizziness, headaches, a spinning sensation and a general feeling of being unbalanced. Ms. Chang went back to the pharmacy to discuss the problem with the pharmacist and showed the pharmacist what she had taken for 21 days and asked if that was the generic for Provera. The pharmacist that she was speaking with told her that the medication that she had been taking was the generic for prednisone, not Provera.

IV.

During the investigation of this matter it was learned that Jennifer Chan was the pharmacist responsible for this error. Ms. Chan admitted that she had selected the wrong medication and indicated that they had similar spellings, started with the same letter, they sounded similar and had similar directions. Ms. Chan has changed her pharmacy practice since this incident to triple check each step of the filling process for all similar sounding medications.

FIRST CAUSE OF ACTION

V.

In failing to strictly follow the instructions of Ms. Chang's physician by filling her prescription for #10 medroxyprogesterone acetate 10 mg. tablets with #21 methylprednisolone 4 mg. tablets, Ms. Chan violated Nevada Revised Statutes (NRS) 639.210(4) and/or Nevada Administrative Code (NAC) 639.945(1)(d) and/or (l).

SECOND CAUSE OF ACTION

VII.

In owning and operating the pharmacy in which Ms. Chan failed to notice that she filled Ms. Chang's prescription with the wrong medication, namely

methylprednisolone 4 mg. rather than the prescribed medroxyprogesterone acetate 10 mg., and failed to notice that the dosage was also incorrect, namely dispensing 21 dosage units of methylprednisolone rather than the prescribed 10 dosage units of medroxyprogesterone acetate, Walgreens #04855 violated NRS 639.210(4) and or NAC 639.945(1)(d) and/or (i) and (2).

WHEREFORE it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to the certificates of registration of the Respondents.

Signed this 7th day of September, 2010.

Larry L. Pinson, Executive Secretary
Nevada State Board of Pharmacy

NOTICE TO RESPONDENT

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements regarding your certificate of registration. To do so, you must mail to the Board within 15 days of your receipt of this Notice of Intended Action and Accusation a written statement showing your compliance.

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

STIPULATION AND ORDER

YVONNE JETT, PT
Certificate of Registration No.: PT09615

Case No. 11-044-PTT-S

WALGREENS #04855
Certificate of Registration No.: PH01307

Case No. 11-044-PH-S

WALGREENS CO.
An Illinois Corporation

Case No. 11-044-PH-S

Respondents.

Carolyn J. Cramer, General Counsel for the Nevada State Board of Pharmacy, and Respondents, Yvonne Jett, Walgreens #04855 and Walgreens Corporation, all represented by Rob Graham, Esq., of Rob Graham and Associates, stipulate and agree as follows:

1. The Respondents admit the factual allegations made in the First, Second and Third Causes of Action.

2. Respondents admit that although there are systems in place to prevent a licensed employee who has not renewed his or her license from working in Respondent's pharmacy, those systems did not work and additional steps must be taken to prevent this from happening again.

3. The parties shall present this Stipulation and Agreement to the Board at its meeting on July 13, 2011. The parties agree that the Board may ask questions of the parties' counsel, may discuss and deliberate regarding the presentations, and shall enter an Order that may impose discipline as recommended by the parties.

4. Board Staff and the Respondent Jett will recommend that the Board impose discipline for the First Cause of Action by suspending her pharmaceutical technician registration for 120 days during which time she cannot work in any facility that is licensed pursuant the Nevada Board of Pharmacy and pay a total fine of $2,500 by cashier's check or certified check or money order made payable to "State of Nevada, Office of the Treasurer" to be received by the Board's Reno office within 180 days after her suspension ends. The suspension of Respondent Jett's pharmaceutical technician registration will start with the effective date of this order and run through November 10, 2011.

5. Board Staff and Respondents Walgreens Corporation and Walgreens #04855 will recommend that the Board impose discipline on Respondents for the Second and Third Causes of Action by requiring that all Nevada Walgreens pharmacies be trained on and use the licensing computer program that is in place in Nevada. In addition, Walgreens pharmacies in Nevada will be required to implement a statewide policy requiring all managing pharmacists, or if none is present staff pharmacists, to personally verify that the personnel they are working with are properly licensed or registered before they work. If the managing pharmacist, or if no managing pharmacist is present the staff pharmacist, falls to personally verify that all registered personnel are properly licensed or registered and may lawfully work, the managing pharmacist or staff pharmacist will be disciplined by Walgreens and will be subject to disciplinary action by the Board.

6. If the Board rejects any part or all of this stipulation, the parties agree that a full hearing on the merits of this matter may be heard by the Board and that the Board would hear this matter at its meeting on October 12, 2011. The terms and admissions

in this stipulation may not be used or referred to in the full hearing on the merits of this matter.

7. The Board and the Respondents shall each agree to release the other from any and all claims, whether known or unknown, that might otherwise have existed on or before the effective date of the Board's Order in this matter.

Signed this 13th day of July, 2011.

Carolyn J. Cramer, General Counsel

Rob Graham, Esq.

Yvonne Jett, PT.

DECISION AND ORDER

The Nevada State Board of Pharmacy hereby adopts the foregoing Stipulation as its decision and hereby orders that the foregoing Stipulation be made effective. This decision and order shall be effective on the 13th day of July, 2011.

7/13/2011
DATED

Beth Foster, RPh
Beth Foster, President
Nevada State Board of Pharmacy

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,
Petitioner,

v.

NOTICE OF INTENDED ACTION AND ACCUSATION

YVONNE JETT, PT
Certificate of Registration No.: PT09615

Case No. 11-044-PTT-S

WALGREENS #04855
Certificate of Registration No.: PH01307

Case No. 11-044-PH-S

WALGREENS CO.
An Illinois Corporation

Case No. 11-044-PH-S

Respondents.

COMES NOW Larry L. Pinson, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, and makes the following that will serve as both a notice of intended action under Nevada Revised Statutes (NRS) 233B.127(3) and as an accusation under NRS 639.241.

I.

The Nevada State Board of Pharmacy has jurisdiction over this matter because Respondent Yvonne Jett is a registered pharmaceutical technician with the Board, Walgreens #04855 is a registered pharmacy with the Board and Walgreens Co. is the corporate owner of Walgreens #04855.

II.

On or about April 11, 2011, Ray Seidlinger, the Board's inspector, inspected Walgreens #04855 and during the inspection it was learned that Yvonne Jett had not renewed her pharmaceutical technician registration. Mr. Seidlinger verified this with Board staff and it was determined that Ms. Jett had not completed her renewal application appropriately and it was returned to her for correction. Ms. Jett did not return the renewal application and her registration was not renewed.

III.

Mr. Seidlinger requested Walgreens staff to provide him with the hours that Ms. Jett worked from November 1, 2010 to April 14, 2011, the date the Board received Ms. Jett's renewal application. Stanley Wong, the managing pharmacist for Walgreens #04855, reported to Board staff that Ms. Jett worked for 108 days without a valid registration.

FIRST CAUSE OF ACTION

IV.

By working without having renewed her pharmaceutical technician registration for 108 days, Ms. Jett violated NRS 639.210(4) and (13) and NAC 639.945(1)(k).

SECOND CAUSE OF ACTION

V.

By employing Ms. Jett and allowing Ms. Jett to work for 108 days without being registered with the Board, Walgreens #04855 violated NRS 639.210(4) and (13) and NAC 639.945(1)(k) and (2).

THIRD CAUSE OF ACTION

VI.

At the Board's regularly scheduled meeting on October 24, 2007 in Las Vegas, Nevada, the Board heard a consolidation of three cases regarding pharmaceutical technicians that worked unregistered in two Walgreens pharmacies. On November 20th, 2007, the Board filed Findings of Fact, Conclusions of Law and Order for Walgreens #03844 (Case No. 07-063-PH-S), and two for Walgreens #05646 (Case No. 07-062-PH-S and Case No. 07-064-PH-S) penalizing them for allowing pharmaceutical technicians to work without being registered.

VII.

At the Board's regularly scheduled meeting on July 14, 2010 in Las Vegas, Nevada, the Board heard one case regarding a pharmaceutical technician that worked

unregistered. On August 9, 2010, the Board filed Findings of Fact, Conclusions of Law and Order for Walgreens #12646 (Case No. 10-007-PH-S) penalizing them for allowing a pharmaceutical technician to work without being registered.

VIII.

In being repeatedly negligent as the common owner of Walgreens #04855, in which repeated disciplinary actions occurred for the same violations in the above referenced Case Numbers in averment VI and VII, Walgreens Co. violated NRS 639.210(4) and (16) and/or NAC 639.945(1)(k) and/or (2)

WHEREFORE it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to the certificate of registration of the Respondent.

Signed this 28th day of April, 2011.

Larry L. Pinson, Executive Secretary
Nevada State Board of Pharmacy

NOTICE TO RESPONDENT

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements regarding your certificate of registration. To do so, you must mail to the Board within 15 days of your receipt of this Notice of Intended Action and Accusation a written statement showing your compliance.

Section 9: Statement of Responsibility - MUST BE COMPLETED by an Authorized Person (NAC 639.945)

Statement of Responsibility

1. I am the Vice President (title) for Walgreen Co. (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be responsible for any violations of pharmacy law that may occur in the Pharmacy owned by such owner(s), shareholder(s), member(s), or partner(s).
3. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against the Pharmacy.
4. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) cannot require or permit the pharmacist(s) in said Pharmacy to violate any provision of local, state, or federal laws or regulations pertaining to the practice of pharmacy.
5. I further understand and acknowledge that Nevada law requires that each pharmacy located inside the State of Nevada employ only pharmacists, intern pharmacists, pharmaceutical technicians, and technicians in training that are licensed by the Nevada State Board of Pharmacy. (NRS 639.100).
6. I further understand and acknowledge that Nevada law requires that each pharmacy located outside the State of Nevada engaged in providing pharmacy services into Nevada employs at least one pharmacist licensed by the Nevada State Board of Pharmacy who will be responsible for any prescription dispensed to a patient located in Nevada and responsible for any acts or omissions of pharmacy personnel who are not registered with the Board. (NRS 639.2328).

Richard Gates

Print Name of Authorized Person

Richard Gates

Original signature of Authorized Person (copies or stamps not accepted)

08 / 26 / 2025

Date

Section 10: Affidavit for Pharmacies- MUST BE COMPLETED by pharmacies NOT CURRENTLY PERFORMING Sterile Compounding

Affidavit for Pharmacy License

I, Richard Gates hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

1. I am the Vice President (title) for Walgreen Co. (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I certify that upon licensure, the Pharmacy will not perform sterile compounding or ship sterile compounds into Nevada.
3. I understand and acknowledge that the Pharmacy and any of its staff members may be subject to discipline by the Board if the Pharmacy performs sterile compounding or ships any sterile compounds into Nevada without first obtaining written authorization from the Board to do so.
4. I certify that if the Pharmacy makes the decision to perform sterile compounding or to ship any sterile compounds into Nevada, the Pharmacy, through an authorized representative, will first notify the Board via a written request, and obtain written approval to perform sterile compounding or to ship any sterile compounds into Nevada.
5. I understand that if the Pharmacy seeks approval to perform sterile compounding or to ship any sterile compounds into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

FURTHER YOUR AFFIANT SAYETH NAUGHT.

Signature

SUBSCRIBED AND SWORN TO
Before me, a notary public this 20th day of August, 2025

Notary Public

OFFICIAL SEAL
ZELJKA BOROSA RAJCEVIC
Notary Public, State of Illinois
Commission No. 977646
My Commission Expires September 8, 2027

CONFIDENTIAL/EXEMPT FROM FREEDOM OF INFORMATION ACT AND SIMILAR STATE REQUESTS

Ownership Information

Ownership & Leadership of Applicant Entity

Applicant: **Walgreen Co.**
108 Wilmot Rd., Deerfield, IL 60015

Ownership: The Applicant entity is wholly owned (100%) by Walgreens Boots Alliance, Inc.

Officers of Walgreen Co.
Michael Motz - CEO
Richard Gates - Senior Vice President, Chief Pharmacy Officer
Cherita Thomas - Secretary
Matthew Spina - CFO
Michael Handal - Licensing and Provider Enrollment Officer

Ownership & Leadership of Walgreens Boots Alliance, Inc.

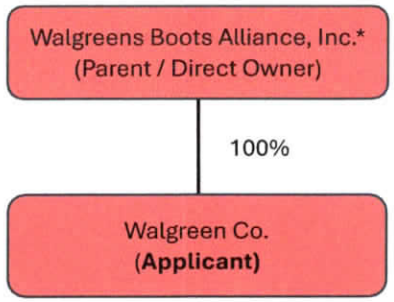
Ownership: Walgreens Boots Alliance, Inc. is wholly owned (100%) by Blazing Star Parent, LLC

Officers of Walgreens Boots Alliance, Inc.
Temporarily vacant - CEO
Mark Weisz - Sr VP, Global Tax
Manmohan Mahajan - Sr VP, Global Controller, CFO
Lanesha Minnix - Corporate Secretary

Please see the attached pre- and post-closing Corporate Organization chart for reference.

Proprietary and Confidential
Not a public record pursuant to
Section 7927.605 of the CPRA and
45 CFR Section 5.31

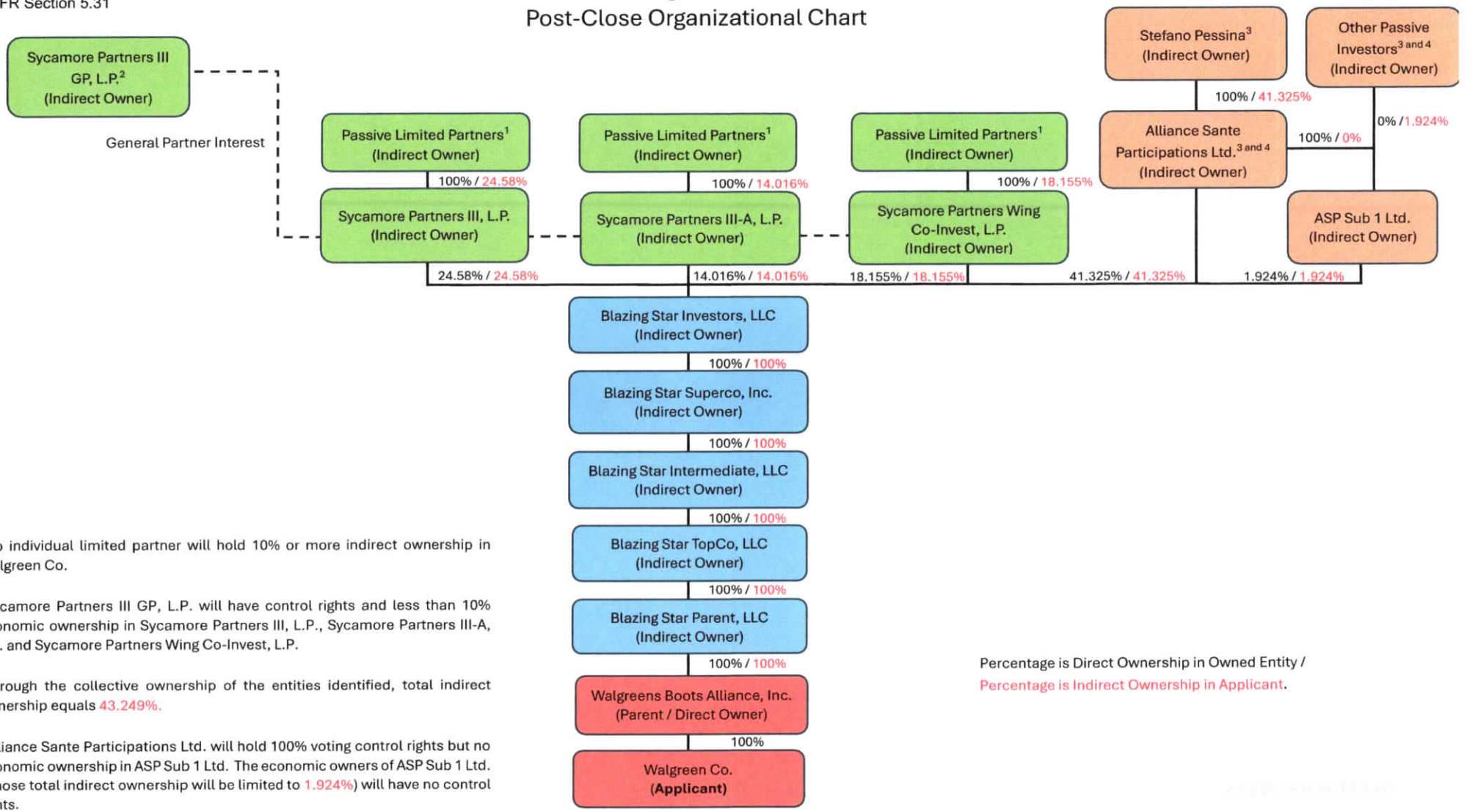
Walgreen Co.
Pre-Close Organizational Chart



Publicly Traded on Nasdaq Stock Market (WBA)

Proprietary and Confidential
Not a public record pursuant to
Section 7927.605 of the CPRA and
45 CFR Section 5.31

Walgreen Co.
Post-Close Organizational Chart



[1]No individual limited partner will hold 10% or more indirect ownership in Walgreen Co.

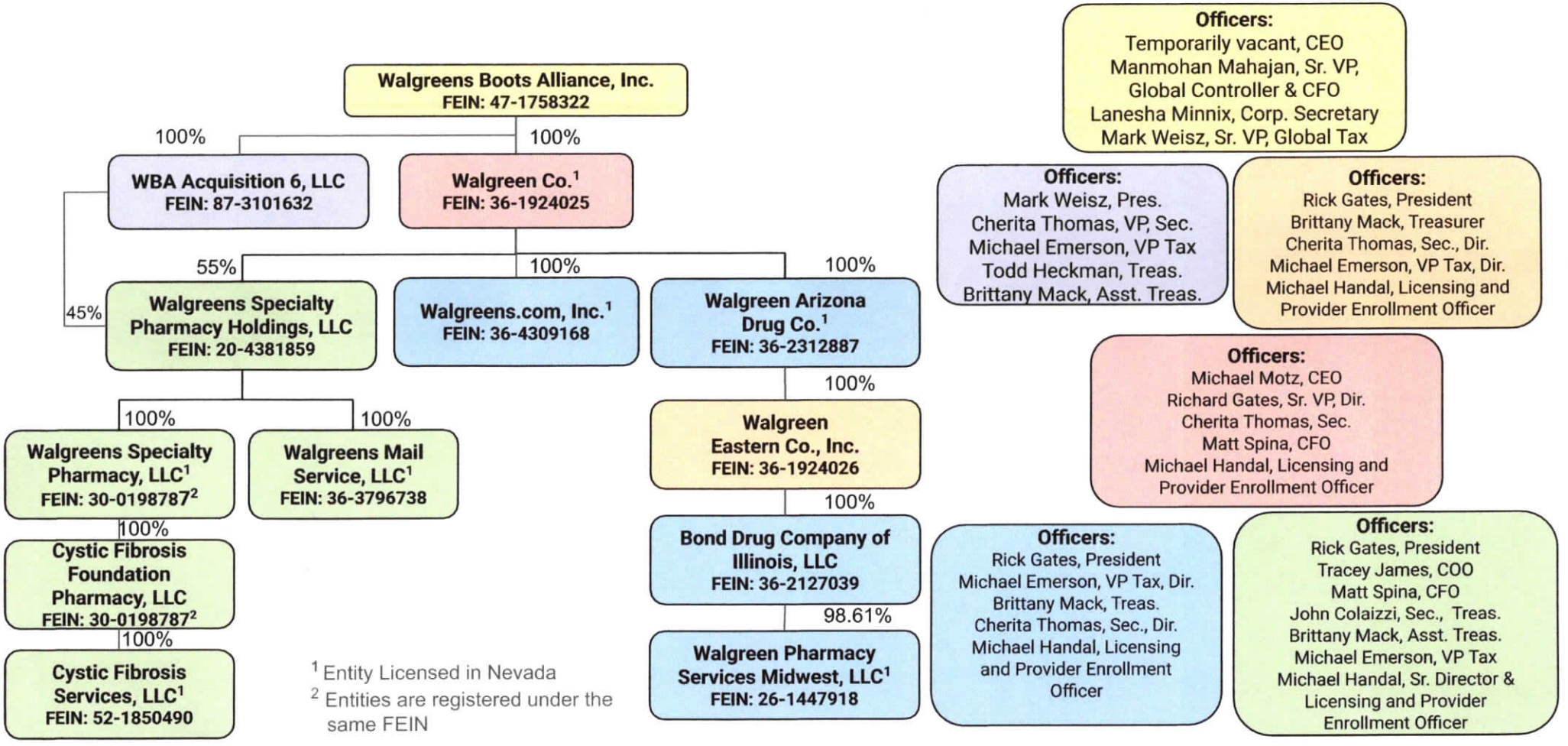
[2]Sycamore Partners III GP, L.P. will have control rights and less than 10% economic ownership in Sycamore Partners III, L.P., Sycamore Partners III-A, L.P. and Sycamore Partners Wing Co-Invest, L.P.

[3]Through the collective ownership of the entities identified, total indirect ownership equals 43.249%.

[4]Alliance Sante Participations Ltd. will hold 100% voting control rights but no economic ownership in ASP Sub 1 Ltd. The economic owners of ASP Sub 1 Ltd. (whose total indirect ownership will be limited to 1.924%) will have no control rights.

Percentage is Direct Ownership in Owned Entity /
Percentage is Indirect Ownership in Applicant.

Walgreen Co.
Post-Close Organizational Chart (cont.)



File Number 1084-348-1

STATE OF ILLINOIS

OFFICE OF THE SECRETARY OF STATE

To all to whom these Presents Shall Come, Greeting:

I, **Alexi Giannoulias,** *Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that*

WALGREEN CO., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON FEBRUARY 15, 1909, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE BUSINESS CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.

In Testimony Whereof, *I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this* 15TH *day of* MAY *A.D.* 2025 .

Authentication #: 2513501622 verifiable until 05/15/2026
Authenticate at: https://www.ilsos.gov

Alexi Giannoulias
SECRETARY OF STATE

9JJ

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Pharmacy Application

Non-Refundable $500.00 Fee

Rev (6/11/2024)

Facility Location	Application Type (check all applicable)	Pharmacy Type (check all applicable)	Services the Pharmacy will Provide (check all applicable)
☑ Nevada ☐ Out-of-Nevada	☐ New Pharmacy ☑ Ownership Change* ☐ Location Change * ☐ Service Modification* ☐ Name Change* (if only a Name Change occurred, submit a $50.00 fee with the application.) * Current license #: PH PH01308	☑ Retail/Community ☐ Hospital (# beds _____) ☐ Internet ☐ Nuclear ☐ Other:	☑ Retail/Community ☑ Dangerous drugs ☑ Controlled substances DEA #: BW6141585 ☐ Non-sterile Compounding ☐ Sterile Compounding ☐ Mail-Order Service ☐ Off-site Cognitive Services ☐ Long Term Care ☐ Hospital ☐ Other:

Days of Operation		Ownership Type (check applicable box)
☑ Monday	☑ Friday	☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9, 10, 11, 12)
☑ Tuesday	☑ Saturday	☑ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9, 10, 11, 12)
☑ Wednesday	☐ Sunday	☐ Partnership (complete sections 1, 2, 3, 4, 7, 9, 10, 11, 12)
☑ Thursday	☐ Holidays	☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9, 10, 11, 12)

Section 1: General Information

Pharmacy Name: WALGREENS #04856

Physical Address: 3400 BOULDER HWY

City: LAS VEGAS State: NV Zip: 89121-1522

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: (702)432-6940 Toll Free # (NAC 639.708, NRS 639.23286): N/A

Fax: (702)432-7225 Contact Email: rxm.04856@store.walgreens.com

Website: https://www.walgreens.com

Nevada Business License # (if applicable) NV19951143510

Supervising/Managing Pharmacist Name (NRS 639.220): DAISY ZHANG

Supervising/Managing Pharmacist NV Pharmacist Registration # (if applicable): 20903

Section 2: List the name(s) of at least one NEVADA registered pharmacist who practices at the pharmacy, who may be the managing pharmacist or another pharmacist, who will be responsible for any prescriptions dispensed to a patient located in Nevada and responsible for any acts or omissions of pharmacy personnel who are not registered with the Board. NRS 639.2328. (Use a separate piece of paper if additional space is needed.)

Name: DAISY ZHANG	NV Pharmacist Registration #: 20903
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:

Section 3: History of Company	**Yes**	**No**
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✓
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration from any jurisdiction?		✓
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been subject of an administrative action, board citation, cite fine, or proceeding relating to the pharmaceutical industry?		✓
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✓
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✓

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name(s) of the owner(s), their credentials and their percent ownership. Write NA if not applicable. NRS 639.232. (Use a separate piece of paper if additional space is needed.)

Name: N/A	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:

1. The Board shall not issue a license to conduct a pharmacy:
   a) To any practitioner; or
   b) To any partnership, corporation, or association in which a practitioner has a controlling interest or owns more than 10 percent of the available stock.
2. This section does not:
   a) Apply to a hospital pharmacy or a health maintenance organization which holds a certificate of authority under chapter 695C of NRS.
   b) Prohibit ownership by a practitioner of a building in which a pharmacy is located, if space for the pharmacy is rented at the prevailing rate.

Section 5: Publicly Traded Corporation

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Does the number of stockholders/shareholders of the corporation exceed four? NRS 639.231 ☐ Yes ☐ No

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: Delaware

Parent Company (if any): Walgreens Boots Alliance, Inc.

Corporation/Organization Name: Walgreen Co.

Mailing Address: 108 Wilmot Rd

City: Deerfield State: IL Zip: 60015

Telephone: 847-224-1348 Email: licenseadministration@walgreens.com

Contact Person Name: Kayla Lechner

Does the number of stockholders/shareholders of the corporation or members exceed four? NRS 639.231 ☐ Yes ☒ No

Section 7: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Please check type of partnership (NAC 639.214) ☐ General ☐ Limited

Does the number of partners or members of the partnership exceed four? NRS 639.231 ☐ Yes ☐ No

Section 8: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Richard Gates

Print Name of Authorized Person Submitting Application (If the applicant is a partnership or corporation, the application must be signed by a partner or by an officer of the corporation). NAC 639.215

Richard Gates

Original signature of Authorized Person (copies or stamps not accepted)

08 / 26 / 2025

Date

Board Use Only	Date Received: 9/22/25	Amount: $500 CK JP03 3000111129

Section 11: Managing Pharmacist Acknowledgement, Professional/Personal History – REQUIRED TO BE COMPLETED BY THE MANAGING PHARMACIST FOR NEVADA LOCATED PHARMACY APPLICANTS ONLY

Managing Pharmacist Name: DAISY ZHANG Pharmacist Registration #: 20903

Pharmacy Name: WALGREENS #04856

Initial each statement below to indicate you have read and agree with the following:

D.Z. I understand that as the managing pharmacist I am responsible for compliance by the pharmacy and its personnel with all state and federal laws and regulations relating to the operation of the pharmacy and the practice of pharmacy. I understand my license can be revoked or that I can be subject of disciplinary action if such laws or regulations are knowingly violated in the pharmacy in which I am the managing pharmacist.

D.Z. I understand within 48 hours after I report for duty as the managing pharmacist, I shall complete an inventory of all controlled substances of the pharmacy pursuant to 21 CFR Part 1304 and maintain a copy of the inventory in the file at the pharmacy.

D.Z. I understand that if I cease to be managing pharmacist of the above-named pharmacy, I will jointly, with the new managing pharmacist, take an inventory of all controlled substances.

D.Z. I understand that as the managing pharmacist I must ensure that all loss or theft of controlled substances are reported on forms provided by the Nevada State Board of Pharmacy and Department of Public Safety within 10 days after the date of discovery of theft or loss. NRS 453.568. Federal regulations require that registrants notify the Field Division Office of the Administration in his area, in writing, of the theft or significant loss of any controlled substance, disposal receptacles or listed chemicals within one business day of discovery of such loss or theft. The registrant shall also complete and submit to the Field Division Office in his area, DEA Form 106 regarding the loss or theft (21 C.F.R. §1301.76(b) and 21 U.S.C. §830(b)(1)(C)).

D.Z. I understand that as the managing pharmacist I must notify the Nevada State Board of Pharmacy of all employment changes of pharmacy staff within 10 days of the change. NAC 639.540

Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?	☐	☑
2. Have you been charged, arrested, or convicted of a felony or misdemeanor in any state?	☐	☑
3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state?	☐	☑
4. Has your license been subjected to any discipline for violation of pharmacy or drug laws in any state?	☐	☑

If you marked YES to any questions above, include the following information and provide a signed statement of explanation. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Board Administrative Action:	State:	Date:	Case #:

Criminal Action:	State:	Date:	Case #:	County:	Court:

I certify under penalty of perjury that the information I have provided on this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

DAISY ZHANG

Original signature of Managing Pharmacist (copies or stamps not accepted)

08 / 05 / 2025

Date

Section 9: Statement of Responsibility - MUST BE COMPLETED by an Authorized Person (NAC 639.945)

Statement of Responsibility

1. I am the Vice President (title) for Walgreen Co. (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be responsible for any violations of pharmacy law that may occur in the Pharmacy owned by such owner(s), shareholder(s), member(s), or partner(s).
3. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against the Pharmacy.
4. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) cannot require or permit the pharmacist(s) in said Pharmacy to violate any provision of local, state, or federal laws or regulations pertaining to the practice of pharmacy.
5. I further understand and acknowledge that Nevada law requires that each pharmacy located inside the State of Nevada employ only pharmacists, intern pharmacists, pharmaceutical technicians, and technicians in training that are licensed by the Nevada State Board of Pharmacy. (NRS 639.100).
6. I further understand and acknowledge that Nevada law requires that each pharmacy located outside the State of Nevada engaged in providing pharmacy services into Nevada employs at least one pharmacist licensed by the Nevada State Board of Pharmacy who will be responsible for any prescription dispensed to a patient located in Nevada and responsible for any acts or omissions of pharmacy personnel who are not registered with the Board. (NRS 639.2328).

Richard Gates

Print Name of Authorized Person

Richard Gates

Original signature of Authorized Person (copies or stamps not accepted)

08 / 26 / 2025

Date

Section 10: Affidavit for Pharmacies- MUST BE COMPLETED by pharmacies NOT CURRENTLY PERFORMING Sterile Compounding

Affidavit for Pharmacy License

I, Richard Gates hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

1. I am the Vice President (title) for Walgreen Co. (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I certify that upon licensure, the Pharmacy will not perform sterile compounding or ship sterile compounds into Nevada.
3. I understand and acknowledge that the Pharmacy and any of its staff members may be subject to discipline by the Board if the Pharmacy performs sterile compounding or ships any sterile compounds into Nevada without first obtaining written authorization from the Board to do so.
4. I certify that if the Pharmacy makes the decision to perform sterile compounding or to ship any sterile compounds into Nevada, the Pharmacy, through an authorized representative, will first notify the Board via a written request, and obtain written approval to perform sterile compounding or to ship any sterile compounds into Nevada.
5. I understand that if the Pharmacy seeks approval to perform sterile compounding or to ship any sterile compounds into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

FURTHER YOUR AFFIANT SAYETH NAUGHT.

Signature

SUBSCRIBED AND SWORN TO
Before me, a notary public this 20th day of August, 20 25

Zeljka Borosa-Rajcevic
Notary Public

OFFICIAL SEAL
ZELJKA BOROSA RAJCEVIC
Notary Public, State of Illinois
Commission No. 977646
My Commission Expires September 8, 2027

File Number 1084-348-1

STATE OF ILLINOIS

OFFICE OF THE SECRETARY OF STATE

To all to whom these Presents Shall Come, Greeting:

I, **Alexi Giannoulias,** *Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that*

WALGREEN CO., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON FEBRUARY 15, 1909, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE BUSINESS CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.

In Testimony Whereof, *I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this* 15TH *day of* MAY *A.D.* 2025 .

Authentication #: 2513501622 verifiable until 05/15/2026
Authenticate at: https://www.ilsos.gov

SECRETARY OF STATE

Ownership Information

Ownership & Leadership of Applicant Entity

Applicant: **Walgreen Co.**
108 Wilmot Rd., Deerfield, IL 60015

Ownership: The Applicant entity is wholly owned (100%) by Walgreens Boots Alliance, Inc.

Officers of Walgreen Co.
Michael Motz - CEO
Richard Gates - Senior Vice President, Chief Pharmacy Officer
Cherita Thomas - Secretary
Matthew Spina - CFO
Michael Handal - Licensing and Provider Enrollment Officer

Ownership & Leadership of Walgreens Boots Alliance, Inc.

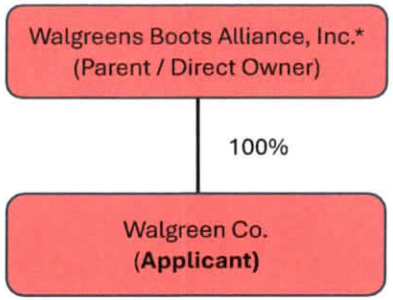
Ownership: Walgreens Boots Alliance, Inc. is wholly owned (100%) by Blazing Star Parent, LLC

Officers of Walgreens Boots Alliance, Inc.
Temporarily vacant - CEO
Mark Weisz - Sr VP, Global Tax
Manmohan Mahajan - Sr VP, Global Controller, CFO
Lanesha Minnix - Corporate Secretary

Please see the attached pre- and post-closing Corporate Organization chart for reference.

Proprietary and Confidential
Not a public record pursuant to
Section 7927.605 of the CPRA and
45 CFR Section 5.31

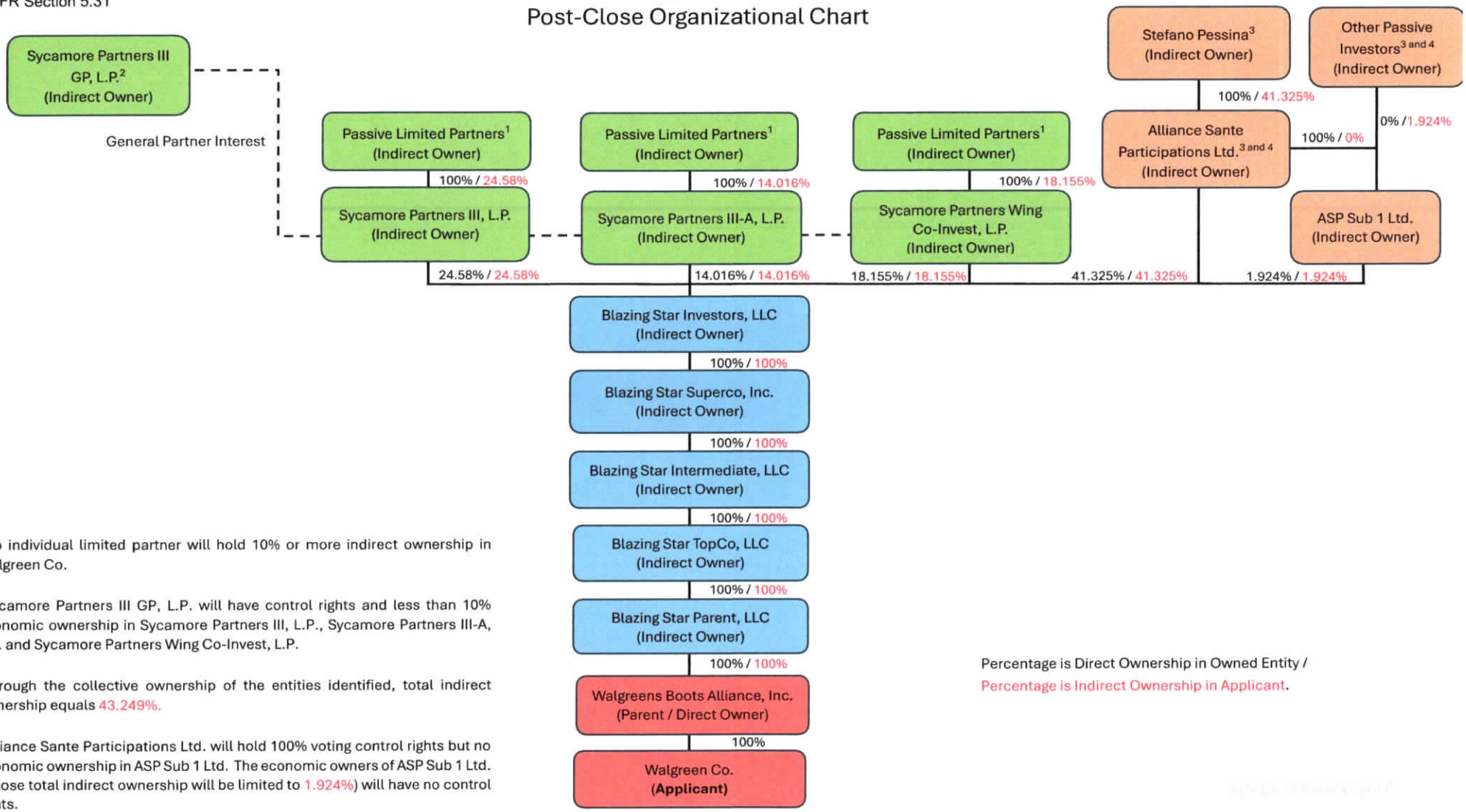
Walgreen Co.
Pre-Close Organizational Chart



Publicly Traded on Nasdaq Stock Market (WBA)

Proprietary and Confidential
Not a public record pursuant to
Section 7927.605 of the CPRA and
45 CFR Section 5.31

Walgreen Co.
Post-Close Organizational Chart



[1]No individual limited partner will hold 10% or more indirect ownership in Walgreen Co.

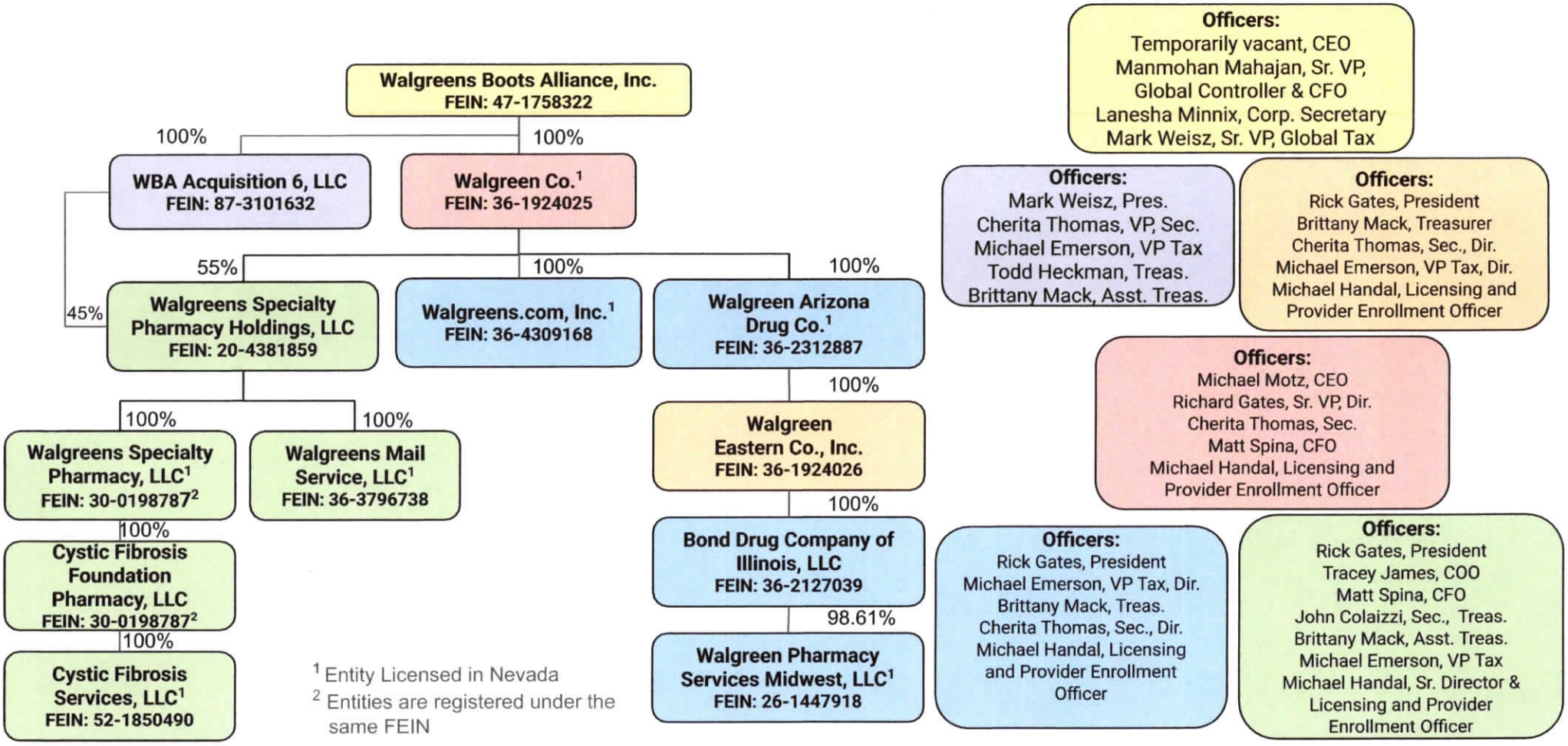
[2]Sycamore Partners III GP, L.P. will have control rights and less than 10% economic ownership in Sycamore Partners III, L.P., Sycamore Partners III-A, L.P. and Sycamore Partners Wing Co-Invest, L.P.

[3]Through the collective ownership of the entities identified, total indirect ownership equals 43.249%.

[4]Alliance Sante Participations Ltd. will hold 100% voting control rights but no economic ownership in ASP Sub 1 Ltd. The economic owners of ASP Sub 1 Ltd. (whose total indirect ownership will be limited to 1.924%) will have no control rights.

Percentage is Direct Ownership in Owned Entity /
Percentage is Indirect Ownership in Applicant.

Walgreen Co.
Post-Close Organizational Chart (cont.)



9KK

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Pharmacy Application

Non-Refundable $500.00 Fee

Rev (6/11/2024)

Facility Location	Application Type (check all applicable)	Pharmacy Type (check all applicable)	Services the Pharmacy will Provide (check all applicable)
☑ Nevada ☐ Out-of-Nevada	☐ New Pharmacy ☑ Ownership Change* ☐ Location Change * ☐ Service Modification* ☐ Name Change* (if only a Name Change occurred, submit a $50.00 fee with the application.) * Current license #: PH PH01371	☑ Retail/Community ☐ Hospital (# beds _____) ☐ Internet ☐ Nuclear ☐ Other:	☑ Retail/Community ☑ Dangerous drugs ☑ Controlled substances DEA #: BW6252667 ☐ Non-sterile Compounding ☐ Sterile Compounding ☐ Mail-Order Service ☐ Off-site Cognitive Services ☐ Long Term Care ☐ Hospital ☐ Other:

Days of Operation		Ownership Type (check applicable box)
☑ Monday	☑ Friday	☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9, 10, 11, 12)
☑ Tuesday	☑ Saturday	☑ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9, 10, 11, 12)
☑ Wednesday	☑ Sunday	☐ Partnership (complete sections 1, 2, 3, 4, 7, 9, 10, 11, 12)
☑ Thursday	☐ Holidays	☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9, 10, 11, 12)

Section 1: General Information

Pharmacy Name: WALGREENS #05014

Physical Address: 7845 W FLAMINGO RD

City: LAS VEGAS State: NV Zip: 89147-4219

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: (702)871-1905 Toll Free # (NAC 639.708, NRS 639.23286): N/A

Fax: (702)871-2604 Contact Email: rxm.05014@store.walgreens.com

Website: https://www.walgreens.com

Nevada Business License # (if applicable) NV19951143510

Supervising/Managing Pharmacist Name (NRS 639.220): KAYLA ASTUDILLO

Supervising/Managing Pharmacist NV Pharmacist Registration # (if applicable): 20609

Section 2: List the name(s) of at least one NEVADA registered pharmacist who practices at the pharmacy, who may be the managing pharmacist or another pharmacist, who will be responsible for any prescriptions dispensed to a patient located in Nevada and responsible for any acts or omissions of pharmacy personnel who are not registered with the Board. NRS 639.2328. (Use a separate piece of paper if additional space is needed.)

Name: KAYLA ASTUDILLO	NV Pharmacist Registration #: 20609
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:

Section 3: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✔
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration from any jurisdiction?		✔
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been subject of an administrative action, board citation, cite fine, or proceeding relating to the pharmaceutical industry?		✔
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✔
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✔

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name(s) of the owner(s), their credentials and their percent ownership. Write NA if not applicable. NRS 639.232. (Use a separate piece of paper if additional space is needed.)

Name: N/A	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:

1. The Board shall not issue a license to conduct a pharmacy:
   a) To any practitioner; or
   b) To any partnership, corporation, or association in which a practitioner has a controlling interest or owns more than 10 percent of the available stock.
2. This section does not:
   a) Apply to a hospital pharmacy or a health maintenance organization which holds a certificate of authority under chapter 695C of NRS.
   b) Prohibit ownership by a practitioner of a building in which a pharmacy is located, if space for the pharmacy is rented at the prevailing rate.

Section 5: Publicly Traded Corporation

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Does the number of stockholders/shareholders of the corporation exceed four? NRS 639.231 ☐ Yes ☐ No

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: Delaware

Parent Company (if any): Walgreens Boots Alliance, Inc.

Corporation/Organization Name: Walgreen Co.

Mailing Address: 108 Wilmot Rd

City: Deerfield State: IL Zip: 60015

Telephone: 847-224-1348 Email: licenseadministration@walgreens.com

Contact Person Name: Kayla Lechner

Does the number of stockholders/shareholders of the corporation or members exceed four? NRS 639.231 ☐ Yes ☒ No

Section 7: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Please check type of partnership (NAC 639.214) ☐ General ☐ Limited

Does the number of partners or members of the partnership exceed four? NRS 639.231 ☐ Yes ☐ No

Section 8: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Richard Gates

Print Name of Authorized Person Submitting Application (If the applicant is a partnership or corporation, the application must be signed by a partner or by an officer of the corporation). NAC 639.215

Richard Gates

Original signature of Authorized Person (copies or stamps not accepted)

08 / 26 / 2025

Date

Board Use Only	Date Received: 9/22/25	Amount: ~~$500~~ CK JPD3-300011129

Section 11: Managing Pharmacist Acknowledgement, Professional/Personal History – REQUIRED TO BE COMPLETED BY THE MANAGING PHARMACIST FOR NEVADA LOCATED PHARMACY APPLICANTS ONLY

Managing Pharmacist Name: KAYLA ASTUDILLO Pharmacist Registration #: 20609

Pharmacy Name: WALGREENS #05014

Initial each statement below to indicate you have read and agree with the following:

K.A. I understand that as the managing pharmacist I am responsible for compliance by the pharmacy and its personnel with all state and federal laws and regulations relating to the operation of the pharmacy and the practice of pharmacy. I understand my license can be revoked or that I can be subject of disciplinary action if such laws or regulations are knowingly violated in the pharmacy in which I am the managing pharmacist.

K.A. I understand within 48 hours after I report for duty as the managing pharmacist, I shall complete an inventory of all controlled substances of the pharmacy pursuant to 21 CFR Part 1304 and maintain a copy of the inventory in the file at the pharmacy.

K.A. I understand that if I cease to be managing pharmacist of the above-named pharmacy, I will jointly, with the new managing pharmacist, take an inventory of all controlled substances.

K.A. I understand that as the managing pharmacist I must ensure that all loss or theft of controlled substances are reported on forms provided by the Nevada State Board of Pharmacy and Department of Public Safety within 10 days after the date of discovery of theft or loss. NRS 453.568. Federal regulations require that registrants notify the Field Division Office of the Administration in his area, in writing, of the theft or significant loss of any controlled substance, disposal receptacles or listed chemicals within one business day of discovery of such loss or theft. The registrant shall also complete and submit to the Field Division Office in his area, DEA Form 106 regarding the loss or theft (21 C.F.R. §1301.76(b) and 21 U.S.C. §830(b)(1)(C)).

K.A. I understand that as the managing pharmacist I must notify the Nevada State Board of Pharmacy of all employment changes of pharmacy staff within 10 days of the change. NAC 639.540

Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?	☐	☑
2. Have you been charged, arrested, or convicted of a felony or misdemeanor in any state?	☐	☑
3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state?	☐	☑
4. Has your license been subjected to any discipline for violation of pharmacy or drug laws in any state?	☐	☑

If you marked YES to any questions above, include the following information and provide a signed statement of explanation. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Board Administrative Action:	State:	Date:	Case #:

Criminal Action:	State:	Date:	Case #:	County:	Court:

I certify under penalty of perjury that the information I have provided on this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

KAYLA ASTUDILLO

Original signature of Managing Pharmacist (copies or stamps not accepted)

08 / 05 / 2025

Date

Section 9: Statement of Responsibility - MUST BE COMPLETED by an Authorized Person (NAC 639.945)

Statement of Responsibility

1. I am the Vice President (title) for Walgreen Co. (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be responsible for any violations of pharmacy law that may occur in the Pharmacy owned by such owner(s), shareholder(s), member(s), or partner(s).
3. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against the Pharmacy.
4. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) cannot require or permit the pharmacist(s) in said Pharmacy to violate any provision of local, state, or federal laws or regulations pertaining to the practice of pharmacy.
5. I further understand and acknowledge that Nevada law requires that each pharmacy located inside the State of Nevada employ only pharmacists, intern pharmacists, pharmaceutical technicians, and technicians in training that are licensed by the Nevada State Board of Pharmacy. (NRS 639.100).
6. I further understand and acknowledge that Nevada law requires that each pharmacy located outside the State of Nevada engaged in providing pharmacy services into Nevada employs at least one pharmacist licensed by the Nevada State Board of Pharmacy who will be responsible for any prescription dispensed to a patient located in Nevada and responsible for any acts or omissions of pharmacy personnel who are not registered with the Board. (NRS 639.2328).

Richard Gates

Print Name of Authorized Person

Richard Gates

Original signature of Authorized Person (copies or stamps not accepted)

08 / 26 / 2025

Date

Section 10: Affidavit for Pharmacies- MUST BE COMPLETED by pharmacies NOT CURRENTLY PERFORMING Sterile Compounding

Affidavit for Pharmacy License

I, Richard Gates hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

1. I am the Vice President (title) for Walgreen Co. (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I certify that upon licensure, the Pharmacy will not perform sterile compounding or ship sterile compounds into Nevada.
3. I understand and acknowledge that the Pharmacy and any of its staff members may be subject to discipline by the Board if the Pharmacy performs sterile compounding or ships any sterile compounds into Nevada without first obtaining written authorization from the Board to do so.
4. I certify that if the Pharmacy makes the decision to perform sterile compounding or to ship any sterile compounds into Nevada, the Pharmacy, through an authorized representative, will first notify the Board via a written request, and obtain written approval to perform sterile compounding or to ship any sterile compounds into Nevada.
5. I understand that if the Pharmacy seeks approval to perform sterile compounding or to ship any sterile compounds into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

FURTHER YOUR AFFIANT SAYETH NAUGHT.

Signature

SUBSCRIBED AND SWORN TO
Before me, a notary public this 20th day of August, 2025

Zeljka Borosa-Rajcevic
Notary Public

OFFICIAL SEAL
ZELJKA BOROSA RAJCEVIC
Notary Public, State of Illinois
Commission No. 977646
My Commission Expires September 8, 2027

CONFIDENTIAL/EXEMPT FROM
FREEDOM OF INFORMATION ACT AND
SIMILAR STATE REQUESTS

Ownership Information

Ownership & Leadership of Applicant Entity

Applicant: **Walgreen Co.**
108 Wilmot Rd., Deerfield, IL 60015

Ownership: The Applicant entity is wholly owned (100%) by Walgreens Boots Alliance, Inc.

Officers of Walgreen Co.
Michael Motz - CEO
Richard Gates - Senior Vice President, Chief Pharmacy Officer
Cherita Thomas - Secretary
Matthew Spina - CFO
Michael Handal - Licensing and Provider Enrollment Officer

Ownership & Leadership of Walgreens Boots Alliance, Inc.

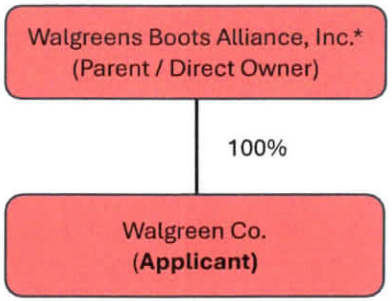
Ownership: Walgreens Boots Alliance, Inc. is wholly owned (100%) by Blazing Star Parent, LLC

Officers of Walgreens Boots Alliance, Inc.
Temporarily vacant - CEO
Mark Weisz - Sr VP, Global Tax
Manmohan Mahajan - Sr VP, Global Controller, CFO
Lanesha Minnix - Corporate Secretary

Please see the attached pre- and post-closing Corporate Organization chart for reference.

Proprietary and Confidential
Not a public record pursuant to
Section 7927.605 of the CPRA and
45 CFR Section 5.31

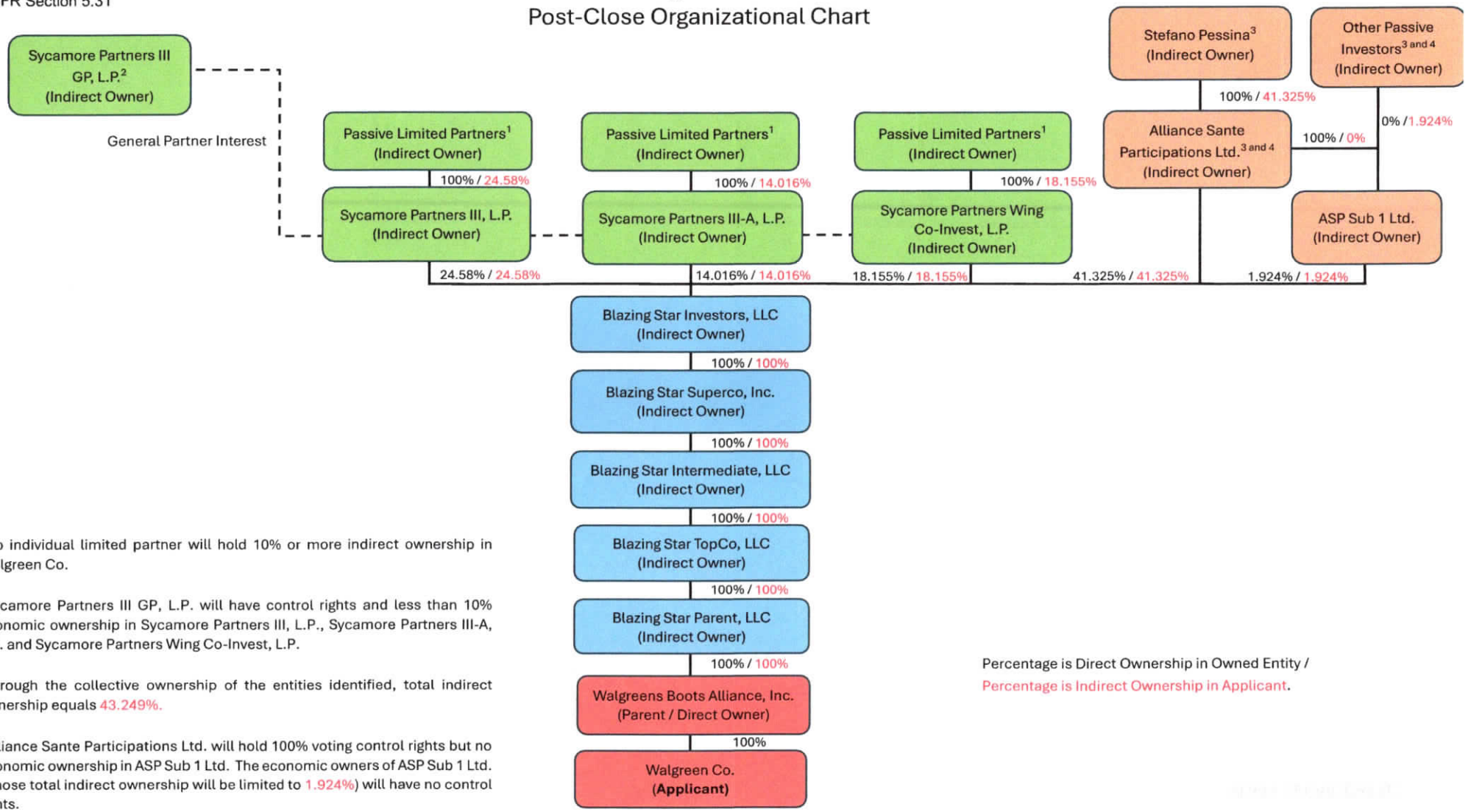
Walgreen Co.
Pre-Close Organizational Chart



Publicly Traded on Nasdaq Stock Market (WBA)

Proprietary and Confidential
Not a public record pursuant to
Section 7927.605 of the CPRA and
45 CFR Section 5.31

Walgreen Co.
Post-Close Organizational Chart



[1]No individual limited partner will hold 10% or more indirect ownership in Walgreen Co.

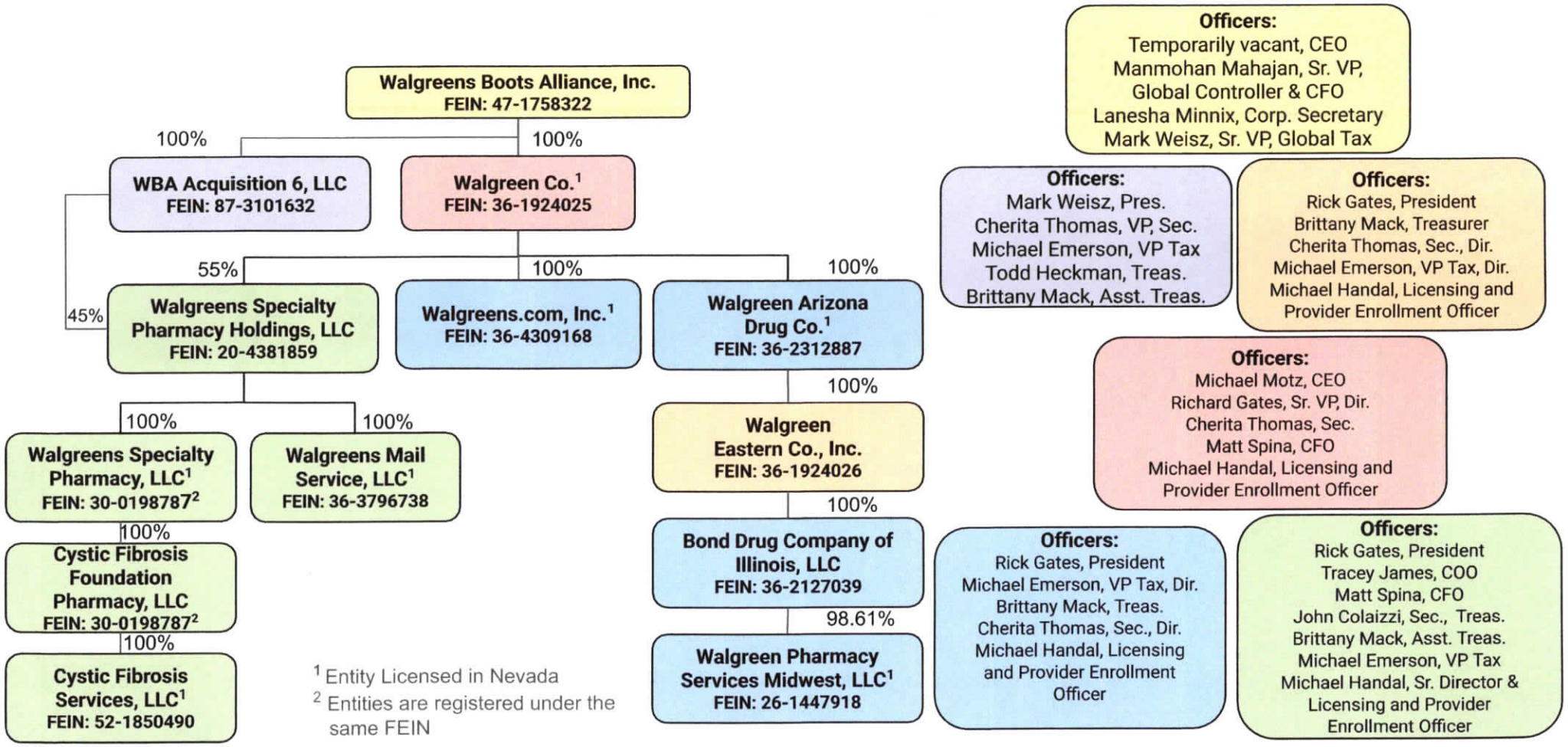
[2]Sycamore Partners III GP, L.P. will have control rights and less than 10% economic ownership in Sycamore Partners III, L.P., Sycamore Partners III-A, L.P. and Sycamore Partners Wing Co-Invest, L.P.

[3]Through the collective ownership of the entities identified, total indirect ownership equals 43.249%.

[4]Alliance Sante Participations Ltd. will hold 100% voting control rights but no economic ownership in ASP Sub 1 Ltd. The economic owners of ASP Sub 1 Ltd. (whose total indirect ownership will be limited to 1.924%) will have no control rights.

Percentage is Direct Ownership in Owned Entity /
Percentage is Indirect Ownership in Applicant.

Walgreen Co.
Post-Close Organizational Chart (cont.)



File Number 1084-348-1

STATE OF ILLINOIS

OFFICE OF THE SECRETARY OF STATE

To all to whom these Presents Shall Come, Greeting:

I, **Alexi Giannoulias,** *Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that*

WALGREEN CO., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON FEBRUARY 15, 1909, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE BUSINESS CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.

In Testimony Whereof, *I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this* 15TH *day of* MAY *A.D.* 2025 .

Authentication #: 2513501622 verifiable until 05/15/2026
Authenticate at: https://www.ilsos.gov

Alexi Giannoulias
SECRETARY OF STATE

9LL

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Pharmacy Application

Non-Refundable $500.00 Fee

Rev (6/11/2024)

Facility Location	Application Type (check all applicable)	Pharmacy Type (check all applicable)	Services the Pharmacy will Provide (check all applicable)
■ Nevada	☐ New Pharmacy	■ Retail/Community	■ Retail/Community
☐ Out-of-Nevada	■ Ownership Change*	☐ Hospital (# beds _____)	■ Dangerous drugs
	☐ Location Change *	☐ Internet	■ Controlled substances
	☐ Service Modification*	☐ Nuclear	DEA #: BW6160561
	☐ Name Change* (if only a Name Change occurred, submit a $50.00 fee with the application.)	☐ Other:	☐ Non-sterile Compounding
			☐ Sterile Compounding
			☐ Mail-Order Service
			☐ Off-site Cognitive Services
			☐ Long Term Care
	* Current license #: PH PH01309		☐ Hospital
			☐ Other:

Days of Operation		Ownership Type (check applicable box)
■ Monday	■ Friday	☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9, 10, 11, 12)
■ Tuesday	■ Saturday	■ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9, 10, 11, 12)
■ Wednesday	■ Sunday	☐ Partnership (complete sections 1, 2, 3, 4, 7, 9, 10, 11, 12)
■ Thursday	☐ Holidays	☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9, 10, 11, 12)

Section 1: General Information

Pharmacy Name: WALGREENS #05015

Physical Address: 9305 S EASTERN AVE

City: LAS VEGAS State: NV Zip: 89123-6837

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: (702)914-9797 Toll Free # (NAC 639.708, NRS 639.23286): N/A

Fax: (702)914-9747 Contact Email: rxm.05015@store.walgreens.com

Website: https://www.walgreens.com

Nevada Business License # (if applicable) NV19951143510

Supervising/Managing Pharmacist Name (NRS 639.220): DAVID SIDOR

Supervising/Managing Pharmacist NV Pharmacist Registration # (if applicable): 11282

Section 2: List the name(s) of at least one NEVADA registered pharmacist who practices at the pharmacy, who may be the managing pharmacist or another pharmacist, who will be responsible for any prescriptions dispensed to a patient located in Nevada and responsible for any acts or omissions of pharmacy personnel who are not registered with the Board. NRS 639.2328. (Use a separate piece of paper if additional space is needed.)

Name: DAVID SIDOR	NV Pharmacist Registration #: 11282
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:

Section 3: History of Company	**Yes**	**No**
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✓
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration from any jurisdiction?		✓
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been subject of an administrative action, board citation, cite fine, or proceeding relating to the pharmaceutical industry?	✓	
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✓
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✓

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name(s) of the owner(s), their credentials and their percent ownership. Write NA if not applicable. NRS 639.232. (Use a separate piece of paper if additional space is needed.)

Name: N/A	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:

1. The Board shall not issue a license to conduct a pharmacy:
   a) To any practitioner; or
   b) To any partnership, corporation, or association in which a practitioner has a controlling interest or owns more than 10 percent of the available stock.
2. This section does not:
   a) Apply to a hospital pharmacy or a health maintenance organization which holds a certificate of authority under chapter 695C of NRS.
   b) Prohibit ownership by a practitioner of a building in which a pharmacy is located, if space for the pharmacy is rented at the prevailing rate.

Section 5: Publicly Traded Corporation

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Does the number of stockholders/shareholders of the corporation exceed four? NRS 639.231 ☐ Yes ☐ No

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: Delaware

Parent Company (if any): Walgreens Boots Alliance, Inc.

Corporation/Organization Name: Walgreen Co.

Mailing Address: 108 Wilmot Rd

City: Deerfield State: IL Zip: 60015

Telephone: 847-224-1348 Email: licenseadministration@walgreens.com

Contact Person Name: Kayla Lechner

Does the number of stockholders/shareholders of the corporation or members exceed four? NRS 639.231 ☐ Yes ☒ No

Section 7: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Please check type of partnership (NAC 639.214) ☐ General ☐ Limited

Does the number of partners or members of the partnership exceed four? NRS 639.231 ☐ Yes ☐ No

Section 8: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Richard Gates

Print Name of Authorized Person Submitting Application (If the applicant is a partnership or corporation, the application must be signed by a partner or by an officer of the corporation). NAC 639.215

Richard Gates

Original signature of Authorized Person (copies or stamps not accepted)

08 / 26 / 2025

Date

Board Use Only	Date Received: 9/22/25	Amount: $500 CK JP03-3000111129

Section 11: Managing Pharmacist Acknowledgement, Professional/Personal History – REQUIRED TO BE COMPLETED BY THE MANAGING PHARMACIST FOR NEVADA LOCATED PHARMACY APPLICANTS ONLY

Managing Pharmacist Name: DAVID SIDOR Pharmacist Registration #: 11282

Pharmacy Name: WALGREENS #05015

Initial each statement below to indicate you have read and agree with the following:

D.S. I understand that as the managing pharmacist I am responsible for compliance by the pharmacy and its personnel with all state and federal laws and regulations relating to the operation of the pharmacy and the practice of pharmacy. I understand my license can be revoked or that I can be subject of disciplinary action if such laws or regulations are knowingly violated in the pharmacy in which I am the managing pharmacist.

D.S. I understand within 48 hours after I report for duty as the managing pharmacist, I shall complete an inventory of all controlled substances of the pharmacy pursuant to 21 CFR Part 1304 and maintain a copy of the inventory in the file at the pharmacy.

D.S. I understand that if I cease to be managing pharmacist of the above-named pharmacy, I will jointly, with the new managing pharmacist, take an inventory of all controlled substances.

D.S. I understand that as the managing pharmacist I must ensure that all loss or theft of controlled substances are reported on forms provided by the Nevada State Board of Pharmacy and Department of Public Safety within 10 days after the date of discovery of theft or loss. NRS 453.568. Federal regulations require that registrants notify the Field Division Office of the Administration in his area, in writing, of the theft or significant loss of any controlled substance, disposal receptacles or listed chemicals within one business day of discovery of such loss or theft. The registrant shall also complete and submit to the Field Division Office in his area, DEA Form 106 regarding the loss or theft (21 C.F.R. §1301.76(b) and 21 U.S.C. §830(b)(1)(C)).

D.S. I understand that as the managing pharmacist I must notify the Nevada State Board of Pharmacy of all employment changes of pharmacy staff within 10 days of the change. NAC 639.540

Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?	☐	☑
2. Have you been charged, arrested, or convicted of a felony or misdemeanor in any state?	☐	☑
3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state?	☑	☐
4. Has your license been subjected to any discipline for violation of pharmacy or drug laws in any state?	☐	☑

If you marked YES to any questions above, include the following information and provide a signed statement of explanation. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Board Administrative Action:	State:	Date:	Case #:

Criminal Action:	State:	Date:	Case #:	County:	Court:

I certify under penalty of perjury that the information I have provided on this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

DAVID SIDOR

Original signature of Managing Pharmacist (copies or stamps not accepted)

08 / 06 / 2025

Date

Document Ref: NCBAB-QWOIG-DHSM6-RHJU6

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

DAVID J. SIDOR, R.Ph.
Certificate of Registration No. 11282,

WALGREENS PHARMACY #03871,
Certificate of Registration No. PH1080,

Respondents.

FINDINGS OF FACT, CONCLUSIONS OF LAW, AND ORDER

Case No. 98-027A-RPH-S

Case No. 98-027B-PH-S

THIS MATTER was heard by the Nevada State Board of Pharmacy (hereinafter Board) at its regular meeting on July 29, 1998, in Las Vegas. The Board was represented by Louis Ling, Deputy Attorney General, Respondent David J. Sidor appeared and represented himself, and Respondent Walgreens Pharmacy #03871 appeared and was represented by George Flaherty. Based on Respondents' admissions and testimony and documents presented as well as the public records in the possession and control of the Board, the Board issues the following Findings of Fact, Conclusions of Law, and Order:

FINDINGS OF FACT

1. Staff presented the testimony of Fred Ackerman and two exhibits which were accepted into evidence. Respondent Sidor and Walgreens Pharmacy #03871 (Walgreens) testified. Based upon the admissions and testimony at hearing, the following are found to be the facts of this case.

2. On March 30, 1998, a patient took a prescription for Lamisil, prescribed by

her physician for a fingernail fungus, to the drive-through window of Walgreens. The prescription was filled by Mr. Sidor.

3. The patient took the medication in the prescription filled by Mr. Sidor for 21 days. The patient complained of experiencing nightmares, terrible headaches, and a general feeling of not being well. She telephoned Walgreens to inquire what kind of side effects she should experience by taking Lamisil. At this time, she was informed that she had been given the wrong medication because instead of Lamisil, she was given Lamictal, an anti-seizure medication.

4. Walgreens counseling log did not contain the patients' signature indicating whether she had or had not been counseled. Instead, the initials "DT" were on the counseling log, denoting that the prescription had been picked up at the drive-through window.

5. In his Answer and Notice of Defense and at hearing, Mr. Sidor conceded that he had committed the filling error and that Lamictal had been dispensed incorrectly instead of Lamisil.

6. Because of the unavailability of the complainant, the second cause of action that charged Mr. Sidor and Walgreens with failure to counsel the patient, was dismissed. Nonetheless, Walgreens' policies regarding patient counseling were explored during the hearing. While the policies appeared to be proper, there did seem to be some lapses in the implementation of the policies. In particular, the Prescription Claim Log, which Walgreens also uses as its counseling log, showed an entire page in which the blanks for whether a patient had accepted or refused counseling and for the pharmacist's or pharmacy technician's initials were not filled in at all. The evidence at hearing showed that many pages of the counseling log were similarly left blank. Furthermore, Mr. Sidor and Mr. Flaherty conceded at hearing that counseling likely did not take place regarding the prescription involved in this matter because the

Lamisil/Lamictal error was so obvious that had any counseling occurred, the error would have been discovered.

CONCLUSIONS OF LAW

1. The Nevada State Board of Pharmacy has jurisdiction over this matter because Respondent Walgreens is a pharmacy registered with the Board and Respondent Sidor is a pharmacist licensed by the Board.

2. In incorrectly filling a Lamisil prescription with Lamictal, Mr. Sidor violated Nevada Revised Statutes (NRS) 639.210(4) and Nevada Administrative Code (NAC) 639.945(1)(d) and (i).

3. In employing Mr. Sidor, who incorrectly dispensed the Lamisil prescription, Walgreens violated NRS 639.210(4) and 639.945(1)(i) and (2).

ORDER

Based upon the foregoing, the Board hereby orders the following:

1. Respondent Sidor shall pay a fine of $150.00 in cash, cashier's or certified check, or money order made payable to "State of Nevada, Office of the Treasurer" to be received by the Board's Reno office within 30 days of the effective date of this Order.

2. Respondent Walgreens shall pay to the Board its costs of $104.50 and its administrative costs of $100.00, for a total of $204.50 in cash, money order, or cashier's or certified check made payable to "Nevada State Board of Pharmacy" that must be received by the Board office within 30 days of the effective date of this Order.

3. Within 10 days of the effective date of this Order, an inspector or investigator for the Board shall visit Walgreens #03871 to assure that every patient for whom counseling is legally required is receiving counseling and that the counseling log is being fully and correctly used. Furthermore, Walgreens shall issue a written statement (in the form of a letter, memorandum, or other form as it deems appropriate) to all of its

managing pharmacists employed in Nevada explaining Walgreens' procedures and Nevada's legal requirements regarding patient counseling and documenting of the counseling, and the managing pharmacists shall assure that all of their pharmacists have read and are aware of the written statement. Walgreens shall provide evidence to the Board's Reno office within 30 days of the effective date of this order that it has notified its managing pharmacists as required in this paragraph.

4. The failure by any Respondent to comply with any term in this order shall result in a fine of $1,000 per day for every day that the term is not complied with, up to a maximum of $30,000, and will also result in further discipline, up to and including revocation of the Respondent's license.

Signed and effective this 28th day of August, 1998.

Larry L. Pinson, President
Nevada State Board of Pharmacy

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

NOTICE OF INTENDED ACTION AND ACCUSATION

DAVID J. SIDOR, R.PH,
Certificate of Registration No. 11282,

Case No. 98-027A-RPH-S

WALGREENS PHARMACY #03871,
Certificate of Registration No. PH1080;

Case No. 98-027B-PH-S

Respondents.

COMES NOW Keith W. Macdonald, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, and makes the following that will serve as both a notice of intended action under Nevada Revised Statutes (NRS) 233B.127(3) and as an accusation under NRS 639.241.

I.

The Nevada State Board of Pharmacy has jurisdiction over this matter and these Respondents for the following reasons:

A. Respondent David J. Sidor, is a registered pharmacist with the Board (Certificate of Registration Number 11282).

B. Respondent Walgreens Pharmacy (Walgreens #03871) is a registered pharmacy with the Board (Certificate of Registration Number PH1080), located at 1701 Green Valley Parkway, Henderson, Nevada.

II.

On or about March 30, 1998 Patient L took a prescription for Lamisil, prescribed by her physician for a fingernail fungus, to the drive through window of Walgreens #03871. The prescription was filled by Respondent Sidor.

III.

Patient L began taking the medication when she arrived home and continued to do so for the next 21 days. She began experiencing horrible nightmares, terrible headaches and in general was not feeling well. Patient L telephoned Walgreens #03871 to inquire what kind of side effects she should experience by taking Lamisil. At this time she was informed she had the wrong medication. Her prescription for Lamisil was filled with Lamictal, which is a seizure medication.

IV.

The counseling log does not contain Patient L's signature for having been counseled upon receiving a new prescription. Instead the initials "DT" were in its place; Respondent Sidor explained to Board investigator that "DT" stood for "Drive Through" and admitted that Patient L was not counseled.

FIRST CAUSE OF ACTION

V.

In incorrectly labeling and dispensing a prescription drug, Respondent Sidor violated Nevada revised Statutes (NRS) 639.210(4) and Nevada Administrative Code (NAC) 639.945 (1) (d) and (l).

SECOND CAUSE OF ACTION

VI.

In failing to counsel, Respondents Sidor and Walgreen's #3871 violated NRS 639.210(4) and 639.266 and NAC 639.707(1)(a) and 639.945(1)(i).

SECOND CAUSE OF ACTION

VII.

In owning and operating the pharmacy in which the above acts and violations occurred, Respondent Walgreens #03871 violated NRS 639.210(4) and NAC 639.702 and 639.945 (1) (i) and (2).

WHEREFORE it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to the certificates of registration of the Respondents.

Signed this 29th day of June, 1998.

Keith W. Macdonald

Keith W. Macdonald, Executive Secretary
Nevada State Board of Pharmacy

NOTICE TO RESPONDENT

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements regarding your certificate of registration. To do so, you must mail to the Board within 15 days of your receipt of this Notice of Intended Action and Accusation a written statement showing your compliance.

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

WALGREEN CO.,
An Illinois Corporation,

WALGREENS PHARMACY #03843,
Certificate of Registration #PH01062,

CARL M. HEUER, R.Ph.,
Certificate of Registration #13810,

WALGREENS PHARMACY #03844,
Certificate of Registration #PH01123,

PETER A. RISO, JR., R.Ph.,
Certificate of Registration #15162,

PETER M. KAMBISS, R.Ph.,
Certificate of Registration #10601,

JOHN M. QUINN, P.T.,
Certificate of Registration #PT03749

WALGREENS PHARMACY #03871,
Certificate of Registration #PH01080,

JONATHAN C. BOX, R.Ph.,
Certificate of Registration #15055,

WALGREENS PHARMACY #03872,
Certificate of Registration #PH01282,

MICHAEL A. TRIOLO, R.Ph.,
Certificate of Registration #13675,

WALGREENS PHARMACY #03873,
Certificate of Registration #PH01125,

SCOTT L. TRINH, R.Ph.,
Certificate of Registration #14360,

REVISED FINDINGS OF FACT CONCLUSIONS OF LAW AND ORDER

Case No. 02-073-PH-S

Case No. 02-065-PH-S

Case No. 02-065-RPH-S

Case No. 02-047-PH-S

Case No. 02-047A-RPH-S

Case No. 02-047B-RPH-S

Case No. 02-047C-PT-S

Case No. 02-038-PH-S

Case No. 02-038-RPH-S

Case No. 02-062-PH-S

Case No. 02-062-RPH-S

Case No. 02-060-PH-S

Case No. 02-060-RPH-S

WALGREENS PHARMACY #04197, Certificate of Registration #PH01142,	**Case No. 02-050-PH-S**
ROBIN M. BONGA, R.Ph., Certificate of Registration #15598,	**Case No. 02-050-RPH-S**
WALGREENS PHARMACY #05014, Certificate of Registration #PH01371,	**Case No. 02-032-PH-S**
MICHELE L. ITO, R.Ph., Certificate of Registration #15357,	**Case No. 02-032-RPH-S**
WALGREENS PHARMACY #05015, Certificate of Registration #PH01309,	**Case No. 02-031-PH-S**
JESSICA NGUYEN, R.Ph Certificate of Registration #15397,	**Case No. 02-031-RPH-S**
WALGREENS PHARMACY #06310, Certificate of Registration #PH01549,	**Case No. 02-019-PH-S**
STEPHEN C. LESSARD, R.Ph Certificate of Registration #13632,	**Case No. 02-019-RPH-S**
Respondents.	

THIS MATTER was heard by the Board at its regular meeting on July 24, 2002, in Las Vegas, Nevada. The Board was represented by Louis Ling, General Counsel to the Board. All of the Respondent Walgreen's pharmacies, Walgreens Co., and Respondents Carl M. Heuer, Peter A. Riso, Jr., Peter M. Kambiss, Jonathan C. Box, Scott L. Trinh, Robin M. Bonga, Michele L. Ito, and Stephen C. Lessard were represented by Graham, Wilde, Harker & Boggess and Robert C. Graham. Respondent Jessica Nguyen was represented by Thomas J. Tanksley. Respondent Michael Triolo was represented by Kathleen A. Murphy. Respondent John M. Quinn appeared and represented himself.

Prior to the hearing, Mr. Ling and Mr. Graham stipulated to bifurcate the matter involving Walgreen's Pharmacy #03843 and Carl M. Heuer (Case No. 02-065) from the remaining matters. Mr. Ling and Mr. Graham further agreed that Case No. 02-065

would be heard at the Board's regular meeting on October 16, 2002 in Las Vegas. The Board accepted the stipulation proposed by Mr. Ling and Mr. Graham and ordered that Case No. 02-065 be heard separately on October 16, 2002.

As a result of the stipulation to bifurcate approved by the Board, the Board heard the remaining matters at its hearing on July 24, 2002. Based upon the testimony and evidence presented and the public records in the possession of the Board, the Board issues the following findings of fact, conclusions of law, and order resolving as a final order all matters except Case No. 02-065.

FINDINGS OF FACT

1. The Board and the various Respondents' counsels presented the testimony of numerous witnesses and introduced several exhibits into evidence. Because the testimonies of most of the witnesses served primarily for individual matters and for the sake of administrative convenience, the Board will state the facts for each matter on a matter-by-matter basis.

Walgreens #3871 & Jonathan Box (Case No. 02-038)

2. Counsel for Walgreens and Mr. Box and the General Counsel agreed that the facts as plead in the Notice of Intended Action and Accusation were true and correct regarding this matter. The General Counsel stated that the complainant in this matter was unavailable for medical reasons, but because of the agreement reached between the parties, his testimony would be unnecessary. Counsel for Walgreens and Mr. Box presented the testimony of Mr. Box.

3. On January 7, 2002, Patient M's physician prescribed Singulair 5mg. tablets for him to help with his breathing difficulty. Patient M's physician telephoned the prescription to Walgreen's #03871 to be filled. Patient M is a five-year-old male with an asthmatic condition.

4. Patient M took the medication for four days before telling his father that the "medicine tasted funny." Patient M's father checked the prescription bottle and it was labeled correctly. Upon closer observation Patient M's father found that the label had been placed on a stock bottle of Proscar 5 mg. tablets. After checking the tablets in the Proscar stock bottle it was determined that the medication was not Singulair as prescribed, but Proscar tablets.

5. Mr. Box was the pharmacist who filled Patient M's prescription. Mr. Box stated that he doubted that he had counseled Ms. M when she picked up the prescription for Patient M as he believed Patient M had taken Singulair in the past. The counseling log was inconclusive as there were no initials on the log. At hearing, Mr. Box stated that he could not explain how he had mistakenly filled a Singulair prescription with Proscar 5 mg.

Walgreens #05014 & Michelle Ito (Case No. 02-032)

6. Board staff presented the testimony of Aubrey Alexander. According to Ms. Alexander, on February 6, 2002, she took two new prescriptions from her physician to Walgreen's #05014 to be filled. One prescription was for Ambien for her sleeping difficulties and the other was for Ultram for persistent pain. Ms. Alexander dropped the prescriptions off in the morning and was advised she could pick them up in the afternoon. Ms. Alexander inquired if she could use the drive-through to pick up her prescriptions and was told that she could pick them up at that location.

7. Ms. Alexander returned to Walgreen's #05014 at approximately 4:00 p.m. to pick up her medication at the drive-through window. Ms. Alexander recalls having to wait for a period of time as there were two cars ahead of her in line. When she arrived at the drive-through window, Ms. Alexander was told by a pharmacy technician that her prescriptions were not ready. Ms. Alexander asked the pharmacy technician to check again as she was told the prescriptions would be ready at 3:00 p.m. After a few minutes' wait, the pharmacy technician returned with her prescriptions. Ms. Alexander was asked if she had taken these medications before. Ms. Alexander indicated that she had taken both medications before. Other than the question asked by the pharmacy technician, Ms. Alexander was not counseled by a pharmacist on her prescriptions even though both prescriptions were new to her profile at this pharmacy.

8. While in her vehicle, Ms. Alexander took one tablet from the Ultram vial for the pain she was experiencing and left the pharmacy to run errands. After an hour had passed and her pain had not diminished, Ms. Alexander took a second tablet from the Ultram vial. After taking the second tablet Ms. Alexander began feeling disoriented and sick to her stomach. Ms. Alexander cancelled her plans to run errands, went home and fell asleep sitting up in a chair. Ms. Alexander explained at hearing that it was

extremely unusual and out of character for her to sleep in a chair. Several hours later she was awakened by her telephone ringing.

9. Ms. Alexander realized that something was wrong with the medication she had taken and reviewed the prescription bottles she picked up from Walgreens #05014 earlier in the day. After looking inside the bottles, Ms. Alexander discovered the Ambien medication was in the prescription bottle labeled Ultram and the Ultram medication was in the prescription bottle labeled Ambien.

10. The Board's investigation showed that there were two labels on each bottle. The underneath labels were for the correct medication, but the instructions for taking the medications were incomplete.

11. At hearing, Ms. Ito explained that when she was verifying prescriptions filled by the pharmaceutical technicians at Walgreens #05014 she discovered that the label for one of Ms. Alexander's prescriptions contained an incomplete direction for use, so she sent the prescriptions back to the pharmaceutical technician to have the label corrected. The two vials would have been sent back together since they were for the same patient. Ms. Ito explained that she would have checked the new labels and that she could not explain why she did not discover that the new labels had been improperly placed upon the wrong vials.

12. Ms. Ito also explained that the pharmacy's computer system showed that Ms. Alexander picked up her prescription at 4:07 p.m. Ms. Ito claimed that she was off shift at 4:00 p.m. and that she would have left precisely at 4:00 p.m. Thus, Ms. Ito claimed that she could not have been the pharmacist who failed to counsel Ms. Alexander and that the pharmacist who replaced Ms. Ito would have been responsible to counsel Ms. Alexander.

Walgreens #06310 and Stephen Lessard (Case No. 01-019)

13. Board staff presented the testimony of Rebecca Gang. According to Ms. Gang, on February 7, 2002, she took two new prescriptions from her physician to Walgreen's #06310 to be filled. One prescription was for Ambien 5mg. #20 and the other was for Synthroid 0.075mg. #90. Ms. Gang dropped the prescriptions off at approximately 9:30 a.m.

14. Ms. Gang returned to Walgreen's #06310 at approximately 12:30 p.m. to pick up her medication at the drive-through window. Ms. Gang was told by a Walgreen's pharmacy clerk that they owed her 85 pills on her prescription. Ms. Gang questioned the clerk and the clerk advised her that they had run out of Levothyroxine. Ms. Gang advised the clerk that she was taking Synthroid, not Levothyroxine, and asked to speak to the pharmacist. Ms. Gang asked the clerk to speak to the pharmacist several times, but the pharmacist did not respond to Ms. Gang's requests.

15. Ms. Gang was advised that her prescription for Synthroid would be ready in approximately 15 minutes. Ms. Gang requested her prescription for Ambien and indicated she would return later for the Synthroid prescription. Ms. Gang was not counseled for her new prescription for Ambien.

16. Ms. Gang returned to the drive-through window of Walgreen's #06310 later in the evening of February 7th to pick up her prescription for Synthroid. Ms. Gang was not counseled for her new prescription for Synthroid by the pharmacist on duty, Stephen Lessard.

17. At hearing, Mr. Lessard explained that it was Walgreens' routine and policy to substitute levothyroxine for Synthroid, even though he admitted that the two are not AB rated. Mr. Lessard explained that he did not speak to Ms. Lessard because his pharmaceutical technician relayed Ms. Gang's questions to him while he was filling Ms. Gang's Synthroid prescription. He further explained that he was on his way over to counsel Ms. Gang, but the pharmaceutical technician had already given Ms. Gang the Ambien prescription and so Ms. Gang left before he could speak with her.

Walgreens #05015 & Jessica Nguyen (Case No. 02-031)

18. Board staff presented the testimony of Robbie Ierley. Ms. Ierley testified that on February 25, 2002, she took a new prescription from her dentist for Decadron Dosepak to Walgreen's #05015 to be filled. Ms. Ierley stated that she was quite familiar with the Decadron Dosepak because it was an older medication that she had dispensed when she worked at retail pharmacies and because it was manufactured by Merck, and she was presently employed as a pharmacist by the Merck-Medco pharmacy facility in Las Vegas.

19. The pharmacy was busy and Ms. Ierley waited for approximately an hour for her prescription to be filled. When Ms. Ierley finally picked up her prescription, a clerk brought Ms. Ierley her prescription and said to her, "I know you're a pharmacist", to which Ms. Ierley replied that she was. The clerk told Ms. Ierley that her prescription would be $10.00 and concluded the transaction. Ms. Ierley was not counseled regarding her prescription even though Medrol Dosepak was new to Ms. Ierley's profile at the pharmacy.

20. When the prescription was ready Ms. Ierley noticed that her prescription had been filled with Methylpredisolone 4mg. Dosepak. Ms. Ierley is a pharmacist and knew that the strength of the drug she was given was not as strong as the drug her dentist prescribed. Ms. Ierley questioned a pharmacist on duty, Jessica Nguyen, regarding the difference in strength. Ms. Nguyen told Ms. Ierley that she did not have Decadron Dosepak and argued that the drug she was given was exactly the same as the drug her dentist prescribed. Because of the way Ms. Nguyen addressed Ms. Ierley's concerns and because Ms. Ierley could not conceive that a pharmacist would change a drug on a prescription without first contacting the prescribing practitioner, Ms. Ierley assumed Ms. Nguyen had contacted her dentist to change the medication.

21. Ms. Ierley reluctantly took the medication home and began taking the medication given to her as directed because she was in considerable dental pain. Ms. Ierley tried to contact her dentist to verify the change in medication, but she was not able to make contact with him for four days. When Ms. Ierley finally spoke with her dentist, he informed her that he had not spoken to anyone from Walgreen's #05015 and that he did not authorize a change in medication.

22. Ms. Ierley related that the lower strength Methylpredisolone Dosepak failed her treatment. Her dentist gave Ms. Ierley another prescription for Decadron Dosepak that she had filled elsewhere, and fortunately her condition improved.

23. At hearing, Ms. Nguyen testified that Walgreens #05015 was extremely busy and, in her opinion, poorly staffed. Ms. Nguyen described one of her pharmaceutical technicians as 70 years old and incapable of keeping up with the accelerated pace of Walgreens #05015. Ms. Nguyen also indicated that Walgreens' computer system had a gauge that monitored how quickly various tasks were being completed, including how

quickly prescriptions were being filled. Ms. Nguyen's understanding of the gauges were that it was her responsibility to keep any of the three gauges from "going red."

24. Ms. Nguyen also testified that the policy for counseling at Walgreens was to allow the clerk or pharmaceutical technician to ask the patient questions such as, "Would you like to speak to the pharmacist?" or "Have you taken this drug before?" Pharmacists only spoke to patients at the their request. X's or other marks would be placed on the counseling log by the clerk or pharmaceutical technician, and the pharmacist would sign next to the X or other mark at some time later.

Walgreens #04197 & Robin Bonga (Case No. 02-050)

25. Board staff presented the testimony of Darwin Albrecht. Mr. Albrecht testified that on March 27, 2002, he took a new prescription from his physician for Clomiphene Citrate 50 mg. #30 to Walgreen's #04197 to be filled. Mr. Albrecht dropped the prescription off late in the afternoon. Mr. Albrecht was aware from discussions with his physician that Clomiphene Citrate 50 mg. was an unusual drug to be prescribed for a male, and as a result of the unusual nature of the prescription, Mr. Albrecht wanted to speak with a pharmacist about the prescription.

26. Mr. Albrecht returned to Walgreen's #04197 between 7:00 and 8:00 p.m. to pick up his medication at the drive through window. He was given his new prescription by a Walgreen's pharmacy clerk, and he paid for his medication and departed through the drive through lanes.

27. Mr. Albrecht was not counseled for his prescription for Clomiphene Citrate 50 mg., even though the prescription was new to his profile and was for an unusual drug for a male.

28. At hearing, Ms. Bonga testified that she was aware that the prescription was unusual for a male patient, but she was not the pharmacist on duty at the time that Mr. Albrecht picked up the prescription. Ms. Bonga also testified that the policy for counseling at Walgreens was to allow the clerk or pharmaceutical technician to ask the patient questions such as, "Would you like to speak to the pharmacist?" or "Have you taken this drug before?" Pharmacists only spoke to patients at the patients' request. X's or other marks would sometimes be placed on the counseling log by the clerk or

pharmaceutical technician, and the pharmacist would sign next to the X or other mark at some time later.

Walgreens #03844, Peter Riso, Peter Kambiss, & John Quinn
(Case No. 02-047)

29. Board staff presented the testimony of Serena Allen. Ms. Allen testified that prior to Saturday, March 30, 2002, she was traveling in California and realized that she would be out of her maintenance medication for her heart, Inderal 10 mg. tablets, by the weekend when she planned to returned home to Las Vegas. Ms. Allen telephoned Walgreen's #03844 and spoke with managing pharmacist Peter Riso to have her Inderal prescription refilled. Mr. Riso advised Ms. Allen that her refills had run out, but he would contact her physician to get refill authorization. Mr. Riso advised Ms. Allen that if contact with her physician was not made prior to her return, she could pick up 15 tablets to hold her over for the weekend.

30. Ms. Allen returned home and went to Walgreens #03844 to pick up her Inderal on Saturday, March 30, 2002. Ms. Allen's physician had not yet called the pharmacy to approve refilling her Inderal. Ms. Allen then requested from pharmaceutical technician John Quinn the 15 tablets Mr. Riso had promised her.

31. Mr. Quinn questioned the pharmacist on duty, Peter Kambiss, if he could give Ms. Allen 15 tablets of Inderal for the weekend. Mr. Kambiss gave Mr. Quinn permission to dispense an emergency amount of Inderal until her physician contacted the pharmacy to refill her prescription. At that time, Mr. Quinn obtained a stock bottle of Inderal 10 mg. tablets and poured a quantity of tablets in his hand, counted the tablets, and placed them in Ms. Allen's prescription vial. Ms. Allen questioned why Mr. Quinn was handling her medication with his hand. Mr. Quinn replied that it was common practice and Ms. Allen did not know pharmacy law. According to Ms. Allen, Mr. Quinn was abusive and rude, and all of the conversation between Mr. Quinn and herself occurred within the sight and hearing of Mr. Kambiss. Ms. Allen left the pharmacy with the medication.

32. A few minutes later, Ms. Allen returned with her husband and a member of the store management staff. Ms. Allen asked Mr. Kambiss to replace the Inderal tablets given to her by Mr. Quinn. According to Mr. Kambiss, up to this time, he was unaware

that Mr. Quinn had handled Ms. Allen's tablets with his hands. While Mr. Kambiss was replacing the Inderal tablets, Ms. Allen and Mr. Quinn began to argue again. Unfortunately, the argument grew increasingly heated with Mr. Quinn, Ms. Allen, and Mr. Allen all speaking loudly. All of this occurred in the sight and hearing of Mr. Kambiss, but according to Mr. Kambiss' testimony, he took no action with Mr. Quinn to stop the argument except to say Mr. Quinn's first name. Ms. Allen and her husband asked to see Mr. Quinn's pharmacy technician registration. Mr. Kambiss went to locate the certificate, however it was not in the frame where pharmacy staff licenses were kept.

33. Ms. Allen asked for a telephone number for a pharmacy supervisor and was given Marcie Ranick's telephone number. Ms. Allen thought to call Walgreens' management because she had dealt with Walgreens' management, specifically George Flaherty and Joe Daniels, regarding an earlier incident that had been satisfactorily managed by Mr. Flaherty and Mr. Daniels.

34. Prior to speaking with Ms. Ranick, Ms. Allen telephoned the Board office and checked to see if Mr. Quinn was registered. Ms. Allen was advised that Mr. Quinn had been registered as a pharmaceutical technician-in-training at a Sav-On pharmacy, but he left his employment where he was registered, and his registration was closed. Mr. Quinn did not have a pharmaceutical technician's registration and was not registered as a technician-in-training at Walgreens #03844 or at any other Walgreens pharmacy. Ms. Allen spoke with Ms. Ranick and found her to be unconcerned about Mr. Quinn's practice of filling prescriptions from the palm of his hand. Ms. Ranick also told Ms. Allen that Mr. Quinn was a registered pharmaceutical technician and that Board staff must have been mistaken.

35. The evidence showed that Mr. Quinn had been working at Walgreens #03844 since February 15, 2001 without a valid pharmacy technician registration certificate. During that time, Mr. Quinn worked a total of 18 days as a pharmaceutical technician without a proper registration.

36. After the incident with the Allens, Mr. Quinn brought a copy of his certificate to the pharmacy. Mr. Quinn explained that he had "whited-out" the employer on the copy of the certificate that he gave to Walgreens #03844 because it contained the

address of his previous and only authorized employer, Sav-on Pharmacy. Mr. Quinn "whited-out" Sav-on's name and address because he still worked occasionally at Sav-on on good terms and did not want his problems at Walgreens #03844 to become known to Sav-on.

37. After the incident with the Allens, Mr. Quinn was transferred to Walgreens Pharmacy #03845 where he continued to be employed. Board staff had notified Walgreens #03845 to cease to employ or use Mr. Quinn in the capacity of a pharmaceutical technician or technician-in-training until Mr. Quinn applied to be and was granted registration as a pharmaceutical technician-in-training at that pharmacy.

38. At hearing, Mr. Riso testified that he took responsibility for not checking Mr. Quinn's registration certificate closely. Mr. Riso said that once he discovered that Mr. Quinn was not properly registered as a technician-in-training at Walgreens #03844, Mr. Riso assigned Mr. Quinn only to clerk tasks and did not allow Mr. Quinn to perform any pharmaceutical technician tasks.

Walgreens #03872 & Michael Triolo (Case No. 02-062)

39. Board staff presented the testimony of Linda Owens. Ms. Owens testified that on April 10, 2002, she took five new prescriptions from her physician to Walgreen's #03872 to be filled. Ms. Owens decided she only wanted four of the prescriptions filled at that time. The pharmacy technician explained the pharmacy would keep the fifth prescription at the pharmacy in case Ms. Owens changed her mind and wanted to have it filled.

40. Ms. Owens noted that the pharmacy was extremely busy while she was waiting for her prescriptions to be filled. She testified that the pharmaceutical technician and the pharmacist were the only two employees and that the pharmaceutical technician was constantly in motion between the drive-up window, the telephone, the pharmacy counter, and the front counter.

41. When the prescriptions were ready Ms. Owens was given five prescriptions, four in one bag and one in a separate bag. Ms. Owens questioned the pharmaceutical technician and explained she should only have four prescriptions. The technician stated that there were five. Since Ms. Owens was not feeling well, she paid for all five prescriptions and left Walgreens #03872. Though the prescriptions were new to Ms.

Owens and her profile at this pharmacy, Ms. Owens was not counseled by a pharmacist.

42. Ms. Owens took the medication home and began taking the medication given to her as directed that evening and the following day. Ms. Owens received a telephone call on the evening of April 11, 2002 from a female pharmacist from Walgreens #03872 asking if she had been in the previous day to pick up any prescriptions. Ms. Owens stated she had picked up her prescriptions the previous day and had been taking them as directed. Ms. Owens was advised that one of the prescriptions she picked up was for another patient with the same name. Ms. Owens examined the prescriptions she had obtained the previous day and found one that had a doctor's name that was unknown to her on the label although the patient's name on the vial was also Linda Owens. In this way, Ms. Owens discovered that she had taken Metronidazole 500 mg. tablets that were not prescribed for her.

43. Ms. Owens explained that she filed the complaint because of her dealings with pharmacist Ledrue Ware after the error had been discovered. Ms. Owens testified that Mr. Ware seemed uninterested in her and her concerns and seemed mostly concerned about informing her that he was not the pharmacist who had dispensed the erroneous prescription to her.

44. At hearing, Mr. Triolo explained that the Walgreens verification computer system did not contain any specific information regarding a patient, such as the patient's birth date or address, at the time of the verification. Thus, as Mr. Triolo explained, it was possible and foreseeable that errors such as occurred in this matter would not be caught by the verifying pharmacist because there would be no way to tell at the verification screen which "Linda Owens" the prescriptions were for. From Walgreens' records, Mr. Triolo could not identify who had filled the Metronidazole prescription for the Linda Owens who was not the complainant in this matter. Mr. Triolo also explained that he was not the pharmacist on duty at the time Ms. Owens picked up her prescriptions and that Mr. Ware was the pharmacist on duty at that time.

Walgreens #03873 & Scott Trinh (Case No. 02-060)

45. Board staff presented the testimony of Daniel Garcia, Investigator for the Board. Mr. Garcia testified that on May 2, 2002, he and Investigator/Supervisor Fred

Ackermann went to Walgreens #03873 to acquire information and evidence on an investigation of a consumer complaint. That consumer complaint was ultimately closed without action.

46. While they were present at the pharmacy, they observed staff pharmacist Scott L. Trinh speaking with a pharmaceutical technician at one end of the pharmacy counter. Mr. Garcia did not observe any patient at the pharmacy's counter to whom Mr. Trinh may have been speaking. At the same time, Mr. Garcia and Mr. Ackermann observed another pharmacy technician at the drive-through window serving a patient.

47. Kelly Moczynski was identified as the pharmaceutical technician at the drive-through window. She had given a male patient a prescription and returned his identification. As Ms. Moczynski concluded the register transaction with this patient, Mr. Garcia and Mr. Ackermann observed her mark on the "Refused" section of the counseling log that the patient had refused counseling. At no time during this transaction did Mr. Garcia observe Mr. Trinh come to the drive-through window.

48. Mr. Ackermann asked Ms. Moczynski if the prescription she had just dispensed was a new prescription, to which she said it was. Mr. Ackermann asked Ms. Moczynski to retrieve the prescription she had dispensed to the patient at the drive-through window. Supervisor Ackermann then advised Mr. Trinh that he needed to come to the drive-through window and counsel the patient regarding his new prescription. Only after Mr. Ackermann required Mr. Trinh to counsel the patient did Mr. Trinh cease speaking with the other employee and counsel the patient regarding the patient's new prescription.

49. Mr. Garcia testified that he had personally investigated several of the cases involved in this matter and that he had consulted with Mr. Ackermann regarding other of the cases that Mr. Ackermann had investigated. Mr. Garcia explained that Walgreens' counseling policy was to allow the clerk or pharmaceutical technician to ask the patient questions such as, "Would you like to speak to the pharmacist?" or "Have you taken this drug before?" Pharmacists only spoke to patients at the patients' request. X's or other marks would sometimes be placed on the counseling log by the clerk or pharmaceutical technician, and the pharmacist would sign next to the X or other mark at some time

later. In some cases, the pharmacist would not initial next to the X's or other mark until the end of the pharmacist's shift.

50. Mr. Trinh testified that he was very careful to assure that patients were counseled at his pharmacy. Mr. Trinh explained that he was counseling a patient at the time that Mr. Ackermann asked him to counsel the patient at the drive-through window, but he could not explain why Mr. Ackermann and Mr. Garcia had not seen the patient at the pharmacy counter that he was counseling. Mr. Trinh admitted that he changed the counseling log regarding the patient the he counseled at Mr. Ackermann's request to show that counseling had been accepted, and he also admitted that the patient would have left Walgreens #03873 had Mr. Ackermann not requested that he counsel the patient.

CONCLUSIONS OF LAW

1. The Nevada State Board of Pharmacy has jurisdiction over this matter because Respondents Walgreens Pharmacies ##03844, 03871, 03872, 03873, 04197, 05014, 05015, and 06310 are pharmacies licensed by the Board and because Respondents Riso, Kambiss, Quinn, Box, Triolo, Trinh, Bonga, Ito, Nguyen, and Lessard are pharmacists or pharmaceutical technicians licensed by or registered with the Board. Walgreen Co. is an Illinois corporation that is the owner of all of the individual Walgreens Pharmacies at issue in this matter.

Walgreens #03871 & Jonathan Box (Case No. 02-038)

2. In failing to strictly follow the prescription written for Patient M. by filling his Singulair 5 mg. prescription with Proscar 5 mg., Mr. Box violated NRS 639.210(4) and NAC 639.945(1)(d) and (i).

3. In failing to counsel Patient M's mother on Patient M's new prescription, Mr. Box violated NRS 639.210(4) and 639.266(1) and NAC 639.707(1)(a) and 639.945(1)(i).

4. In owning and operating a pharmacy that failed to counsel Patient M's mother regarding Patient M's new prescription, Walgreen Co. and Walgreens Pharmacy #03871 violated NRS 639.210(4) and 639.266(1) and NAC 639.707(1)(a) and 639.945(1)(i) and (2).

5. The Second Cause of Action in Walgreens' Notice of Intended Action and Accusation is dismissed.

Walgreens #05014 & Michelle Ito (Case No. 02-032)

6. In failing to label Ms. Alexander's prescriptions correctly, Ms. Ito violated NRS 639.210(4) and NAC 639.945(1)(d) and (i).

7. The Second Cause of Action in Ms. Ito's Notice of Intended Action and Accusation is dismissed.

8. In owning and operating a pharmacy that failed to label Ms. Alexander's prescriptions correctly, Walgreen Co. and Walgreens Pharmacy #05014 violated Nevada Revised Statute (NRS) 639.210(4) and Nevada Administrative Code (NAC) 639.945(1)(d) and (i) and (2).

9. In owning and operating a pharmacy that failed to counsel Ms. Alexander on either of her new prescriptions, Walgreen Co. and Walgreens Pharmacy #05014 violated NRS 639.210(4) and 639.266(1) and NAC 639.707(1)(a) and 639.945(1)(i) and (2).

Walgreens #06310 and Stephen Lessard (Case No. 01-019)

10. In failing to counsel Ms. Gang regarding either of her new prescriptions, especially because Ms. Gang requested to speak with the pharmacist several times, Mr. Lessard violated NRS 639.210(4) and 639.266(1) and NAC 639.707(1)(a) and 639.945(1)(i).

11. The Sixth Cause of Action in Walgreens' Notice of Intended Action and Accusation is dismissed.

Walgreens #05015 & Jessica Nguyen (Case No. 02-031)

12. In failing to follow the instructions of the prescribing physician and by incorrectly labeling and dispensing a prescription drug, Ms. Nguyen violated NRS 639.210(4) and NAC 639.945(1)(d) and (i).

13. In failing to counsel Ms. Ierley, Ms. Nguyen violated NRS 639.210(4) and 639.266(1) and NAC 639.707(1)(a) and 639.945(1)(i).

14. In owning and operating a pharmacy that failed to counsel Ms. Ierley, Walgreen Co. and Walgreens Pharmacy #05015 violated NRS 639.210(4) and 639.266(1) and NAC 639.707(1)(a) and 639.945(1)(i) and (2).

15. The Seventh Cause of Action in Walgreens' Notice of Intended Action and Accusation is dismissed.

Walgreens #04197 & Robin Bonga (Case No. 02-050)

16. The First Cause of Action in Ms. Bonga's Notice of Intended Action and Accusation is dismissed.

17. In owning and operating a pharmacy that failed to counsel Mr. Albrecht, Walgreens Co. and Walgreens Pharmacy #04197 violated NRS 639.210(4) and 639.266(1) and NAC 639.707(1)(a) and 639.945(1)(i) and (2).

Walgreens #03844, Peter Riso, Peter Kambiss, & John Quinn (Case No. 02-047)

18. In failing to verify that Mr. Quinn was properly registered to work as a pharmaceutical technician and in employing Mr. Quinn as a pharmaceutical technician when Mr. Quinn was not, in fact, properly registered to work as a pharmaceutical technician-in-training at Walgreens #03844, Mr. Riso violated NRS 639.210(4) and (15) and NAC 639.945(1)(i).

19. In failing to intervene as the staff pharmacist on duty while Mr. Quinn and the Allens argued, Mr. Kambiss violated NRS 639.210(4) and NAC 639.945(1)(i).

20. The Second Cause of Action in Mr. Kambiss' Notice of Intended Action and Accusation is dismissed.

21. In working at Walgreens #03844 as a pharmaceutical technician without being properly registered so to do, Mr. Quinn violated NRS 639.210(4) and 639.284(2) and NAC 639.945(1)(i) and (k).

22. By owning and operating a pharmacy that employed and worked and continues to work Mr. Quinn as a pharmaceutical technician, both at Walgreens #03844 and other Walgreens pharmacies, without a current active pharmaceutical technician license, Walgreen Co. and Walgreens Pharmacy #03845 violated NRS 639.210(4) and 639.284(2) and NAC 639.702 and 639.945(1)(i) and (k) and (2).

23. The Tenth and Eleventh Causes of Action in Walgreens' Notice of Intended Action and Accusation are dismissed.

Walgreens #03872 & Michael Triolo (Case No. 02-062)

24. In failing to follow the instruction of the prescribing physician and by incorrectly dispensing another patient's drug to Ms. Owens, Mr. Triolo violated NRS 639.210(4) and NAC 639.945(1)(d) and (i).

25. The Second Cause of Action in Mr. Triolo's Notice of Intended Action and Accusation is dismissed.

26. In owning and operating a pharmacy that failed to follow the instructions of the prescribing physician and by incorrectly dispensing a prescription drug to the wrong patient, Walgreen Co. and Walgreens Pharmacy #03872 violated Nevada Revised Statutes (NRS) 639.210(4) and Nevada Administrative Code (NAC) 639.945 (1) (d) and (i) and (2).

27. The unlabeled Cause of Action in Walgreens' Notice of Intended Action and Accusation relating to the failure to counsel Ms. Owens is dismissed.

Walgreens #03873 & Scott Trinh (Case No. 02-060)

28. In failing to counsel a patient regarding a new prescription until being told by Board of Pharmacy staff to do so, Mr. Trinh violated NRS 639.210(4) and 639.266(1) and NAC 639.707(1)(a) and 639.945(1)(i).

29. In being the pharmacist on duty responsible for the acts of a pharmaceutical technician who falsified the pharmacy's counseling log by indicating that a patient had declined counseling when counseling had not been attempted or initiated with the patient, Mr. Trinh violated NRS 639.210(4) and NAC 639.702, 639.707(4), and 639.945(1)(i).

30. In owning and operating a pharmacy that failed to counsel a patient regarding a new prescription until the pharmacist on duty was told by Board of Pharmacy staff to do so, Walgreen Co. and Walgreens Pharmacy #03873 violated NRS 639.210(4) and 639.266(1) and NAC 639.707(1)(a) and 639.945(1)(i) and (2).

31. In owning and operating a pharmacy in which the pharmacist on duty allowed a pharmaceutical technician to falsify the pharmacy's counseling log by indicating that a patient had declined counseling when counseling had not even been attempted with the patient, Mr. Trinh violated NRS 639.210(4) and NAC 639.702, 639.707(4) and 639.945(1)(i) and (2).

ORDER

Based upon the foregoing, the Board hereby orders the following:

1. The licenses of Walgreens Pharmacies ##03872, 03871, 05014, 03873, 04197, 05015, and 03844 shall be on probation for a period of one year from the effective date of this order. The conditions of probation shall include:

a. One or more representatives of Walgreens Co. shall appear before the Board at every regularly scheduled Board meeting held in Las Vegas throughout the period of the probation to explain to the Board what Walgreens Co. has done to address the concerns raised in this matter, which concerns include Walgreens' counseling as mandated by Nevada law, Walgreens' counseling logs, Walgreens' prescription filling procedure, and Walgreens' policy for addressing patient calls (especially calls in which the patient indicates that he or she has taken an incorrect drug).

b. Development of a counseling log that complies with Nevada law. Walgreens Co. shall provide to the Board a copy of a proposed new counseling log within 30 days of the effective date of this Order, and this proposed new counseling log will be reviewed by the Board at its next succeeding regularly scheduled meeting. Upon approval by the Board of the new counseling log, Walgreens Co. shall provide and implement the new log in all of its Nevada pharmacies.

c. Walgreens Co. shall review its policies and procedures regarding patient counseling to assure that the policies and procedures fully comply with Nevada law. Walgreens Co. shall notify all of its Nevada pharmacies regarding its policies and procedures regarding counseling, including the proper use of the new counseling log developed pursuant to subsection 1(b) of this Order.

d. Walgreens Co. shall review its operational policies and procedures in light of the findings in this matter and shall develop specific suggestions or improvements to address failings in present operational policies and procedures that were shown in the findings of this matter. The details of Walgreens Co.'s review and specific suggestions or improvements shall comprise part of the presentation made by Walgreens Co. pursuant to subsection 1(a) of this Order.

2. Walgreens Co. and Walgreens Pharmacies ##03872, 03871, 05014, 03873, 04197, 05015, and 03844 shall pay a total fine of $5,600.00 by cashier's or certified

check or money order made payable to "State of Nevada, Office of the Treasurer" to be received by the Board's Reno office within 60 days of the effective date of this Order. The total fine consists of the following specific fines:

Third Cause of Action	$750.00
Fourth Cause of Action	$250.00
Fifth Cause of Action	$750.00
Eighth Cause of Action	$750.00
Ninth Cause of Action	$750.00
Twelfth Cause of Action	$750.00
Thirteenth Cause of Action	$100.00
Fourteenth Cause of Action	$750.00
Fifteenth Cause of Action	$750.00
TOTAL	**$5,600.00**

3. Walgreens Co. and Walgreens Pharmacies ##03872, 03871, 05014, 03873, 04197, 05015, and 03844 shall pay the Board's total administrative fee (nine causes of action X $250.00/cause of action = $2,250.00) and the Board's costs of investigation and prosecution ($11,878.35) for a total of $14,128.35 by cashier's or certified check or money order made payable to "Nevada State Board of Pharmacy" to be received by the Board's Reno office within 60 days of the effective date of this Order.

4. Mr. Triolo shall pay the Board's administrative fee of $250.00 by cashier's or certified check or money order made payable to "Nevada State Board of Pharmacy" to be received by the Board's Reno office within 60 days of the effective date of this Order. Mr. Triolo shall also receive a letter of admonition.

5. Mr. Lessard shall pay a fine of $375.00 by cashier's or certified check or money order made payable to "State of Nevada, Office of the Treasurer" to be received by the Board's Reno office within 60 days of the effective date of this Order. Mr. Lessard shall also pay the Board's administrative fee of $250.00 by cashier's or certified check or money order made payable to "Nevada State Board of Pharmacy" to be received by the Board's Reno office within 60 days of the effective date of this Order.

6. Mr. Box shall pay a total fine of $625.00 by cashier's or certified check or money order made payable to "State of Nevada, Office of the Treasurer" to be received by the Board's Reno office within 60 days of the effective date of this Order. Mr. Box shall also pay the Board's administrative fee of $250.00 by cashier's or certified check

or money order made payable to "Nevada State Board of Pharmacy" to be received by the Board's Reno office within 60 days of the effective date of this Order.

7. Ms. Ito shall pay a fine of $250.00 by cashier's or certified check or money order made payable to "State of Nevada, Office of the Treasurer" to be received by the Board's Reno office within 60 days of the effective date of this Order. Ms. Ito shall also pay the Board's administrative fee of $250.00 by cashier's or certified check or money order made payable to "Nevada State Board of Pharmacy" to be received by the Board's Reno office within 60 days of the effective date of this Order.

8. Mr. Trinh shall pay a total fine of $1,250.00 by cashier's or certified check or money order made payable to "State of Nevada, Office of the Treasurer" to be received by the Board's Reno office within 60 days of the effective date of this Order.

9. Ms. Nguyen shall pay a total fine of $625.00 by cashier's or certified check or money order made payable to "State of Nevada, Office of the Treasurer" to be received by the Board's Reno office within 60 days of the effective date of this Order. Ms. Nguyen shall also pay the Board's administrative fee of $250.00 by cashier's or certified check or money order made payable to "Nevada State Board of Pharmacy" to be received by the Board's Reno office within 60 days of the effective date of this Order.

10. Mr. Riso shall pay a fine of $100.00 by cashier's or certified check or money order made payable to "State of Nevada, Office of the Treasurer" to be received by the Board's Reno office within 60 days of the effective date of this Order. Mr. Riso shall also pay one-half the Board's administrative fee of $125.00 by cashier's or certified check or money order made payable to "Nevada State Board of Pharmacy" to be received by the Board's Reno office within 60 days of the effective date of this Order.

11. Mr. Kambiss shall pay a fine of $100.00 by cashier's or certified check or money order made payable to "State of Nevada, Office of the Treasurer" to be received by the Board's Reno office within 60 days of the effective date of this Order. Mr. Kambiss shall also pay one-half the Board's administrative fee of $125.00 by cashier's or certified check or money order made payable to "Nevada State Board of Pharmacy" to be received by the Board's Reno office within 60 days of the effective date of this Order.

12. Mr. Quinn shall pay a fine of $360.00 ($20/day x 18 days = $360.00) by cashier's or certified check or money order made payable to "State of Nevada, Office of the Treasurer" to be received by the Board's Reno office within 60 days of the effective date of this Order. Mr. Quinn shall also pay the Board's administrative fee of $250.00 by cashier's or certified check or money order made payable to "Nevada State Board of Pharmacy" to be received by the Board's Reno office within 60 days of the effective date of this Order.

13. Mr. Quinn may not apply for any license or registration with the Board for a period of one year from the effective date of this Order. Mr. Quinn will not be granted any license or registration with the Board until he pays the fine and administrative fee set out in paragraph 12 of this Order. During the period in which Mr. Quinn may not apply for any license or registration with the Board, Mr. Quinn may not be employed by or work in any capacity in any business licensed or registered by the Board.

Signed and effective this 5th day of September, 2002.

Larry L. Pinson, President
Nevada State Board of Pharmacy

Section 9: Statement of Responsibility - MUST BE COMPLETED by an Authorized Person (NAC 639.945)

Statement of Responsibility

1. I am the Vice President (title) for Walgreen Co. (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be responsible for any violations of pharmacy law that may occur in the Pharmacy owned by such owner(s), shareholder(s), member(s), or partner(s).
3. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against the Pharmacy.
4. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) cannot require or permit the pharmacist(s) in said Pharmacy to violate any provision of local, state, or federal laws or regulations pertaining to the practice of pharmacy.
5. I further understand and acknowledge that Nevada law requires that each pharmacy located inside the State of Nevada employ only pharmacists, intern pharmacists, pharmaceutical technicians, and technicians in training that are licensed by the Nevada State Board of Pharmacy. (NRS 639.100).
6. I further understand and acknowledge that Nevada law requires that each pharmacy located outside the State of Nevada engaged in providing pharmacy services into Nevada employs at least one pharmacist licensed by the Nevada State Board of Pharmacy who will be responsible for any prescription dispensed to a patient located in Nevada and responsible for any acts or omissions of pharmacy personnel who are not registered with the Board. (NRS 639.2328).

Richard Gates

Print Name of Authorized Person

Richard Gates

Original signature of Authorized Person (copies or stamps not accepted)

08 / 26 / 2025

Date

Section 10: Affidavit for Pharmacies- MUST BE COMPLETED by pharmacies NOT CURRENTLY PERFORMING Sterile Compounding

Affidavit for Pharmacy License

I, Richard Gates hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

1. I am the Vice President (title) for Walgreen Co. (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I certify that upon licensure, the Pharmacy will not perform sterile compounding or ship sterile compounds into Nevada.
3. I understand and acknowledge that the Pharmacy and any of its staff members may be subject to discipline by the Board if the Pharmacy performs sterile compounding or ships any sterile compounds into Nevada without first obtaining written authorization from the Board to do so.
4. I certify that if the Pharmacy makes the decision to perform sterile compounding or to ship any sterile compounds into Nevada, the Pharmacy, through an authorized representative, will first notify the Board via a written request, and obtain written approval to perform sterile compounding or to ship any sterile compounds into Nevada.
5. I understand that if the Pharmacy seeks approval to perform sterile compounding or to ship any sterile compounds into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

FURTHER YOUR AFFIANT SAYETH NAUGHT.

Signature

SUBSCRIBED AND SWORN TO
Before me, a notary public this 20th day of August, 2025

Zeljka Borosa-Rajcevic
Notary Public

OFFICIAL SEAL
ZELJKA BOROSA RAJCEVIC
Notary Public, State of Illinois
Commission No. 977646
My Commission Expires September 8, 2027

CONFIDENTIAL/EXEMPT FROM FREEDOM OF INFORMATION ACT AND SIMILAR STATE REQUESTS

Ownership Information

Ownership & Leadership of Applicant Entity

Applicant: **Walgreen Co.**
108 Wilmot Rd., Deerfield, IL 60015

Ownership: The Applicant entity is wholly owned (100%) by Walgreens Boots Alliance, Inc.

Officers of Walgreen Co.
Michael Motz - CEO
Richard Gates - Senior Vice President, Chief Pharmacy Officer
Cherita Thomas - Secretary
Matthew Spina - CFO
Michael Handal - Licensing and Provider Enrollment Officer

Ownership & Leadership of Walgreens Boots Alliance, Inc.

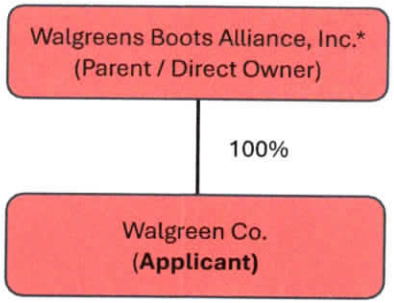
Ownership: Walgreens Boots Alliance, Inc. is wholly owned (100%) by Blazing Star Parent, LLC

Officers of Walgreens Boots Alliance, Inc.
Temporarily vacant - CEO
Mark Weisz - Sr VP, Global Tax
Manmohan Mahajan - Sr VP, Global Controller, CFO
Lanesha Minnix - Corporate Secretary

Please see the attached pre- and post-closing Corporate Organization chart for reference.

Proprietary and Confidential
Not a public record pursuant to
Section 7927.605 of the CPRA and
45 CFR Section 5.31

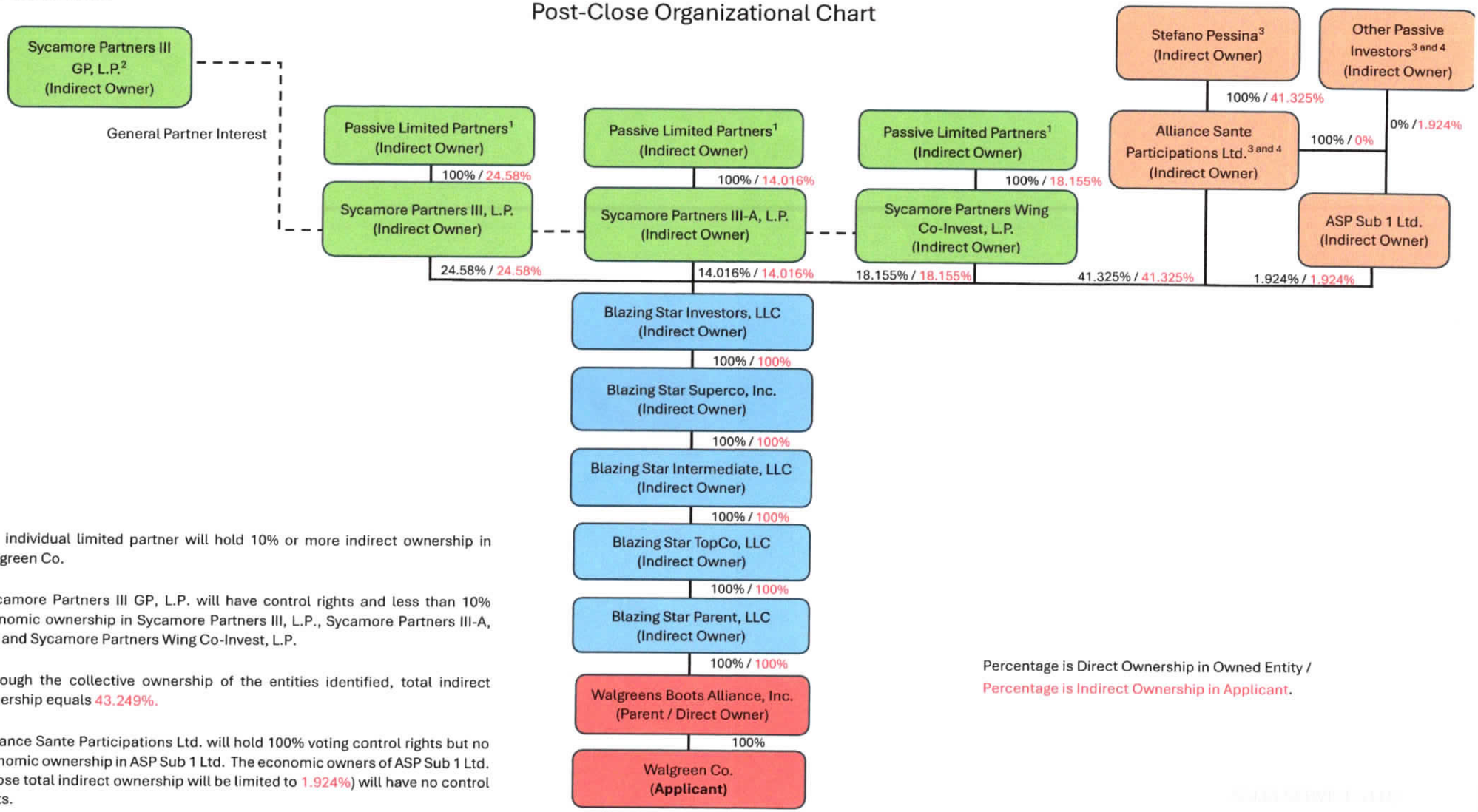
Walgreen Co.
Pre-Close Organizational Chart



Publicly Traded on Nasdaq Stock Market (WBA)

Proprietary and Confidential
Not a public record pursuant to
Section 7927.605 of the CPRA and
45 CFR Section 5.31

Walgreen Co.
Post-Close Organizational Chart



[1]No individual limited partner will hold 10% or more indirect ownership in Walgreen Co.

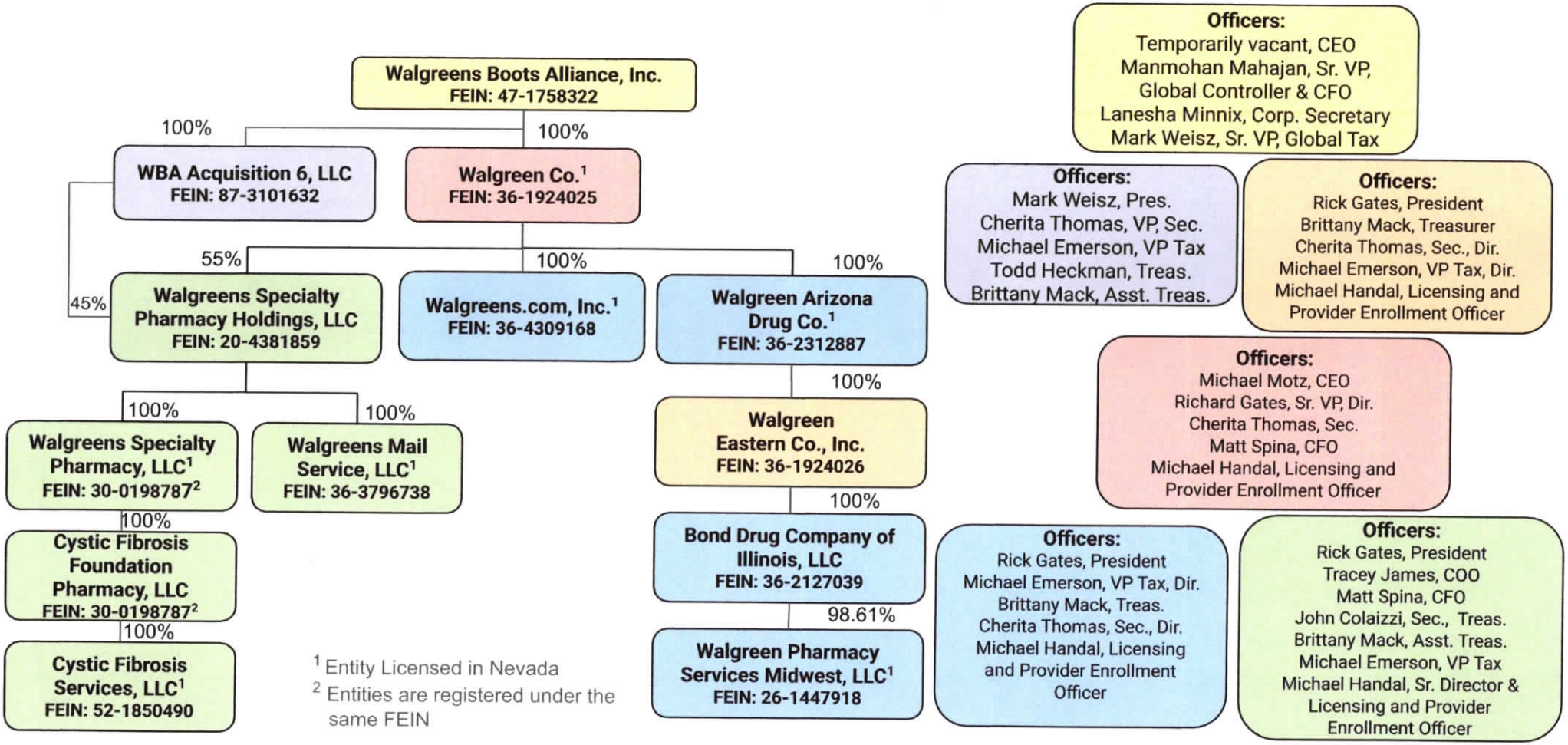
[2]Sycamore Partners III GP, L.P. will have control rights and less than 10% economic ownership in Sycamore Partners III, L.P., Sycamore Partners III-A, L.P. and Sycamore Partners Wing Co-Invest, L.P.

[3]Through the collective ownership of the entities identified, total indirect ownership equals 43.249%.

[4]Alliance Sante Participations Ltd. will hold 100% voting control rights but no economic ownership in ASP Sub 1 Ltd. The economic owners of ASP Sub 1 Ltd. (whose total indirect ownership will be limited to 1.924%) will have no control rights.

Percentage is Direct Ownership in Owned Entity /
Percentage is Indirect Ownership in Applicant.

Walgreen Co.
Post-Close Organizational Chart (cont.)



File Number 1084-348-1

STATE OF ILLINOIS

OFFICE OF THE SECRETARY OF STATE

To all to whom these Presents Shall Come, Greeting:

I, **Alexi Giannoulias,** *Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that*

WALGREEN CO., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON FEBRUARY 15, 1909, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE BUSINESS CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.

In Testimony Whereof, *I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this* 15TH *day of* MAY *A.D.* 2025 .

Authentication #: 2513501622 verifiable until 05/15/2026
Authenticate at: https://www.ilsos.gov

Alexi Giannoulias
SECRETARY OF STATE

9MM

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Pharmacy Application

Non-Refundable $500.00 Fee

Rev (6/11/2024)

Facility Location	Application Type (check all applicable)	Pharmacy Type (check all applicable)	Services the Pharmacy will Provide (check all applicable)
■ Nevada	☐ New Pharmacy	■ Retail/Community	■ Retail/Community
☐ Out-of-Nevada	■ Ownership Change*	☐ Hospital (# beds _____)	■ Dangerous drugs
	☐ Location Change *	☐ Internet	■ Controlled substances
	☐ Service Modification*	☐ Nuclear	DEA #: BW6410891
	☐ Name Change* (if only a Name Change occurred, submit a $50.00 fee with the application.)	☐ Other:	☐ Non-sterile Compounding
			☐ Sterile Compounding
			☐ Mail-Order Service
			☐ Off-site Cognitive Services
			☐ Long Term Care
	* Current license #: PH PH01391		☐ Hospital
			☐ Other:

Days of Operation		Ownership Type (check applicable box)
■ Monday	■ Friday	☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9, 10, 11, 12)
■ Tuesday	■ Saturday	■ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9, 10, 11, 12)
■ Wednesday	■ Sunday	☐ Partnership (complete sections 1, 2, 3, 4, 7, 9, 10, 11, 12)
■ Thursday	☐ Holidays	☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9, 10, 11, 12)

Section 1: General Information

Pharmacy Name: WALGREENS #05154

Physical Address: 4905 W TROPICANA AVE

City: LAS VEGAS State: NV Zip: 89103-5077

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: (702)889-0922 Toll Free # (NAC 639.708, NRS 639.23286): N/A

Fax: (702)889-0915 Contact Email: rxm.05154@store.walgreens.com

Website: https://www.walgreens.com

Nevada Business License # (if applicable) NV19951143510

Supervising/Managing Pharmacist Name (NRS 639.220): MICHELLE FONG

Supervising/Managing Pharmacist NV Pharmacist Registration # (if applicable): 18893

Section 2: List the name(s) of at least one NEVADA registered pharmacist who practices at the pharmacy, who may be the managing pharmacist or another pharmacist, who will be responsible for any prescriptions dispensed to a patient located in Nevada and responsible for any acts or omissions of pharmacy personnel who are not registered with the Board. NRS 639.2328. (Use a separate piece of paper if additional space is needed.)

Name: MICHELLE FONG	NV Pharmacist Registration #: 18893
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:

Section 3: History of Company	**Yes**	**No**
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✓
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration from any jurisdiction?		✓
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been subject of an administrative action, board citation, cite fine, or proceeding relating to the pharmaceutical industry?		✓
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✓
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✓

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name(s) of the owner(s), their credentials and their percent ownership. Write NA if not applicable. NRS 639.232. (Use a separate piece of paper if additional space is needed.)

Name: N/A	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:

1. The Board shall not issue a license to conduct a pharmacy:
   a) To any practitioner; or
   b) To any partnership, corporation, or association in which a practitioner has a controlling interest or owns more than 10 percent of the available stock.
2. This section does not:
   a) Apply to a hospital pharmacy or a health maintenance organization which holds a certificate of authority under chapter 695C of NRS.
   b) Prohibit ownership by a practitioner of a building in which a pharmacy is located, if space for the pharmacy is rented at the prevailing rate.

Section 5: Publicly Traded Corporation

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Does the number of stockholders/shareholders of the corporation exceed four? NRS 639.231 ☐ Yes ☐ No

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: Delaware

Parent Company (if any): Walgreens Boots Alliance, Inc.

Corporation/Organization Name: Walgreen Co.

Mailing Address: 108 Wilmot Rd

City: Deerfield State: IL Zip: 60015

Telephone: 847-224-1348 Email: licenseadministration@walgreens.com

Contact Person Name: Kayla Lechner

Does the number of stockholders/shareholders of the corporation or members exceed four? NRS 639.231 ☐ Yes ☒ No

Section 7: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Please check type of partnership (NAC 639.214) ☐ General ☐ Limited

Does the number of partners or members of the partnership exceed four? NRS 639.231 ☐ Yes ☐ No

Section 8: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Richard Gates

Print Name of Authorized Person Submitting Application (If the applicant is a partnership or corporation, the application must be signed by a partner or by an officer of the corporation). NAC 639.215

Richard Gates

Original signature of Authorized Person (copies or stamps not accepted)

08 / 26 / 2025

Date

Board Use Only	Date Received: 9/22/25	Amount: $500 JPOS-30001111129

Section 11: Managing Pharmacist Acknowledgement, Professional/Personal History – REQUIRED TO BE COMPLETED BY THE MANAGING PHARMACIST FOR NEVADA LOCATED PHARMACY APPLICANTS ONLY

Managing Pharmacist Name: MICHELLE FONG Pharmacist Registration #: 18893

Pharmacy Name: WALGREENS #05154

Initial each statement below to indicate you have read and agree with the following:

M.F. I understand that as the managing pharmacist I am responsible for compliance by the pharmacy and its personnel with all state and federal laws and regulations relating to the operation of the pharmacy and the practice of pharmacy. I understand my license can be revoked or that I can be subject of disciplinary action if such laws or regulations are knowingly violated in the pharmacy in which I am the managing pharmacist.

M.F. I understand within 48 hours after I report for duty as the managing pharmacist, I shall complete an inventory of all controlled substances of the pharmacy pursuant to 21 CFR Part 1304 and maintain a copy of the inventory in the file at the pharmacy.

M.F. I understand that if I cease to be managing pharmacist of the above-named pharmacy, I will jointly, with the new managing pharmacist, take an inventory of all controlled substances.

M.F. I understand that as the managing pharmacist I must ensure that all loss or theft of controlled substances are reported on forms provided by the Nevada State Board of Pharmacy and Department of Public Safety within 10 days after the date of discovery of theft or loss. NRS 453.568. Federal regulations require that registrants notify the Field Division Office of the Administration in his area, in writing, of the theft or significant loss of any controlled substance, disposal receptacles or listed chemicals within one business day of discovery of such loss or theft. The registrant shall also complete and submit to the Field Division Office in his area, DEA Form 106 regarding the loss or theft (21 C.F.R. §1301.76(b) and 21 U.S.C. §830(b)(1)(C)).

M.F. I understand that as the managing pharmacist I must notify the Nevada State Board of Pharmacy of all employment changes of pharmacy staff within 10 days of the change. NAC 639.540

Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?	☐	☑
2. Have you been charged, arrested, or convicted of a felony or misdemeanor in any state?	☐	☑
3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state?	☐	☑
4. Has your license been subjected to any discipline for violation of pharmacy or drug laws in any state?	☐	☑

If you marked YES to any questions above, include the following information and provide a signed statement of explanation. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Board Administrative Action:	State:	Date:	Case #:

Criminal Action:	State:	Date:	Case #:	County:	Court:

I certify under penalty of perjury that the information I have provided on this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

MICHELLE FONG

Original signature of Managing Pharmacist (copies or stamps not accepted)

08 / 06 / 2025

Date

Document Ref: XH9KF-AQTKB-NGVHK-7HU6R

Section 9: Statement of Responsibility - MUST BE COMPLETED by an Authorized Person (NAC 639.945)

Statement of Responsibility

1. I am the Vice President (title) for Walgreen Co. (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be responsible for any violations of pharmacy law that may occur in the Pharmacy owned by such owner(s), shareholder(s), member(s), or partner(s).
3. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against the Pharmacy.
4. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) cannot require or permit the pharmacist(s) in said Pharmacy to violate any provision of local, state, or federal laws or regulations pertaining to the practice of pharmacy.
5. I further understand and acknowledge that Nevada law requires that each pharmacy located inside the State of Nevada employ only pharmacists, intern pharmacists, pharmaceutical technicians, and technicians in training that are licensed by the Nevada State Board of Pharmacy. (NRS 639.100).
6. I further understand and acknowledge that Nevada law requires that each pharmacy located outside the State of Nevada engaged in providing pharmacy services into Nevada employs at least one pharmacist licensed by the Nevada State Board of Pharmacy who will be responsible for any prescription dispensed to a patient located in Nevada and responsible for any acts or omissions of pharmacy personnel who are not registered with the Board. (NRS 639.2328).

Richard Gates

Print Name of Authorized Person

Richard Gates

Original signature of Authorized Person (copies or stamps not accepted)

08 / 26 / 2025

Date

Section 10: Affidavit for Pharmacies- MUST BE COMPLETED by pharmacies NOT CURRENTLY PERFORMING Sterile Compounding

Affidavit for Pharmacy License

I, Richard Gates hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

1. I am the Vice President (title) for Walgreen Co. (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I certify that upon licensure, the Pharmacy will not perform sterile compounding or ship sterile compounds into Nevada.
3. I understand and acknowledge that the Pharmacy and any of its staff members may be subject to discipline by the Board if the Pharmacy performs sterile compounding or ships any sterile compounds into Nevada without first obtaining written authorization from the Board to do so.
4. I certify that if the Pharmacy makes the decision to perform sterile compounding or to ship any sterile compounds into Nevada, the Pharmacy, through an authorized representative, will first notify the Board via a written request, and obtain written approval to perform sterile compounding or to ship any sterile compounds into Nevada.
5. I understand that if the Pharmacy seeks approval to perform sterile compounding or to ship any sterile compounds into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

FURTHER YOUR AFFIANT SAYETH NAUGHT.

Signature

SUBSCRIBED AND SWORN TO
Before me, a notary public this 20th day of August, 20 25

Zeljka Borosa-Rajcevic
Notary Public

OFFICIAL SEAL
ZELJKA BOROSA RAJCEVIC
Notary Public, State of Illinois
Commission No. 977646
My Commission Expires September 8, 2027

File Number 1084-348-1

STATE OF ILLINOIS

OFFICE OF THE SECRETARY OF STATE

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I, **Alexi Giannoulias,** *Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that*

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In Testimony Whereof, *I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this* 15TH *day of* MAY *A.D.* 2025 .

Authentication #: 2513501622 verifiable until 05/15/2026
Authenticate at: https://www.ilsos.gov

SECRETARY OF STATE

CONFIDENTIAL/EXEMPT FROM FREEDOM OF INFORMATION ACT AND SIMILAR STATE REQUESTS

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Applicant: **Walgreen Co.**
108 Wilmot Rd., Deerfield, IL 60015

Ownership: The Applicant entity is wholly owned (100%) by Walgreens Boots Alliance, Inc.

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Michael Motz - CEO
Richard Gates - Senior Vice President, Chief Pharmacy Officer
Cherita Thomas - Secretary
Matthew Spina - CFO
Michael Handal - Licensing and Provider Enrollment Officer

Ownership & Leadership of Walgreens Boots Alliance, Inc.

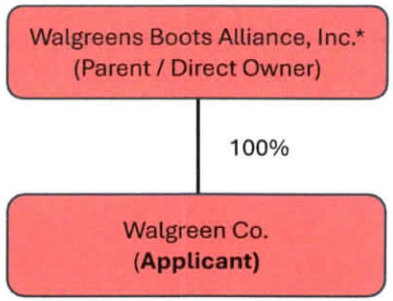
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Manmohan Mahajan - Sr VP, Global Controller, CFO
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Please see the attached pre- and post-closing Corporate Organization chart for reference.

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45 CFR Section 5.31

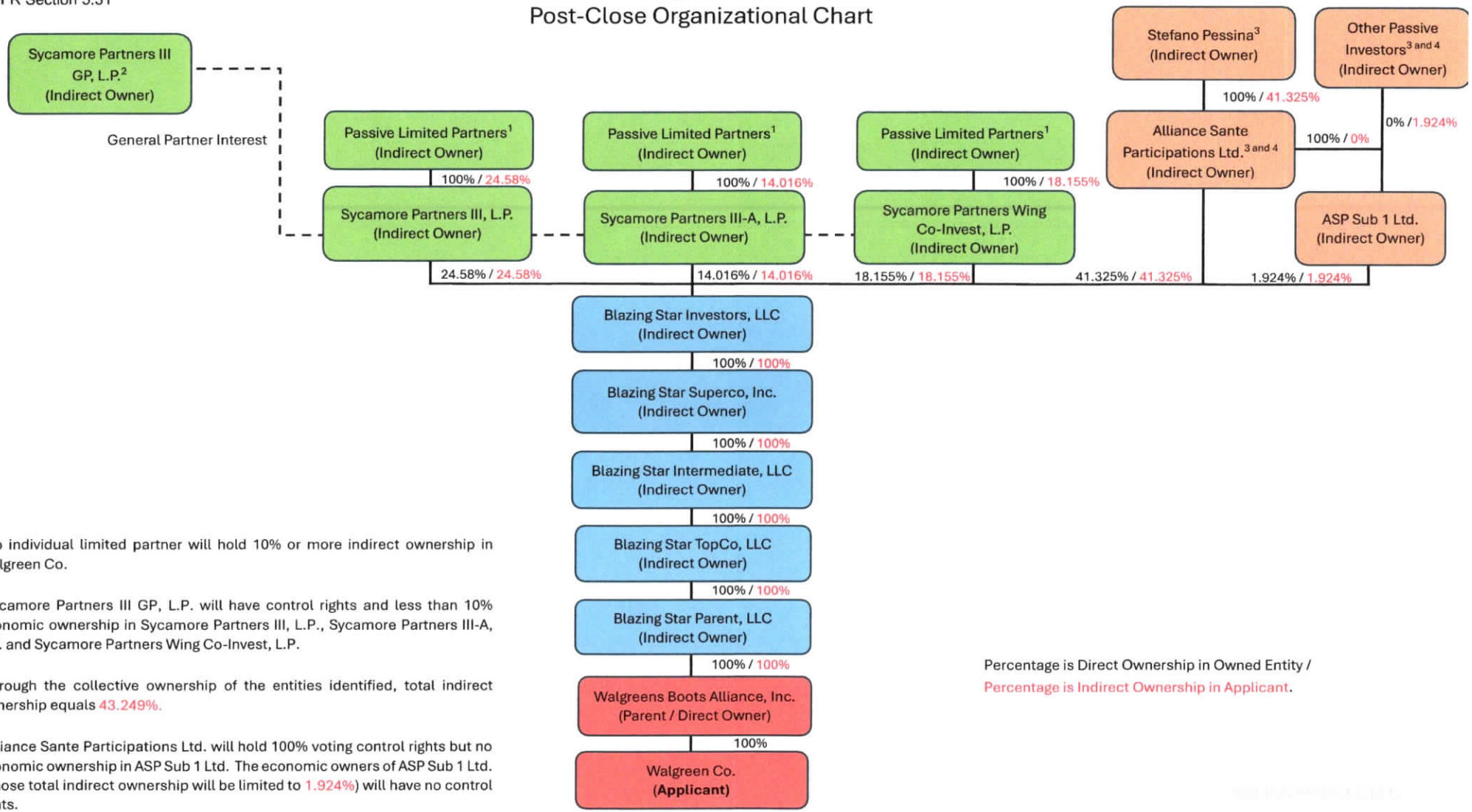
Walgreen Co.
Pre-Close Organizational Chart



Publicly Traded on Nasdaq Stock Market (WBA)

Proprietary and Confidential
Not a public record pursuant to
Section 7927.605 of the CPRA and
45 CFR Section 5.31

Walgreen Co.
Post-Close Organizational Chart



[1]No individual limited partner will hold 10% or more indirect ownership in Walgreen Co.

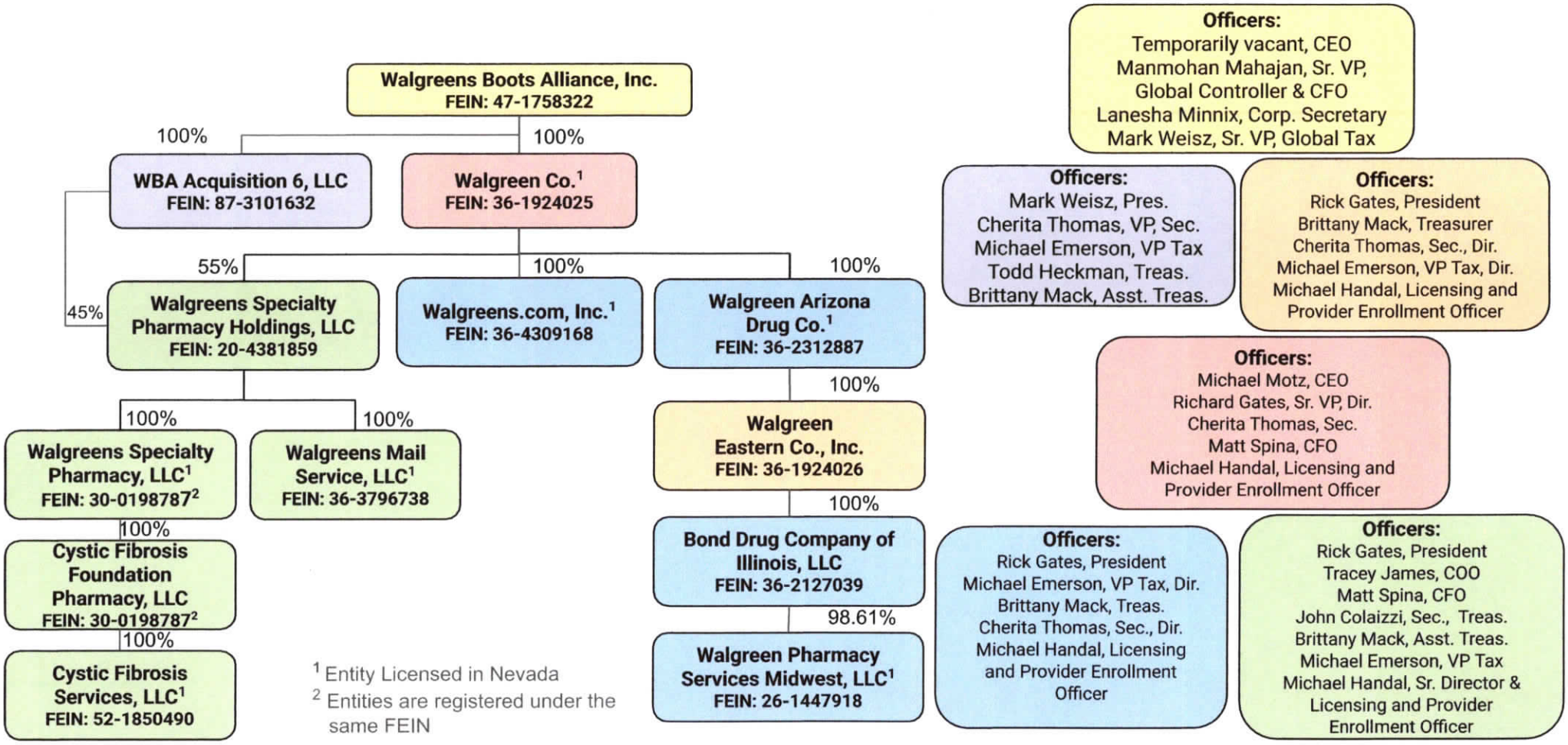
[2]Sycamore Partners III GP, L.P. will have control rights and less than 10% economic ownership in Sycamore Partners III, L.P., Sycamore Partners III-A, L.P. and Sycamore Partners Wing Co-Invest, L.P.

[3]Through the collective ownership of the entities identified, total indirect ownership equals 43.249%.

[4]Alliance Sante Participations Ltd. will hold 100% voting control rights but no economic ownership in ASP Sub 1 Ltd. The economic owners of ASP Sub 1 Ltd. (whose total indirect ownership will be limited to 1.924%) will have no control rights.

Percentage is Direct Ownership in Owned Entity /
Percentage is Indirect Ownership in Applicant.

Walgreen Co.
Post-Close Organizational Chart (cont.)



9NN

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Pharmacy Application

Non-Refundable $500.00 Fee

Rev (6/11/2024)

Facility Location	Application Type (check all applicable)	Pharmacy Type (check all applicable)	Services the Pharmacy will Provide (check all applicable)
■ Nevada ☐ Out-of-Nevada	☐ New Pharmacy ■ Ownership Change* ☐ Location Change * ☐ Service Modification* ☐ Name Change* (if only a Name Change occurred, submit a $50.00 fee with the application.) * Current license #: PH PH01562	■ Retail/Community ☐ Hospital (# beds _____) ☐ Internet ☐ Nuclear ☐ Other:	■ Retail/Community ■ Dangerous drugs ■ Controlled substances DEA #: BW7042461 ☐ Non-sterile Compounding ☐ Sterile Compounding ☐ Mail-Order Service ☐ Off-site Cognitive Services ☐ Long Term Care ☐ Hospital ☐ Other:

Days of Operation		Ownership Type (check applicable box)
■ Monday	■ Friday	☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9, 10, 11, 12)
■ Tuesday	■ Saturday	■ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9, 10, 11, 12)
■ Wednesday	■ Sunday	☐ Partnership (complete sections 1, 2, 3, 4, 7, 9, 10, 11, 12)
■ Thursday	☐ Holidays	☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9, 10, 11, 12)

Section 1: General Information

Pharmacy Name: WALGREENS #05311

Physical Address: 1180 E FLAMINGO RD

City: LAS VEGAS State: NV Zip: 89119-3449

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: (702)836-9119 Toll Free # (NAC 639.708, NRS 639.23286): N/A

Fax: (702)836-9124 Contact Email: rxm.05311@store.walgreens.com

Website: https://www.walgreens.com

Nevada Business License # (if applicable) NV19951143510

Supervising/Managing Pharmacist Name (NRS 639.220): THERESA BURNS

Supervising/Managing Pharmacist NV Pharmacist Registration # (if applicable): 16820

Section 2: List the name(s) of at least one NEVADA registered pharmacist who practices at the pharmacy, who may be the managing pharmacist or another pharmacist, who will be responsible for any prescriptions dispensed to a patient located in Nevada and responsible for any acts or omissions of pharmacy personnel who are not registered with the Board. NRS 639.2328. (Use a separate piece of paper if additional space is needed.)

Name: THERESA BURNS	NV Pharmacist Registration #: 16820
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:

Section 3: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✔
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration from any jurisdiction?		✔
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been subject of an administrative action, board citation, cite fine, or proceeding relating to the pharmaceutical industry?		✔
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✔
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✔

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name(s) of the owner(s), their credentials and their percent ownership. Write NA if not applicable. NRS 639.232. (Use a separate piece of paper if additional space is needed.)

Name: N/A	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:

1. The Board shall not issue a license to conduct a pharmacy:
   a) To any practitioner; or
   b) To any partnership, corporation, or association in which a practitioner has a controlling interest or owns more than 10 percent of the available stock.
2. This section does not:
   a) Apply to a hospital pharmacy or a health maintenance organization which holds a certificate of authority under chapter 695C of NRS.
   b) Prohibit ownership by a practitioner of a building in which a pharmacy is located, if space for the pharmacy is rented at the prevailing rate.

Section 5: Publicly Traded Corporation

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Does the number of stockholders/shareholders of the corporation exceed four? NRS 639.231 ☐ Yes ☐ No

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: Delaware

Parent Company (if any): Walgreens Boots Alliance, Inc.

Corporation/Organization Name: Walgreen Co.

Mailing Address: 108 Wilmot Rd

City: Deerfield State: IL Zip: 60015

Telephone: 847-224-1348 Email: licenseadministration@walgreens.com

Contact Person Name: Kayla Lechner

Does the number of stockholders/shareholders of the corporation or members exceed four? NRS 639.231 ☐ Yes ☑ No

Section 7: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Please check type of partnership (NAC 639.214) ☐ General ☐ Limited

Does the number of partners or members of the partnership exceed four? NRS 639.231 ☐ Yes ☐ No

Section 8: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Richard Gates

Print Name of Authorized Person Submitting Application (If the applicant is a partnership or corporation, the application must be signed by a partner or by an officer of the corporation). NAC 639.215

Richard Gates

Original signature of Authorized Person (copies or stamps not accepted)

08 / 26 / 2025

Date

Board Use Only	Date Received: 9/22/25	Amount: $500 CK JP03300011129

Section 11: Managing Pharmacist Acknowledgement, Professional/Personal History – REQUIRED TO BE COMPLETED BY THE MANAGING PHARMACIST FOR NEVADA LOCATED PHARMACY APPLICANTS ONLY

Managing Pharmacist Name: THERESA BURNS Pharmacist Registration #: 16820

Pharmacy Name: WALGREENS #05311

Initial each statement below to indicate you have read and agree with the following:

T.M.B — I understand that as the managing pharmacist I am responsible for compliance by the pharmacy and its personnel with all state and federal laws and regulations relating to the operation of the pharmacy and the practice of pharmacy. I understand my license can be revoked or that I can be subject of disciplinary action if such laws or regulations are knowingly violated in the pharmacy in which I am the managing pharmacist.

T.M.B — I understand within 48 hours after I report for duty as the managing pharmacist, I shall complete an inventory of all controlled substances of the pharmacy pursuant to 21 CFR Part 1304 and maintain a copy of the inventory in the file at the pharmacy.

T.M.B — I understand that if I cease to be managing pharmacist of the above-named pharmacy, I will jointly, with the new managing pharmacist, take an inventory of all controlled substances.

T.M.B — I understand that as the managing pharmacist I must ensure that all loss or theft of controlled substances are reported on forms provided by the Nevada State Board of Pharmacy and Department of Public Safety within 10 days after the date of discovery of theft or loss. NRS 453.568. Federal regulations require that registrants notify the Field Division Office of the Administration in his area, in writing, of the theft or significant loss of any controlled substance, disposal receptacles or listed chemicals within one business day of discovery of such loss or theft. The registrant shall also complete and submit to the Field Division Office in his area, DEA Form 106 regarding the loss or theft (21 C.F.R. §1301.76(b) and 21 U.S.C. §830(b)(1)(C)).

T.M.B — I understand that as the managing pharmacist I must notify the Nevada State Board of Pharmacy of all employment changes of pharmacy staff within 10 days of the change. NAC 639.540

Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?	☐	☑
2. Have you been charged, arrested, or convicted of a felony or misdemeanor in any state?	☐	☑
3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state?	☐	☑
4. Has your license been subjected to any discipline for violation of pharmacy or drug laws in any state?	☐	☑

If you marked YES to any questions above, include the following information and provide a signed statement of explanation. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Board Administrative Action:	State:	Date:	Case #:

Criminal Action:	State:	Date:	Case #:	County:	Court:

I certify under penalty of perjury that the information I have provided on this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

THERESA M. BURNS

Original signature of Managing Pharmacist (copies or stamps not accepted)

08 / 05 / 2025

Date

Section 9: Statement of Responsibility - MUST BE COMPLETED by an Authorized Person (NAC 639.945)

Statement of Responsibility

1. I am the Vice President (title) for Walgreen Co. (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be responsible for any violations of pharmacy law that may occur in the Pharmacy owned by such owner(s), shareholder(s), member(s), or partner(s).
3. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against the Pharmacy.
4. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) cannot require or permit the pharmacist(s) in said Pharmacy to violate any provision of local, state, or federal laws or regulations pertaining to the practice of pharmacy.
5. I further understand and acknowledge that Nevada law requires that each pharmacy located inside the State of Nevada employ only pharmacists, intern pharmacists, pharmaceutical technicians, and technicians in training that are licensed by the Nevada State Board of Pharmacy. (NRS 639.100).
6. I further understand and acknowledge that Nevada law requires that each pharmacy located outside the State of Nevada engaged in providing pharmacy services into Nevada employs at least one pharmacist licensed by the Nevada State Board of Pharmacy who will be responsible for any prescription dispensed to a patient located in Nevada and responsible for any acts or omissions of pharmacy personnel who are not registered with the Board. (NRS 639.2328).

Richard Gates

Print Name of Authorized Person

Richard Gates

Original signature of Authorized Person (copies or stamps not accepted)

08 / 26 / 2025

Date

Section 10: Affidavit for Pharmacies- MUST BE COMPLETED by pharmacies NOT CURRENTLY PERFORMING Sterile Compounding

Affidavit for Pharmacy License

I, Richard Gates hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

1. I am the Vice President (title) for Walgreen Co. (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I certify that upon licensure, the Pharmacy will not perform sterile compounding or ship sterile compounds into Nevada.
3. I understand and acknowledge that the Pharmacy and any of its staff members may be subject to discipline by the Board if the Pharmacy performs sterile compounding or ships any sterile compounds into Nevada without first obtaining written authorization from the Board to do so.
4. I certify that if the Pharmacy makes the decision to perform sterile compounding or to ship any sterile compounds into Nevada, the Pharmacy, through an authorized representative, will first notify the Board via a written request, and obtain written approval to perform sterile compounding or to ship any sterile compounds into Nevada.
5. I understand that if the Pharmacy seeks approval to perform sterile compounding or to ship any sterile compounds into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

FURTHER YOUR AFFIANT SAYETH NAUGHT.

Signature

SUBSCRIBED AND SWORN TO
Before me, a notary public this 20th day of August, 20 25

Zeljka Borosa-Rajcevic
Notary Public

OFFICIAL SEAL
ZELJKA BOROSA RAJCEVIC
Notary Public, State of Illinois
Commission No. 977646
My Commission Expires September 8, 2027

CONFIDENTIAL/EXEMPT FROM
FREEDOM OF INFORMATION ACT AND
SIMILAR STATE REQUESTS

Ownership Information

Ownership & Leadership of Applicant Entity

Applicant: **Walgreen Co.**
108 Wilmot Rd., Deerfield, IL 60015

Ownership: The Applicant entity is wholly owned (100%) by Walgreens Boots Alliance, Inc.

Officers of Walgreen Co.
Michael Motz - CEO
Richard Gates - Senior Vice President, Chief Pharmacy Officer
Cherita Thomas - Secretary
Matthew Spina - CFO
Michael Handal - Licensing and Provider Enrollment Officer

Ownership & Leadership of Walgreens Boots Alliance, Inc.

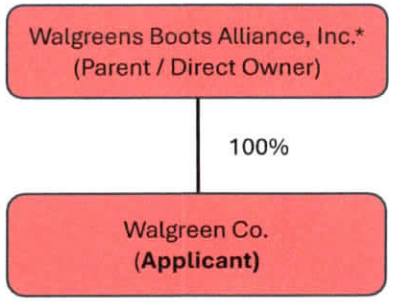
Ownership: Walgreens Boots Alliance, Inc. is wholly owned (100%) by Blazing Star Parent, LLC

Officers of Walgreens Boots Alliance, Inc.
Temporarily vacant - CEO
Mark Weisz - Sr VP, Global Tax
Manmohan Mahajan - Sr VP, Global Controller, CFO
Lanesha Minnix - Corporate Secretary

Please see the attached pre- and post-closing Corporate Organization chart for reference.

Proprietary and Confidential
Not a public record pursuant to
Section 7927.605 of the CPRA and
45 CFR Section 5.31

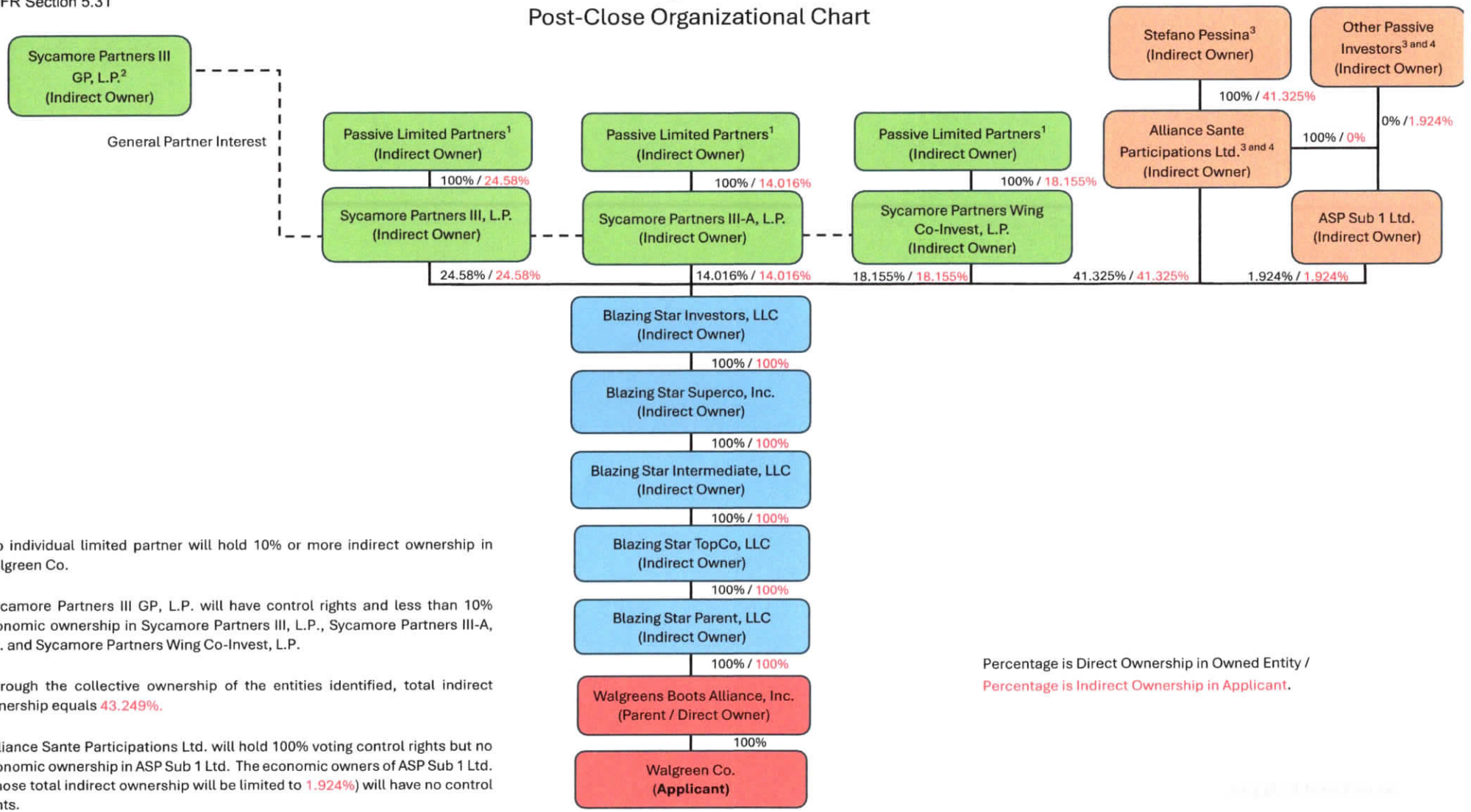
Walgreen Co.
Pre-Close Organizational Chart



Publicly Traded on Nasdaq Stock Market (WBA)

Proprietary and Confidential
Not a public record pursuant to
Section 7927.605 of the CPRA and
45 CFR Section 5.31

Walgreen Co.
Post-Close Organizational Chart



[1]No individual limited partner will hold 10% or more indirect ownership in Walgreen Co.

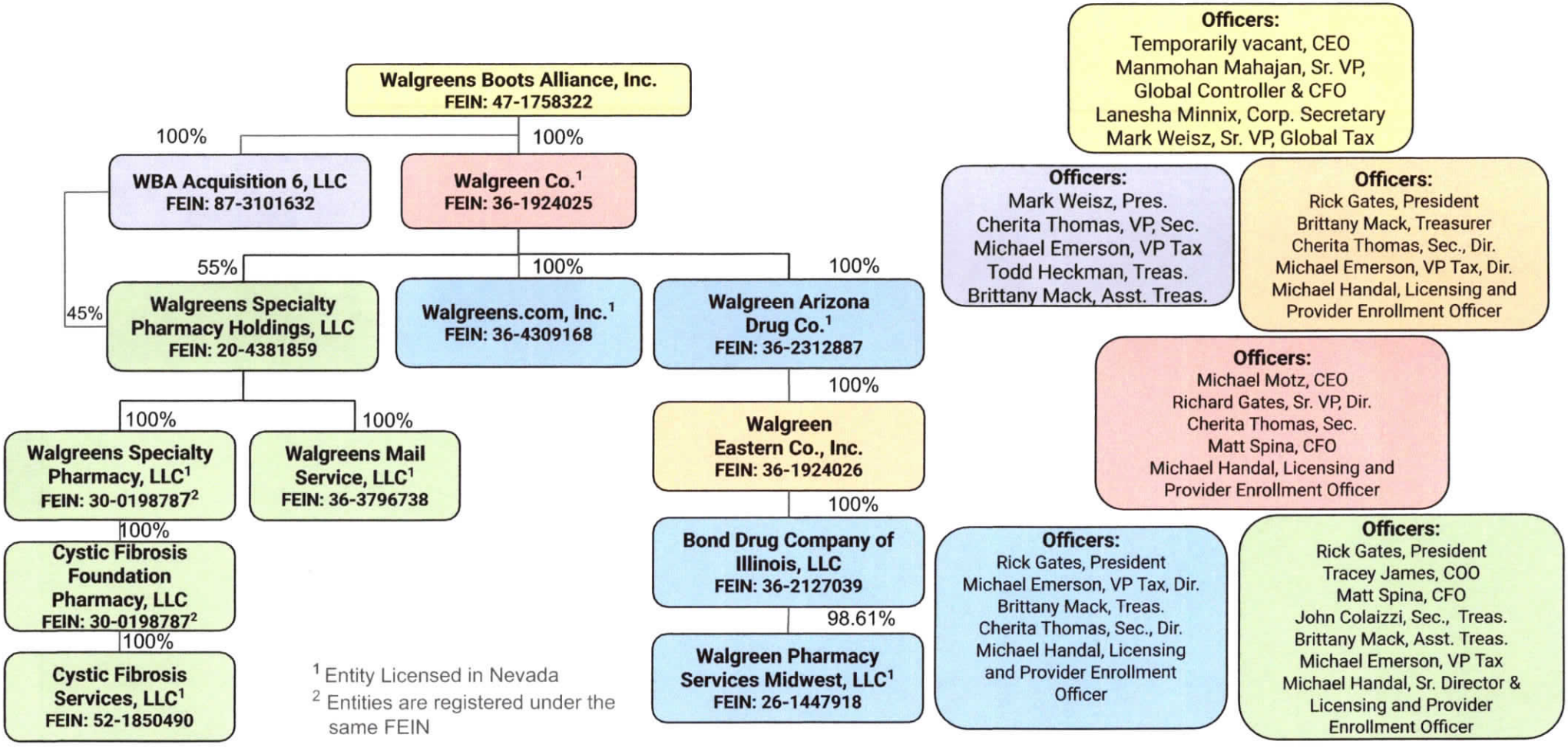
[2]Sycamore Partners III GP, L.P. will have control rights and less than 10% economic ownership in Sycamore Partners III, L.P., Sycamore Partners III-A, L.P. and Sycamore Partners Wing Co-Invest, L.P.

[3]Through the collective ownership of the entities identified, total indirect ownership equals 43.249%.

[4]Alliance Sante Participations Ltd. will hold 100% voting control rights but no economic ownership in ASP Sub 1 Ltd. The economic owners of ASP Sub 1 Ltd. (whose total indirect ownership will be limited to 1.924%) will have no control rights.

Percentage is Direct Ownership in Owned Entity /
Percentage is Indirect Ownership in Applicant.

Walgreen Co.
Post-Close Organizational Chart (cont.)



File Number 1084-348-1

STATE OF ILLINOIS

OFFICE OF THE SECRETARY OF STATE

To all to whom these Presents Shall Come, Greeting:

I, **Alexi Giannoulias,** *Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that*

WALGREEN CO., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON FEBRUARY 15, 1909, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE BUSINESS CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.

In Testimony Whereof, *I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this* 15TH *day of* MAY *A.D.* 2025 .

Authentication #: 2513501622 verifiable until 05/15/2026
Authenticate at: https://www.ilsos.gov

SECRETARY OF STATE

4250

900

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Pharmacy Application

Non-Refundable $500.00 Fee

Rev (6/11/2024)

Facility Location	Application Type (check all applicable)	Pharmacy Type (check all applicable)	Services the Pharmacy will Provide (check all applicable)
■ Nevada	☐ New Pharmacy	■ Retail/Community	■ Retail/Community
☐ Out-of-Nevada	■ Ownership Change*	☐ Hospital (# beds _____)	■ Dangerous drugs
	☐ Location Change *	☐ Internet	■ Controlled substances
	☐ Service Modification*	☐ Nuclear	DEA #: BW7221649
	☐ Name Change* (if only a Name Change occurred, submit a $50.00 fee with the application.)	☐ Other:	☐ Non-sterile Compounding
			☐ Sterile Compounding
			☐ Mail-Order Service
			☐ Off-site Cognitive Services
			☐ Long Term Care
	* Current license #: PH PH01521		☐ Hospital
			☐ Other:

Days of Operation		Ownership Type (check applicable box)
■ Monday	■ Friday	☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9, 10, 11, 12)
■ Tuesday	■ Saturday	■ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9, 10, 11, 12)
■ Wednesday	■ Sunday	☐ Partnership (complete sections 1, 2, 3, 4, 7, 9, 10, 11, 12)
■ Thursday	☐ Holidays	☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9, 10, 11, 12)

Section 1: General Information

Pharmacy Name: WALGREENS #05570

Physical Address: 6650 E LAKE MEAD BLVD

City: LAS VEGAS State: NV Zip: 89156-7033

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: (702)438-2744 Toll Free # (NAC 639.708, NRS 639.23286): N/A

Fax: (702)438-4339 Contact Email: rxm.05570@store.walgreens.com

Website: https://www.walgreens.com

Nevada Business License # (if applicable) NV19951143510

Supervising/Managing Pharmacist Name (NRS 639.220): CHRISTOPHER JASKOWIAK

Supervising/Managing Pharmacist NV Pharmacist Registration # (if applicable): 20261

Section 2: List the name(s) of at least one NEVADA registered pharmacist who practices at the pharmacy, who may be the managing pharmacist or another pharmacist, who will be responsible for any prescriptions dispensed to a patient located in Nevada and responsible for any acts or omissions of pharmacy personnel who are not registered with the Board. NRS 639.2328. (Use a separate piece of paper if additional space is needed.)

Name: CHRISTOPHER JASKOWIAK	NV Pharmacist Registration #: 20261
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:

Section 3: History of Company	**Yes**	**No**
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✓
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration from any jurisdiction?		✓
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been subject of an administrative action, board citation, cite fine, or proceeding relating to the pharmaceutical industry?		✓
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✓
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✓

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name(s) of the owner(s), their credentials and their percent ownership. Write NA if not applicable. NRS 639.232. (Use a separate piece of paper if additional space is needed.)

Name: N/A	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:

1. The Board shall not issue a license to conduct a pharmacy:
   a) To any practitioner; or
   b) To any partnership, corporation, or association in which a practitioner has a controlling interest or owns more than 10 percent of the available stock.
2. This section does not:
   a) Apply to a hospital pharmacy or a health maintenance organization which holds a certificate of authority under chapter 695C of NRS.
   b) Prohibit ownership by a practitioner of a building in which a pharmacy is located, if space for the pharmacy is rented at the prevailing rate.

Section 5: Publicly Traded Corporation

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Does the number of stockholders/shareholders of the corporation exceed four? NRS 639.231 ☐ Yes ☐ No

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: Delaware

Parent Company (if any): Walgreens Boots Alliance, Inc.

Corporation/Organization Name: Walgreen Co.

Mailing Address: 108 Wilmot Rd

City: Deerfield State: IL Zip: 60015

Telephone: 847-224-1348 Email: licenseadministration@walgreens.com

Contact Person Name: Kayla Lechner

Does the number of stockholders/shareholders of the corporation or members exceed four? NRS 639.231 ☐ Yes ☑ No

Section 7: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Please check type of partnership (NAC 639.214) ☐ General ☐ Limited

Does the number of partners or members of the partnership exceed four? NRS 639.231 ☐ Yes ☐ No

Section 8: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Richard Gates

Print Name of Authorized Person Submitting Application (If the applicant is a partnership or corporation, the application must be signed by a partner or by an officer of the corporation). NAC 639.215

Richard Gates

Original signature of Authorized Person (copies or stamps not accepted)

08 / 26 / 2025

Date

Board Use Only	Date Received: 9/22/25	Amount: $500 ck UP03300011129

Section 11: Managing Pharmacist Acknowledgement, Professional/Personal History – REQUIRED TO BE COMPLETED BY THE MANAGING PHARMACIST FOR NEVADA LOCATED PHARMACY APPLICANTS ONLY

Managing Pharmacist Name: CHRISTOPHER JASKOWIAK Pharmacist Registration #: 20261

Pharmacy Name: WALGREENS #05570

Initial each statement below to indicate you have read and agree with the following:

cj I understand that as the managing pharmacist I am responsible for compliance by the pharmacy and its personnel with all state and federal laws and regulations relating to the operation of the pharmacy and the practice of pharmacy. I understand my license can be revoked or that I can be subject of disciplinary action if such laws or regulations are knowingly violated in the pharmacy in which I am the managing pharmacist.

cj I understand within 48 hours after I report for duty as the managing pharmacist, I shall complete an inventory of all controlled substances of the pharmacy pursuant to 21 CFR Part 1304 and maintain a copy of the inventory in the file at the pharmacy.

cj I understand that if I cease to be managing pharmacist of the above-named pharmacy, I will jointly, with the new managing pharmacist, take an inventory of all controlled substances.

cj I understand that as the managing pharmacist I must ensure that all loss or theft of controlled substances are reported on forms provided by the Nevada State Board of Pharmacy and Department of Public Safety within 10 days after the date of discovery of theft or loss. NRS 453.568. Federal regulations require that registrants notify the Field Division Office of the Administration in his area, in writing, of the theft or significant loss of any controlled substance, disposal receptacles or listed chemicals within one business day of discovery of such loss or theft. The registrant shall also complete and submit to the Field Division Office in his area, DEA Form 106 regarding the loss or theft (21 C.F.R. §1301.76(b) and 21 U.S.C. §830(b)(1)(C)).

cj I understand that as the managing pharmacist I must notify the Nevada State Board of Pharmacy of all employment changes of pharmacy staff within 10 days of the change. NAC 639.540

Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?	☐	☑
2. Have you been charged, arrested, or convicted of a felony or misdemeanor in any state?	☐	☑
3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state?	☐	☑
4. Has your license been subjected to any discipline for violation of pharmacy or drug laws in any state?	☐	☑

If you marked YES to any questions above, include the following information and provide a signed statement of explanation. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Board Administrative Action:	State:	Date:	Case #:

Criminal Action:	State:	Date:	Case #:	County:	Court:

I certify under penalty of perjury that the information I have provided on this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

CHRISTOPHER JASKOWIAK

Original signature of Managing Pharmacist (copies or stamps not accepted)

08 / 01 / 2025

Date

Document Ref: MYJTU-ENBTE-46T92-FMFOY

Section 9: Statement of Responsibility - MUST BE COMPLETED by an Authorized Person (NAC 639.945)

Statement of Responsibility

1. I am the Vice President (title) for Walgreen Co. (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be responsible for any violations of pharmacy law that may occur in the Pharmacy owned by such owner(s), shareholder(s), member(s), or partner(s).
3. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against the Pharmacy.
4. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) cannot require or permit the pharmacist(s) in said Pharmacy to violate any provision of local, state, or federal laws or regulations pertaining to the practice of pharmacy.
5. I further understand and acknowledge that Nevada law requires that each pharmacy located inside the State of Nevada employ only pharmacists, intern pharmacists, pharmaceutical technicians, and technicians in training that are licensed by the Nevada State Board of Pharmacy. (NRS 639.100).
6. I further understand and acknowledge that Nevada law requires that each pharmacy located outside the State of Nevada engaged in providing pharmacy services into Nevada employs at least one pharmacist licensed by the Nevada State Board of Pharmacy who will be responsible for any prescription dispensed to a patient located in Nevada and responsible for any acts or omissions of pharmacy personnel who are not registered with the Board. (NRS 639.2328).

Richard Gates

Print Name of Authorized Person

Richard Gates

Original signature of Authorized Person (copies or stamps not accepted)

08 / 26 / 2025

Date

Section 10: Affidavit for Pharmacies- MUST BE COMPLETED by pharmacies NOT CURRENTLY PERFORMING Sterile Compounding

Affidavit for Pharmacy License

I, Richard Gates hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

1. I am the Vice President (title) for Walgreen Co. (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I certify that upon licensure, the Pharmacy will not perform sterile compounding or ship sterile compounds into Nevada.
3. I understand and acknowledge that the Pharmacy and any of its staff members may be subject to discipline by the Board if the Pharmacy performs sterile compounding or ships any sterile compounds into Nevada without first obtaining written authorization from the Board to do so.
4. I certify that if the Pharmacy makes the decision to perform sterile compounding or to ship any sterile compounds into Nevada, the Pharmacy, through an authorized representative, will first notify the Board via a written request, and obtain written approval to perform sterile compounding or to ship any sterile compounds into Nevada.
5. I understand that if the Pharmacy seeks approval to perform sterile compounding or to ship any sterile compounds into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

FURTHER YOUR AFFIANT SAYETH NAUGHT.

Signature

SUBSCRIBED AND SWORN TO
Before me, a notary public this 20th day of August, 2025

Zeljka Borosa-Rajcevic
Notary Public

OFFICIAL SEAL
ZELJKA BOROSA RAJCEVIC
Notary Public, State of Illinois
Commission No. 977646
My Commission Expires September 8, 2027

File Number 1084-348-1

STATE OF ILLINOIS

OFFICE OF THE SECRETARY OF STATE

To all to whom these Presents Shall Come, Greeting:

I, **Alexi Giannoulias,** *Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that*

WALGREEN CO., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON FEBRUARY 15, 1909, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE BUSINESS CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.

In Testimony Whereof, *I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this* 15TH *day of* MAY *A.D.* 2025 .

Authentication #: 2513501622 verifiable until 05/15/2026
Authenticate at: https://www.ilsos.gov

Alexi Giannoulias
SECRETARY OF STATE

CONFIDENTIAL/EXEMPT FROM
FREEDOM OF INFORMATION ACT AND
SIMILAR STATE REQUESTS

Ownership Information

Ownership & Leadership of Applicant Entity

Applicant: **Walgreen Co.**
108 Wilmot Rd., Deerfield, IL 60015

Ownership: The Applicant entity is wholly owned (100%) by Walgreens Boots Alliance, Inc.

Officers of Walgreen Co.
Michael Motz - CEO
Richard Gates - Senior Vice President, Chief Pharmacy Officer
Cherita Thomas - Secretary
Matthew Spina - CFO
Michael Handal - Licensing and Provider Enrollment Officer

Ownership & Leadership of Walgreens Boots Alliance, Inc.

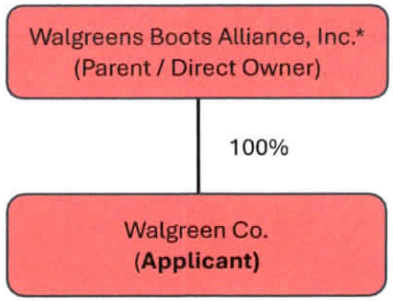
Ownership: Walgreens Boots Alliance, Inc. is wholly owned (100%) by Blazing Star Parent, LLC

Officers of Walgreens Boots Alliance, Inc.
Temporarily vacant - CEO
Mark Weisz - Sr VP, Global Tax
Manmohan Mahajan - Sr VP, Global Controller, CFO
Lanesha Minnix - Corporate Secretary

Please see the attached pre- and post-closing Corporate Organization chart for reference.

Proprietary and Confidential
Not a public record pursuant to
Section 7927.605 of the CPRA and
45 CFR Section 5.31

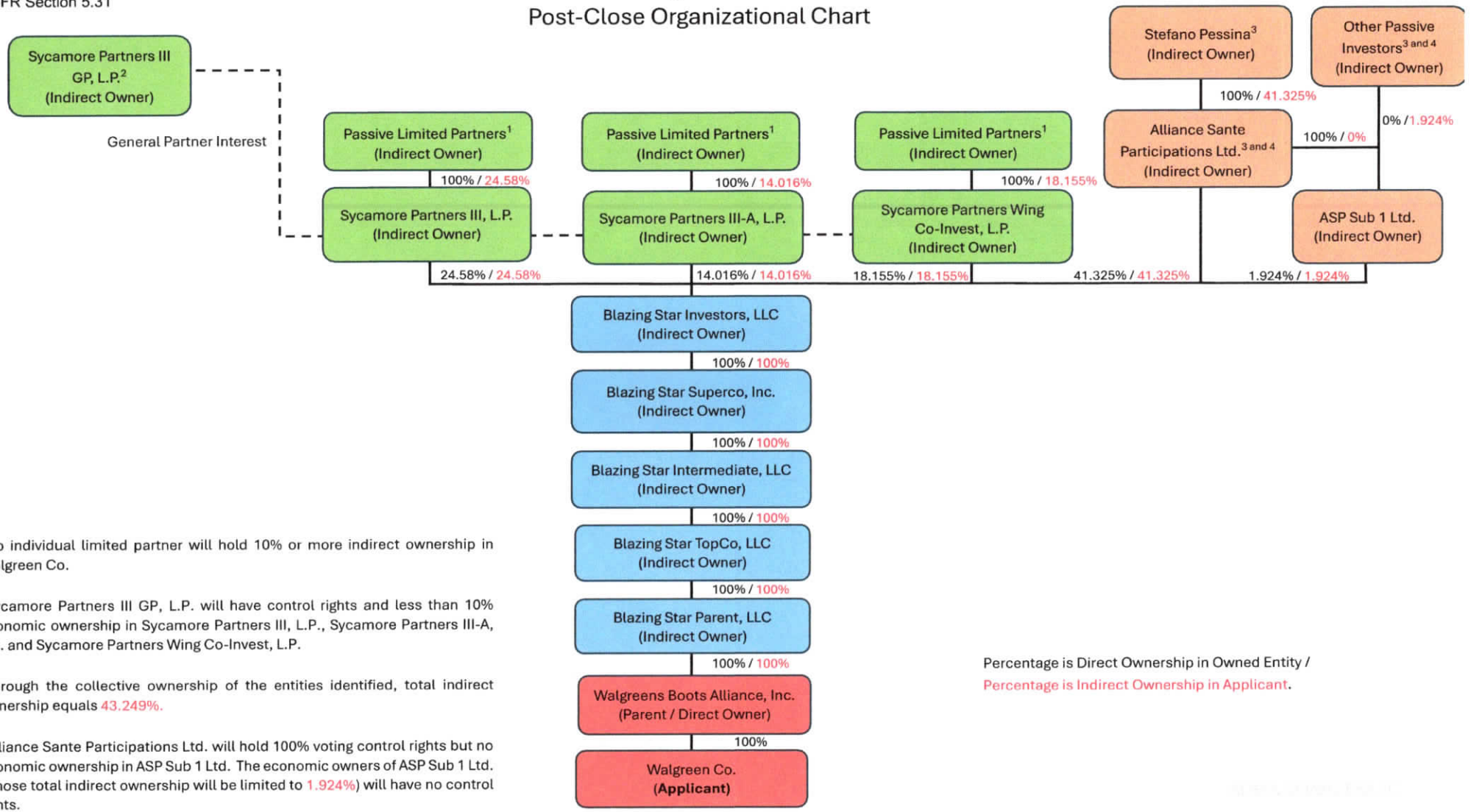
Walgreen Co.
Pre-Close Organizational Chart



Publicly Traded on Nasdaq Stock Market (WBA)

Proprietary and Confidential
Not a public record pursuant to
Section 7927.605 of the CPRA and
45 CFR Section 5.31

Walgreen Co.
Post-Close Organizational Chart



[1]No individual limited partner will hold 10% or more indirect ownership in Walgreen Co.

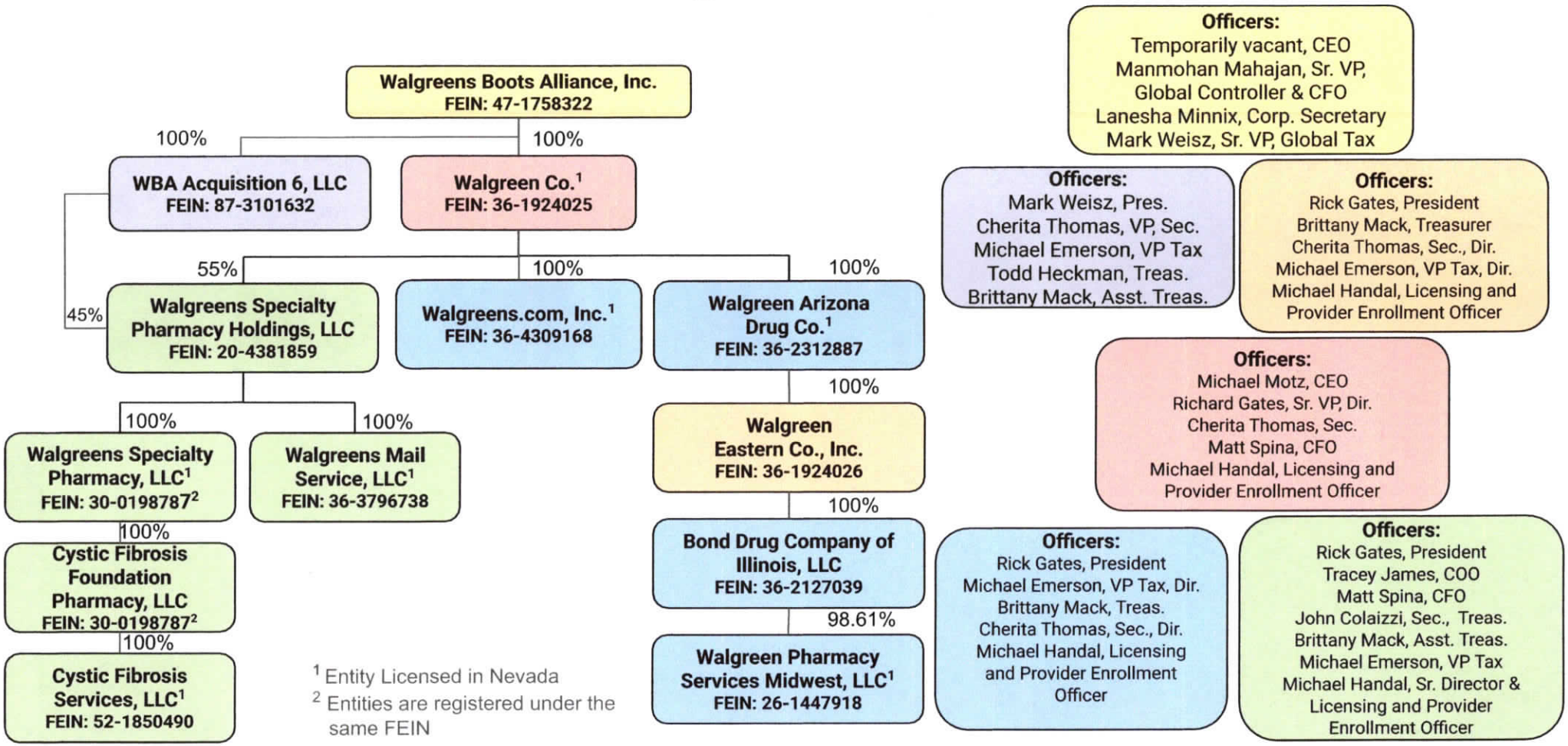
[2]Sycamore Partners III GP, L.P. will have control rights and less than 10% economic ownership in Sycamore Partners III, L.P., Sycamore Partners III-A, L.P. and Sycamore Partners Wing Co-Invest, L.P.

[3]Through the collective ownership of the entities identified, total indirect ownership equals 43.249%.

[4]Alliance Sante Participations Ltd. will hold 100% voting control rights but no economic ownership in ASP Sub 1 Ltd. The economic owners of ASP Sub 1 Ltd. (whose total indirect ownership will be limited to 1.924%) will have no control rights.

Percentage is Direct Ownership in Owned Entity /
Percentage is Indirect Ownership in Applicant.

Walgreen Co.
Post-Close Organizational Chart (cont.)



9PP

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Pharmacy Application

Non-Refundable $500.00 Fee

Rev (6/11/2024)

Facility Location	Application Type (check all applicable)	Pharmacy Type (check all applicable)	Services the Pharmacy will Provide (check all applicable)
■ Nevada ☐ Out-of-Nevada	☐ New Pharmacy ■ Ownership Change* ☐ Location Change * ☐ Service Modification* ☐ Name Change* (if only a Name Change occurred, submit a $50.00 fee with the application.) * Current license #: PH PH01938	■ Retail/Community ☐ Hospital (# beds _____) ☐ Internet ☐ Nuclear ☐ Other:	■ Retail/Community ■ Dangerous drugs ■ Controlled substances DEA #: BW9250933 ☐ Non-sterile Compounding ☐ Sterile Compounding ☐ Mail-Order Service ☐ Off-site Cognitive Services ☐ Long Term Care ☐ Hospital ☐ Other:

Days of Operation		Ownership Type (check applicable box)
■ Monday	■ Friday	☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9, 10, 11, 12)
■ Tuesday	■ Saturday	■ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9, 10, 11, 12)
■ Wednesday	■ Sunday	☐ Partnership (complete sections 1, 2, 3, 4, 7, 9, 10, 11, 12)
■ Thursday	☐ Holidays	☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9, 10, 11, 12)

Section 1: General Information

Pharmacy Name: WALGREENS #05479

Physical Address: 385 E SILVERADO RANCH BLVD

City: LAS VEGAS State: NV Zip: 89183-4428

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: (702)617-7895 Toll Free # (NAC 639.708, NRS 639.23286): N/A

Fax: (702)617-4590 Contact Email: rxm.05479@store.walgreens.com

Website: https://www.walgreens.com

Nevada Business License # (if applicable) NV19951143510

Supervising/Managing Pharmacist Name (NRS 639.220): MICHAEL CRANE

Supervising/Managing Pharmacist NV Pharmacist Registration # (if applicable): 15326

Document Ref: INFF6-8WFF8-8CZPJ-WU7EQ

Section 2: List the name(s) of at least one NEVADA registered pharmacist who practices at the pharmacy, who may be the managing pharmacist or another pharmacist, who will be responsible for any prescriptions dispensed to a patient located in Nevada and responsible for any acts or omissions of pharmacy personnel who are not registered with the Board. NRS 639.2328. (Use a separate piece of paper if additional space is needed.)

Name: MICHAEL CRANE	NV Pharmacist Registration #: 15326
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:

Section 3: History of Company	**Yes**	**No**
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✓
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration from any jurisdiction?		✓
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been subject of an administrative action, board citation, cite fine, or proceeding relating to the pharmaceutical industry?	✓	
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✓
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✓

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name(s) of the owner(s), their credentials and their percent ownership. Write NA if not applicable. NRS 639.232. (Use a separate piece of paper if additional space is needed.)

Name: N/A	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:

1. The Board shall not issue a license to conduct a pharmacy:
   a) To any practitioner; or
   b) To any partnership, corporation, or association in which a practitioner has a controlling interest or owns more than 10 percent of the available stock.
2. This section does not:
   a) Apply to a hospital pharmacy or a health maintenance organization which holds a certificate of authority under chapter 695C of NRS.
   b) Prohibit ownership by a practitioner of a building in which a pharmacy is located, if space for the pharmacy is rented at the prevailing rate.

Section 5: Publicly Traded Corporation

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Does the number of stockholders/shareholders of the corporation exceed four? NRS 639.231 ☐ Yes ☐ No

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: Delaware

Parent Company (if any): Walgreens Boots Alliance, Inc.

Corporation/Organization Name: Walgreen Co.

Mailing Address: 108 Wilmot Rd

City: Deerfield State: IL Zip: 60015

Telephone: 847-224-1348 Email: licenseadministration@walgreens.com

Contact Person Name: Kayla Lechner

Does the number of stockholders/shareholders of the corporation or members exceed four? NRS 639.231 ☐ Yes ☒ No

Section 7: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Please check type of partnership (NAC 639.214) ☐ General ☐ Limited

Does the number of partners or members of the partnership exceed four? NRS 639.231 ☐ Yes ☐ No

Section 8: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Document Ref: INFF6-8WFF8-8CZPJ-WU7EQ

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Richard Gates

Print Name of Authorized Person Submitting Application (If the applicant is a partnership or corporation, the application must be signed by a partner or by an officer of the corporation). NAC 639.215

Richard Gates

Original signature of Authorized Person (copies or stamps not accepted)

08 / 26 / 2025

Date

Board Use Only	Date Received: 9/22/25	Amount: $500 CK JP03-300011129

Section 11: Managing Pharmacist Acknowledgement, Professional/Personal History – REQUIRED TO BE COMPLETED BY THE MANAGING PHARMACIST FOR NEVADA LOCATED PHARMACY APPLICANTS ONLY

Managing Pharmacist Name: MICHAEL CRANE Pharmacist Registration #: 15326

Pharmacy Name: WALGREENS #05479

Initial each statement below to indicate you have read and agree with the following:

MGC I understand that as the managing pharmacist I am responsible for compliance by the pharmacy and its personnel with all state and federal laws and regulations relating to the operation of the pharmacy and the practice of pharmacy. I understand my license can be revoked or that I can be subject of disciplinary action if such laws or regulations are knowingly violated in the pharmacy in which I am the managing pharmacist.

MGC I understand within 48 hours after I report for duty as the managing pharmacist, I shall complete an inventory of all controlled substances of the pharmacy pursuant to 21 CFR Part 1304 and maintain a copy of the inventory in the file at the pharmacy.

MGC I understand that if I cease to be managing pharmacist of the above-named pharmacy, I will jointly, with the new managing pharmacist, take an inventory of all controlled substances.

MGC I understand that as the managing pharmacist I must ensure that all loss or theft of controlled substances are reported on forms provided by the Nevada State Board of Pharmacy and Department of Public Safety within 10 days after the date of discovery of theft or loss. NRS 453.568. Federal regulations require that registrants notify the Field Division Office of the Administration in his area, in writing, of the theft or significant loss of any controlled substance, disposal receptacles or listed chemicals within one business day of discovery of such loss or theft. The registrant shall also complete and submit to the Field Division Office in his area, DEA Form 106 regarding the loss or theft (21 C.F.R. §1301.76(b) and 21 U.S.C. §830(b)(1)(C)).

MGC I understand that as the managing pharmacist I must notify the Nevada State Board of Pharmacy of all employment changes of pharmacy staff within 10 days of the change. NAC 639.540

Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?	☐	☑
2. Have you been charged, arrested, or convicted of a felony or misdemeanor in any state?	☐	☑
3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state?	☐	☑
4. Has your license been subjected to any discipline for violation of pharmacy or drug laws in any state?	☐	☑

If you marked YES to any questions above, include the following information and provide a signed statement of explanation. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Board Administrative Action:	State:	Date:	Case #:

Criminal Action:	State:	Date:	Case #:	County:	Court:

I certify under penalty of perjury that the information I have provided on this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

MICHAEL CRANE

Original signature of Managing Pharmacist (copies or stamps not accepted)

08 / 04 / 2025

Date

Document Ref: Z2C88-C9H3T-WADMV-RAQDG

FILED
SEP 0 4 2024
NEVADA STATE BOARD OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **WALGREENS PHARMACY #05479, Pharmacy License No. PH01938,** **WALGREENS PHARMACY #02445, Pharmacy License No. PH01964, and** **GRACE OPULENCIA, RPH, Certificate of Registration No. 15190,** **Respondents.**	**CASE NOS. 21-169-PH-S** **21-169-PH-O** **21-169-RPH-S** **STIPULATION AND ORDER**

J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy (Board), by and through Brett Kandt, General Counsel, and Respondent Walgreens Pharmacy #05479, Pharmacy License No. PH01938, Respondent Walgreens Pharmacy #02445, Pharmacy License No. PH01964, and Respondent Grace Opulencia, RPh (Opulencia), Certificate of Registration No. 15190, jointly by and through counsel, William Stilling, Esq. of Stilling & Harrison, **HEREBY STIPULATE AND AGREE THAT**:

1. On or about December 8, 2023, Board Staff served Respondents with the Notice of Intended Action and Accusation (Accusation) on file in this matter together with the Statement to Respondents and Notice of Hearing. Respondents are entering this Stipulation in lieu of filing an Answer and Notice of Defense to the Accusation.

2. Respondents are aware of the right to seek the advice of counsel in this matter and obtained the advice of counsel prior to entering this Stipulation.

3. Respondents are aware of the right to a hearing on the matters alleged in the Accusation, their right to reconsideration, their right to appeal, and any and all other rights which may be accorded pursuant to NRS Chapter 233B, Nevada Administrative Procedure Act, NRS Chapter 622A, Administrative Procedure Before Certain Regulatory Bodies, and NRS Chapter 639, Nevada Pharmacy Act.

4. Conditioned on the acceptance of this Stipulation by the Board, and with the exception of the right to challenge any determination that Respondents, or any of them, have failed to comply with the provisions of this Stipulation, Respondents hereby knowingly and voluntarily waive their rights to a hearing, reconsideration, appeal and any and all other rights related to this action that may be accorded to them by NRS Chapter 233B, Nevada Administrative Procedure Act, NRS Chapter 622A, Administrative Procedure Before Certain Regulatory Bodies, and NRS Chapter 639, Nevada Pharmacy Act.

5. Respondents admit that evidence exists, and that Board's staff prosecuting this case could present such evidence at an administrative hearing, to establish a factual basis for the violations alleged in the Accusation, *to wit,* that:

A. Respondent Opulencia engaged in unprofessional conduct as defined in NAC 639.945(1)(d) and (i) when she and/or her staff erroneously dispensed prescription nos. 1930061-2 and 1930061-5, resulting in patient harm, and is therefore subject to discipline pursuant to NAC 639.252, NAC 639.702, NRS 639.210(4) and/or (12); and

B. As the pharmacy/pharmacy owner at which the violations of law alleged herein occurred, Walgreens Pharmacy #05479 and Walgreens Pharmacy #02445 are responsible for those violations pursuant to NRS 639.230(5), NAC 639.702 and/or NAC 639.945(3).

6. Those violations are plead with particularity in the Accusation and are grounds for action pursuant to NRS 639.210 and NRS 639.255.

7. To resolve this matter without incurring any further costs or the expense associated with a hearing, the Board and Respondent Grace Opulencia, RPh, Certificate of Registration No. 15190, stipulate to the following penalties:

A. Pursuant to NRS 639.255(1)(f) and NAC 639.955(5), Respondent Opulencia shall pay a fine of One Thousand Dollars ($1,000.00) for the violations; and

B. Pursuant to NRS 622.400, Respondent Opulencia shall pay Five Hundred Dollars ($500.00) to partially reimburse the Board for recoverable attorney's fees and investigative costs.

8. To resolve this matter without incurring any further costs or the expense associated with a hearing, the Board and Respondent Walgreens Pharmacy #05479, Pharmacy License No. PH01938, stipulate to the following penalties:

A. Pursuant to NRS 639.255(1)(f) and NAC 639.955(5), Respondent Walgreens Pharmacy #05479 shall pay a fine of One Thousand Dollars ($1,000.00) for the violations; and

B. Pursuant to NRS 622.400, Respondent Walgreens Pharmacy #05479 shall pay Five Hundred Dollars ($500.00) to partially reimburse the Board for recoverable attorney's fees and investigative costs.

9. To resolve this matter without incurring any further costs or the expense associated with a hearing, the Board and Respondent Walgreens Pharmacy #02445, Pharmacy License No. PH01964, stipulate to the following penalties:

A. Pursuant to NRS 639.255(1)(f) and NAC 639.955(5), Respondent Walgreens Pharmacy #02445 shall pay a fine of One Thousand Dollars ($1,000.00) for the violations; and

B. Pursuant to NRS 622.400, Respondent Walgreens Pharmacy #02445 shall pay Five Hundred Dollars ($500.00) to partially reimburse the Board for recoverable attorney's fees and investigative costs.

10. Any failure by any Respondent to comply with the terms of this Order may result in issuance by the Executive Secretary of an order to show cause pursuant to NAC 639.965 directing the non-compliant Respondent(s) to appear before the Board at the next regularly scheduled meeting for a show cause hearing. If such a hearing results in a finding of a violation of this Order by any Respondent, the Board may impose additional discipline upon the non-compliant Respondent(s) consistent with the provisions of NRS Chapter 639.

11. General Counsel will present this Stipulation to the Board for approval pursuant to NRS 622.330 at the Board's regularly scheduled public meeting on September 4, 2024. Respondents will appear in person at the meeting to answer questions from the Board Members and/or Board Staff. The Board Members and Staff may discuss and deliberate regarding this Stipulation, even if Respondents or counsel are not present at the meeting.

12. The Board has discretion to accept this Stipulation, but it is not obligated to do so. If this Stipulation is approved by the Board, it shall be a public record pursuant to NRS 622.330 and shall be reported to the National Practitioner Data Bank pursuant to 42 USC § 1396r–2 and 45 CFR Part 60.

13. If the Board rejects any part or all of this Stipulation, and unless they reach an alternative agreement on the record during the hearing, the parties agree that a full hearing on the merits of this matter may be heard by the Board at a later date. The terms and admissions herein may not be used or referred to in a full hearing on the merits of this matter.

14. Upon approval of this Stipulation by the Board, Respondents shall pay the fines agreed to herein by personal, business, certified or cashier's check or money order made payable to "State of Nevada, Office of the Treasurer," to be received by the Board's Reno office located at

985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, due and payable by December 1, 2024.

15. Upon approval of this Stipulation by the Board, Respondents shall pay the attorney's fees and investigative costs agreed to herein by personal, business, certified or cashier's check or money order made payable to the "Nevada State Board of Pharmacy" to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, due and payable by December 1, 2024.

16. Subject to the approval of this Stipulation by the Board, the Board and Respondents agree to release one another from any and all additional claims arising from the facts set forth in the Accusation on file herein, whether known or unknown that might otherwise have existed on or before the effective date of this Order.

Respondents have fully considered the charges and allegations contained in the *Notice of Intended Action and Accusation* in this matter, and the terms of this Stipulation, and have knowingly and voluntarily agreed to the terms set forth herein, and waived certain rights, as stated herein.

AGREED:

Signed this 16th day of August 2024

WALGREENS PHARMACY #05479
Pharmacy License No. PH01938

Signed this ___ day of _____ 2024

WALGREENS PHARMACY #02445
Pharmacy License No. PH01964

Signed this ___ day of _____ 2024

GRACE OPULENCIA, RPH
Certificate of Registration No. 15190

APPROVED AS TO FORM AND CONTENT
this ___ day of _____ 2024

WILLIAM J. STILLING, ESQ.
Counsel for Respondents

Signed this ___ day of _____ 2024

BRETT KANDT
General Counsel
Nevada State Board of Pharmacy

Respondents have fully considered the charges and allegations contained in the *Notice of Intended Action and Accusation* in this matter, and the terms of this Stipulation, and have knowingly and voluntarily agreed to the terms set forth herein, and waived certain rights, as stated herein.

AGREED:

Signed this 16th day of August 2024

WALGREENS PHARMACY #05479
Pharmacy License No. PH01938

Signed this ___ day of _____ 2024

WALGREENS PHARMACY #02445
Pharmacy License No. PH01964

Signed this 3rd day of September 2024

GRACE OPULENCIA, RPH
Certificate of Registration No. 15190

APPROVED AS TO FORM AND CONTENT
this 3 day of September 2024

WILLIAM J. STILLING, ESQ.
Counsel for Respondents

Signed this 3rd day of SEPTEMBER 2024

BRETT KANDT
General Counsel
Nevada State Board of Pharmacy

ORDER

The Nevada State Board of Pharmacy hereby adopts the foregoing Stipulation as to Respondent Walgreens Pharmacy #05479, Pharmacy License No. PH01938, Respondent Walgreens Pharmacy #02445, Pharmacy License No. PH01964, and Respondent Grace Opulencia, RPh, Certificate of Registration No. 15190, in Case Nos. 21-169-PH-S, 21-169-PH-O and 21-169-RPH-S, and hereby orders that the terms of the foregoing Stipulation be made immediately effective upon execution below.

IT IS SO ORDERED.

Entered this 4th day of September 2024.

Helen Park, Pharm.D.
President
Nevada State Board of Pharmacy

FILED
DEC - 8 2023
NEVADA STATE BOARD OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

WALGREENS PHARMACY #05479, Pharmacy License No. PH01938,

WALGREENS PHARMACY #02445, Pharmacy License No. PH01964,

GRACE OPULENCIA, RPh., Pharmacist Registration No. 15190,

Respondent.

Case Nos. 21-169-PH-S
21-169-PH-O
21-169-RPH-S

NOTICE OF INTENDED ACTION AND ACCUSATION

J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, files the following document that will serve as both a notice of intended action under NRS 233B.127(3) and as an accusation under NRS 622A.300(1) and/or NRS 639.241.

JURISDICTION

1. The Nevada State Board of Pharmacy ("Board") has personal jurisdiction over Respondent Walgreens Pharmacy #05479 ("Walgreens #05479"), because at the time of the events alleged herein, Respondent Walgreens #05479 held Pharmacy License No. PH01938, issued by the Board, pursuant to NRS 639.230, on May 20, 2005, which authorized Respondent Walgreens #05479 to operate a pharmacy within the State of Nevada.

2. The Nevada State Board of Pharmacy ("Board") has personal jurisdiction over Respondent Walgreens Pharmacy #02445 ("Walgreens #02445"), because at the time of the events alleged herein, Respondent Walgreens #002445 held Pharmacy License No. PH01964, issued by the Board, pursuant to NRS 639.230, on September 9, 2004, which authorized Respondent Walgreens #02445 to operate a pharmacy which dispenses into the State of Nevada.

3. The Board has personal jurisdiction over Respondent Grace Opulencia, RPh. ("Opulencia"), because at the time of the events alleged herein, Respondent Opulencia held

Certificate of Registration No. 15190, issued by the Board, pursuant to NRS 639.127, on October 6, 2000, which authorized Respondent Opulencia to practice pharmacy in the State of Nevada.

4. The Board has subject matter jurisdiction over this matter because at the time of the events alleged herein Respondent Opulencia was engaged in the practice of pharmacy at the pharmacy operated by Respondent Walgreens #05479 in the State of Nevada and Walgreens #02445 was operating a pharmacy which engaged in the practice of pharmacy into the State of Nevada.

PRIOR DISCIPLINE

(Respondent Opulencia)

5. On or about February 7, 2022, Respondent Opulencia was mailed a $500.00 Citation and Fine in Case No. 19-119-RPH-S for a medication misfill of Adderall XR capsules, 25mg wherein RX# 2969633 was short six capsules. Respondent Opulencia timely paid the $500.00 fine.

(Respondent Walgreens #02445)

6. In or about January of 2016, Respondent Walgreens #02445 a.k.a Walgreens Mail Service, Inc., Certificate of Registration No. PH01964, entered into a Stipulation and Order in Case No. 15-028-RPH-S. In the Stipulation, Respondent Walgreens #02445 admitted it was responsible for the actions of its employees, pursuant to NAC 639.945(2), and that evidence existed to establish a factual basis demonstrating that its pharmacist employee, who did not hold a Nevada pharmacist registration, had incorrectly verified a RX #3094107-3922, a prescription written for Zoloft 200mg as simvastatin 20 mg tablets (generic Zocor). Respondent Walgreens #02445 paid a fine of $1,000.00 and attorney's fees and costs of $495.00.

7. On or about April 10, 2019, Respondent Walgreens #02445, Certificate of Registration No. PH01964, entered into a Stipulation and Order Case No. 17-086-S. In the Stipulation, Respondent Walgreens admitted it was responsible for the actions of its employees, pursuant to NAC 639.945(2), and that evidence existed to establish a factual basis demonstrating that its pharmacist employees who did not hold Nevada pharmacist registrations, had on three

separate occasions, overrode Drug Utilization Review ("DUR") warnings during the automatic refill data review of RX #1465131-04579. RX #1465131-04579 was written for Rophinirole 2mg, a treatment for restless leg syndrome, and incorrectly verified as Risperidone 2mg, an antipsychotic. Respondent Walgreens #02445 paid a fine of $2,000.00 and attorney's fees and costs of $1,000.00.

FACTUAL ALLEGATIONS

8. On or about October 14, 2021, the Board received a patient complaint indicating that the patient had incorrectly received preservative free single dose Methotrexate instead of the multidose Methotrexate containing a preservative.

9. Respondent Walgreens #05479 operated a pharmacy at 385 E. Silverado Ranch Blvd., Las Vegas, Nevada 89183 at the time of the events alleged herein.

10. Respondent Opulencia, RPh., was employed as a staff pharmacist at Walgreens #05479 at the time of the events alleged herein.

RX# 1930061-2

11. On or about August 2, 2021, Dana Shepherd, P.A. issued a prescription for "Methotrexate 50mg/2ml injection solution," with directions stating "0.5 milliliter inject subcutaneously one time weekly," and "#1 Bottle(s), 30-day, Refills: 2." The prescription was electronically transmitted to Respondent Walgreens #05479 and designated as RX# 1930061-2.

12. On or about August 3, 2021, pharmaceutical technician H.X. Jaghanan, located at Walgreens #02445, at 8337 Southpark Circle, Orlando, Florida 32819, performed the data entry for RX# 1930061-2. The data entry performed by H.X. Jaghanan identified prescription at "Methotrexate 25mg/ml PF SI."

13. Pharmaceutical technician H.X. Jaghanan is not licensed to practice pharmacy in the State of Nevada.

14. On or about August 23, 2021, pharmacist Julie Wan, located at Walgreens #02445, at 8337 Southpark Circle, Orlando, Florida 32819, performed the "Pat/Pbr rev" and "Data Product Review" for RX# 1930061-2.

15. Pharmacist Julie Wan is not licensed to practice pharmacy in the State of Nevada.

16. On or about August 23, 2021, pharmacist D. Pham, located at Walgreens #02445, at 8337 Southpark Circle, Orlando, Florida 32819, overrode 5 DURs for RX# 1930061-2.

17. Pharmacist D. Pham is not licensed to practice pharmacy in the State of Nevada.

18. On or about August 23, 2021, pharmaceutical technician J.N. Zuniga, Certificate of Registration No. PT24198, who was located at Walgreens #05479, filled RX# 1930061-2.

19. On or about August 24, 2021, Respondent Opulencia performed the final verification and incorrectly verified RX# 1930061-2 as preservative free.

20. On or about August 26, 2021, RX# 1930061-2 was dispensed as a preservative free solution. Respondent Walgreen's #05479's computer system identified Respondent Opulencia as the pharmacist of record for RX# 1930061-2.

RX# 1930061-5 - REFILL

21. On or about September 28, 2021, Respondent Opulencia performed the final verification on a refill of RX# 1930061 and incorrectly verified the prescription as preservative free.

22. On or about September 28, 2021, RX# 1930061-5 was dispensed as a preservative free solution. Respondent Walgreen's #05479's computer system identified Respondent Opulencia as the pharmacist of record for RX# 1930061-5.

APPLICABLE LAW

23. A pharmacist, pharmacist intern, or dispensing practitioner shall review a patient's record before dispensing a prescription to determine its therapeutic appropriateness and, in making that determination, may consider, without limitation: (a) overutilization of the drug and drug

misuse; (b) underutilization of the drug; (c) therapeutic duplications, contradictions, and any warning labels or other information included with the drug; (d) interactions between the drug and any (i) other drugs which the patient is taking or has recently taken, (ii) diseases which the patient has, including any stages of the disease, and (iii) allergies that the patient may have; and (e) incorrect dosage or duration of treatment. NAC 639.707(4).

24. The Board may suspend or revoke any certificate, license, registration or permit for engaging in unprofessional conduct or conduct contrary to the public interest, pursuant to NRS 639.210(4), upon a finding that the holder fails to strictly follow the instructions of a practitioner when filling, refilling, labeling, and dispensing a prescription. NAC 639.945(1)(d)

25. The Board may suspend or revoke any certificate, license, registration or permit for engaging in unprofessional conduct or conduct contrary to the public interest, pursuant to NRS 639.210(4), upon a finding that the holder performed his or her duties as the holder of a license, certificate or registration issued by the Board, or as the owner of a business or an entity licensed by the Board, in an incompetent, unskillful or negligent manner. NAC 639.945(1)(i).

26. The Board may suspend or revoke any certificate, license, registration or permit pursuant to NRS 639.210(12) upon the finding that the holder, violated, attempted to violate, assisted or abetted in the violation of or conspired to violate any of the provisions of this chapter or any law or regulation relating to drugs, the manufacture or distribution of drugs or the practice of pharmacy, or has knowingly permitted, allowed, condoned or failed to report a violation of any of the provisions of this chapter or any law or regulation relating to drugs, the manufacture or distribution of drugs or the practice of pharmacy. NRS 639.210(12).

27. The Board may suspend or revoke any certificate, license, registration or permit pursuant to NRS 639.210(15) upon the finding that the holder, as a managing pharmacist, violated any provision of law or regulation concerning recordkeeping or inventory in a store over which he or she presides, or has knowingly allowed a violation of any provision of NRS Chapter 639 or

other state or federal laws or regulations relating to the practice of pharmacy by personnel of the pharmacy under his or her supervision.

28. Each pharmacy must be managed by a registered pharmacist, approved by the Board, who is responsible for compliance by the pharmacy and its personnel with all state and federal laws and regulations relating to the operation of the pharmacy and the practice of pharmacy. NRS 639.220(1).

29. Any violation of NRS Chapter 639 by a managing pharmacist or by personnel of the pharmacy under the supervision of the managing pharmacist is cause for suspension or revocation of the license of the pharmacy by the Board. NRS 639.230(5).

30. If a pharmaceutical technician performs one of more of the functions necessary to prepare a prescription, the pharmacist supervising the pharmaceutical technician is responsible for the filled prescription, including but not limited to, verifying: (a) the selection and strength of the drug; the dosage form; and the labeling of the prescription. NAC 639.252(2).

31. The owner of any business or facility licensed, certified, or registered by the Board is responsible for the acts of all personnel in his or her employ. NAC 639.945(2).

32. The owner of a pharmacy, the managing pharmacist of the pharmacy and the registered pharmacist on duty are responsible for the acts and omissions of pharmaceutical technicians and other personnel who are not pharmacists working in or for the pharmacy, including, but not limited to, any errors committed or unauthorized work performed by such personnel, if the owner, managing pharmacist or registered pharmacist knew or reasonably should have known of the act or omission. NAC 639.702.

33. The Board may impose a fine upon the holder of a certificate, license, or permit issued by the Board for up to $10,000.00 for each violation. NRS 639.255(3).

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COUNT ONE

Unprofessional Conduct- Incompetent, Unskillful, or Negligent Conduct
(Respondent Opulencia)

34. Respondent Opulencia's failure to accurately verify the prescription dosage and duration in strict conformance with the instructions of prescribing practitioner prior to dispensing dispense RX# 1930061-2 and RX# 1930061-5 violated NAC 639.707(4)(e) and constituted unprofessional conduct and/or incompetent, unskillful, or negligent conduct contrary to the public interest pursuant to NAC 639.945(1)(d) and/or (i). Respondent Opulencia is therefore subject to discipline pursuant to NRS 639.210(4) and/or NRS 639.210(12) and/or NRS 639.255(3).

35. Respondent Opulencia, as the managing pharmacist of Walgreens #05479 at the time of the violations alleged herein, is responsible, pursuant to NRS 639.220(1), for the misfills of RX# 1930061-2 and RX# 1930061-5, including pursuant to NAC 639.252(2) and NAC 639.702, if the misfills were attributable to the unprofessional conduct, including incorrect prescription data entry by pharmaceutical technician J.N. Zuniga, or any of the other pharmacy employee of Walgreens #05479 under the supervision of Respondent Opulencia. Respondent Opulencia is therefore subject to discipline pursuant to NRS 639.210(4) and/or NRS 639.255(3).

COUNT TWO

Pharmacy/Pharmacy Owner Responsibility
(Respondent Walgreens #05479)

36. To the extent the dispensing errors on RX# 1930061-2 and RX# 1930061-5 were attributable to employees of Respondent Walgreens #05479, including Respondent Opulencia, or pharmaceutical technician J.N. Zuniga, Certificate of Registration No. PT24198, Walgreens #05479 is responsible for those violations pursuant to NRS 639.230(5), NAC 639.702, and NAC 639.945(2). Respondent Walgreens #05479 is therefore subject to discipline pursuant to NRS 639.210 and/or NRS 639.255(3).

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COUNT THREE

Pharmacy/Pharmacy Owner Responsibility
(Respondent Walgreens #02445)

37. To the extent the dispensing errors on RX# 1930061-2 and RX# 1930061-5 were attributable to employees of Respondent Walgreens #02445, including pharmaceutical technician H.X. Jaghanan, pharmacist Julie Wan, or pharmacist D. Pham, Walgreens #02445 is responsible for those violations pursuant to NRS 639.230(5), NAC 639.702, and NAC 639.945(2). Respondent Walgreens #02445 is therefore subject to discipline pursuant to NRS 639.210 and/or NRS 639.255(3).

WHEREFORE, it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to the certificate of registration of this respondent.

Signed this 6th day of December 2023.

J. David Wuest, R.Ph., Executive Secretary,
Nevada State Board of Pharmacy

Section 9: Statement of Responsibility - MUST BE COMPLETED by an Authorized Person (NAC 639.945)

Statement of Responsibility

1. I am the Vice President (title) for Walgreen Co. (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be responsible for any violations of pharmacy law that may occur in the Pharmacy owned by such owner(s), shareholder(s), member(s), or partner(s).
3. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against the Pharmacy.
4. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) cannot require or permit the pharmacist(s) in said Pharmacy to violate any provision of local, state, or federal laws or regulations pertaining to the practice of pharmacy.
5. I further understand and acknowledge that Nevada law requires that each pharmacy located inside the State of Nevada employ only pharmacists, intern pharmacists, pharmaceutical technicians, and technicians in training that are licensed by the Nevada State Board of Pharmacy. (NRS 639.100).
6. I further understand and acknowledge that Nevada law requires that each pharmacy located outside the State of Nevada engaged in providing pharmacy services into Nevada employs at least one pharmacist licensed by the Nevada State Board of Pharmacy who will be responsible for any prescription dispensed to a patient located in Nevada and responsible for any acts or omissions of pharmacy personnel who are not registered with the Board. (NRS 639.2328).

Richard Gates

Print Name of Authorized Person

Richard Gates

Original signature of Authorized Person (copies or stamps not accepted)

08 / 26 / 2025

Date

Section 10: Affidavit for Pharmacies- MUST BE COMPLETED by pharmacies NOT CURRENTLY PERFORMING Sterile Compounding

Affidavit for Pharmacy License

I, Richard Gates hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

1. I am the Vice President (title) for Walgreen Co. (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I certify that upon licensure, the Pharmacy will not perform sterile compounding or ship sterile compounds into Nevada.
3. I understand and acknowledge that the Pharmacy and any of its staff members may be subject to discipline by the Board if the Pharmacy performs sterile compounding or ships any sterile compounds into Nevada without first obtaining written authorization from the Board to do so.
4. I certify that if the Pharmacy makes the decision to perform sterile compounding or to ship any sterile compounds into Nevada, the Pharmacy, through an authorized representative, will first notify the Board via a written request, and obtain written approval to perform sterile compounding or to ship any sterile compounds into Nevada.
5. I understand that if the Pharmacy seeks approval to perform sterile compounding or to ship any sterile compounds into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

FURTHER YOUR AFFIANT SAYETH NAUGHT.

Signature

SUBSCRIBED AND SWORN TO
Before me, a notary public this 20th day of August, 2025

Zeljka Borosa-Rajcevic
Notary Public

OFFICIAL SEAL
ZELJKA BOROSA RAJCEVIC
Notary Public, State of Illinois
Commission No. 977646
My Commission Expires September 8, 2027

CONFIDENTIAL/EXEMPT FROM FREEDOM OF INFORMATION ACT AND SIMILAR STATE REQUESTS

Ownership Information

Ownership & Leadership of Applicant Entity

Applicant: **Walgreen Co.**
108 Wilmot Rd., Deerfield, IL 60015

Ownership: The Applicant entity is wholly owned (100%) by Walgreens Boots Alliance, Inc.

Officers of Walgreen Co.
Michael Motz - CEO
Richard Gates - Senior Vice President, Chief Pharmacy Officer
Cherita Thomas - Secretary
Matthew Spina - CFO
Michael Handal - Licensing and Provider Enrollment Officer

Ownership & Leadership of Walgreens Boots Alliance, Inc.

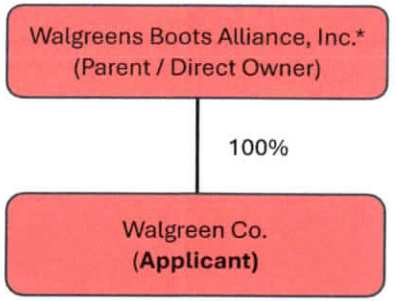
Ownership: Walgreens Boots Alliance, Inc. is wholly owned (100%) by Blazing Star Parent, LLC

Officers of Walgreens Boots Alliance, Inc.
Temporarily vacant - CEO
Mark Weisz - Sr VP, Global Tax
Manmohan Mahajan - Sr VP, Global Controller, CFO
Lanesha Minnix - Corporate Secretary

Please see the attached pre- and post-closing Corporate Organization chart for reference.

Proprietary and Confidential
Not a public record pursuant to
Section 7927.605 of the CPRA and
45 CFR Section 5.31

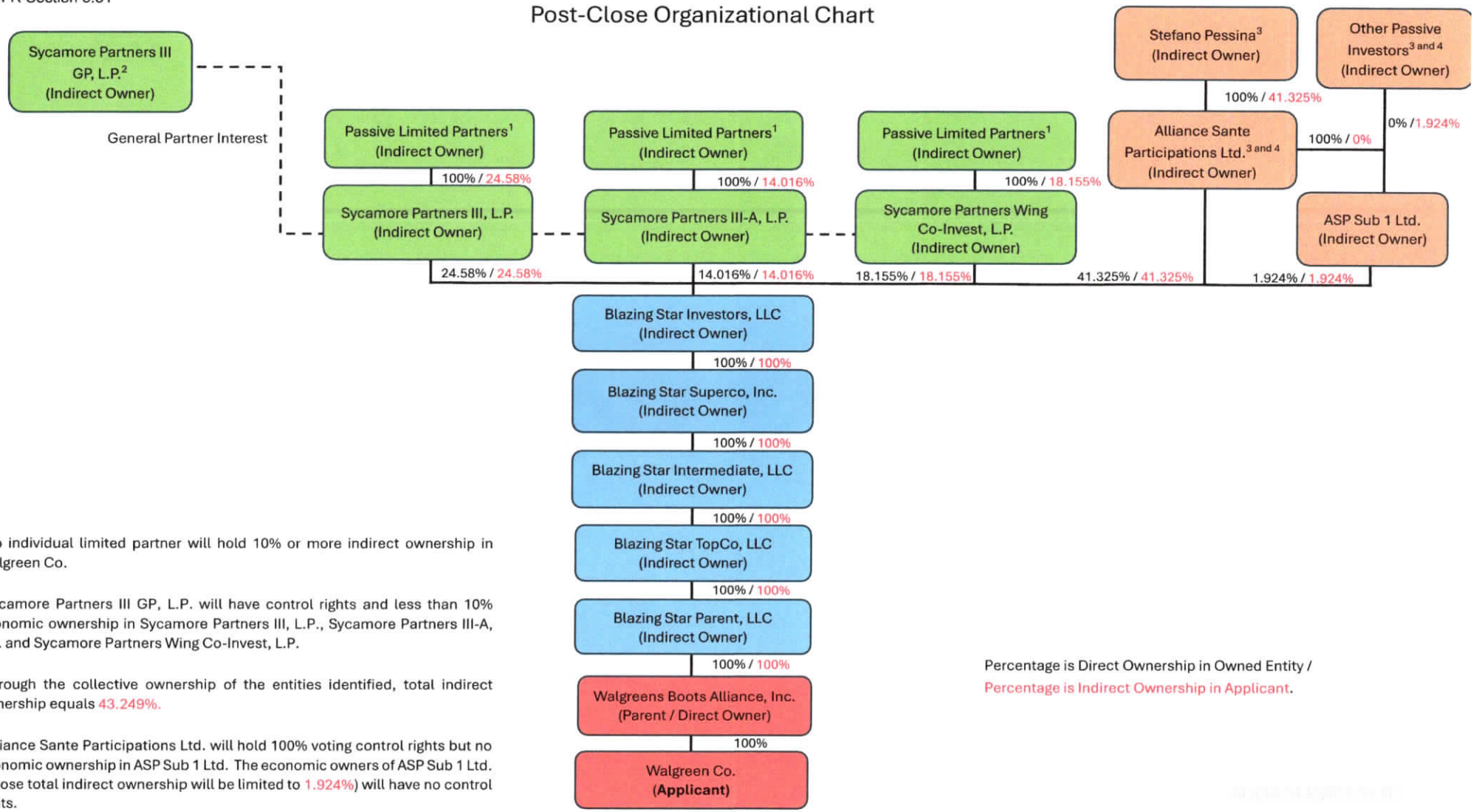
Walgreen Co.
Pre-Close Organizational Chart



Publicly Traded on Nasdaq Stock Market (WBA)

Proprietary and Confidential
Not a public record pursuant to
Section 7927.605 of the CPRA and
45 CFR Section 5.31

Walgreen Co.
Post-Close Organizational Chart



[1]No individual limited partner will hold 10% or more indirect ownership in Walgreen Co.

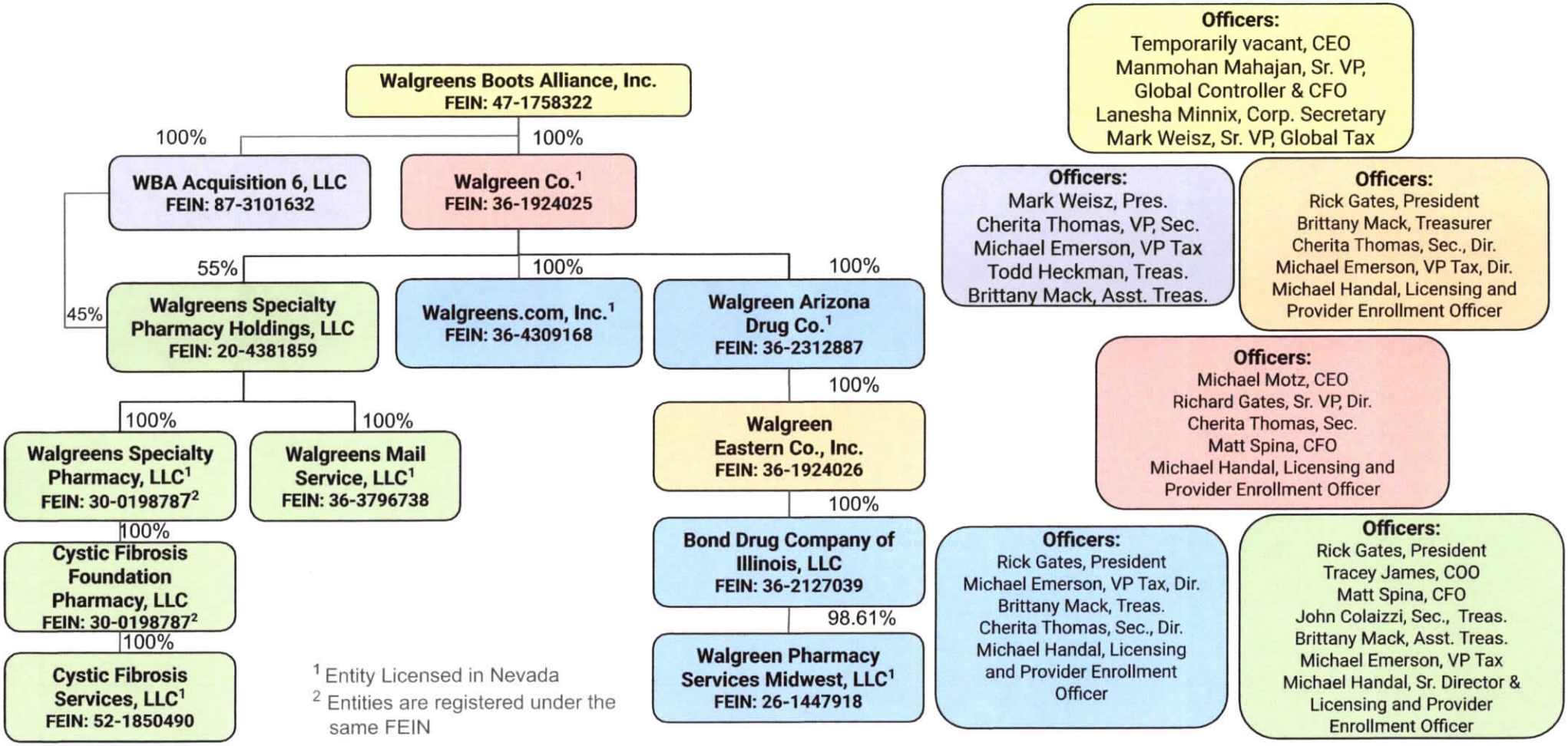
[2]Sycamore Partners III GP, L.P. will have control rights and less than 10% economic ownership in Sycamore Partners III, L.P., Sycamore Partners III-A, L.P. and Sycamore Partners Wing Co-Invest, L.P.

[3]Through the collective ownership of the entities identified, total indirect ownership equals 43.249%.

[4]Alliance Sante Participations Ltd. will hold 100% voting control rights but no economic ownership in ASP Sub 1 Ltd. The economic owners of ASP Sub 1 Ltd. (whose total indirect ownership will be limited to 1.924%) will have no control rights.

Percentage is Direct Ownership in Owned Entity /
Percentage is Indirect Ownership in Applicant.

Walgreen Co.
Post-Close Organizational Chart (cont.)



File Number 1084-348-1

STATE OF ILLINOIS

OFFICE OF THE SECRETARY OF STATE

To all to whom these Presents Shall Come, Greeting:

I, **Alexi Giannoulias,** *Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that*

WALGREEN CO., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON FEBRUARY 15, 1909, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE BUSINESS CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.

In Testimony Whereof, *I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this* 15TH *day of* MAY *A.D.* 2025 .

Authentication #: 2513501622 verifiable until 05/15/2026
Authenticate at: https://www.ilsos.gov

SECRETARY OF STATE

9QQ

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Pharmacy Application

Non-Refundable $500.00 Fee

Rev (6/11/2024)

Facility Location	Application Type (check all applicable)	Pharmacy Type (check all applicable)	Services the Pharmacy will Provide (check all applicable)
■ Nevada ☐ Out-of-Nevada	☐ New Pharmacy ■ Ownership Change* ☐ Location Change * ☐ Service Modification* ☐ Name Change* (if only a Name Change occurred, submit a $50.00 fee with the application.) * Current license #: PH PH01561	■ Retail/Community ☐ Hospital (# beds _____) ☐ Internet ☐ Nuclear ☐ Other:	■ Retail/Community ■ Dangerous drugs ■ Controlled substances DEA #: BW7042447 ☐ Non-sterile Compounding ☐ Sterile Compounding ☐ Mail-Order Service ☐ Off-site Cognitive Services ☐ Long Term Care ☐ Hospital ☐ Other:

Days of Operation		Ownership Type (check applicable box)
■ Monday	■ Friday	☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9, 10, 11, 12)
■ Tuesday	☐ Saturday	■ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9, 10, 11, 12)
■ Wednesday	☐ Sunday	☐ Partnership (complete sections 1, 2, 3, 4, 7, 9, 10, 11, 12)
■ Thursday	☐ Holidays	☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9, 10, 11, 12)

Section 1: General Information

Pharmacy Name: WALGREENS #06167

Physical Address: 3025 LAS VEGAS BLVD S

City: LAS VEGAS State: NV Zip: 89109-1901

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: (702)836-0820 Toll Free # (NAC 639.708, NRS 639.23286): N/A

Fax: (702)836-0826 Contact Email: rxm.06167@store.walgreens.com

Website: https://www.walgreens.com

Nevada Business License # (if applicable) NV19951143510

Supervising/Managing Pharmacist Name (NRS 639.220): BRENTON CHUN

Supervising/Managing Pharmacist NV Pharmacist Registration # (if applicable): 17849

Document Ref: INFF6-8WFF8-8CZPJ-WU7EQ

Section 2: List the name(s) of at least one NEVADA registered pharmacist who practices at the pharmacy, who may be the managing pharmacist or another pharmacist, who will be responsible for any prescriptions dispensed to a patient located in Nevada and responsible for any acts or omissions of pharmacy personnel who are not registered with the Board. NRS 639.2328. (Use a separate piece of paper if additional space is needed.)

Name: BRENTON CHUN	NV Pharmacist Registration #: 17849
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:

Section 3: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✓
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration from any jurisdiction?		✓
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been subject of an administrative action, board citation, cite fine, or proceeding relating to the pharmaceutical industry?		✓
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✓
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✓

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name(s) of the owner(s), their credentials and their percent ownership. Write NA if not applicable. NRS 639.232. (Use a separate piece of paper if additional space is needed.)

Name: N/A	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:

1. The Board shall not issue a license to conduct a pharmacy:
   a) To any practitioner; or
   b) To any partnership, corporation, or association in which a practitioner has a controlling interest or owns more than 10 percent of the available stock.
2. This section does not:
   a) Apply to a hospital pharmacy or a health maintenance organization which holds a certificate of authority under chapter 695C of NRS.
   b) Prohibit ownership by a practitioner of a building in which a pharmacy is located, if space for the pharmacy is rented at the prevailing rate.

Section 5: Publicly Traded Corporation

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Does the number of stockholders/shareholders of the corporation exceed four? NRS 639.231 ☐ Yes ☐ No

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: Delaware

Parent Company (if any): Walgreens Boots Alliance, Inc.

Corporation/Organization Name: Walgreen Co.

Mailing Address: 108 Wilmot Rd

City: Deerfield State: IL Zip: 60015

Telephone: 847-224-1348 Email: licenseadministration@walgreens.com

Contact Person Name: Kayla Lechner

Does the number of stockholders/shareholders of the corporation or members exceed four? NRS 639.231 ☐ Yes ☒ No

Section 7: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Please check type of partnership (NAC 639.214) ☐ General ☐ Limited

Does the number of partners or members of the partnership exceed four? NRS 639.231 ☐ Yes ☐ No

Section 8: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Richard Gates

Print Name of Authorized Person Submitting Application (If the applicant is a partnership or corporation, the application must be signed by a partner or by an officer of the corporation). NAC 639.215

Richard Gates

Original signature of Authorized Person (copies or stamps not accepted)

08 / 26 / 2025

Date

Board Use Only	Date Received: 9/22/25	Amount: $500 CH JP03 3000111129

Section 11: Managing Pharmacist Acknowledgement, Professional/Personal History – REQUIRED TO BE COMPLETED BY THE MANAGING PHARMACIST FOR NEVADA LOCATED PHARMACY APPLICANTS ONLY

Managing Pharmacist Name: BRENTON CHUN Pharmacist Registration #: 17849

Pharmacy Name: WALGREENS #06167

Initial each statement below to indicate you have read and agree with the following:

B.C. I understand that as the managing pharmacist I am responsible for compliance by the pharmacy and its personnel with all state and federal laws and regulations relating to the operation of the pharmacy and the practice of pharmacy. I understand my license can be revoked or that I can be subject of disciplinary action if such laws or regulations are knowingly violated in the pharmacy in which I am the managing pharmacist.

B.C. I understand within 48 hours after I report for duty as the managing pharmacist, I shall complete an inventory of all controlled substances of the pharmacy pursuant to 21 CFR Part 1304 and maintain a copy of the inventory in the file at the pharmacy.

B.C. I understand that if I cease to be managing pharmacist of the above-named pharmacy, I will jointly, with the new managing pharmacist, take an inventory of all controlled substances.

B.C. I understand that as the managing pharmacist I must ensure that all loss or theft of controlled substances are reported on forms provided by the Nevada State Board of Pharmacy and Department of Public Safety within 10 days after the date of discovery of theft or loss. NRS 453.568. Federal regulations require that registrants notify the Field Division Office of the Administration in his area, in writing, of the theft or significant loss of any controlled substance, disposal receptacles or listed chemicals within one business day of discovery of such loss or theft. The registrant shall also complete and submit to the Field Division Office in his area, DEA Form 106 regarding the loss or theft (21 C.F.R. §1301.76(b) and 21 U.S.C. §830(b)(1)(C)).

B.C. I understand that as the managing pharmacist I must notify the Nevada State Board of Pharmacy of all employment changes of pharmacy staff within 10 days of the change. NAC 639.540

Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?	☐	☑
2. Have you been charged, arrested, or convicted of a felony or misdemeanor in any state?	☐	☑
3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state?	☐	☑
4. Has your license been subjected to any discipline for violation of pharmacy or drug laws in any state?	☐	☑

If you marked YES to any questions above, include the following information and provide a signed statement of explanation. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Board Administrative Action:	State:	Date:	Case #:

Criminal Action:	State:	Date:	Case #:	County:	Court:

I certify under penalty of perjury that the information I have provided on this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

BRENTON CHUN

Original signature of Managing Pharmacist (copies or stamps not accepted)

08 / 01 / 2025

Date

Document Ref: 2J6DY-NVSBS-BPPWK-PS5DZ

Section 9: Statement of Responsibility - MUST BE COMPLETED by an Authorized Person (NAC 639.945)

Statement of Responsibility

1. I am the Vice President (title) for Walgreen Co. (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be responsible for any violations of pharmacy law that may occur in the Pharmacy owned by such owner(s), shareholder(s), member(s), or partner(s).
3. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against the Pharmacy.
4. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) cannot require or permit the pharmacist(s) in said Pharmacy to violate any provision of local, state, or federal laws or regulations pertaining to the practice of pharmacy.
5. I further understand and acknowledge that Nevada law requires that each pharmacy located inside the State of Nevada employ only pharmacists, intern pharmacists, pharmaceutical technicians, and technicians in training that are licensed by the Nevada State Board of Pharmacy. (NRS 639.100).
6. I further understand and acknowledge that Nevada law requires that each pharmacy located outside the State of Nevada engaged in providing pharmacy services into Nevada employs at least one pharmacist licensed by the Nevada State Board of Pharmacy who will be responsible for any prescription dispensed to a patient located in Nevada and responsible for any acts or omissions of pharmacy personnel who are not registered with the Board. (NRS 639.2328).

Richard Gates

Print Name of Authorized Person

Richard Gates

Original signature of Authorized Person (copies or stamps not accepted)

08 / 26 / 2025

Date

Section 10: Affidavit for Pharmacies- MUST BE COMPLETED by pharmacies NOT CURRENTLY PERFORMING Sterile Compounding

Affidavit for Pharmacy License

I, Richard Gates hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

1. I am the Vice President (title) for Walgreen Co. (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I certify that upon licensure, the Pharmacy will not perform sterile compounding or ship sterile compounds into Nevada.
3. I understand and acknowledge that the Pharmacy and any of its staff members may be subject to discipline by the Board if the Pharmacy performs sterile compounding or ships any sterile compounds into Nevada without first obtaining written authorization from the Board to do so.
4. I certify that if the Pharmacy makes the decision to perform sterile compounding or to ship any sterile compounds into Nevada, the Pharmacy, through an authorized representative, will first notify the Board via a written request, and obtain written approval to perform sterile compounding or to ship any sterile compounds into Nevada.
5. I understand that if the Pharmacy seeks approval to perform sterile compounding or to ship any sterile compounds into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

FURTHER YOUR AFFIANT SAYETH NAUGHT.

Signature

SUBSCRIBED AND SWORN TO
Before me, a notary public this 20th day of August, 2025

Zeljka Borosa-Rajcevic
Notary Public

OFFICIAL SEAL
ZELJKA BOROSA RAJCEVIC
Notary Public, State of Illinois
Commission No. 977646
My Commission Expires September 8, 2027

File Number 1084-348-1

STATE OF ILLINOIS

OFFICE OF THE SECRETARY OF STATE

To all to whom these Presents Shall Come, Greeting:

I, **Alexi Giannoulias,** *Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that*

WALGREEN CO., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON FEBRUARY 15, 1909, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE BUSINESS CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.

In Testimony Whereof, *I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this* 15TH *day of* MAY *A.D.* 2025 .

Authentication #: 2513501622 verifiable until 05/15/2026
Authenticate at: https://www.ilsos.gov

Alexi Giannoulias
SECRETARY OF STATE

CONFIDENTIAL/EXEMPT FROM
FREEDOM OF INFORMATION ACT AND
SIMILAR STATE REQUESTS

Ownership Information

Ownership & Leadership of Applicant Entity

Applicant: **Walgreen Co.**
108 Wilmot Rd., Deerfield, IL 60015

Ownership: The Applicant entity is wholly owned (100%) by Walgreens Boots Alliance, Inc.

Officers of Walgreen Co.
Michael Motz - CEO
Richard Gates - Senior Vice President, Chief Pharmacy Officer
Cherita Thomas - Secretary
Matthew Spina - CFO
Michael Handal - Licensing and Provider Enrollment Officer

Ownership & Leadership of Walgreens Boots Alliance, Inc.

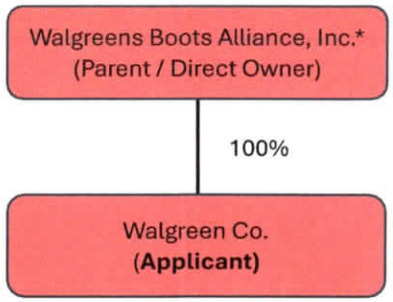
Ownership: Walgreens Boots Alliance, Inc. is wholly owned (100%) by Blazing Star Parent, LLC

Officers of Walgreens Boots Alliance, Inc.
Temporarily vacant - CEO
Mark Weisz - Sr VP, Global Tax
Manmohan Mahajan - Sr VP, Global Controller, CFO
Lanesha Minnix - Corporate Secretary

Please see the attached pre- and post-closing Corporate Organization chart for reference.

Proprietary and Confidential
Not a public record pursuant to
Section 7927.605 of the CPRA and
45 CFR Section 5.31

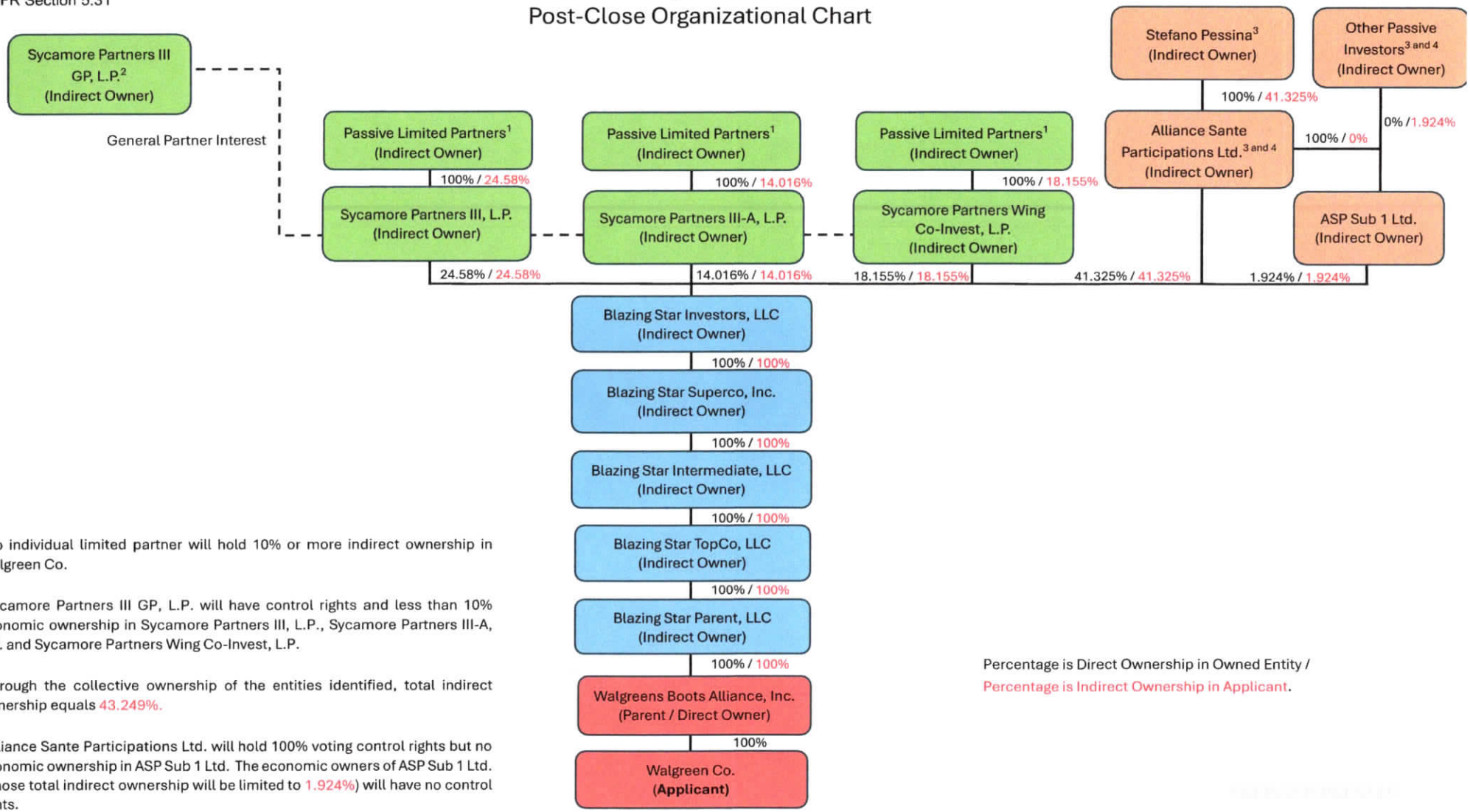
Walgreen Co.
Pre-Close Organizational Chart



Publicly Traded on Nasdaq Stock Market (WBA)

Proprietary and Confidential
Not a public record pursuant to
Section 7927.605 of the CPRA and
45 CFR Section 5.31

Walgreen Co.
Post-Close Organizational Chart



[1]No individual limited partner will hold 10% or more indirect ownership in Walgreen Co.

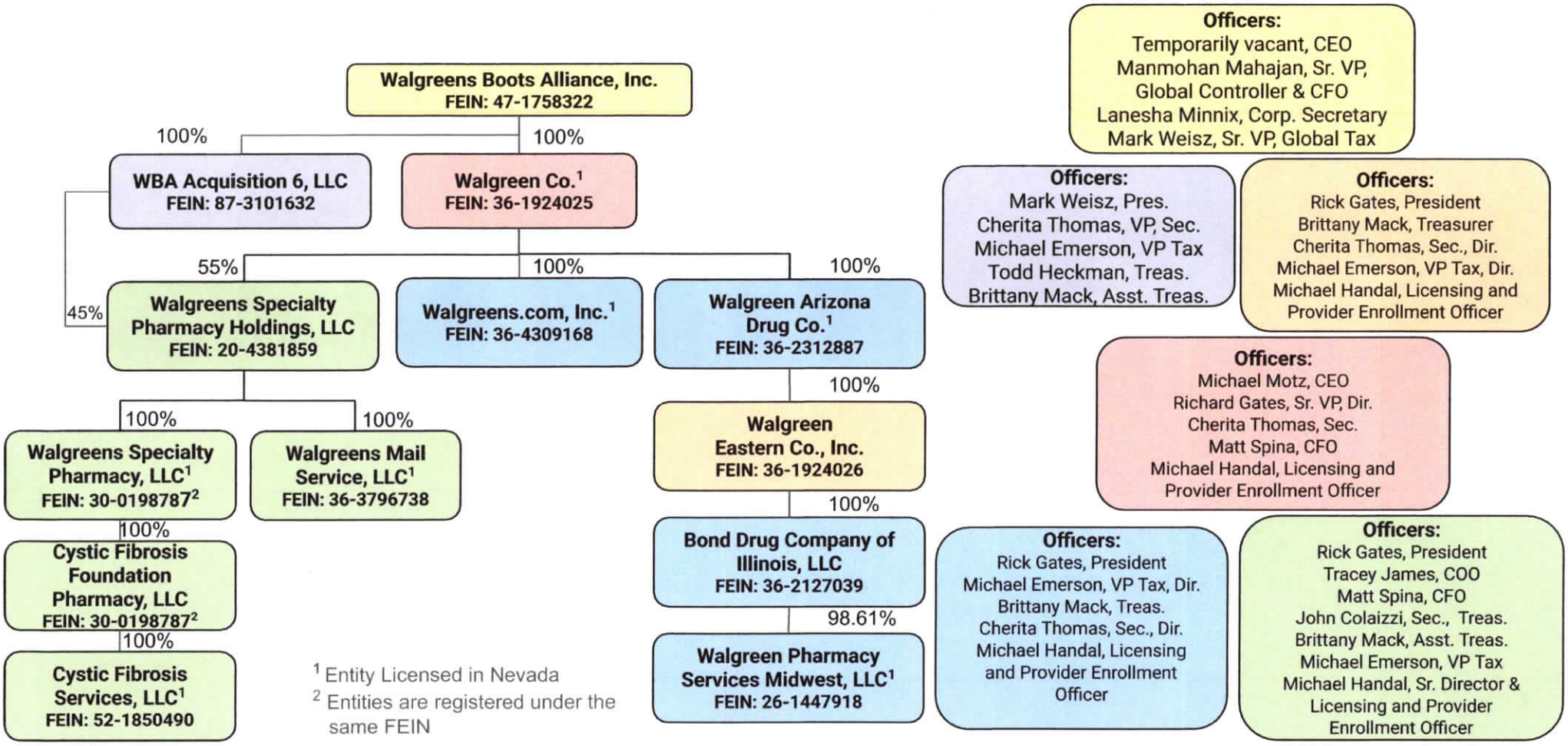
[2]Sycamore Partners III GP, L.P. will have control rights and less than 10% economic ownership in Sycamore Partners III, L.P., Sycamore Partners III-A, L.P. and Sycamore Partners Wing Co-Invest, L.P.

[3]Through the collective ownership of the entities identified, total indirect ownership equals 43.249%.

[4]Alliance Sante Participations Ltd. will hold 100% voting control rights but no economic ownership in ASP Sub 1 Ltd. The economic owners of ASP Sub 1 Ltd. (whose total indirect ownership will be limited to 1.924%) will have no control rights.

Percentage is Direct Ownership in Owned Entity /
Percentage is Indirect Ownership in Applicant.

Walgreen Co.
Post-Close Organizational Chart (cont.)



9RR

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Pharmacy Application

Non-Refundable $500.00 Fee

Rev (6/11/2024)

Facility Location	Application Type (check all applicable)	Pharmacy Type (check all applicable)	Services the Pharmacy will Provide (check all applicable)
■ Nevada	☐ New Pharmacy	■ Retail/Community	■ Retail/Community
☐ Out-of-Nevada	■ Ownership Change*	☐ Hospital (# beds _____)	■ Dangerous drugs
	☐ Location Change *	☐ Internet	■ Controlled substances
	☐ Service Modification*	☐ Nuclear	DEA #: BW8421707
	☐ Name Change* (if only a Name Change occurred, submit a $50.00 fee with the application.)	☐ Other:	☐ Non-sterile Compounding
			☐ Sterile Compounding
			☐ Mail-Order Service
			☐ Off-site Cognitive Services
			☐ Long Term Care
	* Current license #: PH PH01831		☐ Hospital
			☐ Other:

Days of Operation		Ownership Type (check applicable box)
■ Monday	■ Friday	☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9, 10, 11, 12)
■ Tuesday	■ Saturday	■ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9, 10, 11, 12)
■ Wednesday	■ Sunday	☐ Partnership (complete sections 1, 2, 3, 4, 7, 9, 10, 11, 12)
■ Thursday	☐ Holidays	☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9, 10, 11, 12)

Section 1: General Information

Pharmacy Name: WALGREENS #06227

Physical Address: 451 S DECATUR BLVD

City: LAS VEGAS State: NV Zip: 89107-2805

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: (702)870-1626 Toll Free # (NAC 639.708, NRS 639.23286): N/A

Fax: (702)870-4023 Contact Email: rxm.06227@store.walgreens.com

Website: https://www.walgreens.com

Nevada Business License # (if applicable) NV19951143510

Supervising/Managing Pharmacist Name (NRS 639.220): KARLA CUSTODIO

Supervising/Managing Pharmacist NV Pharmacist Registration # (if applicable): 17582

Document Ref: INFF6-8WFF8-8CZPJ-WU7EQ

Section 2: List the name(s) of at least one NEVADA registered pharmacist who practices at the pharmacy, who may be the managing pharmacist or another pharmacist, who will be responsible for any prescriptions dispensed to a patient located in Nevada and responsible for any acts or omissions of pharmacy personnel who are not registered with the Board. NRS 639.2328. (Use a separate piece of paper if additional space is needed.)

Name: KARLA CUSTODIO	NV Pharmacist Registration #: 17582
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:

Section 3: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✓
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration from any jurisdiction?		✓
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been subject of an administrative action, board citation, cite fine, or proceeding relating to the pharmaceutical industry?		✓
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✓
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✓

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name(s) of the owner(s), their credentials and their percent ownership. Write NA if not applicable. NRS 639.232. (Use a separate piece of paper if additional space is needed.)

Name: N/A	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:

1. The Board shall not issue a license to conduct a pharmacy:
   a) To any practitioner; or
   b) To any partnership, corporation, or association in which a practitioner has a controlling interest or owns more than 10 percent of the available stock.
2. This section does not:
   a) Apply to a hospital pharmacy or a health maintenance organization which holds a certificate of authority under chapter 695C of NRS.
   b) Prohibit ownership by a practitioner of a building in which a pharmacy is located, if space for the pharmacy is rented at the prevailing rate.

Section 5: Publicly Traded Corporation

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Does the number of stockholders/shareholders of the corporation exceed four? NRS 639.231 ☐ Yes ☐ No

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: Delaware

Parent Company (if any): Walgreens Boots Alliance, Inc.

Corporation/Organization Name: Walgreen Co.

Mailing Address: 108 Wilmot Rd

City: Deerfield State: IL Zip: 60015

Telephone: 847-224-1348 Email: licenseadministration@walgreens.com

Contact Person Name: Kayla Lechner

Does the number of stockholders/shareholders of the corporation or members exceed four? NRS 639.231 ☐ Yes ☒ No

Section 7: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Please check type of partnership (NAC 639.214) ☐ General ☐ Limited

Does the number of partners or members of the partnership exceed four? NRS 639.231 ☐ Yes ☐ No

Section 8: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Richard Gates

Print Name of Authorized Person Submitting Application (If the applicant is a partnership or corporation, the application must be signed by a partner or by an officer of the corporation). NAC 639.215

Richard Gates

Original signature of Authorized Person (copies or stamps not accepted)

08 / 26 / 2025

Date

Board Use Only	Date Received: 9/22/25	Amount: $300 CK JP03-3000111129

Section 11: Managing Pharmacist Acknowledgement, Professional/Personal History – REQUIRED TO BE COMPLETED BY THE MANAGING PHARMACIST FOR NEVADA LOCATED PHARMACY APPLICANTS ONLY

Managing Pharmacist Name: KARLA CUSTODIO Pharmacist Registration #: 17582

Pharmacy Name: WALGREENS #06227

Initial each statement below to indicate you have read and agree with the following:

KOC I understand that as the managing pharmacist I am responsible for compliance by the pharmacy and its personnel with all state and federal laws and regulations relating to the operation of the pharmacy and the practice of pharmacy. I understand my license can be revoked or that I can be subject of disciplinary action if such laws or regulations are knowingly violated in the pharmacy in which I am the managing pharmacist.

KOC I understand within 48 hours after I report for duty as the managing pharmacist, I shall complete an inventory of all controlled substances of the pharmacy pursuant to 21 CFR Part 1304 and maintain a copy of the inventory in the file at the pharmacy.

KOC I understand that if I cease to be managing pharmacist of the above-named pharmacy, I will jointly, with the new managing pharmacist, take an inventory of all controlled substances.

KOC I understand that as the managing pharmacist I must ensure that all loss or theft of controlled substances are reported on forms provided by the Nevada State Board of Pharmacy and Department of Public Safety within 10 days after the date of discovery of theft or loss. NRS 453.568. Federal regulations require that registrants notify the Field Division Office of the Administration in his area, in writing, of the theft or significant loss of any controlled substance, disposal receptacles or listed chemicals within one business day of discovery of such loss or theft. The registrant shall also complete and submit to the Field Division Office in his area, DEA Form 106 regarding the loss or theft (21 C.F.R. §1301.76(b) and 21 U.S.C. §830(b)(1)(C)).

KOC I understand that as the managing pharmacist I must notify the Nevada State Board of Pharmacy of all employment changes of pharmacy staff within 10 days of the change. NAC 639.540

Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?	☐	☑
2. Have you been charged, arrested, or convicted of a felony or misdemeanor in any state?	☐	☑
3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state?	☐	☑
4. Has your license been subjected to any discipline for violation of pharmacy or drug laws in any state?	☐	☑

If you marked YES to any questions above, include the following information and provide a signed statement of explanation. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Board Administrative Action:	State:	Date:	Case #:

Criminal Action:	State:	Date:	Case #:	County:	Court:

I certify under penalty of perjury that the information I have provided on this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

KARLA CUSTODIO

Original signature of Managing Pharmacist (copies or stamps not accepted)

08 / 02 / 2025

Date

Section 9: Statement of Responsibility - MUST BE COMPLETED by an Authorized Person (NAC 639.945)

Statement of Responsibility

1. I am the Vice President (title) for Walgreen Co. (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be responsible for any violations of pharmacy law that may occur in the Pharmacy owned by such owner(s), shareholder(s), member(s), or partner(s).
3. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against the Pharmacy.
4. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) cannot require or permit the pharmacist(s) in said Pharmacy to violate any provision of local, state, or federal laws or regulations pertaining to the practice of pharmacy.
5. I further understand and acknowledge that Nevada law requires that each pharmacy located inside the State of Nevada employ only pharmacists, intern pharmacists, pharmaceutical technicians, and technicians in training that are licensed by the Nevada State Board of Pharmacy. (NRS 639.100).
6. I further understand and acknowledge that Nevada law requires that each pharmacy located outside the State of Nevada engaged in providing pharmacy services into Nevada employs at least one pharmacist licensed by the Nevada State Board of Pharmacy who will be responsible for any prescription dispensed to a patient located in Nevada and responsible for any acts or omissions of pharmacy personnel who are not registered with the Board. (NRS 639.2328).

Richard Gates

Print Name of Authorized Person

Richard Gates

Original signature of Authorized Person (copies or stamps not accepted)

08 / 26 / 2025

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FURTHER YOUR AFFIANT SAYETH NAUGHT.

Signature

SUBSCRIBED AND SWORN TO
Before me, a notary public this 20th day of August, 2025

Zeljka Borosa-Rajcevic
Notary Public

OFFICIAL SEAL
ZELJKA BOROSA RAJCEVIC
Notary Public, State of Illinois
Commission No. 977646
My Commission Expires September 8, 2027

File Number 1084-348-1

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OFFICE OF THE SECRETARY OF STATE

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SECRETARY OF STATE

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Ownership & Leadership of Walgreens Boots Alliance, Inc.

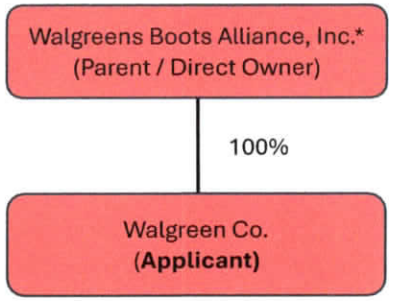
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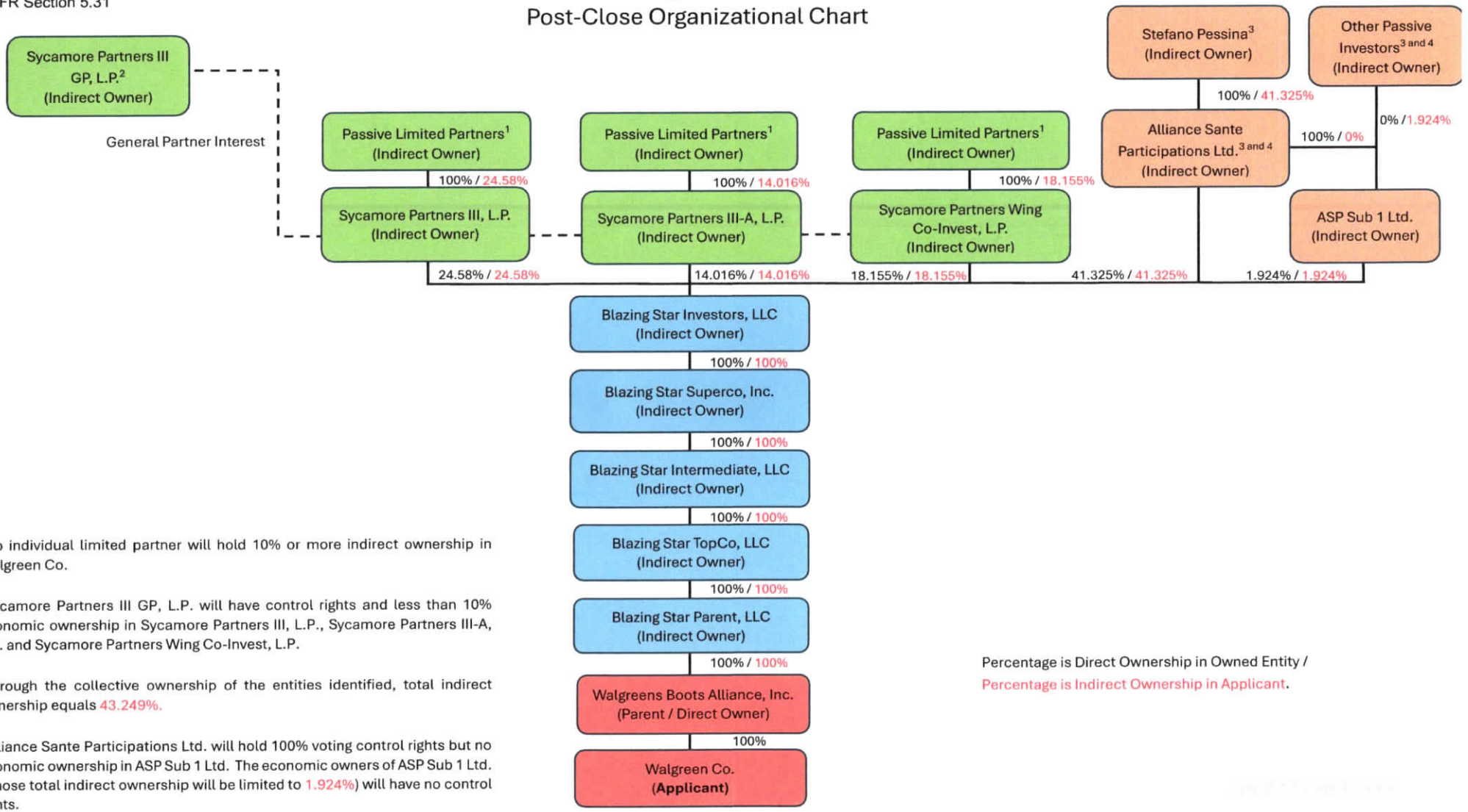
Walgreen Co.
Pre-Close Organizational Chart



Publicly Traded on Nasdaq Stock Market (WBA)

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Walgreen Co.
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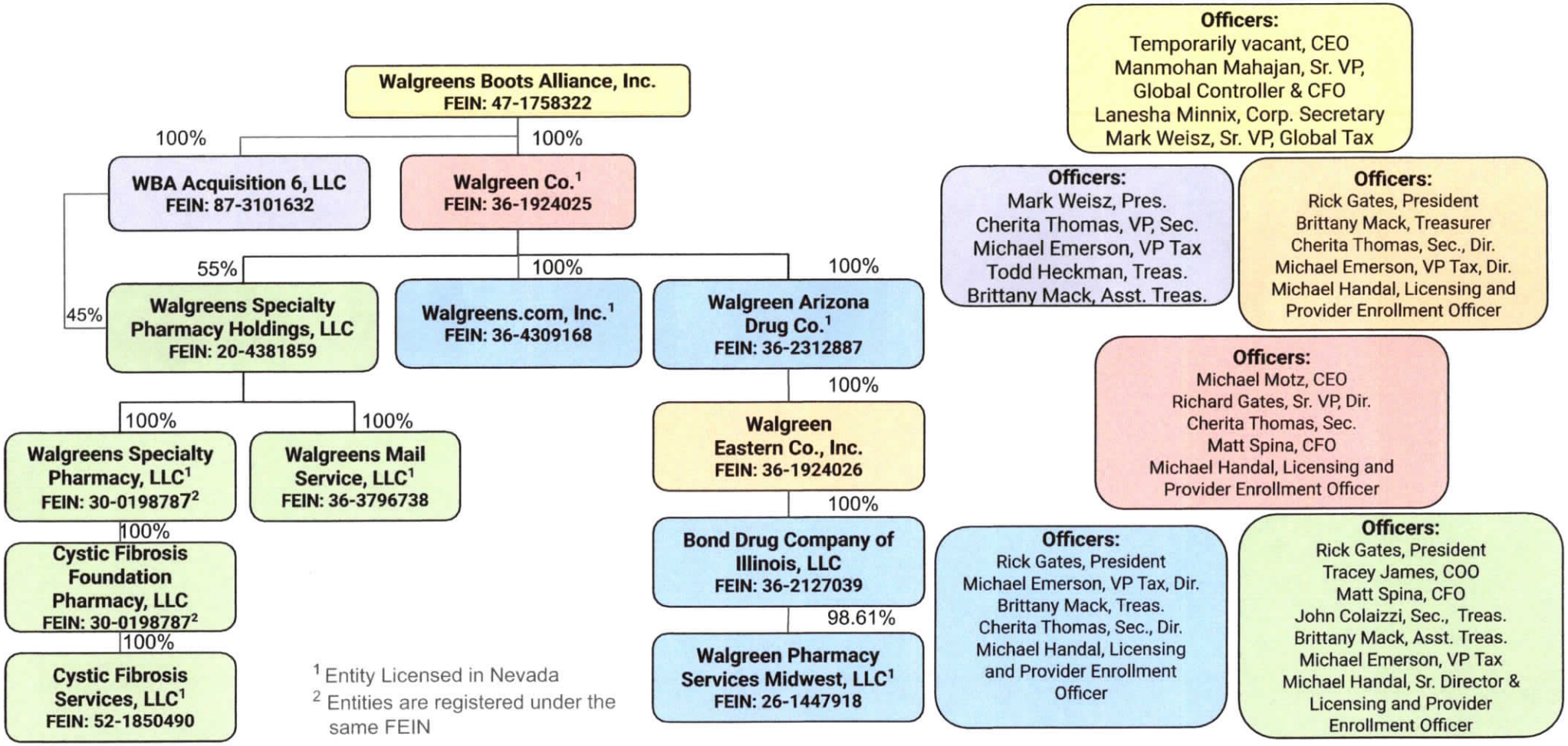
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Percentage is Direct Ownership in Owned Entity /
Percentage is Indirect Ownership in Applicant.

Walgreen Co.
Post-Close Organizational Chart (cont.)



9SS

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Pharmacy Application

Non-Refundable $500.00 Fee

Rev (6/11/2024)

Facility Location	Application Type (check all applicable)	Pharmacy Type (check all applicable)	Services the Pharmacy will Provide (check all applicable)
☑ Nevada ☐ Out-of-Nevada	☐ New Pharmacy ☑ Ownership Change* ☐ Location Change * ☐ Service Modification* ☐ Name Change* (if only a Name Change occurred, submit a $50.00 fee with the application.) * Current license #: PH PH01549	☑ Retail/Community ☐ Hospital (# beds _____) ☐ Internet ☐ Nuclear ☐ Other:	☑ Retail/Community ☑ Dangerous drugs ☑ Controlled substances DEA #: BW7012886 ☐ Non-sterile Compounding ☐ Sterile Compounding ☐ Mail-Order Service ☐ Off-site Cognitive Services ☐ Long Term Care ☐ Hospital ☐ Other:

Days of Operation		Ownership Type (check applicable box)
☑ Monday	☑ Friday	☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9, 10, 11, 12)
☑ Tuesday	☑ Saturday	☑ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9, 10, 11, 12)
☑ Wednesday	☐ Sunday	☐ Partnership (complete sections 1, 2, 3, 4, 7, 9, 10, 11, 12)
☑ Thursday	☐ Holidays	☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9, 10, 11, 12)

Section 1: General Information

Pharmacy Name: WALGREENS #06310

Physical Address: 6820 W ANN RD

City: LAS VEGAS State: NV Zip: 89130-1113

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: (702)645-4106 Toll Free # (NAC 639.708, NRS 639.23286): N/A

Fax: (702)645-2595 Contact Email: rxm.06310@store.walgreens.com

Website: https://www.walgreens.com

Nevada Business License # (if applicable) NV19951143510

Supervising/Managing Pharmacist Name (NRS 639.220): SIN CHEUNG

Supervising/Managing Pharmacist NV Pharmacist Registration # (if applicable): 19397

Section 2: List the name(s) of at least one NEVADA registered pharmacist who practices at the pharmacy, who may be the managing pharmacist or another pharmacist, who will be responsible for any prescriptions dispensed to a patient located in Nevada and responsible for any acts or omissions of pharmacy personnel who are not registered with the Board. NRS 639.2328. (Use a separate piece of paper if additional space is needed.)

Name: SIN CHEUNG	NV Pharmacist Registration #: 19397
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:

Section 3: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✓
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration from any jurisdiction?		✓
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been subject of an administrative action, board citation, cite fine, or proceeding relating to the pharmaceutical industry?	✓	
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✓
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✓

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name(s) of the owner(s), their credentials and their percent ownership. Write NA if not applicable. NRS 639.232. (Use a separate piece of paper if additional space is needed.)

Name: N/A	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:

1. The Board shall not issue a license to conduct a pharmacy:
   a) To any practitioner; or
   b) To any partnership, corporation, or association in which a practitioner has a controlling interest or owns more than 10 percent of the available stock.
2. This section does not:
   a) Apply to a hospital pharmacy or a health maintenance organization which holds a certificate of authority under chapter 695C of NRS.
   b) Prohibit ownership by a practitioner of a building in which a pharmacy is located, if space for the pharmacy is rented at the prevailing rate.

Section 5: Publicly Traded Corporation

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Does the number of stockholders/shareholders of the corporation exceed four? NRS 639.231 ☐ Yes ☐ No

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: Delaware

Parent Company (if any): Walgreens Boots Alliance, Inc.

Corporation/Organization Name: Walgreen Co.

Mailing Address: 108 Wilmot Rd

City: Deerfield State: IL Zip: 60015

Telephone: 847-224-1348 Email: licenseadministration@walgreens.com

Contact Person Name: Kayla Lechner

Does the number of stockholders/shareholders of the corporation or members exceed four? NRS 639.231 ☐ Yes ☑ No

Section 7: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Please check type of partnership (NAC 639.214) ☐ General ☐ Limited

Does the number of partners or members of the partnership exceed four? NRS 639.231 ☐ Yes ☐ No

Section 8: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Richard Gates

Print Name of Authorized Person Submitting Application (If the applicant is a partnership or corporation, the application must be signed by a partner or by an officer of the corporation). NAC 639.215

Richard Gates

Original signature of Authorized Person (copies or stamps not accepted)

08 / 26 / 2025

Date

Board Use Only	Date Received: 9/22/25	Amount: $500 ck JP03-3000111129

Document Ref: INFF6-8WFF8-8CZPJ-WU7EQ

Section 11: Managing Pharmacist Acknowledgement, Professional/Personal History – REQUIRED TO BE COMPLETED BY THE MANAGING PHARMACIST FOR NEVADA LOCATED PHARMACY APPLICANTS ONLY

Managing Pharmacist Name: SIN CHEUNG Pharmacist Registration #: 19397

Pharmacy Name: WALGREENS #06310

Initial each statement below to indicate you have read and agree with the following:

SMC — I understand that as the managing pharmacist I am responsible for compliance by the pharmacy and its personnel with all state and federal laws and regulations relating to the operation of the pharmacy and the practice of pharmacy. I understand my license can be revoked or that I can be subject of disciplinary action if such laws or regulations are knowingly violated in the pharmacy in which I am the managing pharmacist.

SMC — I understand within 48 hours after I report for duty as the managing pharmacist, I shall complete an inventory of all controlled substances of the pharmacy pursuant to 21 CFR Part 1304 and maintain a copy of the inventory in the file at the pharmacy.

SMC — I understand that if I cease to be managing pharmacist of the above-named pharmacy, I will jointly, with the new managing pharmacist, take an inventory of all controlled substances.

SMC — I understand that as the managing pharmacist I must ensure that all loss or theft of controlled substances are reported on forms provided by the Nevada State Board of Pharmacy and Department of Public Safety within 10 days after the date of discovery of theft or loss. NRS 453.568. Federal regulations require that registrants notify the Field Division Office of the Administration in his area, in writing, of the theft or significant loss of any controlled substance, disposal receptacles or listed chemicals within one business day of discovery of such loss or theft. The registrant shall also complete and submit to the Field Division Office in his area, DEA Form 106 regarding the loss or theft (21 C.F.R. §1301.76(b) and 21 U.S.C. §830(b)(1)(C)).

SMC — I understand that as the managing pharmacist I must notify the Nevada State Board of Pharmacy of all employment changes of pharmacy staff within 10 days of the change. NAC 639.540

Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?	☐	☑
2. Have you been charged, arrested, or convicted of a felony or misdemeanor in any state?	☐	☑
3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state?	☐	☑
4. Has your license been subjected to any discipline for violation of pharmacy or drug laws in any state?	☐	☑

If you marked YES to any questions above, include the following information and provide a signed statement of explanation. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Board Administrative Action:	State:	Date:	Case #:

Criminal Action:	State:	Date:	Case #:	County:	Court:

I certify under penalty of perjury that the information I have provided on this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

SIN CHEUNG

Original signature of Managing Pharmacist (copies or stamps not accepted)

08 / 06 / 2025

Date

Document Ref: UA5NE-MGPAB-6AHAC-637AZ

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

FINDINGS OF FACT, CONCLUSIONS OF LAW, AND ORDER

AMANDA L. WEAVER, P.T.,
Certificate of Registration No. PT06996,

Case No. 07-021-PT-S

WALGREENS #06310,
Certificate of Registration No. PH01549,

Case No. 07-021-PH-S

Respondents.

THIS MATTER was heard by the Nevada State Board of Pharmacy (hereinafter, Board) at its regular meeting on June 6, 2007 in Las Vegas, Nevada. The Board was represented by Louis Ling, General Counsel to the Board. Respondent Amanda L. Weaver appeared and represented herself. Mr. Ling represented to the Board that Board Staff had entered into an oral stipulation with Robert Graham, counsel for Walgreens #06310, pursuant to which the parties had agreed that Mr. Ling would present the terms of the oral stipulation and that Mr. Graham or representatives of Walgreens were excused from appearing in the matter. Based upon the agreements and presentations of the parties, the Board finds the following to be the facts of the matter.

FINDINGS OF FACT

1. At hearing, Ms. Weaver appeared, testified, and represented herself. Because of the oral stipulation between Mr. Ling and Mr. Graham, Board Staff presented no witnesses or evidence. Instead, Board Staff represented the terms of the

oral stipulation between himself and Mr. Graham, namely that Walgreens #06310 admitted that it had employed Ms. Weaver for 16 days while Ms. Weaver's pharmaceutical technician's registration was expired and that Walgreens #06310 was willing to pay whatever fine and fees and costs as might be assessed by the Board up to but not to exceed the regulatorily established amount of $100.00 per day for each day that Ms. Weaver was employed on an expired registration. Board Staff further explained that Walgreens #06310's employment of Ms. Weaver appeared to be an isolated incident because other similar incidences were not noted after November 1, 2007 in any other Walgreens pharmacy. Based upon the presentations and testimony of the parties, the Board finds the following to be the facts in this matter.

2. All registrations of pharmaceutical technicians were required to be renewed by October 31, 2006, and any such registration that was not renewed by October 31, 2006 expired. No pharmaceutical technician may lawfully be employed as a pharmaceutical technician on an expired registration.

3. On March 9, 2007, Board Staff learned that Ms. Weaver had failed to renew her pharmaceutical technician's registration and that she had worked at Walgreens #06310 while her registration was expired. Subsequent investigation showed that Mr. Weaver had been employed as a pharmaceutical technician a total of 16 days between November 1, 2006 and March 7, 2007.

4. At hearing, Ms. Weaver explained that prior to November 1, 2006, she had accepted temporary employment as an intern at Walt Disney World in Orlando, Florida and that during her internship she had inadvertently forgotten to renew her registration. When she returned to Nevada, she recommenced employment at Walgreens #06310.

After working for a few weeks, Ms. Weaver and Walgreens #06310 discovered that she had failed to renew her registration. Ms. Weaver apologized to the Board for her actions.

CONCLUSIONS OF LAW

1. The Nevada State Board of Pharmacy has jurisdiction over this matter because Respondent Weaver is a pharmaceutical technician registered by the Board and Respondent Walgreens #06310 is a pharmacy licensed by the Board.

2. In working as a pharmaceutical technician on and expired registration, Respondents Weaver violated NRS 639.210(4) and (13) and NAC 639.945(1)(i) and (k).

3. In owning and operating the pharmacy that employed Ms. Weaver as a pharmaceutical technician while her registration was expired, Walgreens #06310 violated NRS 639.210(4) and NAC 639.260 and 639.945(1)(l) and (k) and (2).

ORDER

Based upon the foregoing, the Board hereby orders the following:

1. Respondent Walgreens #06310 shall pay a fine of $250.00 by cashier's or certified check or money order made payable to "State of Nevada, Office of the Treasurer" to be received by the Board's Reno office within 90 days of the effective date of this Order.

2. Respondent Walgreens #06310 shall pay the Board's costs and attorney's fees of $210.00 and the Board's administrative fee of $290.00, for a total of $500.00 by cashier's or certified check or money order made payable to "Nevada State Board of

Pharmacy" to be received by the Board's Reno office within 90 days of the effective date of this Order.

3. Respondent Weaver shall pay a fine of $125.00 by cashier's or certified check or money order made payable to "State of Nevada, Office of the Treasurer" to be received by the Board's Reno office within 90 days of the effective date of this Order.

4. Respondent Weaver shall attend and successfully complete a Nevada jurisprudence continuing education course presented by Board Staff at such time and place as is set by Board Staff. Additionally, Respondent Weaver shall complete three hours of continuing education regarding legal issues related to her practice as a pharmaceutical technician, which hours must be completed before October 31, 2008.

5. The failure by Respondent Weaver to comply with any term in this order shall result in the immediate suspension of her registration and will also result in further discipline, up to and including revocation of the registration. The failure by Respondent Walgreens #06310 to comply with any term in this order shall result in a fine of $1,000 per day for every day that it has failed to comply with the Order until the Order is fully complied with, up to a total fine not to exceed $30,000, and will also result in further discipline, up to and including revocation of the its license.

Signed and effective this 28th day of June, 2007.

J. David Wuest, President
Nevada State Board of Pharmacy

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

NOTICE OF INTENDED ACTION AND ACCUSATION

v.

AMANDA L. WEAVER, PT
Certificate of Registration No.: PT06996

Case No. 07-021-PT-S

WALGREENS #06310
Certificate of Registration No.:PH01549

Case No. 07-021-PH-S

Respondents.

COMES NOW Larry L. Pinson, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, and makes the following that will serve as both a notice of intended action under Nevada Revised Statutes (NRS) 233B.127(3) and as an accusation under NRS 639.241.

I.

The Nevada State Board of Pharmacy has jurisdiction over this matter because Respondent Weaver is a registered pharmaceutical technician with the Board and Respondent Walgreens #06310 is a registered pharmacy with the Board located at 6820 West Ann Road, Las Vegas, Nevada.

II.

On or about March 9, 2007 it came to the Board's attention that Ms. Weaver had not renewed her pharmaceutical technician registration. Board staff requested Ms. Weaver's work hours from November 1, 2006 through March 9, 2007 from the district pharmacy supervisor for Walgreens #06310, the pharmacy at which Ms. Weaver was employed. It was determined that Ms. Weaver had worked for 16 days between November 1, 2006 and March 7, 2007 without a valid registration.

FIRST CAUSE OF ACTION

III.

By working at Walgreens #06310 for 16 days between November 1, 2006 to March 7, 2007 when she had not renewed her pharmaceutical technician registration, Ms. Weaver violated NRS 639.210(4) and (13) and (NAC) 639.945 (1)(i) and (k).

SECOND CAUSE OF ACTION

IV.

In owning and operating the pharmacy in which Ms. Weaver worked without a license and in failing to verify that Ms. Weaver had timely and validly renewed her registration, Walgreens #06310 violated NRS 639.210(4) and NAC 639.260 and 639.945(1)(i) and (k) and (2).

WHEREFORE it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to the certificate of registration of the Respondent.

Signed this 27th day of March, 2007.

Larry L. Pinson, Executive Secretary
Nevada State Board of Pharmacy

NOTICE TO RESPONDENT

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements regarding your certificate of registration. To do so, you must mail to the Board within 15 days of your receipt of this Notice of Intended Action and Accusation a written statement showing your compliance.

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

WALGREEN CO.,
An Illinois Corporation,

WALGREENS PHARMACY #03843,
Certificate of Registration #PH01062,

CARL M. HEUER, R.Ph.,
Certificate of Registration #13810,

WALGREENS PHARMACY #03844,
Certificate of Registration #PH01123,

PETER A. RISO, JR., R.Ph.,
Certificate of Registration #15162,

PETER M. KAMBISS, R.Ph.,
Certificate of Registration #10601,

JOHN M. QUINN, P.T.,
Certificate of Registration #PT03749

WALGREENS PHARMACY #03871,
Certificate of Registration #PH01080,

JONATHAN C. BOX, R.Ph.,
Certificate of Registration #15055,

WALGREENS PHARMACY #03872,
Certificate of Registration #PH01282,

MICHAEL A. TRIOLO, R.Ph.,
Certificate of Registration #13675,

WALGREENS PHARMACY #03873,
Certificate of Registration #PH01125,

SCOTT L. TRINH, R.Ph.,
Certificate of Registration #14360,

REVISED FINDINGS OF FACT CONCLUSIONS OF LAW AND ORDER

Case No. 02-073-PH-S

Case No. 02-065-PH-S

Case No. 02-065-RPH-S

Case No. 02-047-PH-S

Case No. 02-047A-RPH-S

Case No. 02-047B-RPH-S

Case No. 02-047C-PT-S

Case No. 02-038-PH-S

Case No. 02-038-RPH-S

Case No. 02-062-PH-S

Case No. 02-062-RPH-S

Case No. 02-060-PH-S

Case No. 02-060-RPH-S

WALGREENS PHARMACY #04197, Certificate of Registration #PH01142,	**Case No. 02-050-PH-S**
ROBIN M. BONGA, R.Ph., Certificate of Registration #15598,	**Case No. 02-050-RPH-S**
WALGREENS PHARMACY #05014, Certificate of Registration #PH01371,	**Case No. 02-032-PH-S**
MICHELE L. ITO, R.Ph., Certificate of Registration #15357,	**Case No. 02-032-RPH-S**
WALGREENS PHARMACY #05015, Certificate of Registration #PH01309,	**Case No. 02-031-PH-S**
JESSICA NGUYEN, R.Ph Certificate of Registration #15397,	**Case No. 02-031-RPH-S**
WALGREENS PHARMACY #06310, Certificate of Registration #PH01549,	**Case No. 02-019-PH-S**
STEPHEN C. LESSARD, R.Ph Certificate of Registration #13632,	**Case No. 02-019-RPH-S**

Respondents.

/

THIS MATTER was heard by the Board at its regular meeting on July 24, 2002, in Las Vegas, Nevada. The Board was represented by Louis Ling, General Counsel to the Board. All of the Respondent Walgreen's pharmacies, Walgreens Co., and Respondents Carl M. Heuer, Peter A. Riso, Jr., Peter M. Kambiss, Jonathan C. Box, Scott L. Trinh, Robin M. Bonga, Michele L. Ito, and Stephen C. Lessard were represented by Graham, Wilde, Harker & Boggess and Robert C. Graham. Respondent Jessica Nguyen was represented by Thomas J. Tanksley. Respondent Michael Triolo was represented by Kathleen A. Murphy. Respondent John M. Quinn appeared and represented himself.

Prior to the hearing, Mr. Ling and Mr. Graham stipulated to bifurcate the matter involving Walgreen's Pharmacy #03843 and Carl M. Heuer (Case No. 02-065) from the remaining matters. Mr. Ling and Mr. Graham further agreed that Case No. 02-065

would be heard at the Board's regular meeting on October 16, 2002 in Las Vegas. The Board accepted the stipulation proposed by Mr. Ling and Mr. Graham and ordered that Case No. 02-065 be heard separately on October 16, 2002.

As a result of the stipulation to bifurcate approved by the Board, the Board heard the remaining matters at its hearing on July 24, 2002. Based upon the testimony and evidence presented and the public records in the possession of the Board, the Board issues the following findings of fact, conclusions of law, and order resolving as a final order all matters except Case No. 02-065.

FINDINGS OF FACT

1. The Board and the various Respondents' counsels presented the testimony of numerous witnesses and introduced several exhibits into evidence. Because the testimonies of most of the witnesses served primarily for individual matters and for the sake of administrative convenience, the Board will state the facts for each matter on a matter-by-matter basis.

Walgreens #3871 & Jonathan Box (Case No. 02-038)

2. Counsel for Walgreens and Mr. Box and the General Counsel agreed that the facts as plead in the Notice of Intended Action and Accusation were true and correct regarding this matter. The General Counsel stated that the complainant in this matter was unavailable for medical reasons, but because of the agreement reached between the parties, his testimony would be unnecessary. Counsel for Walgreens and Mr. Box presented the testimony of Mr. Box.

3. On January 7, 2002, Patient M's physician prescribed Singulair 5mg. tablets for him to help with his breathing difficulty. Patient M's physician telephoned the prescription to Walgreen's #03871 to be filled. Patient M is a five-year-old male with an asthmatic condition.

4. Patient M took the medication for four days before telling his father that the "medicine tasted funny." Patient M's father checked the prescription bottle and it was labeled correctly. Upon closer observation Patient M's father found that the label had been placed on a stock bottle of Proscar 5 mg. tablets. After checking the tablets in the Proscar stock bottle it was determined that the medication was not Singulair as prescribed, but Proscar tablets.

5. Mr. Box was the pharmacist who filled Patient M's prescription. Mr. Box stated that he doubted that he had counseled Ms. M when she picked up the prescription for Patient M as he believed Patient M had taken Singulair in the past. The counseling log was inconclusive as there were no initials on the log. At hearing, Mr. Box stated that he could not explain how he had mistakenly filled a Singulair prescription with Proscar 5 mg.

Walgreens #05014 & Michelle Ito (Case No. 02-032)

6. Board staff presented the testimony of Aubrey Alexander. According to Ms. Alexander, on February 6, 2002, she took two new prescriptions from her physician to Walgreen's #05014 to be filled. One prescription was for Ambien for her sleeping difficulties and the other was for Ultram for persistent pain. Ms. Alexander dropped the prescriptions off in the morning and was advised she could pick them up in the afternoon. Ms. Alexander inquired if she could use the drive-through to pick up her prescriptions and was told that she could pick them up at that location.

7. Ms. Alexander returned to Walgreen's #05014 at approximately 4:00 p.m. to pick up her medication at the drive-through window. Ms. Alexander recalls having to wait for a period of time as there were two cars ahead of her in line. When she arrived at the drive-through window, Ms. Alexander was told by a pharmacy technician that her prescriptions were not ready. Ms. Alexander asked the pharmacy technician to check again as she was told the prescriptions would be ready at 3:00 p.m. After a few minutes' wait, the pharmacy technician returned with her prescriptions. Ms. Alexander was asked if she had taken these medications before. Ms. Alexander indicated that she had taken both medications before. Other than the question asked by the pharmacy technician, Ms. Alexander was not counseled by a pharmacist on her prescriptions even though both prescriptions were new to her profile at this pharmacy.

8. While in her vehicle, Ms. Alexander took one tablet from the Ultram vial for the pain she was experiencing and left the pharmacy to run errands. After an hour had passed and her pain had not diminished, Ms. Alexander took a second tablet from the Ultram vial. After taking the second tablet Ms. Alexander began feeling disoriented and sick to her stomach. Ms. Alexander cancelled her plans to run errands, went home and fell asleep sitting up in a chair. Ms. Alexander explained at hearing that it was

extremely unusual and out of character for her to sleep in a chair. Several hours later she was awakened by her telephone ringing.

9. Ms. Alexander realized that something was wrong with the medication she had taken and reviewed the prescription bottles she picked up from Walgreens #05014 earlier in the day. After looking inside the bottles, Ms. Alexander discovered the Ambien medication was in the prescription bottle labeled Ultram and the Ultram medication was in the prescription bottle labeled Ambien.

10. The Board's investigation showed that there were two labels on each bottle. The underneath labels were for the correct medication, but the instructions for taking the medications were incomplete.

11. At hearing, Ms. Ito explained that when she was verifying prescriptions filled by the pharmaceutical technicians at Walgreens #05014 she discovered that the label for one of Ms. Alexander's prescriptions contained an incomplete direction for use, so she sent the prescriptions back to the pharmaceutical technician to have the label corrected. The two vials would have been sent back together since they were for the same patient. Ms. Ito explained that she would have checked the new labels and that she could not explain why she did not discover that the new labels had been improperly placed upon the wrong vials.

12. Ms. Ito also explained that the pharmacy's computer system showed that Ms. Alexander picked up her prescription at 4:07 p.m. Ms. Ito claimed that she was off shift at 4:00 p.m. and that she would have left precisely at 4:00 p.m. Thus, Ms. Ito claimed that she could not have been the pharmacist who failed to counsel Ms. Alexander and that the pharmacist who replaced Ms. Ito would have been responsible to counsel Ms. Alexander.

Walgreens #06310 and Stephen Lessard (Case No. 01-019)

13. Board staff presented the testimony of Rebecca Gang. According to Ms. Gang, on February 7, 2002, she took two new prescriptions from her physician to Walgreen's #06310 to be filled. One prescription was for Ambien 5mg. #20 and the other was for Synthroid 0.075mg. #90. Ms. Gang dropped the prescriptions off at approximately 9:30 a.m.

14. Ms. Gang returned to Walgreen's #06310 at approximately 12:30 p.m. to pick up her medication at the drive-through window. Ms. Gang was told by a Walgreen's pharmacy clerk that they owed her 85 pills on her prescription. Ms. Gang questioned the clerk and the clerk advised her that they had run out of Levothyroxine. Ms. Gang advised the clerk that she was taking Synthroid, not Levothyroxine, and asked to speak to the pharmacist. Ms. Gang asked the clerk to speak to the pharmacist several times, but the pharmacist did not respond to Ms. Gang's requests.

15. Ms. Gang was advised that her prescription for Synthroid would be ready in approximately 15 minutes. Ms. Gang requested her prescription for Ambien and indicated she would return later for the Synthroid prescription. Ms. Gang was not counseled for her new prescription for Ambien.

16. Ms. Gang returned to the drive-through window of Walgreen's #06310 later in the evening of February 7th to pick up her prescription for Synthroid. Ms. Gang was not counseled for her new prescription for Synthroid by the pharmacist on duty, Stephen Lessard.

17. At hearing, Mr. Lessard explained that it was Walgreens' routine and policy to substitute levothyroxine for Synthroid, even though he admitted that the two are not AB rated. Mr. Lessard explained that he did not speak to Ms. Lessard because his pharmaceutical technician relayed Ms. Gang's questions to him while he was filling Ms. Gang's Synthroid prescription. He further explained that he was on his way over to counsel Ms. Gang, but the pharmaceutical technician had already given Ms. Gang the Ambien prescription and so Ms. Gang left before he could speak with her.

Walgreens #05015 & Jessica Nguyen (Case No. 02-031)

18. Board staff presented the testimony of Robbie Ierley. Ms. Ierley testified that on February 25, 2002, she took a new prescription from her dentist for Decadron Dosepak to Walgreen's #05015 to be filled. Ms. Ierley stated that she was quite familiar with the Decadron Dosepak because it was an older medication that she had dispensed when she worked at retail pharmacies and because it was manufactured by Merck, and she was presently employed as a pharmacist by the Merck-Medco pharmacy facility in Las Vegas.

19. The pharmacy was busy and Ms. Ierley waited for approximately an hour for her prescription to be filled. When Ms. Ierley finally picked up her prescription, a clerk brought Ms. Ierley her prescription and said to her, "I know you're a pharmacist", to which Ms. Ierley replied that she was. The clerk told Ms. Ierley that her prescription would be $10.00 and concluded the transaction. Ms. Ierley was not counseled regarding her prescription even though Medrol Dosepak was new to Ms. Ierley's profile at the pharmacy.

20. When the prescription was ready Ms. Ierley noticed that her prescription had been filled with Methylpredisolone 4mg. Dosepak. Ms. Ierley is a pharmacist and knew that the strength of the drug she was given was not as strong as the drug her dentist prescribed. Ms. Ierley questioned a pharmacist on duty, Jessica Nguyen, regarding the difference in strength. Ms. Nguyen told Ms. Ierley that she did not have Decadron Dosepak and argued that the drug she was given was exactly the same as the drug her dentist prescribed. Because of the way Ms. Nguyen addressed Ms. Ierley's concerns and because Ms. Ierley could not conceive that a pharmacist would change a drug on a prescription without first contacting the prescribing practitioner, Ms. Ierley assumed Ms. Nguyen had contacted her dentist to change the medication.

21. Ms. Ierley reluctantly took the medication home and began taking the medication given to her as directed because she was in considerable dental pain. Ms. Ierley tried to contact her dentist to verify the change in medication, but she was not able to make contact with him for four days. When Ms. Ierley finally spoke with her dentist, he informed her that he had not spoken to anyone from Walgreen's #05015 and that he did not authorize a change in medication.

22. Ms. Ierley related that the lower strength Methylpredisolone Dosepak failed her treatment. Her dentist gave Ms. Ierley another prescription for Decadron Dosepak that she had filled elsewhere, and fortunately her condition improved.

23. At hearing, Ms. Nguyen testified that Walgreens #05015 was extremely busy and, in her opinion, poorly staffed. Ms. Nguyen described one of her pharmaceutical technicians as 70 years old and incapable of keeping up with the accelerated pace of Walgreens #05015. Ms. Nguyen also indicated that Walgreens' computer system had a gauge that monitored how quickly various tasks were being completed, including how

quickly prescriptions were being filled. Ms. Nguyen's understanding of the gauges were that it was her responsibility to keep any of the three gauges from "going red."

24. Ms. Nguyen also testified that the policy for counseling at Walgreens was to allow the clerk or pharmaceutical technician to ask the patient questions such as, "Would you like to speak to the pharmacist?" or "Have you taken this drug before?" Pharmacists only spoke to patients at the their request. X's or other marks would be placed on the counseling log by the clerk or pharmaceutical technician, and the pharmacist would sign next to the X or other mark at some time later.

Walgreens #04197 & Robin Bonga (Case No. 02-050)

25. Board staff presented the testimony of Darwin Albrecht. Mr. Albrecht testified that on March 27, 2002, he took a new prescription from his physician for Clomiphene Citrate 50 mg. #30 to Walgreen's #04197 to be filled. Mr. Albrecht dropped the prescription off late in the afternoon. Mr. Albrecht was aware from discussions with his physician that Clomiphene Citrate 50 mg. was an unusual drug to be prescribed for a male, and as a result of the unusual nature of the prescription, Mr. Albrecht wanted to speak with a pharmacist about the prescription.

26. Mr. Albrecht returned to Walgreen's #04197 between 7:00 and 8:00 p.m. to pick up his medication at the drive through window. He was given his new prescription by a Walgreen's pharmacy clerk, and he paid for his medication and departed through the drive through lanes.

27. Mr. Albrecht was not counseled for his prescription for Clomiphene Citrate 50 mg., even though the prescription was new to his profile and was for an unusual drug for a male.

28. At hearing, Ms. Bonga testified that she was aware that the prescription was unusual for a male patient, but she was not the pharmacist on duty at the time that Mr. Albrecht picked up the prescription. Ms. Bonga also testified that the policy for counseling at Walgreens was to allow the clerk or pharmaceutical technician to ask the patient questions such as, "Would you like to speak to the pharmacist?" or "Have you taken this drug before?" Pharmacists only spoke to patients at the patients' request. X's or other marks would sometimes be placed on the counseling log by the clerk or

pharmaceutical technician, and the pharmacist would sign next to the X or other mark at some time later.

Walgreens #03844, Peter Riso, Peter Kambiss, & John Quinn
(Case No. 02-047)

29. Board staff presented the testimony of Serena Allen. Ms. Allen testified that prior to Saturday, March 30, 2002, she was traveling in California and realized that she would be out of her maintenance medication for her heart, Inderal 10 mg. tablets, by the weekend when she planned to returned home to Las Vegas. Ms. Allen telephoned Walgreen's #03844 and spoke with managing pharmacist Peter Riso to have her Inderal prescription refilled. Mr. Riso advised Ms. Allen that her refills had run out, but he would contact her physician to get refill authorization. Mr. Riso advised Ms. Allen that if contact with her physician was not made prior to her return, she could pick up 15 tablets to hold her over for the weekend.

30. Ms. Allen returned home and went to Walgreens #03844 to pick up her Inderal on Saturday, March 30, 2002. Ms. Allen's physician had not yet called the pharmacy to approve refilling her Inderal. Ms. Allen then requested from pharmaceutical technician John Quinn the 15 tablets Mr. Riso had promised her.

31. Mr. Quinn questioned the pharmacist on duty, Peter Kambiss, if he could give Ms. Allen 15 tablets of Inderal for the weekend. Mr. Kambiss gave Mr. Quinn permission to dispense an emergency amount of Inderal until her physician contacted the pharmacy to refill her prescription. At that time, Mr. Quinn obtained a stock bottle of Inderal 10 mg. tablets and poured a quantity of tablets in his hand, counted the tablets, and placed them in Ms. Allen's prescription vial. Ms. Allen questioned why Mr. Quinn was handling her medication with his hand. Mr. Quinn replied that it was common practice and Ms. Allen did not know pharmacy law. According to Ms. Allen, Mr. Quinn was abusive and rude, and all of the conversation between Mr. Quinn and herself occurred within the sight and hearing of Mr. Kambiss. Ms. Allen left the pharmacy with the medication.

32. A few minutes later, Ms. Allen returned with her husband and a member of the store management staff. Ms. Allen asked Mr. Kambiss to replace the Inderal tablets given to her by Mr. Quinn. According to Mr. Kambiss, up to this time, he was unaware

that Mr. Quinn had handled Ms. Allen's tablets with his hands. While Mr. Kambiss was replacing the Inderal tablets, Ms. Allen and Mr. Quinn began to argue again. Unfortunately, the argument grew increasingly heated with Mr. Quinn, Ms. Allen, and Mr. Allen all speaking loudly. All of this occurred in the sight and hearing of Mr. Kambiss, but according to Mr. Kambiss' testimony, he took no action with Mr. Quinn to stop the argument except to say Mr. Quinn's first name. Ms. Allen and her husband asked to see Mr. Quinn's pharmacy technician registration. Mr. Kambiss went to locate the certificate, however it was not in the frame where pharmacy staff licenses were kept.

33. Ms. Allen asked for a telephone number for a pharmacy supervisor and was given Marcie Ranick's telephone number. Ms. Allen thought to call Walgreens' management because she had dealt with Walgreens' management, specifically George Flaherty and Joe Daniels, regarding an earlier incident that had been satisfactorily managed by Mr. Flaherty and Mr. Daniels.

34. Prior to speaking with Ms. Ranick, Ms. Allen telephoned the Board office and checked to see if Mr. Quinn was registered. Ms. Allen was advised that Mr. Quinn had been registered as a pharmaceutical technician-in-training at a Sav-On pharmacy, but he left his employment where he was registered, and his registration was closed. Mr. Quinn did not have a pharmaceutical technician's registration and was not registered as a technician-in-training at Walgreens #03844 or at any other Walgreens pharmacy. Ms. Allen spoke with Ms. Ranick and found her to be unconcerned about Mr. Quinn's practice of filling prescriptions from the palm of his hand. Ms. Ranick also told Ms. Allen that Mr. Quinn was a registered pharmaceutical technician and that Board staff must have been mistaken.

35. The evidence showed that Mr. Quinn had been working at Walgreens #03844 since February 15, 2001 without a valid pharmacy technician registration certificate. During that time, Mr. Quinn worked a total of 18 days as a pharmaceutical technician without a proper registration.

36. After the incident with the Allens, Mr. Quinn brought a copy of his certificate to the pharmacy. Mr. Quinn explained that he had "whited-out" the employer on the copy of the certificate that he gave to Walgreens #03844 because it contained the

address of his previous and only authorized employer, Sav-on Pharmacy. Mr. Quinn "whited-out" Sav-on's name and address because he still worked occasionally at Sav-on on good terms and did not want his problems at Walgreens #03844 to become known to Sav-on.

37. After the incident with the Allens, Mr. Quinn was transferred to Walgreens Pharmacy #03845 where he continued to be employed. Board staff had notified Walgreens #03845 to cease to employ or use Mr. Quinn in the capacity of a pharmaceutical technician or technician-in-training until Mr. Quinn applied to be and was granted registration as a pharmaceutical technician-in-training at that pharmacy.

38. At hearing, Mr. Riso testified that he took responsibility for not checking Mr. Quinn's registration certificate closely. Mr. Riso said that once he discovered that Mr. Quinn was not properly registered as a technician-in-training at Walgreens #03844, Mr. Riso assigned Mr. Quinn only to clerk tasks and did not allow Mr. Quinn to perform any pharmaceutical technician tasks.

Walgreens #03872 & Michael Triolo (Case No. 02-062)

39. Board staff presented the testimony of Linda Owens. Ms. Owens testified that on April 10, 2002, she took five new prescriptions from her physician to Walgreen's #03872 to be filled. Ms. Owens decided she only wanted four of the prescriptions filled at that time. The pharmacy technician explained the pharmacy would keep the fifth prescription at the pharmacy in case Ms. Owens changed her mind and wanted to have it filled.

40. Ms. Owens noted that the pharmacy was extremely busy while she was waiting for her prescriptions to be filled. She testified that the pharmaceutical technician and the pharmacist were the only two employees and that the pharmaceutical technician was constantly in motion between the drive-up window, the telephone, the pharmacy counter, and the front counter.

41. When the prescriptions were ready Ms. Owens was given five prescriptions, four in one bag and one in a separate bag. Ms. Owens questioned the pharmaceutical technician and explained she should only have four prescriptions. The technician stated that there were five. Since Ms. Owens was not feeling well, she paid for all five prescriptions and left Walgreens #03872. Though the prescriptions were new to Ms.

Owens and her profile at this pharmacy, Ms. Owens was not counseled by a pharmacist.

42. Ms. Owens took the medication home and began taking the medication given to her as directed that evening and the following day. Ms. Owens received a telephone call on the evening of April 11, 2002 from a female pharmacist from Walgreens #03872 asking if she had been in the previous day to pick up any prescriptions. Ms. Owens stated she had picked up her prescriptions the previous day and had been taking them as directed. Ms. Owens was advised that one of the prescriptions she picked up was for another patient with the same name. Ms. Owens examined the prescriptions she had obtained the previous day and found one that had a doctor's name that was unknown to her on the label although the patient's name on the vial was also Linda Owens. In this way, Ms. Owens discovered that she had taken Metronidazole 500 mg. tablets that were not prescribed for her.

43. Ms. Owens explained that she filed the complaint because of her dealings with pharmacist Ledrue Ware after the error had been discovered. Ms. Owens testified that Mr. Ware seemed uninterested in her and her concerns and seemed mostly concerned about informing her that he was not the pharmacist who had dispensed the erroneous prescription to her.

44. At hearing, Mr. Triolo explained that the Walgreens verification computer system did not contain any specific information regarding a patient, such as the patient's birth date or address, at the time of the verification. Thus, as Mr. Triolo explained, it was possible and foreseeable that errors such as occurred in this matter would not be caught by the verifying pharmacist because there would be no way to tell at the verification screen which "Linda Owens" the prescriptions were for. From Walgreens' records, Mr. Triolo could not identify who had filled the Metronidazole prescription for the Linda Owens who was not the complainant in this matter. Mr. Triolo also explained that he was not the pharmacist on duty at the time Ms. Owens picked up her prescriptions and that Mr. Ware was the pharmacist on duty at that time.

Walgreens #03873 & Scott Trinh (Case No. 02-060)

45. Board staff presented the testimony of Daniel Garcia, Investigator for the Board. Mr. Garcia testified that on May 2, 2002, he and Investigator/Supervisor Fred

Ackermann went to Walgreens #03873 to acquire information and evidence on an investigation of a consumer complaint. That consumer complaint was ultimately closed without action.

46. While they were present at the pharmacy, they observed staff pharmacist Scott L. Trinh speaking with a pharmaceutical technician at one end of the pharmacy counter. Mr. Garcia did not observe any patient at the pharmacy's counter to whom Mr. Trinh may have been speaking. At the same time, Mr. Garcia and Mr. Ackermann observed another pharmacy technician at the drive-through window serving a patient.

47. Kelly Moczynski was identified as the pharmaceutical technician at the drive-through window. She had given a male patient a prescription and returned his identification. As Ms. Moczynski concluded the register transaction with this patient, Mr. Garcia and Mr. Ackermann observed her mark on the "Refused" section of the counseling log that the patient had refused counseling. At no time during this transaction did Mr. Garcia observe Mr. Trinh come to the drive-through window.

48. Mr. Ackermann asked Ms. Moczynski if the prescription she had just dispensed was a new prescription, to which she said it was. Mr. Ackermann asked Ms. Moczynski to retrieve the prescription she had dispensed to the patient at the drive-through window. Supervisor Ackermann then advised Mr. Trinh that he needed to come to the drive-through window and counsel the patient regarding his new prescription. Only after Mr. Ackermann required Mr. Trinh to counsel the patient did Mr. Trinh cease speaking with the other employee and counsel the patient regarding the patient's new prescription.

49. Mr. Garcia testified that he had personally investigated several of the cases involved in this matter and that he had consulted with Mr. Ackermann regarding other of the cases that Mr. Ackermann had investigated. Mr. Garcia explained that Walgreens' counseling policy was to allow the clerk or pharmaceutical technician to ask the patient questions such as, "Would you like to speak to the pharmacist?" or "Have you taken this drug before?" Pharmacists only spoke to patients at the patients' request. X's or other marks would sometimes be placed on the counseling log by the clerk or pharmaceutical technician, and the pharmacist would sign next to the X or other mark at some time

later. In some cases, the pharmacist would not initial next to the X's or other mark until the end of the pharmacist's shift.

50. Mr. Trinh testified that he was very careful to assure that patients were counseled at his pharmacy. Mr. Trinh explained that he was counseling a patient at the time that Mr. Ackermann asked him to counsel the patient at the drive-through window, but he could not explain why Mr. Ackermann and Mr. Garcia had not seen the patient at the pharmacy counter that he was counseling. Mr. Trinh admitted that he changed the counseling log regarding the patient the he counseled at Mr. Ackermann's request to show that counseling had been accepted, and he also admitted that the patient would have left Walgreens #03873 had Mr. Ackermann not requested that he counsel the patient.

CONCLUSIONS OF LAW

1. The Nevada State Board of Pharmacy has jurisdiction over this matter because Respondents Walgreens Pharmacies ##03844, 03871, 03872, 03873, 04197, 05014, 05015, and 06310 are pharmacies licensed by the Board and because Respondents Riso, Kambiss, Quinn, Box, Triolo, Trinh, Bonga, Ito, Nguyen, and Lessard are pharmacists or pharmaceutical technicians licensed by or registered with the Board. Walgreen Co. is an Illinois corporation that is the owner of all of the individual Walgreens Pharmacies at issue in this matter.

Walgreens #03871 & Jonathan Box (Case No. 02-038)

2. In failing to strictly follow the prescription written for Patient M. by filling his Singulair 5 mg. prescription with Proscar 5 mg., Mr. Box violated NRS 639.210(4) and NAC 639.945(1)(d) and (i).

3. In failing to counsel Patient M's mother on Patient M's new prescription, Mr. Box violated NRS 639.210(4) and 639.266(1) and NAC 639.707(1)(a) and 639.945(1)(i).

4. In owning and operating a pharmacy that failed to counsel Patient M's mother regarding Patient M's new prescription, Walgreen Co. and Walgreens Pharmacy #03871 violated NRS 639.210(4) and 639.266(1) and NAC 639.707(1)(a) and 639.945(1)(i) and (2).

5. The Second Cause of Action in Walgreens' Notice of Intended Action and Accusation is dismissed.

Walgreens #05014 & Michelle Ito (Case No. 02-032)

6. In failing to label Ms. Alexander's prescriptions correctly, Ms. Ito violated NRS 639.210(4) and NAC 639.945(1)(d) and (i).

7. The Second Cause of Action in Ms. Ito's Notice of Intended Action and Accusation is dismissed.

8. In owning and operating a pharmacy that failed to label Ms. Alexander's prescriptions correctly, Walgreen Co. and Walgreens Pharmacy #05014 violated Nevada Revised Statute (NRS) 639.210(4) and Nevada Administrative Code (NAC) 639.945(1)(d) and (i) and (2).

9. In owning and operating a pharmacy that failed to counsel Ms. Alexander on either of her new prescriptions, Walgreen Co. and Walgreens Pharmacy #05014 violated NRS 639.210(4) and 639.266(1) and NAC 639.707(1)(a) and 639.945(1)(i) and (2).

Walgreens #06310 and Stephen Lessard (Case No. 01-019)

10. In failing to counsel Ms. Gang regarding either of her new prescriptions, especially because Ms. Gang requested to speak with the pharmacist several times, Mr. Lessard violated NRS 639.210(4) and 639.266(1) and NAC 639.707(1)(a) and 639.945(1)(i).

11. The Sixth Cause of Action in Walgreens' Notice of Intended Action and Accusation is dismissed.

Walgreens #05015 & Jessica Nguyen (Case No. 02-031)

12. In failing to follow the instructions of the prescribing physician and by incorrectly labeling and dispensing a prescription drug, Ms. Nguyen violated NRS 639.210(4) and NAC 639.945(1)(d) and (i).

13. In failing to counsel Ms. Ierley, Ms. Nguyen violated NRS 639.210(4) and 639.266(1) and NAC 639.707(1)(a) and 639.945(1)(i).

14. In owning and operating a pharmacy that failed to counsel Ms. Ierley, Walgreen Co. and Walgreens Pharmacy #05015 violated NRS 639.210(4) and 639.266(1) and NAC 639.707(1)(a) and 639.945(1)(i) and (2).

15. The Seventh Cause of Action in Walgreens' Notice of Intended Action and Accusation is dismissed.

Walgreens #04197 & Robin Bonga (Case No. 02-050)

16. The First Cause of Action in Ms. Bonga's Notice of Intended Action and Accusation is dismissed.

17. In owning and operating a pharmacy that failed to counsel Mr. Albrecht, Walgreens Co. and Walgreens Pharmacy #04197 violated NRS 639.210(4) and 639.266(1) and NAC 639.707(1)(a) and 639.945(1)(i) and (2).

Walgreens #03844, Peter Riso, Peter Kambiss, & John Quinn (Case No. 02-047)

18. In failing to verify that Mr. Quinn was properly registered to work as a pharmaceutical technician and in employing Mr. Quinn as a pharmaceutical technician when Mr. Quinn was not, in fact, properly registered to work as a pharmaceutical technician-in-training at Walgreens #03844, Mr. Riso violated NRS 639.210(4) and (15) and NAC 639.945(1)(i).

19. In failing to intervene as the staff pharmacist on duty while Mr. Quinn and the Allens argued, Mr. Kambiss violated NRS 639.210(4) and NAC 639.945(1)(i).

20. The Second Cause of Action in Mr. Kambiss' Notice of Intended Action and Accusation is dismissed.

21. In working at Walgreens #03844 as a pharmaceutical technician without being properly registered so to do, Mr. Quinn violated NRS 639.210(4) and 639.284(2) and NAC 639.945(1)(i) and (k).

22. By owning and operating a pharmacy that employed and worked and continues to work Mr. Quinn as a pharmaceutical technician, both at Walgreens #03844 and other Walgreens pharmacies, without a current active pharmaceutical technician license, Walgreen Co. and Walgreens Pharmacy #03845 violated NRS 639.210(4) and 639.284(2) and NAC 639.702 and 639.945(1)(i) and (k) and (2).

23. The Tenth and Eleventh Causes of Action in Walgreens' Notice of Intended Action and Accusation are dismissed.

Walgreens #03872 & Michael Triolo (Case No. 02-062)

24. In failing to follow the instruction of the prescribing physician and by incorrectly dispensing another patient's drug to Ms. Owens, Mr. Triolo violated NRS 639.210(4) and NAC 639.945(1)(d) and (i).

25. The Second Cause of Action in Mr. Triolo's Notice of Intended Action and Accusation is dismissed.

26. In owning and operating a pharmacy that failed to follow the instructions of the prescribing physician and by incorrectly dispensing a prescription drug to the wrong patient, Walgreen Co. and Walgreens Pharmacy #03872 violated Nevada Revised Statutes (NRS) 639.210(4) and Nevada Administrative Code (NAC) 639.945 (1) (d) and (i) and (2).

27. The unlabeled Cause of Action in Walgreens' Notice of Intended Action and Accusation relating to the failure to counsel Ms. Owens is dismissed.

Walgreens #03873 & Scott Trinh (Case No. 02-060)

28. In failing to counsel a patient regarding a new prescription until being told by Board of Pharmacy staff to do so, Mr. Trinh violated NRS 639.210(4) and 639.266(1) and NAC 639.707(1)(a) and 639.945(1)(i).

29. In being the pharmacist on duty responsible for the acts of a pharmaceutical technician who falsified the pharmacy's counseling log by indicating that a patient had declined counseling when counseling had not been attempted or initiated with the patient, Mr. Trinh violated NRS 639.210(4) and NAC 639.702, 639.707(4), and 639.945(1)(i).

30. In owning and operating a pharmacy that failed to counsel a patient regarding a new prescription until the pharmacist on duty was told by Board of Pharmacy staff to do so, Walgreen Co. and Walgreens Pharmacy #03873 violated NRS 639.210(4) and 639.266(1) and NAC 639.707(1)(a) and 639.945(1)(i) and (2).

31. In owning and operating a pharmacy in which the pharmacist on duty allowed a pharmaceutical technician to falsify the pharmacy's counseling log by indicating that a patient had declined counseling when counseling had not even been attempted with the patient, Mr. Trinh violated NRS 639.210(4) and NAC 639.702, 639.707(4) and 639.945(1)(i) and (2).

ORDER

Based upon the foregoing, the Board hereby orders the following:

1. The licenses of Walgreens Pharmacies ##03872, 03871, 05014, 03873, 04197, 05015, and 03844 shall be on probation for a period of one year from the effective date of this order. The conditions of probation shall include:

a. One or more representatives of Walgreens Co. shall appear before the Board at every regularly scheduled Board meeting held in Las Vegas throughout the period of the probation to explain to the Board what Walgreens Co. has done to address the concerns raised in this matter, which concerns include Walgreens' counseling as mandated by Nevada law, Walgreens' counseling logs, Walgreens' prescription filling procedure, and Walgreens' policy for addressing patient calls (especially calls in which the patient indicates that he or she has taken an incorrect drug).

b. Development of a counseling log that complies with Nevada law. Walgreens Co. shall provide to the Board a copy of a proposed new counseling log within 30 days of the effective date of this Order, and this proposed new counseling log will be reviewed by the Board at its next succeeding regularly scheduled meeting. Upon approval by the Board of the new counseling log, Walgreens Co. shall provide and implement the new log in all of its Nevada pharmacies.

c. Walgreens Co. shall review its policies and procedures regarding patient counseling to assure that the policies and procedures fully comply with Nevada law. Walgreens Co. shall notify all of its Nevada pharmacies regarding its policies and procedures regarding counseling, including the proper use of the new counseling log developed pursuant to subsection 1(b) of this Order.

d. Walgreens Co. shall review its operational policies and procedures in light of the findings in this matter and shall develop specific suggestions or improvements to address failings in present operational policies and procedures that were shown in the findings of this matter. The details of Walgreens Co.'s review and specific suggestions or improvements shall comprise part of the presentation made by Walgreens Co. pursuant to subsection 1(a) of this Order.

2. Walgreens Co. and Walgreens Pharmacies ##03872, 03871, 05014, 03873, 04197, 05015, and 03844 shall pay a total fine of $5,600.00 by cashier's or certified

check or money order made payable to "State of Nevada, Office of the Treasurer" to be received by the Board's Reno office within 60 days of the effective date of this Order. The total fine consists of the following specific fines:

Third Cause of Action	$750.00
Fourth Cause of Action	$250.00
Fifth Cause of Action	$750.00
Eighth Cause of Action	$750.00
Ninth Cause of Action	$750.00
Twelfth Cause of Action	$750.00
Thirteenth Cause of Action	$100.00
Fourteenth Cause of Action	$750.00
Fifteenth Cause of Action	$750.00
TOTAL	**$5,600.00**

3. Walgreens Co. and Walgreens Pharmacies ##03872, 03871, 05014, 03873, 04197, 05015, and 03844 shall pay the Board's total administrative fee (nine causes of action X $250.00/cause of action = $2,250.00) and the Board's costs of investigation and prosecution ($11,878.35) for a total of $14,128.35 by cashier's or certified check or money order made payable to "Nevada State Board of Pharmacy" to be received by the Board's Reno office within 60 days of the effective date of this Order.

4. Mr. Triolo shall pay the Board's administrative fee of $250.00 by cashier's or certified check or money order made payable to "Nevada State Board of Pharmacy" to be received by the Board's Reno office within 60 days of the effective date of this Order. Mr. Triolo shall also receive a letter of admonition.

5. Mr. Lessard shall pay a fine of $375.00 by cashier's or certified check or money order made payable to "State of Nevada, Office of the Treasurer" to be received by the Board's Reno office within 60 days of the effective date of this Order. Mr. Lessard shall also pay the Board's administrative fee of $250.00 by cashier's or certified check or money order made payable to "Nevada State Board of Pharmacy" to be received by the Board's Reno office within 60 days of the effective date of this Order.

6. Mr. Box shall pay a total fine of $625.00 by cashier's or certified check or money order made payable to "State of Nevada, Office of the Treasurer" to be received by the Board's Reno office within 60 days of the effective date of this Order. Mr. Box shall also pay the Board's administrative fee of $250.00 by cashier's or certified check

or money order made payable to "Nevada State Board of Pharmacy" to be received by the Board's Reno office within 60 days of the effective date of this Order.

7. Ms. Ito shall pay a fine of $250.00 by cashier's or certified check or money order made payable to "State of Nevada, Office of the Treasurer" to be received by the Board's Reno office within 60 days of the effective date of this Order. Ms. Ito shall also pay the Board's administrative fee of $250.00 by cashier's or certified check or money order made payable to "Nevada State Board of Pharmacy" to be received by the Board's Reno office within 60 days of the effective date of this Order.

8. Mr. Trinh shall pay a total fine of $1,250.00 by cashier's or certified check or money order made payable to "State of Nevada, Office of the Treasurer" to be received by the Board's Reno office within 60 days of the effective date of this Order.

9. Ms. Nguyen shall pay a total fine of $625.00 by cashier's or certified check or money order made payable to "State of Nevada, Office of the Treasurer" to be received by the Board's Reno office within 60 days of the effective date of this Order. Ms. Nguyen shall also pay the Board's administrative fee of $250.00 by cashier's or certified check or money order made payable to "Nevada State Board of Pharmacy" to be received by the Board's Reno office within 60 days of the effective date of this Order.

10. Mr. Riso shall pay a fine of $100.00 by cashier's or certified check or money order made payable to "State of Nevada, Office of the Treasurer" to be received by the Board's Reno office within 60 days of the effective date of this Order. Mr. Riso shall also pay one-half the Board's administrative fee of $125.00 by cashier's or certified check or money order made payable to "Nevada State Board of Pharmacy" to be received by the Board's Reno office within 60 days of the effective date of this Order.

11. Mr. Kambiss shall pay a fine of $100.00 by cashier's or certified check or money order made payable to "State of Nevada, Office of the Treasurer" to be received by the Board's Reno office within 60 days of the effective date of this Order. Mr. Kambiss shall also pay one-half the Board's administrative fee of $125.00 by cashier's or certified check or money order made payable to "Nevada State Board of Pharmacy" to be received by the Board's Reno office within 60 days of the effective date of this Order.

12. Mr. Quinn shall pay a fine of $360.00 ($20/day x 18 days = $360.00) by cashier's or certified check or money order made payable to "State of Nevada, Office of the Treasurer" to be received by the Board's Reno office within 60 days of the effective date of this Order. Mr. Quinn shall also pay the Board's administrative fee of $250.00 by cashier's or certified check or money order made payable to "Nevada State Board of Pharmacy" to be received by the Board's Reno office within 60 days of the effective date of this Order.

13. Mr. Quinn may not apply for any license or registration with the Board for a period of one year from the effective date of this Order. Mr. Quinn will not be granted any license or registration with the Board until he pays the fine and administrative fee set out in paragraph 12 of this Order. During the period in which Mr. Quinn may not apply for any license or registration with the Board, Mr. Quinn may not be employed by or work in any capacity in any business licensed or registered by the Board.

Signed and effective this 17th day of September, 2002.

Larry L. Pinson, President
Nevada State Board of Pharmacy

Section 9: Statement of Responsibility - MUST BE COMPLETED by an Authorized Person (NAC 639.945)

Statement of Responsibility

1. I am the Vice President (title) for Walgreen Co. (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be responsible for any violations of pharmacy law that may occur in the Pharmacy owned by such owner(s), shareholder(s), member(s), or partner(s).
3. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against the Pharmacy.
4. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) cannot require or permit the pharmacist(s) in said Pharmacy to violate any provision of local, state, or federal laws or regulations pertaining to the practice of pharmacy.
5. I further understand and acknowledge that Nevada law requires that each pharmacy located inside the State of Nevada employ only pharmacists, intern pharmacists, pharmaceutical technicians, and technicians in training that are licensed by the Nevada State Board of Pharmacy. (NRS 639.100).
6. I further understand and acknowledge that Nevada law requires that each pharmacy located outside the State of Nevada engaged in providing pharmacy services into Nevada employs at least one pharmacist licensed by the Nevada State Board of Pharmacy who will be responsible for any prescription dispensed to a patient located in Nevada and responsible for any acts or omissions of pharmacy personnel who are not registered with the Board. (NRS 639.2328).

Richard Gates

Print Name of Authorized Person

Richard Gates

Original signature of Authorized Person (copies or stamps not accepted)

08 / 26 / 2025

Date

Section 10: Affidavit for Pharmacies- MUST BE COMPLETED by pharmacies NOT CURRENTLY PERFORMING Sterile Compounding

Affidavit for Pharmacy License

I, Richard Gates hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

1. I am the Vice President (title) for Walgreen Co. (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I certify that upon licensure, the Pharmacy will not perform sterile compounding or ship sterile compounds into Nevada.
3. I understand and acknowledge that the Pharmacy and any of its staff members may be subject to discipline by the Board if the Pharmacy performs sterile compounding or ships any sterile compounds into Nevada without first obtaining written authorization from the Board to do so.
4. I certify that if the Pharmacy makes the decision to perform sterile compounding or to ship any sterile compounds into Nevada, the Pharmacy, through an authorized representative, will first notify the Board via a written request, and obtain written approval to perform sterile compounding or to ship any sterile compounds into Nevada.
5. I understand that if the Pharmacy seeks approval to perform sterile compounding or to ship any sterile compounds into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

FURTHER YOUR AFFIANT SAYETH NAUGHT.

Signature

SUBSCRIBED AND SWORN TO
Before me, a notary public this 20th day of August, 2025

Zeljka Borosa-Rajcevic
Notary Public

OFFICIAL SEAL
ZELJKA BOROSA RAJCEVIC
Notary Public, State of Illinois
Commission No. 977646
My Commission Expires September 8, 2027

CERTIFICATE *of* SIGNATURE

REF. NUMBER
STEBU-S98Z4-ZTUKA-BS9TA

DOCUMENT COMPLETED BY ALL PARTIES ON
26 AUG 2025 19:33:27 UTC

SIGNER	TIMESTAMP	SIGNATURE
RICHARD GATES EMAIL RICK.GATES@WALGREENS.COM	SENT 26 AUG 2025 18:56:06 UTC VIEWED 26 AUG 2025 19:31:59 UTC SIGNED 26 AUG 2025 19:33:27 UTC	 IP ADDRESS 63.73.199.69 LOCATION CHICAGO, UNITED STATES

RECIPIENT VERIFICATION

EMAIL VERIFIED
26 AUG 2025 19:31:59 UTC

File Number 1084-348-1

STATE OF ILLINOIS

OFFICE OF THE SECRETARY OF STATE

To all to whom these Presents Shall Come, Greeting:

I, **Alexi Giannoulias,** *Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that*

WALGREEN CO., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON FEBRUARY 15, 1909, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE BUSINESS CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.

In Testimony Whereof, *I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this* 15TH *day of* MAY *A.D.* 2025 .

Authentication #: 2513501622 verifiable until 05/15/2026
Authenticate at: https://www.ilsos.gov

Alexi Giannoulias
SECRETARY OF STATE

CONFIDENTIAL/EXEMPT FROM
FREEDOM OF INFORMATION ACT AND
SIMILAR STATE REQUESTS

Ownership Information

Ownership & Leadership of Applicant Entity

Applicant: **Walgreen Co.**
108 Wilmot Rd., Deerfield, IL 60015

Ownership: The Applicant entity is wholly owned (100%) by Walgreens Boots Alliance, Inc.

Officers of Walgreen Co.
Michael Motz - CEO
Richard Gates - Senior Vice President, Chief Pharmacy Officer
Cherita Thomas - Secretary
Matthew Spina - CFO
Michael Handal - Licensing and Provider Enrollment Officer

Ownership & Leadership of Walgreens Boots Alliance, Inc.

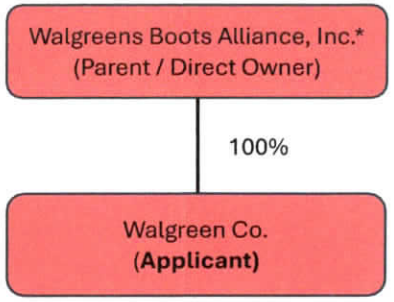
Ownership: Walgreens Boots Alliance, Inc. is wholly owned (100%) by Blazing Star Parent, LLC

Officers of Walgreens Boots Alliance, Inc.
Temporarily vacant - CEO
Mark Weisz - Sr VP, Global Tax
Manmohan Mahajan - Sr VP, Global Controller, CFO
Lanesha Minnix - Corporate Secretary

Please see the attached pre- and post-closing Corporate Organization chart for reference.

Proprietary and Confidential
Not a public record pursuant to
Section 7927.605 of the CPRA and
45 CFR Section 5.31

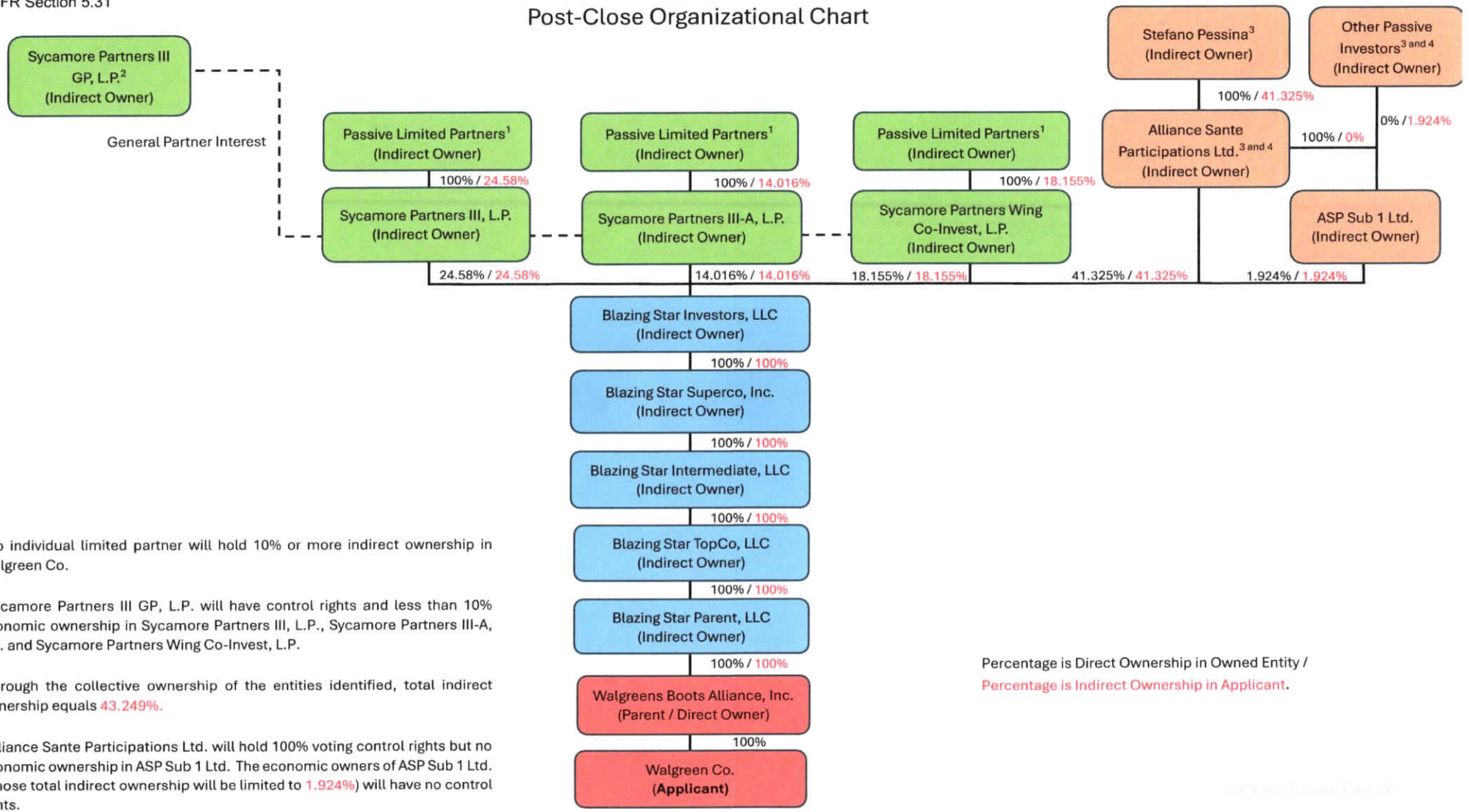
Walgreen Co.
Pre-Close Organizational Chart



Publicly Traded on Nasdaq Stock Market (WBA)

Proprietary and Confidential
Not a public record pursuant to
Section 7927.605 of the CPRA and
45 CFR Section 5.31

Walgreen Co.
Post-Close Organizational Chart



[1]No individual limited partner will hold 10% or more indirect ownership in Walgreen Co.

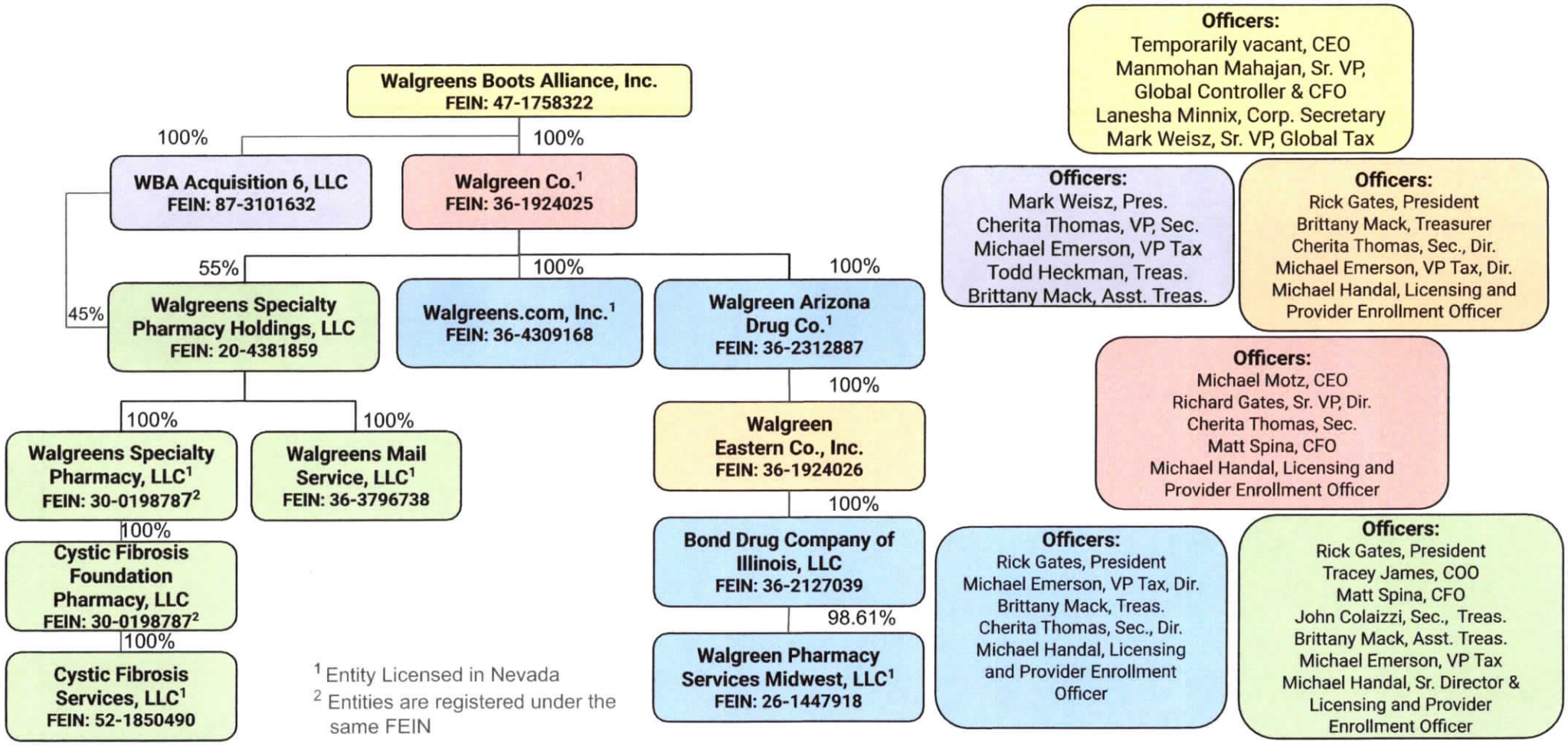
[2]Sycamore Partners III GP, L.P. will have control rights and less than 10% economic ownership in Sycamore Partners III, L.P., Sycamore Partners III-A, L.P. and Sycamore Partners Wing Co-Invest, L.P.

[3]Through the collective ownership of the entities identified, total indirect ownership equals 43.249%.

[4]Alliance Sante Participations Ltd. will hold 100% voting control rights but no economic ownership in ASP Sub 1 Ltd. The economic owners of ASP Sub 1 Ltd. (whose total indirect ownership will be limited to 1.924%) will have no control rights.

Percentage is Direct Ownership in Owned Entity /
Percentage is Indirect Ownership in Applicant.

Walgreen Co.
Post-Close Organizational Chart (cont.)



9TT

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Pharmacy Application

Non-Refundable $500.00 Fee

Rev (6/11/2024)

Facility Location	Application Type (check all applicable)	Pharmacy Type (check all applicable)	Services the Pharmacy will Provide (check all applicable)
☑ Nevada ☐ Out-of-Nevada	☐ New Pharmacy ☑ Ownership Change* ☐ Location Change * ☐ Service Modification* ☐ Name Change* (if only a Name Change occurred, submit a $50.00 fee with the application.) * Current license #: PH PH01570	☑ Retail/Community ☐ Hospital (# beds _____) ☐ Internet ☐ Nuclear ☐ Other:	☑ Retail/Community ☑ Dangerous drugs ☑ Controlled substances DEA #: BW7046914 ☐ Non-sterile Compounding ☐ Sterile Compounding ☐ Mail-Order Service ☐ Off-site Cognitive Services ☐ Long Term Care ☐ Hospital ☐ Other:

Days of Operation		Ownership Type (check applicable box)
☑ Monday	☑ Friday	☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9, 10, 11, 12)
☑ Tuesday	☑ Saturday	☑ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9, 10, 11, 12)
☑ Wednesday	☑ Sunday	☐ Partnership (complete sections 1, 2, 3, 4, 7, 9, 10, 11, 12)
☑ Thursday	☐ Holidays	☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9, 10, 11, 12)

Section 1: General Information

Pharmacy Name: WALGREENS #06311

Physical Address: 3808 E TROPICANA AVE

City: LAS VEGAS State: NV Zip: 89121-6021

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: (702)547-0830 Toll Free # (NAC 639.708, NRS 639.23286): N/A

Fax: (702)547-4003 Contact Email: rxm.06311@store.walgreens.com

Website: https://www.walgreens.com

Nevada Business License # (if applicable) NV19951143510

Supervising/Managing Pharmacist Name (NRS 639.220): CAMERINA GAMBOA

Supervising/Managing Pharmacist NV Pharmacist Registration # (if applicable): 16995

Document Ref: Q4HB6-PWNEG-2NGYM-AO6LZ

Section 2: List the name(s) of at least one NEVADA registered pharmacist who practices at the pharmacy, who may be the managing pharmacist or another pharmacist, who will be responsible for any prescriptions dispensed to a patient located in Nevada and responsible for any acts or omissions of pharmacy personnel who are not registered with the Board. NRS 639.2328. (Use a separate piece of paper if additional space is needed.)

Name: CAMERINA GAMBOA	NV Pharmacist Registration #: 16995
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:

Section 3: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✓
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration from any jurisdiction?		✓
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been subject of an administrative action, board citation, cite fine, or proceeding relating to the pharmaceutical industry?	✓	
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✓
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✓

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name(s) of the owner(s), their credentials and their percent ownership. Write NA if not applicable. NRS 639.232. (Use a separate piece of paper if additional space is needed.)

Name: N/A	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:

1. The Board shall not issue a license to conduct a pharmacy:
   a) To any practitioner; or
   b) To any partnership, corporation, or association in which a practitioner has a controlling interest or owns more than 10 percent of the available stock.
2. This section does not:
   a) Apply to a hospital pharmacy or a health maintenance organization which holds a certificate of authority under chapter 695C of NRS.
   b) Prohibit ownership by a practitioner of a building in which a pharmacy is located, if space for the pharmacy is rented at the prevailing rate.

Section 5: Publicly Traded Corporation

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Does the number of stockholders/shareholders of the corporation exceed four? NRS 639.231 ☐ Yes ☐ No

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: Delaware

Parent Company (if any): Walgreens Boots Alliance, Inc.

Corporation/Organization Name: Walgreen Co.

Mailing Address: 108 Wilmot Rd

City: Deerfield State: IL Zip: 60015

Telephone: 847-224-1348 Email: licenseadministration@walgreens.com

Contact Person Name: Kayla Lechner

Does the number of stockholders/shareholders of the corporation or members exceed four? NRS 639.231 ☐ Yes ☒ No

Section 7: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Please check type of partnership (NAC 639.214) ☐ General ☐ Limited

Does the number of partners or members of the partnership exceed four? NRS 639.231 ☐ Yes ☐ No

Section 8: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Document Ref: Q4HB6-PWNEG-2NGYM-AO6LZ

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Richard Gates

Print Name of Authorized Person Submitting Application (If the applicant is a partnership or corporation, the application must be signed by a partner or by an officer of the corporation). NAC 639.215

Richard Gates

Original signature of Authorized Person (copies or stamps not accepted)

08 / 26 / 2025

Date

Board Use Only	Date Received: 9/22/25	Amount: $500 CK JP03-3000111291

Document Ref: Q4HB6-PWNEG-2NGYM-AO6LZ

Section 11: Managing Pharmacist Acknowledgement, Professional/Personal History – REQUIRED TO BE COMPLETED BY THE MANAGING PHARMACIST FOR NEVADA LOCATED PHARMACY APPLICANTS ONLY

Managing Pharmacist Name: CAMERINA GAMBOA Pharmacist Registration #: 16995

Pharmacy Name: WALGREENS #06311

Initial each statement below to indicate you have read and agree with the following:

C.G. I understand that as the managing pharmacist I am responsible for compliance by the pharmacy and its personnel with all state and federal laws and regulations relating to the operation of the pharmacy and the practice of pharmacy. I understand my license can be revoked or that I can be subject of disciplinary action if such laws or regulations are knowingly violated in the pharmacy in which I am the managing pharmacist.

C.G. I understand within 48 hours after I report for duty as the managing pharmacist, I shall complete an inventory of all controlled substances of the pharmacy pursuant to 21 CFR Part 1304 and maintain a copy of the inventory in the file at the pharmacy.

C.G. I understand that if I cease to be managing pharmacist of the above-named pharmacy, I will jointly, with the new managing pharmacist, take an inventory of all controlled substances.

C.G. I understand that as the managing pharmacist I must ensure that all loss or theft of controlled substances are reported on forms provided by the Nevada State Board of Pharmacy and Department of Public Safety within 10 days after the date of discovery of theft or loss. NRS 453.568. Federal regulations require that registrants notify the Field Division Office of the Administration in his area, in writing, of the theft or significant loss of any controlled substance, disposal receptacles or listed chemicals within one business day of discovery of such loss or theft. The registrant shall also complete and submit to the Field Division Office in his area, DEA Form 106 regarding the loss or theft (21 C.F.R. §1301.76(b) and 21 U.S.C. §830(b)(1)(C)).

C.G. I understand that as the managing pharmacist I must notify the Nevada State Board of Pharmacy of all employment changes of pharmacy staff within 10 days of the change. NAC 639.540

Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?	☐	☑
2. Have you been charged, arrested, or convicted of a felony or misdemeanor in any state?	☐	☑
3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state?	☐	☑
4. Has your license been subjected to any discipline for violation of pharmacy or drug laws in any state?	☑	☑

If you marked YES to any questions above, include the following information and provide a signed statement of explanation. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Board Administrative Action:	State:	Date:	Case #:

Criminal Action:	State:	Date:	Case #:	County:	Court:

I certify under penalty of perjury that the information I have provided on this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

CAMERINA GAMBOA

Original signature of Managing Pharmacist (copies or stamps not accepted)

08 / 01 / 2025

Date

Document Ref: RWUFM-DYWUQ-ZDSEW-JYVP5

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

CAMERINA N. GAMBOA, R.Ph.,
Certificate of Registration #16995,

Respondent.

FINDINGS OF FACT, CONCLUSIONS OF LAW, AND ORDER

Case No. 11-107-RPH-S

THIS MATTER was heard by the Nevada State Board of Pharmacy (hereinafter Board) at its regular meeting on April 18, 2012, in Las Vegas, Nevada. The Board was represented by Carolyn J. Cramer, General Counsel for the Board. Respondent Camerina N. Gamboa appeared and was represented by Rob Graham, Esq. of Rob Graham and Associates. Based on the presentations of the parties, the testimony presented, and the public records in the possession and control of the Board, the Board issues the following Findings of Fact, Conclusions of Law, and Order:

FINDINGS OF FACT

1. At hearing, all exhibits were stipulated into evidence and the allegations were not being contested as Respondent Gamboa realized she had made errors in judgment. Board Staff presented the testimony of Ms. Jody Lewis, District Pharmacy Supervisor for CVS #3172. Respondent Gamboa presented the testimony of Larry Espedero, Executive Director of PRN-PRN, and she testified on her own behalf. Based upon the presentation of the parties, testimony presented and the exhibits, the Board finds the following to be the facts of this matter regarding Ms. Gamboa.

2. Ms. Lewis testified that she had participated in an investigation based on information of irregularities that had occurred regarding Respondent Gamboa's

processing of prescriptions. The first irregularity that Ms. Lewis testified to was regarding an early fill of an outdated prescription. She refilled the outdated prescription twice within two days without justification or authorization of the practitioner. Ms. Lewis testified that the computer system would have blocked the fill of this prescription but Ms. Gamboa used the date the patient came into the pharmacy as the original fill date and not the date that the original prescription was input into the CVS computer system. The second irregularity Ms. Lewis testified to was the overfilling of Respondent Gamboa's mother's prescription. Ms. Lewis testified that Respondent Gamboa admitted that she over-filled a prescription for hydrocodone for her mother because she was personally having pain and thought she would take some of her mother's medication but changed her mind and did not purchase the medication but instead let be returned to stock. The irregularity was discovered when the employee who was returning the hydrocodone to stock counted the pills and discovered that Respondent Gamboa, who had filled the prescription, added more pills to her mother's prescription vial than was prescribed by the practitioner. The third irregularity Ms. Lewis testified to was that Ms. Gamboa had charged a patient for a prescription at a lower price than was the actual price. Ms. Lewis testified that if a CVS employee was to give a lower price than the actual price the policy of CVS was that the employee was to contact the District Pharmacy Supervisor to get prior approval before the price was given at the time of sale. Finally, Ms. Lewis testified that Ms. Gamboa had picked up several prescriptions for her mother and paid for some of the prescriptions but failed to pay for two prescriptions Ms. Gamboa had put in the bag but the clerk had failed to ring up. Ms. Lewis testified that Ms. Gamboa paid for the two prescriptions when she was asked to do so at a later date.

3. Mr. Espadero of PRN-PRN, testified on behalf of Ms. Gamboa stating Ms. Gamboa came to him for an evaluation in November, 2011. Mr. Espadero testified that Ms. Gamboa showed a low propensity for substance abuse from the tests that he performed in his evaluation. Mr. Espadero stated that it is his practice to monitor someone he evaluates for six months to ensure that there are no problems.

4. Respondent Gamboa testified that she had torn her ACL and had surgery to repair it. Ms. Gamboa testified after she returned from surgery she was in pain but could not take any more time off to see the doctor and the medication she had been prescribed after surgery was too strong to take while she was working. She believed that the hydrocodone that her mother had been prescribed would work better for her which is why she over-filled her mother's expired prescription with the intent that she would take some of the medication for her personal use. Ms. Gamboa testified that she knew it was wrong and decided to let the prescription return to stock and not pick it up. Ms. Gamboa testified that based on her experience with pain she became more empathetic toward her patients. Ms. Gamboa knew the patient that she quoted a lower price to and processed a price match for a lower price than her pharmacy sold the medication for. She testified that the patient she price matched for was an old acquaintance from high school, and that they only had a professional pharmacy relationship. Ms. Gamboa explained that when she realized that she had paid for only three of her mother's five prescriptions because a mistake had been made by the cashier, she paid for the medication the next time she went to work.

CONCLUSIONS OF LAW

1. The Board has jurisdiction over this matter and this respondent because Ms. Gamboa is a pharmacist licensed by the Board.

2. In filling a prescription for a CVS patient twice for a controlled substance which Ms. Gamboa knew to be expired and without obtaining physician authorization, Ms. Gamboa violated NRS 453.331(1)(d), 453.336(1), 639.210(1),(4), and/or (12) and/or NAC 639.945(1)(h) and/or (i).

3. In filling a controlled substance prescription that had expired for her mother and refilling it with more medication than was initially prescribed without obtaining a new prescription from her mother's physician, Ms. Gamboa violated NRS 453.331(1)(d), 453.336(1) and/or 639.210(1),(4) and/or (12) and/or NAC 639.945(1)(h) and/or (i).

4. Ms. Gamboa was found not guilty of the Third Cause of Action.

ORDER

Based upon the foregoing, the Board hereby orders the following:

1. Ms. Gamboa's pharmacist registration (No. 16995) shall be suspended for six months from the effective date of this order.

2. Ms. Gamboa shall be on probation for two years after the suspension is lifted and take a CE course on ethics that is pre-approved by Board staff.

Signed and effective this 16th day of May, 2012.

Beth Foster

Beth Foster, President
Nevada State Board of Pharmacy

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

NOTICE OF INTENDED ACTION AND ACCUSATION

CAMERINA N. GAMBOA, RPH.
Certificate of Registration No. 16995

Case No. 11-107-RPH-S

Respondent.

COMES NOW Larry L. Pinson, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, and make the following that will serve as both a Notice of Intended Action under Nevada Revised Statutes (NRS) 233B.127(3) and as an Accusation under NRS 639.241.

I.

The Nevada State Board of Pharmacy has jurisdiction over this matter because Respondent Camerina N. Gamboa is a registered pharmacist with the Board.

II.

On or about September 28, 2011, the Nevada State Board of Pharmacy received notification from Richard Mazzoni, Director of Regulatory Compliance for CVS Caremark, that Respondent Gamboa had been terminated from employment from CVS #3172, located at 4391 East Washington Avenue in Las Vegas, Nevada.

III.

On September 20, 2011, CVS District Pharmacy Supervisor Jody Lewis and Candace Garvey, CVS Loss Prevention, interviewed Ms. Gamboa regarding two early refills of Soma for a CVS pharmacy patient. Ms. Gamboa admitted in her written statement that she refilled a prescription early because the patient indicated that he would not have the money when the prescription would normally be filled. Ms. Gamboa

not only filled the prescription once, but filled it a second time two days later. Ms. Gamboa refilled this prescription twice, knowing that the prescription had expired and that she had not contacted the prescriber for authorization to refill. In her written statement, Ms. Gamboa attributed the fills to not paying enough attention.

IV.

On September 28, 2011, Ms. Lewis and Ms. Garvey again interviewed Ms. Gamboa. At this meeting, Ms. Gamboa admitted to reducing the price of the controlled substance for the CVS patient that she filled and dispensed the expired prescriptions to because she had misquoted the price to the patient. She then charged him a price closer to the price she had quoted rather than the actual store price for the medication.

V.

During this interview, Ms. Gamboa was asked if she had filled a controlled substance prescription for hydrocodone 10/500 tablets for her mother that was also expired. Ms. Gamboa admitted that she had, but that her mother had given her prescriptions for medications which she put in her purse and forgot about. She did not think to call her mother's physician to get a new prescription for the hydrocodone. Ms. Gamboa also admitted that she had re-filled her mother's hydrocodone 10/500 expired prescription with more tablets than were prescribed. Ms. Gamboa admitted that she had taken two prescriptions out of the store without paying for them. She indicated in her written statement that she picked up four or five medications for her mother, however did not realize that two more non-controlled substance medications were in the bag that she had not paid for. Ms. Gamboa stated that she intended to pay for them when she returned to work after she discovered that she had more prescriptions than she had paid for.

FIRST CAUSE OF ACTION

VI.

In filling a prescription for a CVS patient twice for a controlled substance which Ms. Gamboa knew to be expired and without obtaining physician authorization, Ms. Gamboa violated Nevada Revised Statutes (NRS) 453.331(1)(d), 453.336(1) 639.210(1), (4), and/or (12) and/or Nevada Administrative Code (NAC) 639.945(1)(h) and/or (i).

SECOND CAUSE OF ACTION

VII.

In filling a controlled substance prescription that had expired for her mother and refilling it with more medication than was initially prescribed without obtaining a new prescription from her mother's physician, Ms. Gamboa violated NRS 453.331(1)(d), 453.336(1) and/or 639.210(1), (4) and/or (12) and/or NAC 639.945(1)(h) and/or (i).

THIRD CAUSE OF ACTION

VIII.

In removing two prescriptions for dangerous drugs from the pharmacy for her mother that she did not pay for, Ms. Gamboa violated NRS 639.210(1), (4) and/or (12) and/or NAC 639.945(1)(h) and/or (i).

WHEREFORE, it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to the certificate of registration of the Respondent.

Signed this 1ST day of December, 2011.

Larry L. Pinson, Executive Secretary
Nevada State Board of Pharmacy

Section 9: Statement of Responsibility - MUST BE COMPLETED by an Authorized Person (NAC 639.945)

Statement of Responsibility

1. I am the Vice President (title) for Walgreen Co. (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be responsible for any violations of pharmacy law that may occur in the Pharmacy owned by such owner(s), shareholder(s), member(s), or partner(s).
3. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against the Pharmacy.
4. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) cannot require or permit the pharmacist(s) in said Pharmacy to violate any provision of local, state, or federal laws or regulations pertaining to the practice of pharmacy.
5. I further understand and acknowledge that Nevada law requires that each pharmacy located inside the State of Nevada employ only pharmacists, intern pharmacists, pharmaceutical technicians, and technicians in training that are licensed by the Nevada State Board of Pharmacy. (NRS 639.100).
6. I further understand and acknowledge that Nevada law requires that each pharmacy located outside the State of Nevada engaged in providing pharmacy services into Nevada employs at least one pharmacist licensed by the Nevada State Board of Pharmacy who will be responsible for any prescription dispensed to a patient located in Nevada and responsible for any acts or omissions of pharmacy personnel who are not registered with the Board. (NRS 639.2328).

Richard Gates

Print Name of Authorized Person

Richard Gates

Original signature of Authorized Person (copies or stamps not accepted)

08 / 26 / 2025

Date

Section 10: Affidavit for Pharmacies- MUST BE COMPLETED by pharmacies NOT CURRENTLY PERFORMING Sterile Compounding

Affidavit for Pharmacy License

I, Richard Gates hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

1. I am the Vice President (title) for Walgreen Co. (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I certify that upon licensure, the Pharmacy will not perform sterile compounding or ship sterile compounds into Nevada.
3. I understand and acknowledge that the Pharmacy and any of its staff members may be subject to discipline by the Board if the Pharmacy performs sterile compounding or ships any sterile compounds into Nevada without first obtaining written authorization from the Board to do so.
4. I certify that if the Pharmacy makes the decision to perform sterile compounding or to ship any sterile compounds into Nevada, the Pharmacy, through an authorized representative, will first notify the Board via a written request, and obtain written approval to perform sterile compounding or to ship any sterile compounds into Nevada.
5. I understand that if the Pharmacy seeks approval to perform sterile compounding or to ship any sterile compounds into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

FURTHER YOUR AFFIANT SAYETH NAUGHT.

Signature

SUBSCRIBED AND SWORN TO
Before me, a notary public this 20th day of August, 2025

Zeljka Borosa-Rajcevic
Notary Public

OFFICIAL SEAL
ZELJKA BOROSA RAJCEVIC
Notary Public, State of Illinois
Commission No. 977646
My Commission Expires September 8, 2027

CONFIDENTIAL/EXEMPT FROM FREEDOM OF INFORMATION ACT AND SIMILAR STATE REQUESTS

Ownership Information

Ownership & Leadership of Applicant Entity

Applicant: **Walgreen Co.**
108 Wilmot Rd., Deerfield, IL 60015

Ownership: The Applicant entity is wholly owned (100%) by Walgreens Boots Alliance, Inc.

Officers of Walgreen Co.
Michael Motz - CEO
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Cherita Thomas - Secretary
Matthew Spina - CFO
Michael Handal - Licensing and Provider Enrollment Officer

Ownership & Leadership of Walgreens Boots Alliance, Inc.

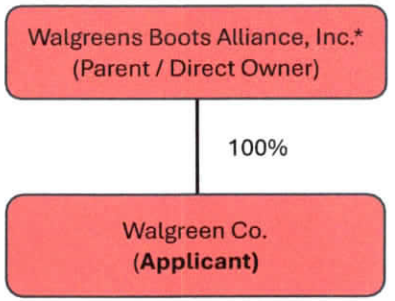
Ownership: Walgreens Boots Alliance, Inc. is wholly owned (100%) by Blazing Star Parent, LLC

Officers of Walgreens Boots Alliance, Inc.
Temporarily vacant - CEO
Mark Weisz - Sr VP, Global Tax
Manmohan Mahajan - Sr VP, Global Controller, CFO
Lanesha Minnix - Corporate Secretary

Please see the attached pre- and post-closing Corporate Organization chart for reference.

Proprietary and Confidential
Not a public record pursuant to
Section 7927.605 of the CPRA and
45 CFR Section 5.31

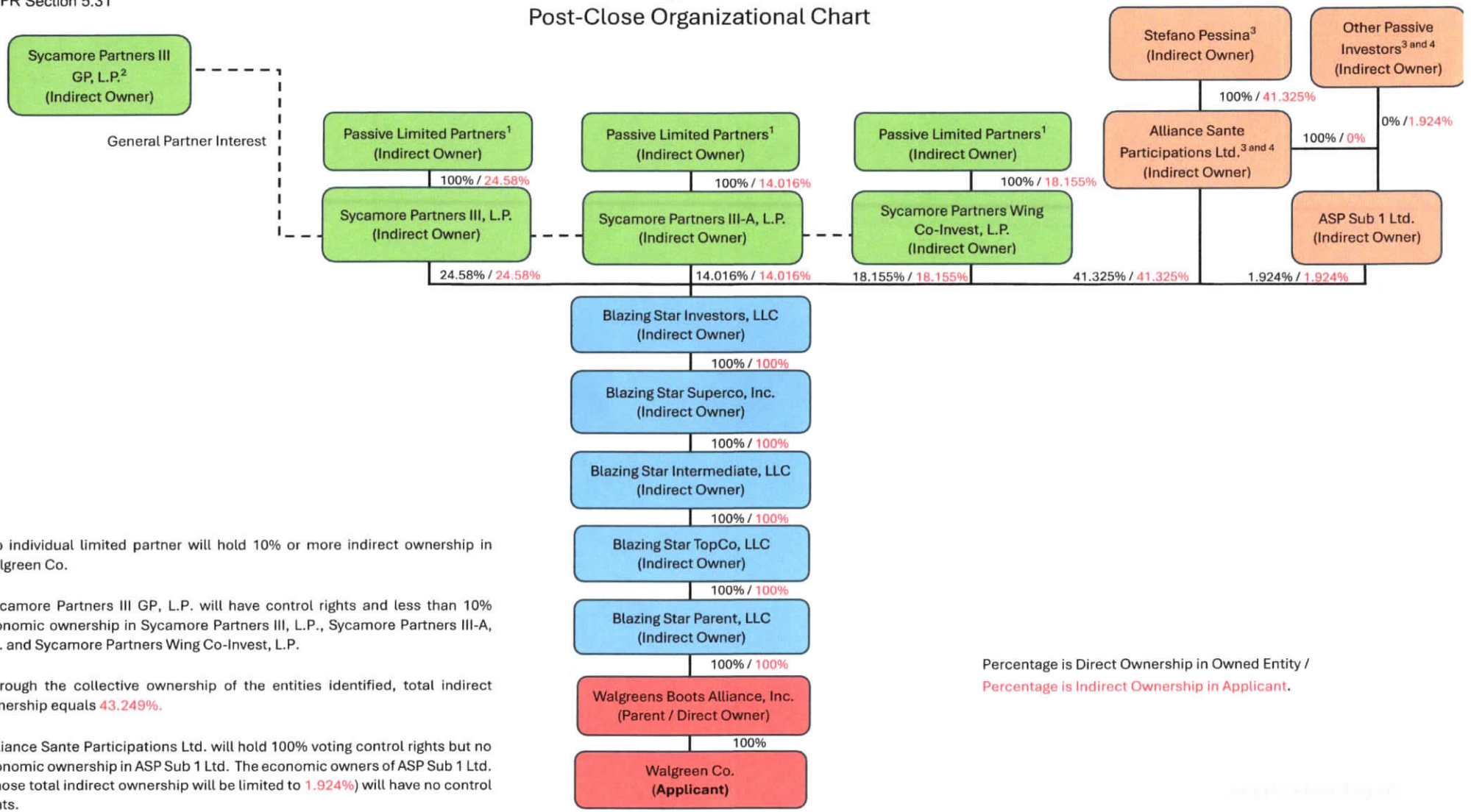
Walgreen Co.
Pre-Close Organizational Chart



Publicly Traded on Nasdaq Stock Market (WBA)

Proprietary and Confidential
Not a public record pursuant to
Section 7927.605 of the CPRA and
45 CFR Section 5.31

Walgreen Co.
Post-Close Organizational Chart



[1]No individual limited partner will hold 10% or more indirect ownership in Walgreen Co.

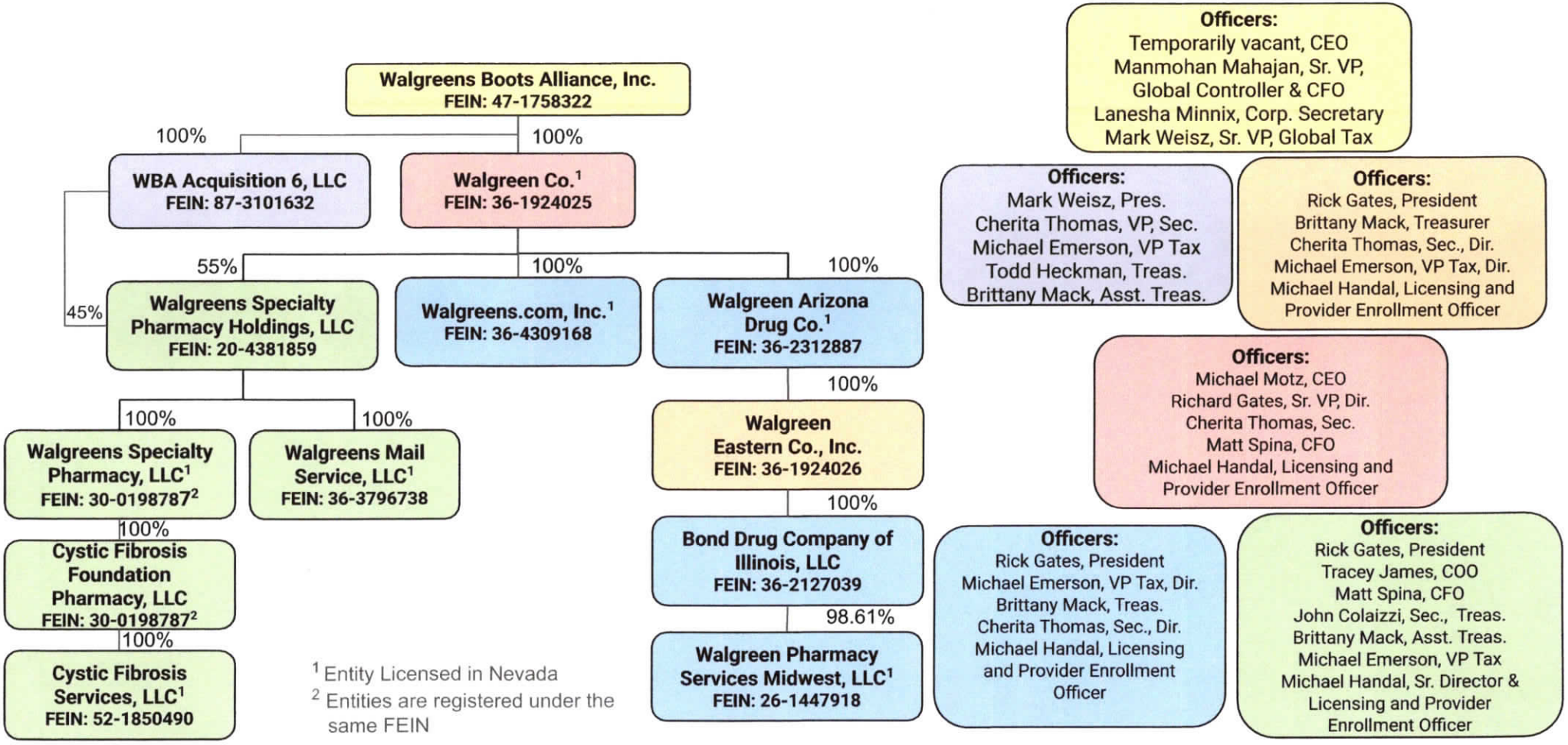
[2]Sycamore Partners III GP, L.P. will have control rights and less than 10% economic ownership in Sycamore Partners III, L.P., Sycamore Partners III-A, L.P. and Sycamore Partners Wing Co-Invest, L.P.

[3]Through the collective ownership of the entities identified, total indirect ownership equals 43.249%.

[4]Alliance Sante Participations Ltd. will hold 100% voting control rights but no economic ownership in ASP Sub 1 Ltd. The economic owners of ASP Sub 1 Ltd. (whose total indirect ownership will be limited to 1.924%) will have no control rights.

Percentage is Direct Ownership in Owned Entity /
Percentage is Indirect Ownership in Applicant.

Walgreen Co.
Post-Close Organizational Chart (cont.)



File Number 1084-348-1

STATE OF ILLINOIS

OFFICE OF THE SECRETARY OF STATE

To all to whom these Presents Shall Come, Greeting:

I, **Alexi Giannoulias,** *Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that*

WALGREEN CO., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON FEBRUARY 15, 1909, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE BUSINESS CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.

In Testimony Whereof, *I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this* 15TH *day of* MAY *A.D.* 2025 .

Authentication #: 2513501622 verifiable until 05/15/2026
Authenticate at: https://www.ilsos.gov

Alexi Giannoulias
SECRETARY OF STATE

9UU

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Pharmacy Application

Non-Refundable $500.00 Fee

Rev (6/11/2024)

Facility Location	Application Type (check all applicable)	Pharmacy Type (check all applicable)	Services the Pharmacy will Provide (check all applicable)
■ Nevada ☐ Out-of-Nevada	☐ New Pharmacy ■ Ownership Change* ☐ Location Change * ☐ Service Modification* ☐ Name Change* (if only a Name Change occurred, submit a $50.00 fee with the application.) * Current license #: PH PH01594	■ Retail/Community ☐ Hospital (# beds _____) ☐ Internet ☐ Nuclear ☐ Other:	■ Retail/Community ■ Dangerous drugs ■ Controlled substances DEA #: BW7249623 ☐ Non-sterile Compounding ☐ Sterile Compounding ☐ Mail-Order Service ☐ Off-site Cognitive Services ☐ Long Term Care ☐ Hospital ☐ Other:

Days of Operation		Ownership Type (check applicable box)
■ Monday	■ Friday	☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9, 10, 11, 12)
■ Tuesday	■ Saturday	■ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9, 10, 11, 12)
■ Wednesday	■ Sunday	☐ Partnership (complete sections 1, 2, 3, 4, 7, 9, 10, 11, 12)
■ Thursday	☐ Holidays	☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9, 10, 11, 12)

Section 1: General Information

Pharmacy Name: WALGREENS #06425

Physical Address: 900 N RANCHO DR

City: LAS VEGAS State: NV Zip: 89106-1005

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: (702)646-4651 Toll Free # (NAC 639.708, NRS 639.23286): N/A

Fax: (702)646-5987 Contact Email: rxm.06425@store.walgreens.com

Website: https://www.walgreens.com

Nevada Business License # (if applicable) NV19951143510

Supervising/Managing Pharmacist Name (NRS 639.220): JOSEPH MONTEMORANO

Supervising/Managing Pharmacist NV Pharmacist Registration # (if applicable): 19839

Document Ref: Q4HB6-PWNEG-2NGYM-AO6LZ

Section 2: List the name(s) of at least one NEVADA registered pharmacist who practices at the pharmacy, who may be the managing pharmacist or another pharmacist, who will be responsible for any prescriptions dispensed to a patient located in Nevada and responsible for any acts or omissions of pharmacy personnel who are not registered with the Board. NRS 639.2328. (Use a separate piece of paper if additional space is needed.)

Name: JOSEPH MONTEMORANO	NV Pharmacist Registration #: 19839
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:

Section 3: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✓
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration from any jurisdiction?		✓
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been subject of an administrative action, board citation, cite fine, or proceeding relating to the pharmaceutical industry?	✓	
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✓
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✓

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name(s) of the owner(s), their credentials and their percent ownership. Write NA if not applicable. NRS 639.232. (Use a separate piece of paper if additional space is needed.)

Name: N/A	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:

1. The Board shall not issue a license to conduct a pharmacy:
   a) To any practitioner; or
   b) To any partnership, corporation, or association in which a practitioner has a controlling interest or owns more than 10 percent of the available stock.
2. This section does not:
   a) Apply to a hospital pharmacy or a health maintenance organization which holds a certificate of authority under chapter 695C of NRS.
   b) Prohibit ownership by a practitioner of a building in which a pharmacy is located, if space for the pharmacy is rented at the prevailing rate.

Section 5: Publicly Traded Corporation

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Does the number of stockholders/shareholders of the corporation exceed four? NRS 639.231 ☐ Yes ☐ No

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: Delaware

Parent Company (if any): Walgreens Boots Alliance, Inc.

Corporation/Organization Name: Walgreen Co.

Mailing Address: 108 Wilmot Rd

City: Deerfield State: IL Zip: 60015

Telephone: 847-224-1348 Email: licenseadministration@walgreens.com

Contact Person Name: Kayla Lechner

Does the number of stockholders/shareholders of the corporation or members exceed four? NRS 639.231 ☐ Yes ☑ No

Section 7: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Please check type of partnership (NAC 639.214) ☐ General ☐ Limited

Does the number of partners or members of the partnership exceed four? NRS 639.231 ☐ Yes ☐ No

Section 8: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Richard Gates

Print Name of Authorized Person Submitting Application (If the applicant is a partnership or corporation, the application must be signed by a partner or by an officer of the corporation). NAC 639.215

Richard Gates

Original signature of Authorized Person (copies or stamps not accepted)

08 / 26 / 2025

Date

Board Use Only	Date Received: 9/22/25	Amount: $500 CK JP03-3000111179

Section 11: Managing Pharmacist Acknowledgement, Professional/Personal History – REQUIRED TO BE COMPLETED BY THE MANAGING PHARMACIST FOR NEVADA LOCATED PHARMACY APPLICANTS ONLY

Managing Pharmacist Name: JOSEPH MONTEMORANO Pharmacist Registration #: 19839

Pharmacy Name: WALGREENS #06425

Initial each statement below to indicate you have read and agree with the following:

J.O. I understand that as the managing pharmacist I am responsible for compliance by the pharmacy and its personnel with all state and federal laws and regulations relating to the operation of the pharmacy and the practice of pharmacy. I understand my license can be revoked or that I can be subject of disciplinary action if such laws or regulations are knowingly violated in the pharmacy in which I am the managing pharmacist.

J.O. I understand within 48 hours after I report for duty as the managing pharmacist, I shall complete an inventory of all controlled substances of the pharmacy pursuant to 21 CFR Part 1304 and maintain a copy of the inventory in the file at the pharmacy.

J.O. I understand that if I cease to be managing pharmacist of the above-named pharmacy, I will jointly, with the new managing pharmacist, take an inventory of all controlled substances.

J.O. I understand that as the managing pharmacist I must ensure that all loss or theft of controlled substances are reported on forms provided by the Nevada State Board of Pharmacy and Department of Public Safety within 10 days after the date of discovery of theft or loss. NRS 453.568. Federal regulations require that registrants notify the Field Division Office of the Administration in his area, in writing, of the theft or significant loss of any controlled substance, disposal receptacles or listed chemicals within one business day of discovery of such loss or theft. The registrant shall also complete and submit to the Field Division Office in his area, DEA Form 106 regarding the loss or theft (21 C.F.R. §1301.76(b) and 21 U.S.C. §830(b)(1)(C)).

J.O. I understand that as the managing pharmacist I must notify the Nevada State Board of Pharmacy of all employment changes of pharmacy staff within 10 days of the change. NAC 639.540

Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?	☐	☑
2. Have you been charged, arrested, or convicted of a felony or misdemeanor in any state?	☐	☑
3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state?	☐	☑
4. Has your license been subjected to any discipline for violation of pharmacy or drug laws in any state?	☐	☑

If you marked YES to any questions above, include the following information and provide a signed statement of explanation. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Board Administrative Action:	State:	Date:	Case #:

Criminal Action:	State:	Date:	Case #:	County:	Court:

I certify under penalty of perjury that the information I have provided on this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

JOSEPH MONTEMORANO

Original signature of Managing Pharmacist (copies or stamps not accepted)

08 / 03 / 2025

Date

FILED
SEP 6 2023
NEVADA STATE BOARD
OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **WALGREENS PHARMACY #6425, Pharmacy License No. PH01594, and** **JUAN PEIDRA FLORES, RPH, Certificate of Registration No. 20887,** **Respondents.**	**CASE NOS. 22-359-PH-S** **22-359-RPH-S** **STIPULATION AND ORDER**

Brett Kandt, General Counsel for Petitioner the Nevada State Board of Pharmacy (Board), and Respondent Juan Peidra Flores, RPh (Flores), Certificate of Registration No. 20887, and Respondent Walgreens Pharmacy #6425, Pharmacy License No. PH01594, jointly by and through counsel, William Stilling, Esq. of Stilling & Harrison, **HEREBY STIPULATE AND AGREE THAT**:

1. The Board has jurisdiction over Respondents and these matters.

2. On or about May 4, 2023, Board Staff served Respondents with the First Amended Notice of Intended Action and Accusation (Accusation) on file in this matter together with the Statement to Respondents and Notice of Hearing.

3. Respondents jointly filed an Answer and Notice of Defense to the Accusation.

4. Respondents are aware of the right to seek the advice of counsel in this matter and obtained the advice of counsel prior to entering this Stipulation.

5. Respondents are aware of the right to a hearing on the matters alleged in the Accusation, their right to reconsideration, their right to appeal, and any and all other rights which may be accorded pursuant to NRS Chapter 233B, Nevada Administrative Procedure Act, NRS

Chapter 622A, Administrative Procedure Before Certain Regulatory Bodies, and NRS Chapter 639, Nevada Pharmacy Act.

6. Conditioned on the acceptance of this Stipulation by the Board, and with the exception of the right to challenge any determination that Respondents, or any of them, have failed to comply with the provisions of this Stipulation, Respondents hereby knowingly and voluntarily waive their rights to a hearing, reconsideration, appeal and any and all other rights related to this action that may be accorded to them by NRS Chapter 233B, Nevada Administrative Procedure Act, NRS Chapter 622A, Administrative Procedure Before Certain Regulatory Bodies, and NRS Chapter 639, Nevada Pharmacy Act.

7. Respondents admit that evidence exists, and that Board's staff prosecuting this case could present such evidence at an administrative hearing, to establish a factual basis for the violations alleged in the Accusation, *to wit*, that:

A. Respondent Flores engaged in unprofessional conduct as defined in NAC 639.945(1)(e) and (i) when he twice overrode drug utilization review (DUR) warnings noting that R.C. has an allergy to propylene glycol and failed to contact the prescriber for alternative medication prior to dispensing prescription no. 1949022, resulting in patient harm and subjecting Flores to discipline pursuant to NRS 639.210(4).

B. As the pharmacy/pharmacy owner at which the violations of law alleged herein occurred, Respondent Walgreens Pharmacy #6425 is responsible for those violations, including all errors and omissions of Flores, pursuant to NRS 639.230(5), NAC 639.702 and/or NAC 639.945(2).

8. Those violations are plead with particularity in the Accusation and are grounds for action pursuant to NRS 639.210 and NRS 639.255.

9. To resolve this matter without incurring any further costs or the expense associated with a hearing, the Board and Juan Peidra Flores, RPh, Certificate of Registration No. 20887, stipulate to the following penalties:

A. Pursuant to NRS 639.255(1)(f) and NAC 639.955(5), Respondent Flores shall pay a fine of One-Thousand Dollars ($1,000.00) for the violations; and

B. Pursuant to NRS 622.400, Respondent Flores shall pay Five-Hundred Dollars ($500.00) to partially reimburse the Board for recoverable attorney's fees and investigative costs.

10. To resolve this matter without incurring any further costs or the expense associated with a hearing, the Board and Respondent Walgreens Pharmacy #6425, Pharmacy License No. PH01594, stipulate to the following penalties:

A. Pursuant to NRS 639.255(1)(f) and NAC 639.955(5), Respondent Walgreens Pharmacy #6425 shall pay a fine of Two-Thousand Dollars ($2,000.00) for the violations; and

B. Pursuant to NRS 622.400, Respondent Walgreens Pharmacy #6425 shall pay One-Thousand Dollars ($1,000.00) to partially reimburse the Board for recoverable attorney's fees and investigative costs.

11. Any failure by any Respondent to comply with the terms of this Order may result in issuance by the Executive Secretary of an order to show cause pursuant to NAC 639.965 directing the non-compliant Respondent(s) to appear before the Board at the next regularly scheduled meeting for a show cause hearing. If such a hearing results in a finding of a violation of this Order by any Respondent, the Board may impose additional discipline upon the non-compliant Respondent(s) consistent with the provisions of NRS Chapter 639.

12. General Counsel will present this Stipulation to the Board for approval pursuant to NRS 622.330 at the Board's regularly scheduled public meeting on September 6, 2023.

Respondents will appear in person at the meeting to answer questions from the Board Members and/or Board Staff. The Board Members and Staff may discuss and deliberate regarding this Stipulation, even if Respondents or counsel are not present at the meeting.

13. The Board has discretion to accept this Stipulation, but it is not obligated to do so. If this Stipulation is approved by the Board, it shall be a public record pursuant to NRS 622.330 and shall be reported to the National Practitioner Data Bank pursuant to 42 USC § 1396r–2 and 45 CFR Part 60.

14. If the Board rejects any part or all of this Stipulation, and unless they reach an alternative agreement on the record during the hearing, the parties agree that a full hearing on the merits of this matter may be heard by the Board at a later date. The terms and admissions herein may not be used or referred to in a full hearing on the merits of this matter.

15. Upon approval of this Stipulation by the Board, Respondents shall pay the fines agreed to herein by personal, business, certified or cashier's check or money order made payable to "State of Nevada, Office of the Treasurer," to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within thirty (30) days of entry of this Order.

16. Upon approval of this Stipulation by the Board, Respondents shall pay the attorney's fees and investigative costs agreed to herein by personal, business, certified or cashier's check or money order made payable to the "Nevada State Board of Pharmacy" to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within thirty (30) days of entry of this Order.

17. Subject to the approval of this Stipulation by the Board, the Board and Respondents agree to release one another from any and all additional claims arising from the facts set forth in the Accusation on file herein, whether known or unknown that might otherwise have existed on or before the effective date of this Order.

Respondents have fully considered the charges and allegations contained in the *First Amended Notice of Intended Action and Accusation* in this matter, and the terms of this Stipulation, and have knowingly and voluntarily agreed to the terms set forth herein, and waived certain rights, as stated herein.

AGREED:

Signed this 1st day of September 2023

WALGREENS PHARMACY #6425,
Pharmacy License No. PH01594

Signed this 5 day of September 2023

JUAN PEIDRA FLORES, RPH,
Certificate of Registration No. 20887

APPROVED AS TO FORM AND CONTENT
this 5th day of September 2023

WILLIAM J. STILLING, ESQ.
Counsel for Respondents

Signed this 6th day of September 2023

BRETT KANDT, ESQ.
General Counsel
Nevada State Board of Pharmacy

ORDER

The Nevada State Board of Pharmacy hereby adopts the foregoing Stipulation as to Respondent Walgreens Pharmacy #6425, Pharmacy License No. PH01594, and Respondent Juan Peidra Flores, RPh, Certificate of Registration No. 20887 in Case Nos. 22-359-PH-S and 22-359-RPH-S, and hereby orders that the terms of the foregoing Stipulation be made immediately effective upon execution below.

IT IS SO ORDERED.

Entered this 6th day of September 2023.

Helen Park, Pharm.D.
President
Nevada State Board of Pharmacy

FILED
MAY 04 2023
NEVADA STATE BOARD OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **WALGREENS PHARMACY #6425, Pharmacy License No. PH01594, and** **JUAN PEIDRA FLORES, RPH, Certificate of Registration No. 20887,** **Respondents.**	**CASE NOS. 22-359-PH-S** **22-359-RPH-S** **FIRST AMENDED NOTICE OF INTENDED ACTION AND ACCUSATION**

J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, makes the following that will serve as both a notice of intended action under NRS 233B.127(3) and as an accusation under NRS 622A.300(1) and NRS 639.241.

JURISDICTION

1. The Nevada State Board of Pharmacy (Board) has jurisdiction over this matter because at the time of the events alleged herein, Respondent Juan Peidra Flores, RPh (Flores), Certificate of Registration No. 20887, was a pharmacist registered with the Board, and Respondent Walgreens Pharmacy #6425, Pharmacy License No. PH01594, was a pharmacy licensed by the Board.

FACTUAL ALLEGATIONS

2. Flores was employed as managing pharmacist by Walgreens Pharmacy #6425 at the time of the events alleged herein.

3. On or about June 13, 2022, patient R.C. visited an urgent care facility experiencing a scalp rash and was prescribed hydrocortisone 2.5% crème containing propylene glycol.

4. On the same date R.C. presented the prescription to Walgreens Pharmacy #6425, where it was scanned into the computer system, designated prescription no. 1949022 and subsequently processed, filled, and dispensed to the patient by Flores.

5. In the process of dispensing prescription no. 1949022 Flores twice overrode drug utilization review (DUR) warnings noting that R.C. has an allergy to propylene glycol and failed to contact the prescriber for alternative medication.

6. Upon use of the medication R.C. experienced an allegoric reaction including hair loss.

COUNT ONE
Error in Dispensing Prescription/Unprofessional Conduct
(Respondent Flores)

7. Unprofessional conduct includes the failure by a licensee to confer with the prescriber if there is an error or omission in it which should be questioned. NAC 639.945(1)(e). It also includes a licensee performing his or her duties in an "incompetent, unskillful, or negligent manner." NAC 639.945(1)(i).

8. Flores engaged in unprofessional conduct as defined in NAC 639.945(1)(e) and (i) when he twice overrode drug utilization review (DUR) warnings noting that R.C. has an allergy to propylene glycol and failed to contact the prescriber for alternative medication prior to dispensing prescription no. 1949022. Flores is therefore subject to discipline pursuant to NRS 639.210(4).

COUNT TWO
Pharmacy/Pharmacy Owner Responsibility
(Respondent Walgreens Pharmacy #6425)

9. Any violation of any of the provisions of NRS Chapter 639 by a managing pharmacist or by personnel of the pharmacy is cause for the suspension or revocation of the license of the pharmacy by the Board. NRS 639.230(5); NAC 639.702. Further, the owner of any business or facility licensed, certified or registered by the Board is responsible for the acts of all personnel in his or her employ. NAC 639.945(2).

10. As the pharmacy/pharmacy owner at which the violations of law alleged herein occurred, Respondent Walgreens Pharmacy #6425 is responsible for those violations, including all errors and omissions of Flores, pursuant to NRS 639.230(5), NAC 639.702 and/or NAC 639.945(2).

WHEREFORE it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to the certificates of registration/licenses of these respondents.

DATED this 4th day of MAY, 2023.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

Section 9: Statement of Responsibility - MUST BE COMPLETED by an Authorized Person (NAC 639.945)

Statement of Responsibility

1. I am the Vice President (title) for Walgreen Co. (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be responsible for any violations of pharmacy law that may occur in the Pharmacy owned by such owner(s), shareholder(s), member(s), or partner(s).
3. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against the Pharmacy.
4. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) cannot require or permit the pharmacist(s) in said Pharmacy to violate any provision of local, state, or federal laws or regulations pertaining to the practice of pharmacy.
5. I further understand and acknowledge that Nevada law requires that each pharmacy located inside the State of Nevada employ only pharmacists, intern pharmacists, pharmaceutical technicians, and technicians in training that are licensed by the Nevada State Board of Pharmacy. (NRS 639.100).
6. I further understand and acknowledge that Nevada law requires that each pharmacy located outside the State of Nevada engaged in providing pharmacy services into Nevada employs at least one pharmacist licensed by the Nevada State Board of Pharmacy who will be responsible for any prescription dispensed to a patient located in Nevada and responsible for any acts or omissions of pharmacy personnel who are not registered with the Board. (NRS 639.2328).

Richard Gates

Print Name of Authorized Person

Richard Gates

Original signature of Authorized Person (copies or stamps not accepted)

08 / 26 / 2025

Date

Section 10: Affidavit for Pharmacies- MUST BE COMPLETED by pharmacies NOT CURRENTLY PERFORMING Sterile Compounding

Affidavit for Pharmacy License

I, Richard Gates hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

1. I am the Vice President (title) for Walgreen Co. (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I certify that upon licensure, the Pharmacy will not perform sterile compounding or ship sterile compounds into Nevada.
3. I understand and acknowledge that the Pharmacy and any of its staff members may be subject to discipline by the Board if the Pharmacy performs sterile compounding or ships any sterile compounds into Nevada without first obtaining written authorization from the Board to do so.
4. I certify that if the Pharmacy makes the decision to perform sterile compounding or to ship any sterile compounds into Nevada, the Pharmacy, through an authorized representative, will first notify the Board via a written request, and obtain written approval to perform sterile compounding or to ship any sterile compounds into Nevada.
5. I understand that if the Pharmacy seeks approval to perform sterile compounding or to ship any sterile compounds into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

FURTHER YOUR AFFIANT SAYETH NAUGHT.

Signature

SUBSCRIBED AND SWORN TO
Before me, a notary public this 20th day of August, 2025

Zeljka Borosa-Rajcevic
Notary Public

OFFICIAL SEAL
ZELJKA BOROSA RAJCEVIC
Notary Public, State of Illinois
Commission No. 977646
My Commission Expires September 8, 2027

CONFIDENTIAL/EXEMPT FROM
FREEDOM OF INFORMATION ACT AND
SIMILAR STATE REQUESTS

Ownership Information

Ownership & Leadership of Applicant Entity

Applicant: **Walgreen Co.**
108 Wilmot Rd., Deerfield, IL 60015

Ownership: The Applicant entity is wholly owned (100%) by Walgreens Boots Alliance, Inc.

Officers of Walgreen Co.
Michael Motz - CEO
Richard Gates - Senior Vice President, Chief Pharmacy Officer
Cherita Thomas - Secretary
Matthew Spina - CFO
Michael Handal - Licensing and Provider Enrollment Officer

Ownership & Leadership of Walgreens Boots Alliance, Inc.

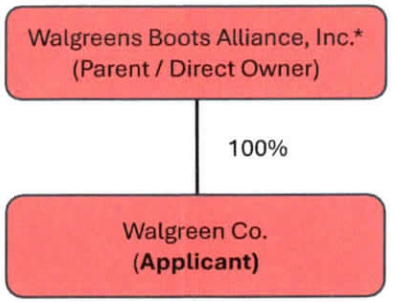
Ownership: Walgreens Boots Alliance, Inc. is wholly owned (100%) by Blazing Star Parent, LLC

Officers of Walgreens Boots Alliance, Inc.
Temporarily vacant - CEO
Mark Weisz - Sr VP, Global Tax
Manmohan Mahajan - Sr VP, Global Controller, CFO
Lanesha Minnix - Corporate Secretary

Please see the attached pre- and post-closing Corporate Organization chart for reference.

Proprietary and Confidential
Not a public record pursuant to
Section 7927.605 of the CPRA and
45 CFR Section 5.31

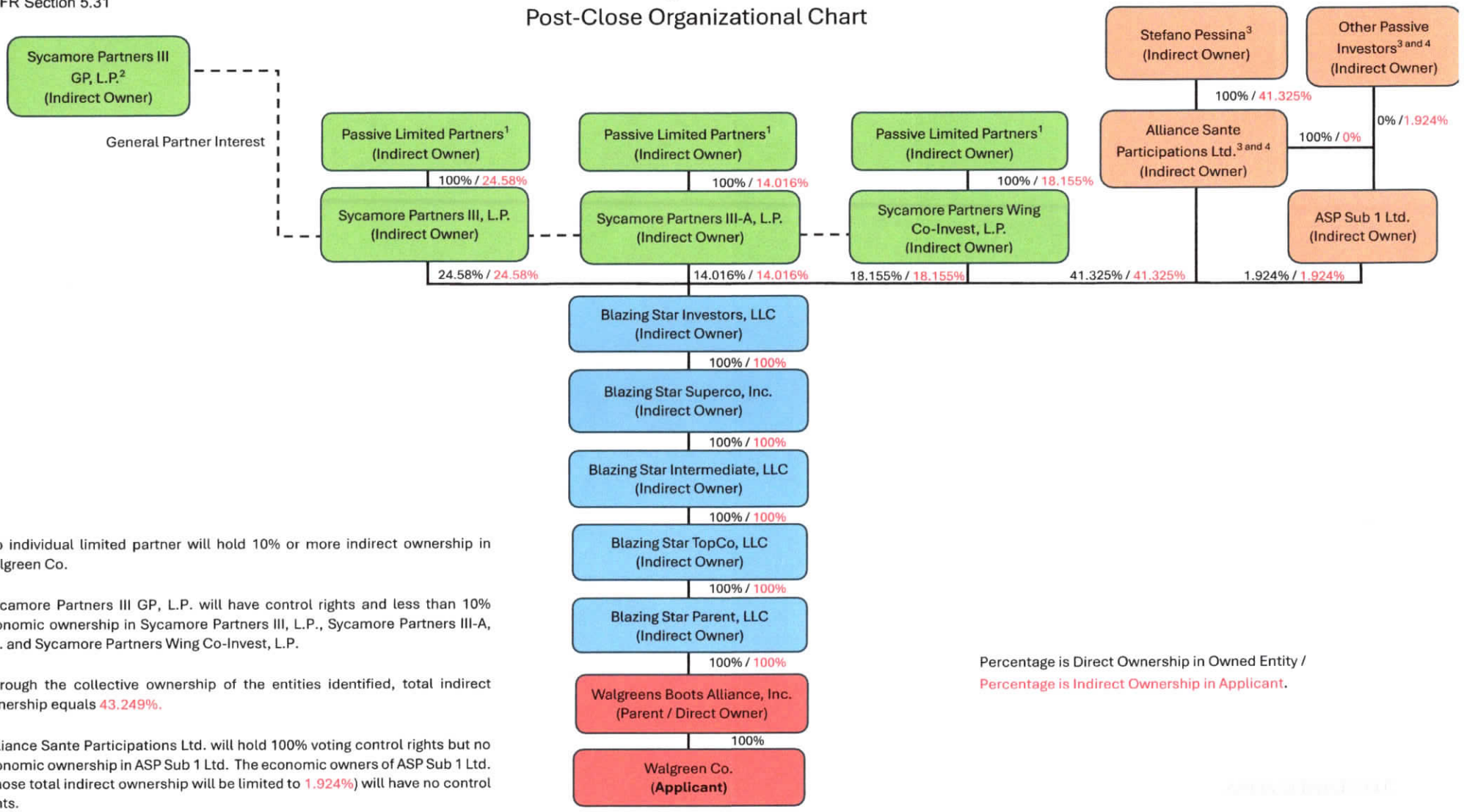
Walgreen Co.
Pre-Close Organizational Chart



Publicly Traded on Nasdaq Stock Market (WBA)

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Walgreen Co.
Post-Close Organizational Chart



[1]No individual limited partner will hold 10% or more indirect ownership in Walgreen Co.

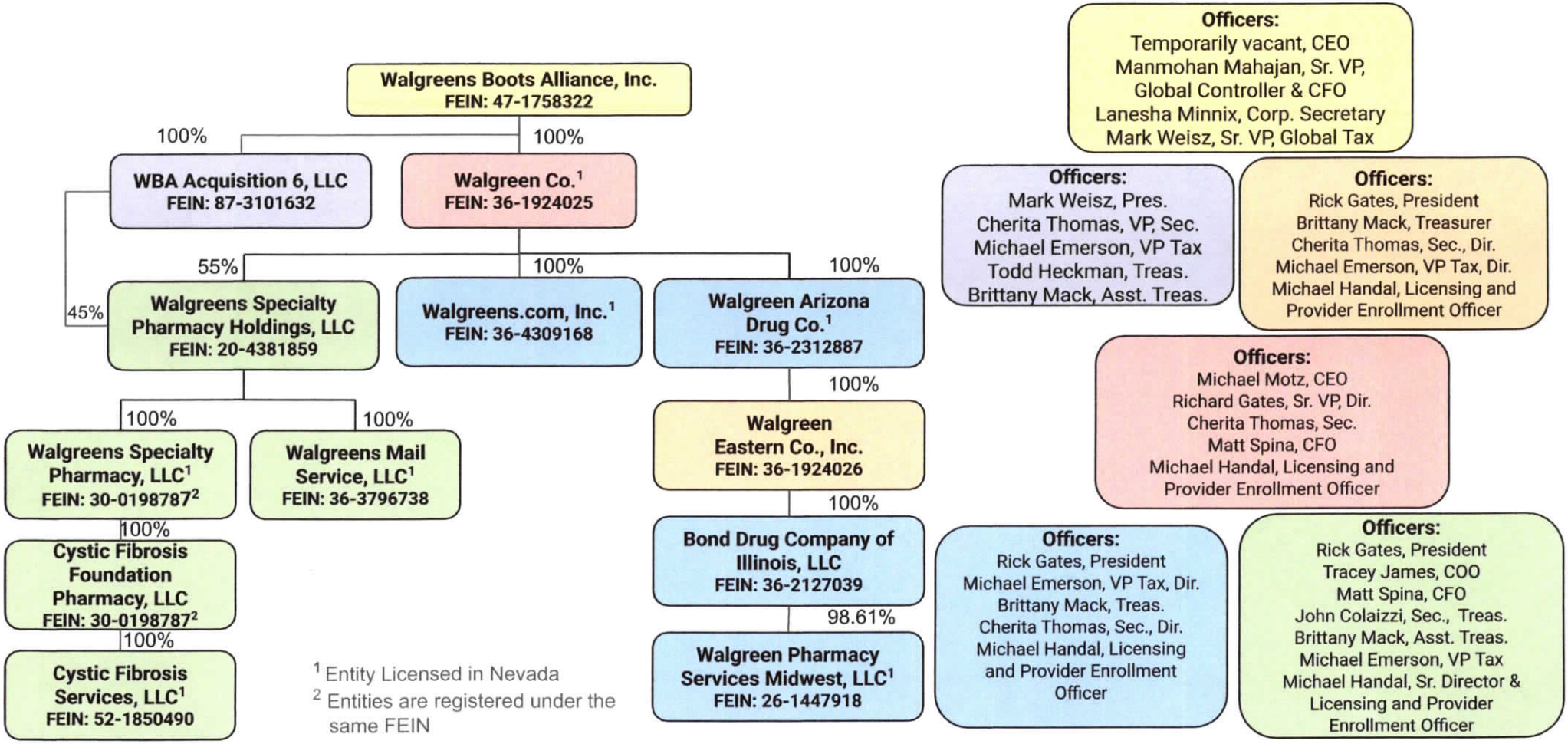
[2]Sycamore Partners III GP, L.P. will have control rights and less than 10% economic ownership in Sycamore Partners III, L.P., Sycamore Partners III-A, L.P. and Sycamore Partners Wing Co-Invest, L.P.

[3]Through the collective ownership of the entities identified, total indirect ownership equals 43.249%.

[4]Alliance Sante Participations Ltd. will hold 100% voting control rights but no economic ownership in ASP Sub 1 Ltd. The economic owners of ASP Sub 1 Ltd. (whose total indirect ownership will be limited to 1.924%) will have no control rights.

Percentage is Direct Ownership in Owned Entity / Percentage is Indirect Ownership in Applicant.

Walgreen Co.
Post-Close Organizational Chart (cont.)



File Number 1084-348-1

STATE OF ILLINOIS

OFFICE OF THE SECRETARY OF STATE

To all to whom these Presents Shall Come, Greeting:

I, **Alexi Giannoulias,** *Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that*

WALGREEN CO., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON FEBRUARY 15, 1909, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE BUSINESS CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.

In Testimony Whereof, *I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this* 15TH *day of* MAY *A.D.* 2025 .

Authentication #: 2513501622 verifiable until 05/15/2026
Authenticate at: https://www.ilsos.gov

SECRETARY OF STATE

9VV

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Pharmacy Application

Non-Refundable $500.00 Fee

Rev (6/11/2024)

Facility Location	Application Type (check all applicable)	Pharmacy Type (check all applicable)	Services the Pharmacy will Provide (check all applicable)
☑ Nevada ☐ Out-of-Nevada	☐ New Pharmacy ☑ Ownership Change* ☐ Location Change * ☐ Service Modification* ☐ Name Change* (if only a Name Change occurred, submit a $50.00 fee with the application.) * Current license #: PH PH01828	☑ Retail/Community ☐ Hospital (# beds _____) ☐ Internet ☐ Nuclear ☐ Other:	☑ Retail/Community ☑ Dangerous drugs ☑ Controlled substances DEA #: BW8445480 ☐ Non-sterile Compounding ☐ Sterile Compounding ☐ Mail-Order Service ☐ Off-site Cognitive Services ☐ Long Term Care ☐ Hospital ☐ Other:

Days of Operation		Ownership Type (check applicable box)
☑ Monday	☑ Friday	☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9, 10, 11, 12)
☑ Tuesday	☑ Saturday	☑ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9, 10, 11, 12)
☑ Wednesday	☑ Sunday	☐ Partnership (complete sections 1, 2, 3, 4, 7, 9, 10, 11, 12)
☑ Thursday	☐ Holidays	☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9, 10, 11, 12)

Section 1: General Information

Pharmacy Name: WALGREENS #07450

Physical Address: 4875 S FORT APACHE RD

City: LAS VEGAS State: NV Zip: 89147-7944

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: (702)873-5165 Toll Free # (NAC 639.708, NRS 639.23286): N/A

Fax: (702)873-6227 Contact Email: rxm.07450@store.walgreens.com

Website: https://www.walgreens.com

Nevada Business License # (if applicable) NV19951143510

Supervising/Managing Pharmacist Name (NRS 639.220): ANDREW BALLESTER

Supervising/Managing Pharmacist NV Pharmacist Registration # (if applicable): 20802

Document Ref: Q4HB6-PWNEG-2NGYM-AO6LZ

Section 2: List the name(s) of at least one NEVADA registered pharmacist who practices at the pharmacy, who may be the managing pharmacist or another pharmacist, who will be responsible for any prescriptions dispensed to a patient located in Nevada and responsible for any acts or omissions of pharmacy personnel who are not registered with the Board. NRS 639.2328. (Use a separate piece of paper if additional space is needed.)

Name: ANDREW BALLESTER	NV Pharmacist Registration #: 20802
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:

Section 3: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✓
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration from any jurisdiction?		✓
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been subject of an administrative action, board citation, cite fine, or proceeding relating to the pharmaceutical industry?		✓
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✓
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✓

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name(s) of the owner(s), their credentials and their percent ownership. Write NA if not applicable. NRS 639.232. (Use a separate piece of paper if additional space is needed.)

Name: N/A	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:

1. The Board shall not issue a license to conduct a pharmacy:
   a) To any practitioner; or
   b) To any partnership, corporation, or association in which a practitioner has a controlling interest or owns more than 10 percent of the available stock.
2. This section does not:
   a) Apply to a hospital pharmacy or a health maintenance organization which holds a certificate of authority under chapter 695C of NRS.
   b) Prohibit ownership by a practitioner of a building in which a pharmacy is located, if space for the pharmacy is rented at the prevailing rate.

Section 5: Publicly Traded Corporation

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Does the number of stockholders/shareholders of the corporation exceed four? NRS 639.231 ☐ Yes ☐ No

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: Delaware

Parent Company (if any): Walgreens Boots Alliance, Inc.

Corporation/Organization Name: Walgreen Co.

Mailing Address: 108 Wilmot Rd

City: Deerfield State: IL Zip: 60015

Telephone: 847-224-1348 Email: licenseadministration@walgreens.com

Contact Person Name: Kayla Lechner

Does the number of stockholders/shareholders of the corporation or members exceed four? NRS 639.231 ☐ Yes ☒ No

Section 7: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Please check type of partnership (NAC 639.214) ☐ General ☐ Limited

Does the number of partners or members of the partnership exceed four? NRS 639.231 ☐ Yes ☐ No

Section 8: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Document Ref: Q4HB6-PWNEG-2NGYM-AO6LZ

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Richard Gates

Print Name of Authorized Person Submitting Application (If the applicant is a partnership or corporation, the application must be signed by a partner or by an officer of the corporation). NAC 639.215

Richard Gates

Original signature of Authorized Person (copies or stamps not accepted)

08 / 26 / 2025

Date

Board Use Only	Date Received: 9/22/25	Amount: 1880-CK JP03 3000 111129

Document Ref: Q4HB6-PWNEG-2NGYM-AO6LZ

Section 11: Managing Pharmacist Acknowledgement, Professional/Personal History – REQUIRED TO BE COMPLETED BY THE MANAGING PHARMACIST FOR NEVADA LOCATED PHARMACY APPLICANTS ONLY

Managing Pharmacist Name: ANDREW BALLESTER Pharmacist Registration #: 20802

Pharmacy Name: WALGREENS #07450

Initial each statement below to indicate you have read and agree with the following:

asb I understand that as the managing pharmacist I am responsible for compliance by the pharmacy and its personnel with all state and federal laws and regulations relating to the operation of the pharmacy and the practice of pharmacy. I understand my license can be revoked or that I can be subject of disciplinary action if such laws or regulations are knowingly violated in the pharmacy in which I am the managing pharmacist.

asb I understand within 48 hours after I report for duty as the managing pharmacist, I shall complete an inventory of all controlled substances of the pharmacy pursuant to 21 CFR Part 1304 and maintain a copy of the inventory in the file at the pharmacy.

asb I understand that if I cease to be managing pharmacist of the above-named pharmacy, I will jointly, with the new managing pharmacist, take an inventory of all controlled substances.

asb I understand that as the managing pharmacist I must ensure that all loss or theft of controlled substances are reported on forms provided by the Nevada State Board of Pharmacy and Department of Public Safety within 10 days after the date of discovery of theft or loss. NRS 453.568. Federal regulations require that registrants notify the Field Division Office of the Administration in his area, in writing, of the theft or significant loss of any controlled substance, disposal receptacles or listed chemicals within one business day of discovery of such loss or theft. The registrant shall also complete and submit to the Field Division Office in his area, DEA Form 106 regarding the loss or theft (21 C.F.R. §1301.76(b) and 21 U.S.C. §830(b)(1)(C)).

asb I understand that as the managing pharmacist I must notify the Nevada State Board of Pharmacy of all employment changes of pharmacy staff within 10 days of the change. NAC 639.540

Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?	☐	☑
2. Have you been charged, arrested, or convicted of a felony or misdemeanor in any state?	☐	☑
3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state?	☐	☑
4. Has your license been subjected to any discipline for violation of pharmacy or drug laws in any state?	☐	☑

If you marked YES to any questions above, include the following information and provide a signed statement of explanation. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Board Administrative Action:	State:	Date:	Case #:

Criminal Action:	State:	Date:	Case #:	County:	Court:

I certify under penalty of perjury that the information I have provided on this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

ANDREW BALLESTER

Original signature of Managing Pharmacist (copies or stamps not accepted)

08 / 05 / 2025

Date

Document Ref: NFWYM-PVMVV-SW3HP-2MFYX

Section 9: Statement of Responsibility - MUST BE COMPLETED by an Authorized Person (NAC 639.945)

Statement of Responsibility

1. I am the Vice President (title) for Walgreen Co. (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be responsible for any violations of pharmacy law that may occur in the Pharmacy owned by such owner(s), shareholder(s), member(s), or partner(s).
3. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against the Pharmacy.
4. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) cannot require or permit the pharmacist(s) in said Pharmacy to violate any provision of local, state, or federal laws or regulations pertaining to the practice of pharmacy.
5. I further understand and acknowledge that Nevada law requires that each pharmacy located inside the State of Nevada employ only pharmacists, intern pharmacists, pharmaceutical technicians, and technicians in training that are licensed by the Nevada State Board of Pharmacy. (NRS 639.100).
6. I further understand and acknowledge that Nevada law requires that each pharmacy located outside the State of Nevada engaged in providing pharmacy services into Nevada employs at least one pharmacist licensed by the Nevada State Board of Pharmacy who will be responsible for any prescription dispensed to a patient located in Nevada and responsible for any acts or omissions of pharmacy personnel who are not registered with the Board. (NRS 639.2328).

Richard Gates

Print Name of Authorized Person

Richard Gates

Original signature of Authorized Person (copies or stamps not accepted)

08 / 26 / 2025

Date

Section 10: Affidavit for Pharmacies- MUST BE COMPLETED by pharmacies NOT CURRENTLY PERFORMING Sterile Compounding

Affidavit for Pharmacy License

I, Richard Gates hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

1. I am the Vice President (title) for Walgreen Co. (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I certify that upon licensure, the Pharmacy will not perform sterile compounding or ship sterile compounds into Nevada.
3. I understand and acknowledge that the Pharmacy and any of its staff members may be subject to discipline by the Board if the Pharmacy performs sterile compounding or ships any sterile compounds into Nevada without first obtaining written authorization from the Board to do so.
4. I certify that if the Pharmacy makes the decision to perform sterile compounding or to ship any sterile compounds into Nevada, the Pharmacy, through an authorized representative, will first notify the Board via a written request, and obtain written approval to perform sterile compounding or to ship any sterile compounds into Nevada.
5. I understand that if the Pharmacy seeks approval to perform sterile compounding or to ship any sterile compounds into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

FURTHER YOUR AFFIANT SAYETH NAUGHT.

Signature

SUBSCRIBED AND SWORN TO
Before me, a notary public this 20th day of August, 2025

Zeljka Borosa-Rajcevic
Notary Public

OFFICIAL SEAL
ZELJKA BOROSA RAJCEVIC
Notary Public, State of Illinois
Commission No. 977646
My Commission Expires September 8, 2027

File Number 1084-348-1

STATE OF ILLINOIS

OFFICE OF THE SECRETARY OF STATE

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Authenticate at: https://www.ilsos.gov

Alexi Giannoulias
SECRETARY OF STATE

CONFIDENTIAL/EXEMPT FROM
FREEDOM OF INFORMATION ACT AND
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Ownership & Leadership of Walgreens Boots Alliance, Inc.

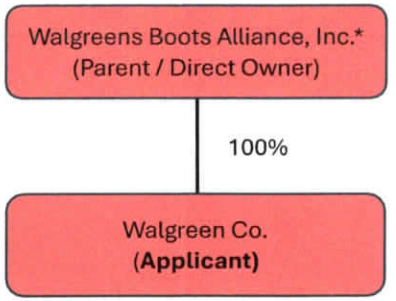
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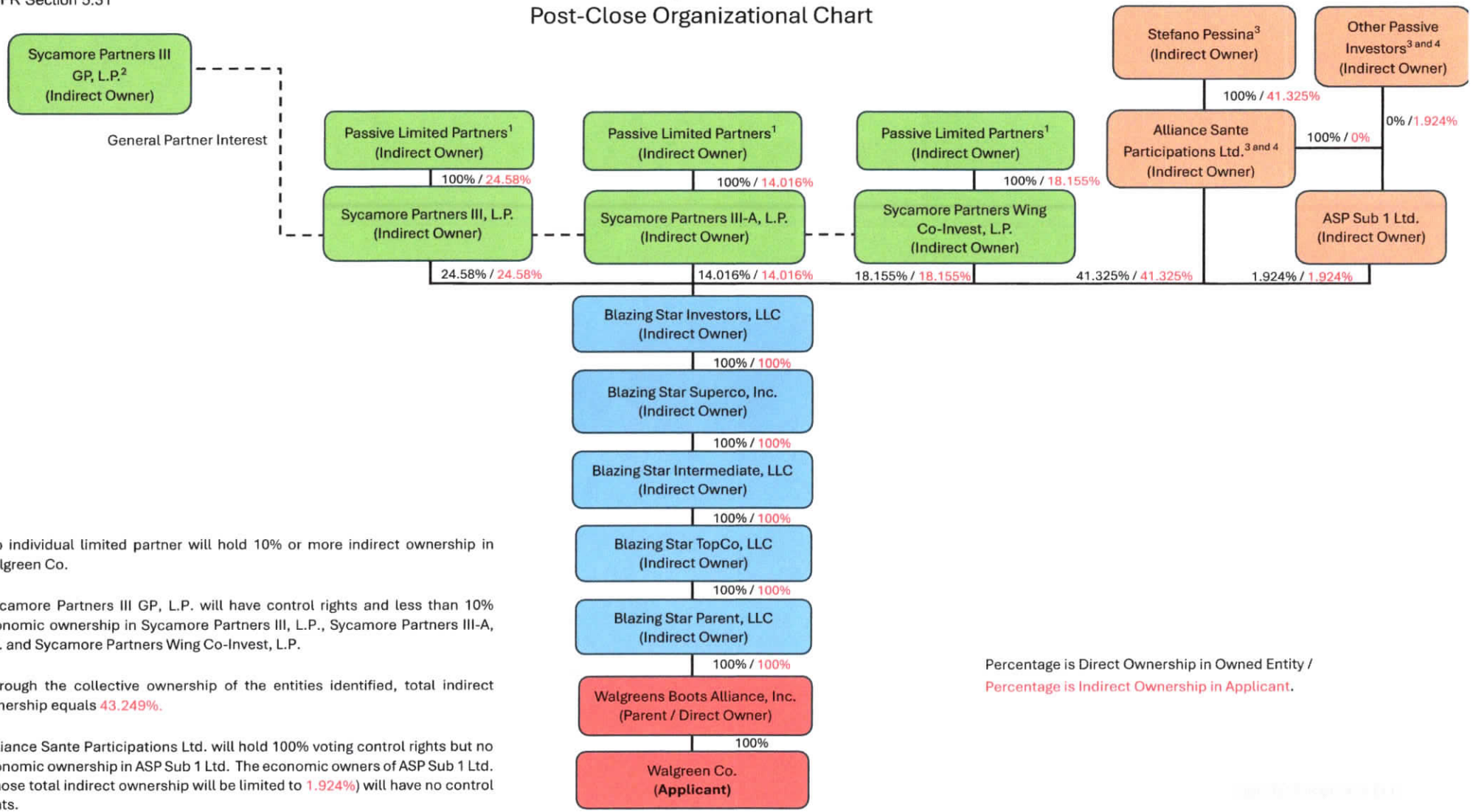
Walgreen Co.
Pre-Close Organizational Chart



Publicly Traded on Nasdaq Stock Market (WBA)

Proprietary and Confidential
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Section 7927.605 of the CPRA and
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Walgreen Co.
Post-Close Organizational Chart



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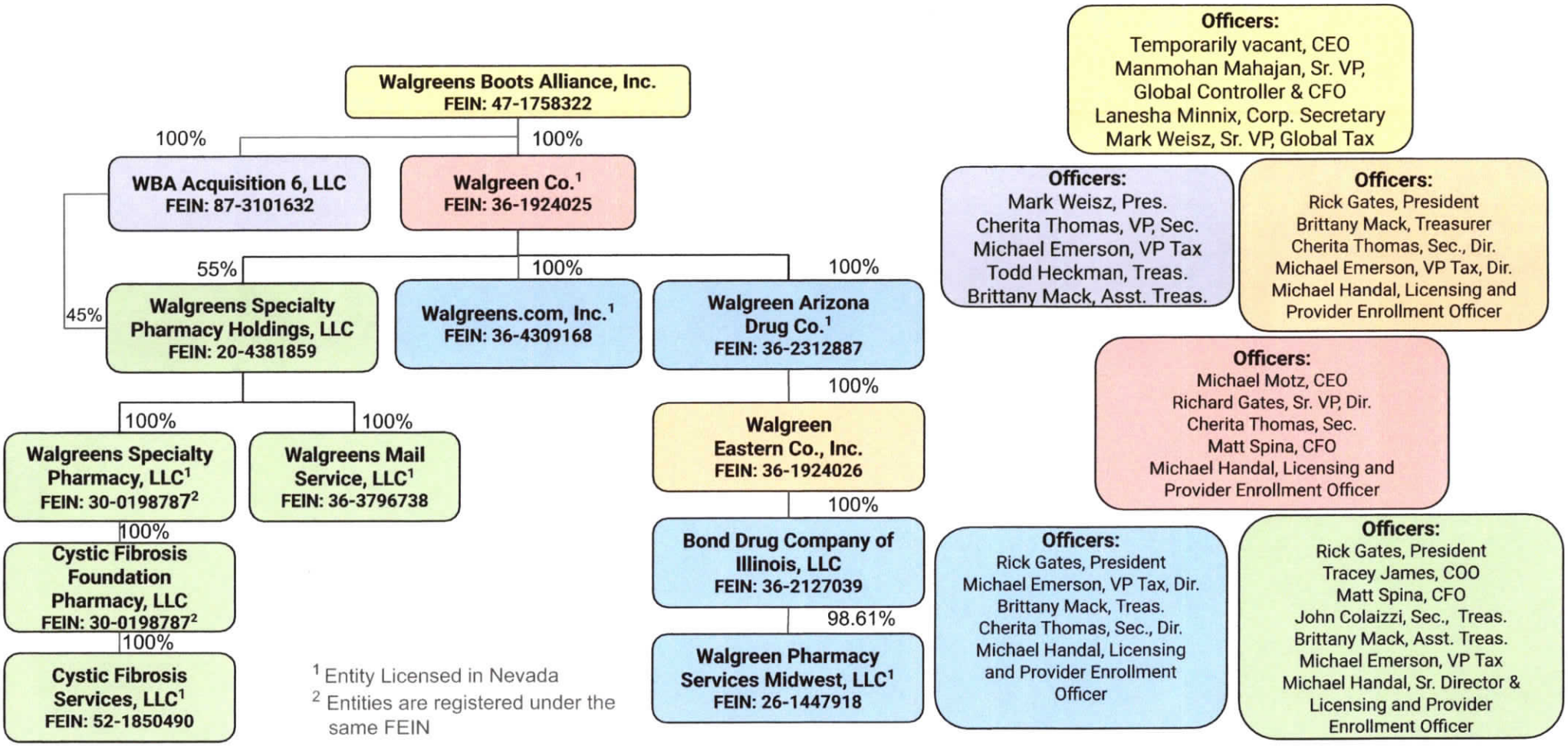
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Percentage is Direct Ownership in Owned Entity /
Percentage is Indirect Ownership in Applicant.

Walgreen Co.
Post-Close Organizational Chart (cont.)



9WW

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Pharmacy Application

Non-Refundable $500.00 Fee

Rev (6/11/2024)

Facility Location	Application Type (check all applicable)	Pharmacy Type (check all applicable)	Services the Pharmacy will Provide (check all applicable)
☑ Nevada ☐ Out-of-Nevada	☐ New Pharmacy ☑ Ownership Change* ☐ Location Change * ☐ Service Modification* ☐ Name Change* (if only a Name Change occurred, submit a $50.00 fee with the application.) * Current license #: PH PH01942	☑ Retail/Community ☐ Hospital (# beds _____) ☐ Internet ☐ Nuclear ☐ Other:	☑ Retail/Community ☑ Dangerous drugs ☑ Controlled substances DEA #: BW7398832 ☐ Non-sterile Compounding ☐ Sterile Compounding ☐ Mail-Order Service ☐ Off-site Cognitive Services ☐ Long Term Care ☐ Hospital ☐ Other:

Days of Operation		Ownership Type (check applicable box)
☑ Monday	☑ Friday	☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9, 10, 11, 12)
☑ Tuesday	☑ Saturday	☑ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9, 10, 11, 12)
☑ Wednesday	☑ Sunday	☐ Partnership (complete sections 1, 2, 3, 4, 7, 9, 10, 11, 12)
☑ Thursday	☐ Holidays	☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9, 10, 11, 12)

Section 1: General Information

Pharmacy Name: WALGREENS #07841

Physical Address: 10510 SOUTHERN HIGHLANDS PKWY

City: LAS VEGAS State: NV Zip: 89141

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: (702)260-1992 Toll Free # (NAC 639.708, NRS 639.23286): N/A

Fax: (702)260-0595 Contact Email: rxm.07841@store.walgreens.com

Website: https://www.walgreens.com

Nevada Business License # (if applicable) NV19951143510

Supervising/Managing Pharmacist Name (NRS 639.220): TYLER KEDIS

Supervising/Managing Pharmacist NV Pharmacist Registration # (if applicable): 23015

Document Ref: Q4HB6-PWNEG-2NGYM-AO6LZ

Section 2: List the name(s) of at least one NEVADA registered pharmacist who practices at the pharmacy, who may be the managing pharmacist or another pharmacist, who will be responsible for any prescriptions dispensed to a patient located in Nevada and responsible for any acts or omissions of pharmacy personnel who are not registered with the Board. NRS 639.2328. (Use a separate piece of paper if additional space is needed.)

Name: TYLER KEDIS	NV Pharmacist Registration #: 23015
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:

Section 3: History of Company	**Yes**	**No**
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✓
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration from any jurisdiction?		✓
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been subject of an administrative action, board citation, cite fine, or proceeding relating to the pharmaceutical industry?	✓	
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✓
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✓

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name(s) of the owner(s), their credentials and their percent ownership. Write NA if not applicable. NRS 639.232. (Use a separate piece of paper if additional space is needed.)

Name: N/A	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:

1. The Board shall not issue a license to conduct a pharmacy:
   a) To any practitioner; or
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   b) Prohibit ownership by a practitioner of a building in which a pharmacy is located, if space for the pharmacy is rented at the prevailing rate.

Section 5: Publicly Traded Corporation

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Does the number of stockholders/shareholders of the corporation exceed four? NRS 639.231 ☐ Yes ☐ No

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: Delaware

Parent Company (if any): Walgreens Boots Alliance, Inc.

Corporation/Organization Name: Walgreen Co.

Mailing Address: 108 Wilmot Rd

City: Deerfield State: IL Zip: 60015

Telephone: 847-224-1348 Email: licenseadministration@walgreens.com

Contact Person Name: Kayla Lechner

Does the number of stockholders/shareholders of the corporation or members exceed four? NRS 639.231 ☐ Yes ☑ No

Section 7: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Please check type of partnership (NAC 639.214) ☐ General ☐ Limited

Does the number of partners or members of the partnership exceed four? NRS 639.231 ☐ Yes ☐ No

Section 8: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Richard Gates

Print Name of Authorized Person Submitting Application (If the applicant is a partnership or corporation, the application must be signed by a partner or by an officer of the corporation). NAC 639.215

Richard Gates

Original signature of Authorized Person (copies or stamps not accepted)

08 / 26 / 2025

Date

Board Use Only	Date Received: 9/22/25	Amount: $500 ck JP03-3000111129

Section 11: Managing Pharmacist Acknowledgement, Professional/Personal History – REQUIRED TO BE COMPLETED BY THE MANAGING PHARMACIST FOR NEVADA LOCATED PHARMACY APPLICANTS ONLY

Managing Pharmacist Name: TYLER KEDIS Pharmacist Registration #: 23015

Pharmacy Name: WALGREENS #07841

Initial each statement below to indicate you have read and agree with the following:

T.K. I understand that as the managing pharmacist I am responsible for compliance by the pharmacy and its personnel with all state and federal laws and regulations relating to the operation of the pharmacy and the practice of pharmacy. I understand my license can be revoked or that I can be subject of disciplinary action if such laws or regulations are knowingly violated in the pharmacy in which I am the managing pharmacist.

T.K. I understand within 48 hours after I report for duty as the managing pharmacist, I shall complete an inventory of all controlled substances of the pharmacy pursuant to 21 CFR Part 1304 and maintain a copy of the inventory in the file at the pharmacy.

T.K. I understand that if I cease to be managing pharmacist of the above-named pharmacy, I will jointly, with the new managing pharmacist, take an inventory of all controlled substances.

T.K. I understand that as the managing pharmacist I must ensure that all loss or theft of controlled substances are reported on forms provided by the Nevada State Board of Pharmacy and Department of Public Safety within 10 days after the date of discovery of theft or loss. NRS 453.568. Federal regulations require that registrants notify the Field Division Office of the Administration in his area, in writing, of the theft or significant loss of any controlled substance, disposal receptacles or listed chemicals within one business day of discovery of such loss or theft. The registrant shall also complete and submit to the Field Division Office in his area, DEA Form 106 regarding the loss or theft (21 C.F.R. §1301.76(b) and 21 U.S.C. §830(b)(1)(C)).

T.K. I understand that as the managing pharmacist I must notify the Nevada State Board of Pharmacy of all employment changes of pharmacy staff within 10 days of the change. NAC 639.540

Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?	☐	☑
2. Have you been charged, arrested, or convicted of a felony or misdemeanor in any state?	☐	☑
3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state?	☐	☑
4. Has your license been subjected to any discipline for violation of pharmacy or drug laws in any state?	☐	☑

If you marked YES to any questions above, include the following information and provide a signed statement of explanation. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Board Administrative Action:	State:	Date:	Case #:

Criminal Action:	State:	Date:	Case #:	County:	Court:

I certify under penalty of perjury that the information I have provided on this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

TYLER KEDIS

Original signature of Managing Pharmacist (copies or stamps not accepted)

08 / 02 / 2025

Date

Document Ref: FPJ6B-UXIYB-GHUYZ-57NYN

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

AMENDED NOTICE OF INTENDED ACTION AND ACCUSATION

v.

SOTHY HIM, R.PH
Certificate of Registration No. 15426

Case No. 10-048A-RPH-S

JASON WILLIAMSON, R.PH
Certificate of Registration No. 17474

Case No. 10-048B-RPH-S

WALGREENS #07841
Certificate of Registration No. PH01942

Case No. 10-048-PH-S

Respondents.

COMES NOW Larry L. Pinson, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, and makes the following that will serve as both a notice of intended action under Nevada Revised Statutes (NRS) 233B.127(3) and as an accusation under NRS 639.241.

I.

The Nevada State Board of Pharmacy has jurisdiction over this matter and these Respondents because Respondent Sothy Him, RPh, (Certificate Number 15426) and Jason Williamson, RPh, (Certificate Number 17474) are registered pharmacists with the Board and Respondent Walgreens #07841 is a pharmacy licensed by the Board, located at 10510 Southern Highlands Parkway, Las Vegas, Nevada.

II.

On or about May 3rd, 2010 Ms. W picked up a prescription from Walgreens #07841 for her daughter, Patient H. Approximately two months previous to May 3rd, 2010, Patient H was diagnosed with depression and anxiety and was prescribed fluoxetine. Ms. W took the medication she received from the pharmacy home to her daughter and Patient H continued her therapy as directed by her physician.

III.

After taking the medication she was given, Patient H became lethargic and had difficulty focusing to the point that her grades began to suffer. Ms. W made an appointment to visit Patient H's psychiatrist on May 18th, 2010 to discuss the side effects of her medication.

IV.

On May 16th, 2010 a message was left on Ms. W's telephone recorder from the pharmacy indicating that there had been an error made on Patient H's prescription. Since the pharmacy was closed by the time Ms. W received the message, she contacted the pharmacy the following day and was advised that her daughter's medication had been mixed with temazepam, a sedative/hypnotic.

V.

During the investigation of this matter it was learned that Jason Williamson was the responsible pharmacist for verification of Patient H's prescription. It was determined that this was a Baker Cell filling error and that two different drugs were put in the same Cell, Baker Cell #27. Until this error was brought to Mr. Williamson's attention, prescriptions were still being filled from Baker Cell #27. Mr. Williamson immediately went to Cell #27 and found temazepam 30 mg. capsules mixed in with fluoxetine 20 mg. capsules. Mr. Williamson tried to determine the number of prescriptions that had the potential to be contaminated and identified 20 such patients. He contacted pharmacy manager Sothy Him. Mr. Williamson was not satisfied with Mr. Him's direction in dealing with this serious matter, so Mr. Williamson made telephone calls to the patients that he identified as having contaminated medication advising them to stop taking their fluoxetine capsules and return their prescriptions to the pharmacy as soon as possible. He also completed incident reports for every patient that had received contaminated fluoxetine 20 mg. capsules, notified their physicians of the error and quarantined all returned medication. Mr. Williamson also contacted Walgreens District Pharmacy Supervisor, Holly Prievo advising her of the mass mis-fill.

VI.

At the time of this error Sothy Him was responsible for filling the Baker Cells. There was no log maintained in the pharmacy indicating lot numbers or expiration dates

for the medications put into the Baker Cells. Labeling of the Baker Cells was not up to date with the trade name, manufacturer, strength, expiration date, lot number and the initials of the pharmacist who placed or verified the medication placed into the device. Stock bottles of fluoxetine 20 mg. capsules and temazepam 30 mg. capsules are both manufactured by Sandoz and the stock containers look identical. It was found that the temazepam 30 mg. capsules may have been stored in the wrong location and unintentionally placed in Baker Cell #27 where fluoxetine 20 mg. capsules were stored.

VII.

In written statements by several pharmacy staff members it was indicated that Sothy Him was the person responsible for filling the Baker Cell device. Only in his absence was another pharmacist allowed to complete that task and never a pharmaceutical technician. Mr. Him was overheard telling patients returning their medications to the pharmacy that one of the technicians filled the Baker Cell and just did not pay attention, and since this error occurred he would not allow technicians to fill the Baker Cells to avoid this from happening again. In Mr. Him's written statement, he regretted the error happened, however he did not take responsibility for the incident.

VIII.

When interviewed by Board Staff Mr. Him indicated that he removed the card/label of information from the contaminated Baker Cell #27 and did not save it. He could not explain why he would throw out the one piece of information that would identify who filled the Baker Cell in error. Mr. Him said he did not know who made the error in filling Baker Cell #27 nor did he investigate who was responsible for contaminating Baker Cell #27. It was Mr. Him's position that any pharmacist or pharmaceutical technician could have filled Baker Cell #27.

FIRST CAUSE OF ACTION

IX.

By verifying and dispensing temazepam 30 mg. capsules that were not prescribed for Patient H among her fluoxetine 20 mg. capsules, Mr. Williamson violated Nevada Revised Statutes (NRS) 639.210(4) and/or Nevada Administrative Code (NAC) 639.945(1)(i).

SECOND CAUSE OF ACTION

X.

By failing to maintain a log or labeling the Baker Cell device drawers with the required information or have Policies and Procedures in place to address these requirements, Mr. Him violated NRS 639.210(4) and/or NAC 639.725 and/or 639.945(1)(i).

THIRD CAUSE OF ACTION

XI.

By destroying the card/label for Baker Cell #27 that would contain the identity of the pharmacist who was responsible for filling Baker Cell #27, Mr. Him violated NRS 639.210(4) and/or NAC 639.945(1)(m).

FOURTH CAUSE OF ACTION

XII.

In owning and operating the pharmacy in which Mr. Him and Mr. Williamson committed the above violations, Walgreens #07841 violated NRS 639.210(4) and/or NAC 639.945(1)(i) and (2).

WHEREFORE it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to the certificate of registration of the Respondent.

Signed this 25th day of May, 2012.

Larry L. Pinson, Executive Secretary
Nevada State Board of Pharmacy

BEFORE THE NEVADA STATE BOARD OF PHARMACY AUG - 6 2012

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

SOTHY HIM, R.PH
Certificate of Registration No. 16233

JASON WILLIAMSON, R.PH
Certificate of Registration No. 17474

Walgreens #07841
Certificate of Registration No. PH01952
Respondents.
_____/

STIPULATION AND ORDER

Case No. 10-048A-RPH-S

Case No. 10-048B-RPH-S

Case No. 10-048-PH-S

Carolyn J. Cramer, General Counsel for the Nevada State Board of Pharmacy, and Respondent Walgreens #07841 and Rob Graham, Esq. of Rob Graham & Associates., stipulate and agree as follows:

1. Respondent Walgreens #07841 admits the factual allegations made in the Fourth Cause of Action. The admissions made in this matter may not be used in any other proceeding or matter.

2. The Board Staff concluded after investigation that there was a lack of compliance with state regulations and Walgreens policies and procedures by Respondent Walgreens #07841.

3. The parties shall present this Stipulation and Agreement to the Board at its meeting on July18, 2012. The parties agree that the Board may ask questions of the parties' counsel, may discuss and deliberate regarding the presentations, and shall enter an Order that may impose discipline as recommended by the parties.

4. Board Staff and Respondent Walgreens #07841 agree that Respondent shall pay a total fine of $5,000.00 by cashier's or certified check or money order made payable to "State of Nevada, Office of the Treasurer" to be received by the Board's Reno office within 90 days of the effective date of this Order.

5. If the Board rejects any part or all of this stipulation, the parties agree that a full hearing on the merits of this matter may be heard by the Board and that the Board would hear this matter at its meeting on October 17, 2012. The terms and admissions in this stipulation may not be used or referred to in the full hearing on the merits of this matter.

6. The Board and the Respondent Walgreens #07841 shall each agree to release the other from any and all claims, whether known or unknown, that might otherwise have existed on or before the effective date of the Board's Order in this matter.

Signed this 18th day of July, 2012.

OFFICE OF THE GENERAL COUNSEL
Nevada State Board of Pharmacy

Carolyn J. Cramer, General Counsel

Rob Graham, Esq.

DECISION AND ORDER

The Nevada State Board of Pharmacy hereby adopts the foregoing Stipulation as its decision and hereby orders that the foregoing Stipulation be made effective. This decision and order shall be effective on the 18th day of July, 2012.

7/18/2012
DATED

Beth Foster
Beth Foster, President
Nevada State Board of Pharmacy

Section 9: Statement of Responsibility - MUST BE COMPLETED by an Authorized Person (NAC 639.945)

Statement of Responsibility

1. I am the Vice President (title) for Walgreen Co. (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be responsible for any violations of pharmacy law that may occur in the Pharmacy owned by such owner(s), shareholder(s), member(s), or partner(s).
3. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against the Pharmacy.
4. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) cannot require or permit the pharmacist(s) in said Pharmacy to violate any provision of local, state, or federal laws or regulations pertaining to the practice of pharmacy.
5. I further understand and acknowledge that Nevada law requires that each pharmacy located inside the State of Nevada employ only pharmacists, intern pharmacists, pharmaceutical technicians, and technicians in training that are licensed by the Nevada State Board of Pharmacy. (NRS 639.100).
6. I further understand and acknowledge that Nevada law requires that each pharmacy located outside the State of Nevada engaged in providing pharmacy services into Nevada employs at least one pharmacist licensed by the Nevada State Board of Pharmacy who will be responsible for any prescription dispensed to a patient located in Nevada and responsible for any acts or omissions of pharmacy personnel who are not registered with the Board. (NRS 639.2328).

Richard Gates

Print Name of Authorized Person

Richard Gates

Original signature of Authorized Person (copies or stamps not accepted)

08 / 26 / 2025

Date

Section 10: Affidavit for Pharmacies- MUST BE COMPLETED by pharmacies NOT CURRENTLY PERFORMING Sterile Compounding

Affidavit for Pharmacy License

I, Richard Gates hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

1. I am the Vice President (title) for Walgreen Co. (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I certify that upon licensure, the Pharmacy will not perform sterile compounding or ship sterile compounds into Nevada.
3. I understand and acknowledge that the Pharmacy and any of its staff members may be subject to discipline by the Board if the Pharmacy performs sterile compounding or ships any sterile compounds into Nevada without first obtaining written authorization from the Board to do so.
4. I certify that if the Pharmacy makes the decision to perform sterile compounding or to ship any sterile compounds into Nevada, the Pharmacy, through an authorized representative, will first notify the Board via a written request, and obtain written approval to perform sterile compounding or to ship any sterile compounds into Nevada.
5. I understand that if the Pharmacy seeks approval to perform sterile compounding or to ship any sterile compounds into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

FURTHER YOUR AFFIANT SAYETH NAUGHT.

Signature

SUBSCRIBED AND SWORN TO
Before me, a notary public this 20th day of August, 2025

Zeljka Borosa-Rajcevic
Notary Public

OFFICIAL SEAL
ZELJKA BOROSA RAJCEVIC
Notary Public, State of Illinois
Commission No. 977646
My Commission Expires September 8, 2027

CONFIDENTIAL/EXEMPT FROM FREEDOM OF INFORMATION ACT AND SIMILAR STATE REQUESTS

Ownership Information

Ownership & Leadership of Applicant Entity

Applicant: **Walgreen Co.**
108 Wilmot Rd., Deerfield, IL 60015

Ownership: The Applicant entity is wholly owned (100%) by Walgreens Boots Alliance, Inc.

Officers of Walgreen Co.
Michael Motz - CEO
Richard Gates - Senior Vice President, Chief Pharmacy Officer
Cherita Thomas - Secretary
Matthew Spina - CFO
Michael Handal - Licensing and Provider Enrollment Officer

Ownership & Leadership of Walgreens Boots Alliance, Inc.

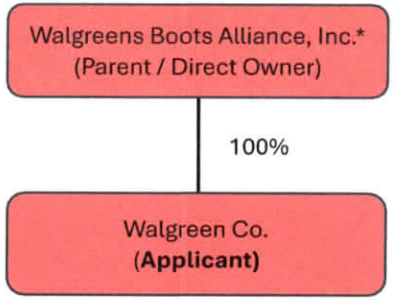
Ownership: Walgreens Boots Alliance, Inc. is wholly owned (100%) by Blazing Star Parent, LLC

Officers of Walgreens Boots Alliance, Inc.
Temporarily vacant - CEO
Mark Weisz - Sr VP, Global Tax
Manmohan Mahajan - Sr VP, Global Controller, CFO
Lanesha Minnix - Corporate Secretary

Please see the attached pre- and post-closing Corporate Organization chart for reference.

Proprietary and Confidential
Not a public record pursuant to
Section 7927.605 of the CPRA and
45 CFR Section 5.31

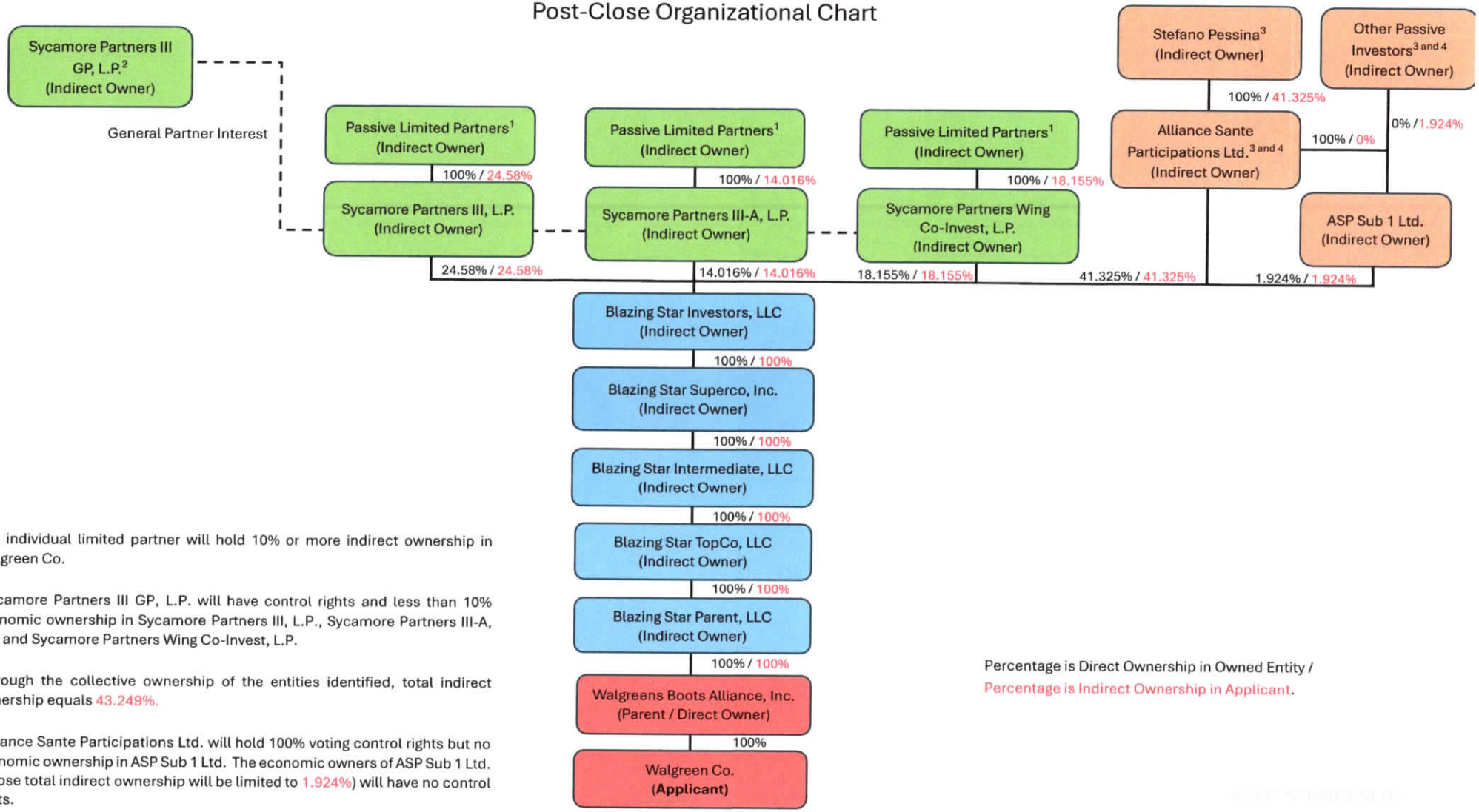
Walgreen Co.
Pre-Close Organizational Chart



Publicly Traded on Nasdaq Stock Market (WBA)

Proprietary and Confidential
Not a public record pursuant to
Section 7927.605 of the CPRA and
45 CFR Section 5.31

Walgreen Co.
Post-Close Organizational Chart



[1]No individual limited partner will hold 10% or more indirect ownership in Walgreen Co.

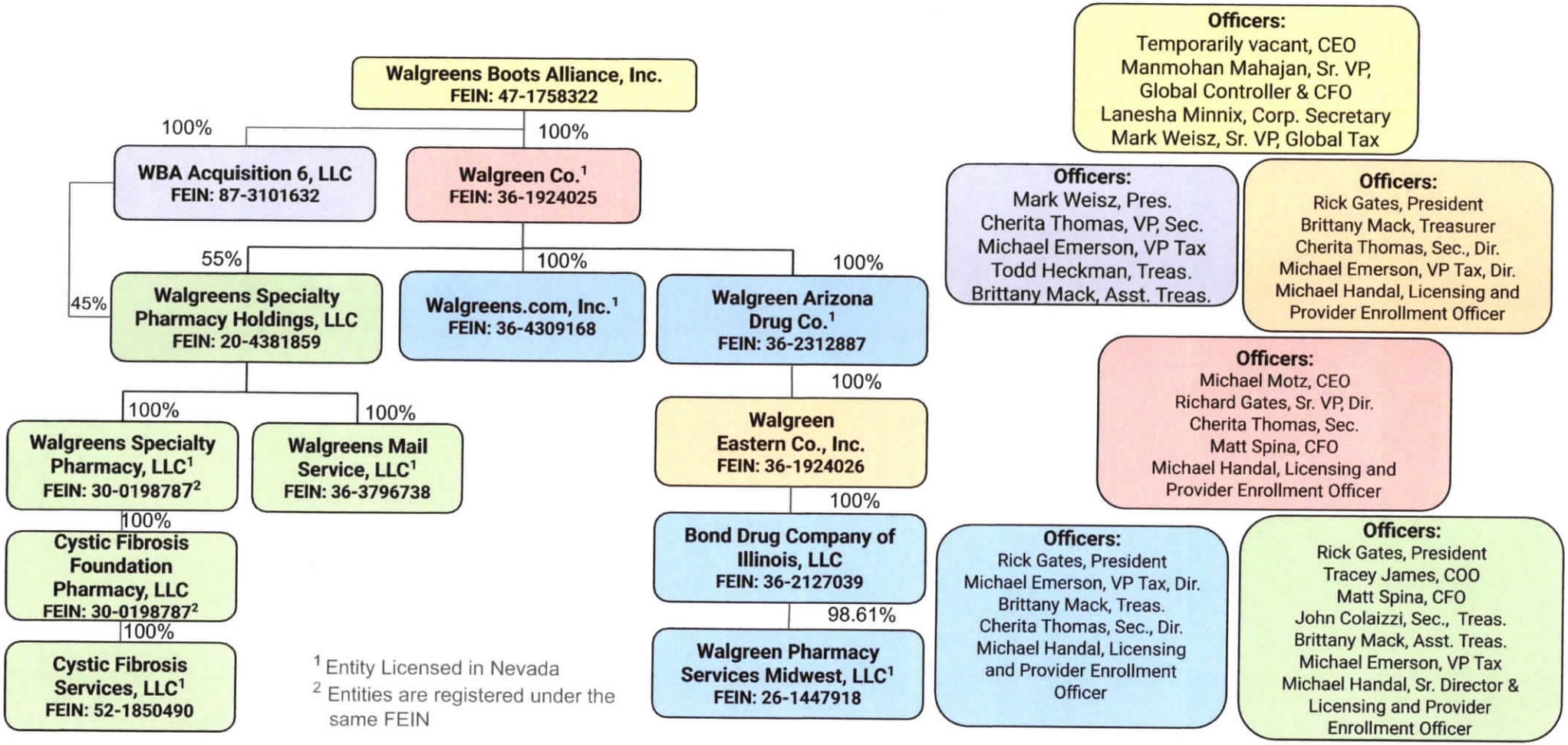
[2]Sycamore Partners III GP, L.P. will have control rights and less than 10% economic ownership in Sycamore Partners III, L.P., Sycamore Partners III-A, L.P. and Sycamore Partners Wing Co-Invest, L.P.

[3]Through the collective ownership of the entities identified, total indirect ownership equals 43.249%.

[4]Alliance Sante Participations Ltd. will hold 100% voting control rights but no economic ownership in ASP Sub 1 Ltd. The economic owners of ASP Sub 1 Ltd. (whose total indirect ownership will be limited to 1.924%) will have no control rights.

Percentage is Direct Ownership in Owned Entity /
Percentage is Indirect Ownership in Applicant.

Walgreen Co.
Post-Close Organizational Chart (cont.)



File Number 1084-348-1

STATE OF ILLINOIS

OFFICE OF THE SECRETARY OF STATE

To all to whom these Presents Shall Come, Greeting:

I, **Alexi Giannoulias,** *Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that*

WALGREEN CO., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON FEBRUARY 15, 1909, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE BUSINESS CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.

In Testimony Whereof, *I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this* 15TH *day of* MAY *A.D.* 2025 .

Authentication #: 2513501622 verifiable until 05/15/2026
Authenticate at: https://www.ilsos.gov

Alexi Giannoulias
SECRETARY OF STATE

9XX

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Pharmacy Application

Non-Refundable $500.00 Fee

Rev (6/11/2024)

Facility Location	Application Type (check all applicable)	Pharmacy Type (check all applicable)	Services the Pharmacy will Provide (check all applicable)
☑ Nevada ☐ Out-of-Nevada	☐ New Pharmacy ☑ Ownership Change* ☐ Location Change * ☐ Service Modification* ☐ Name Change* (if only a Name Change occurred, submit a $50.00 fee with the application.) * Current license #: PH PH02343	☑ Retail/Community ☐ Hospital (# beds _____) ☐ Internet ☐ Nuclear ☐ Other:	☑ Retail/Community ☑ Dangerous drugs ☑ Controlled substances DEA #: FW1331165 ☐ Non-sterile Compounding ☐ Sterile Compounding ☐ Mail-Order Service ☐ Off-site Cognitive Services ☐ Long Term Care ☐ Hospital ☐ Other:

Days of Operation		Ownership Type (check applicable box)
☑ Monday	☑ Friday	☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9, 10, 11, 12)
☑ Tuesday	☐ Saturday	☑ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9, 10, 11, 12)
☑ Wednesday	☐ Sunday	☐ Partnership (complete sections 1, 2, 3, 4, 7, 9, 10, 11, 12)
☑ Thursday	☐ Holidays	☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9, 10, 11, 12)

Section 1: General Information

Pharmacy Name: WALGREENS #07842

Physical Address: 3339 LAS VEGAS BLVD S

City: Las Vegas State: NV Zip: 89109-1401

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: (702)369-8166 Toll Free # (NAC 639.708, NRS 639.23286): N/A

Fax: (702)369-9524 Contact Email: rxm.07842@store.walgreens.com

Website: https://www.walgreens.com

Nevada Business License # (if applicable) NV19951143510

Supervising/Managing Pharmacist Name (NRS 639.220): WILLIAM ECKERT

Supervising/Managing Pharmacist NV Pharmacist Registration # (if applicable): 20288

Section 2: List the name(s) of at least one NEVADA registered pharmacist who practices at the pharmacy, who may be the managing pharmacist or another pharmacist, who will be responsible for any prescriptions dispensed to a patient located in Nevada and responsible for any acts or omissions of pharmacy personnel who are not registered with the Board. NRS 639.2328. (Use a separate piece of paper if additional space is needed.)

Name: WILLIAM ECKERT	NV Pharmacist Registration #: 20288
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:

Section 3: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✔
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration from any jurisdiction?		✔
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been subject of an administrative action, board citation, cite fine, or proceeding relating to the pharmaceutical industry?		✔
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✔
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✔

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name(s) of the owner(s), their credentials and their percent ownership. Write NA if not applicable. NRS 639.232. (Use a separate piece of paper if additional space is needed.)

Name: N/A	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:

1. The Board shall not issue a license to conduct a pharmacy:
   a) To any practitioner; or
   b) To any partnership, corporation, or association in which a practitioner has a controlling interest or owns more than 10 percent of the available stock.
2. This section does not:
   a) Apply to a hospital pharmacy or a health maintenance organization which holds a certificate of authority under chapter 695C of NRS.
   b) Prohibit ownership by a practitioner of a building in which a pharmacy is located, if space for the pharmacy is rented at the prevailing rate.

Section 5: Publicly Traded Corporation

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Does the number of stockholders/shareholders of the corporation exceed four? NRS 639.231 ☐ Yes ☐ No

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: Delaware

Parent Company (if any): Walgreens Boots Alliance, Inc.

Corporation/Organization Name: Walgreen Co.

Mailing Address: 108 Wilmot Rd

City: Deerfield State: IL Zip: 60015

Telephone: 847-224-1348 Email: licenseadministration@walgreens.com

Contact Person Name: Kayla Lechner

Does the number of stockholders/shareholders of the corporation or members exceed four? NRS 639.231 ☐ Yes ☒ No

Section 7: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Please check type of partnership (NAC 639.214) ☐ General ☐ Limited

Does the number of partners or members of the partnership exceed four? NRS 639.231 ☐ Yes ☐ No

Section 8: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Richard Gates

Print Name of Authorized Person Submitting Application (If the applicant is a partnership or corporation, the application must be signed by a partner or by an officer of the corporation). NAC 639.215

Richard Gates

Original signature of Authorized Person (copies or stamps not accepted)

08 / 26 / 2025

Date

Board Use Only	Date Received: 9/22/25	Amount: $500.00 JP03300011129

Section 11: Managing Pharmacist Acknowledgement, Professional/Personal History – REQUIRED TO BE COMPLETED BY THE MANAGING PHARMACIST FOR NEVADA LOCATED PHARMACY APPLICANTS ONLY

Managing Pharmacist Name: WILLIAM ECKERT Pharmacist Registration #: 20288

Pharmacy Name: WALGREENS #07842

Initial each statement below to indicate you have read and agree with the following:

W.E. I understand that as the managing pharmacist I am responsible for compliance by the pharmacy and its personnel with all state and federal laws and regulations relating to the operation of the pharmacy and the practice of pharmacy. I understand my license can be revoked or that I can be subject of disciplinary action if such laws or regulations are knowingly violated in the pharmacy in which I am the managing pharmacist.

W.E. I understand within 48 hours after I report for duty as the managing pharmacist, I shall complete an inventory of all controlled substances of the pharmacy pursuant to 21 CFR Part 1304 and maintain a copy of the inventory in the file at the pharmacy.

W.E. I understand that if I cease to be managing pharmacist of the above-named pharmacy, I will jointly, with the new managing pharmacist, take an inventory of all controlled substances.

W.E. I understand that as the managing pharmacist I must ensure that all loss or theft of controlled substances are reported on forms provided by the Nevada State Board of Pharmacy and Department of Public Safety within 10 days after the date of discovery of theft or loss. NRS 453.568. Federal regulations require that registrants notify the Field Division Office of the Administration in his area, in writing, of the theft or significant loss of any controlled substance, disposal receptacles or listed chemicals within one business day of discovery of such loss or theft. The registrant shall also complete and submit to the Field Division Office in his area, DEA Form 106 regarding the loss or theft (21 C.F.R. §1301.76(b) and 21 U.S.C. §830(b)(1)(C)).

W.E. I understand that as the managing pharmacist I must notify the Nevada State Board of Pharmacy of all employment changes of pharmacy staff within 10 days of the change. NAC 639.540

Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?	☐	☑
2. Have you been charged, arrested, or convicted of a felony or misdemeanor in any state?	☑	☐
3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state?	☐	☑
4. Has your license been subjected to any discipline for violation of pharmacy or drug laws in any state?	☐	☑

If you marked YES to any questions above, include the following information and provide a signed statement of explanation. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Board Administrative Action:	State:	Date:	Case #:

Criminal Action:	State:	Date:	Case #:	County:	Court:

I certify under penalty of perjury that the information I have provided on this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

WILLIAM ECKERT

Original signature of Managing Pharmacist (copies or stamps not accepted)

08 / 05 / 2025

Date

Section 9: Statement of Responsibility - MUST BE COMPLETED by an Authorized Person (NAC 639.945)

Statement of Responsibility

1. I am the Vice President (title) for Walgreen Co. (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be responsible for any violations of pharmacy law that may occur in the Pharmacy owned by such owner(s), shareholder(s), member(s), or partner(s).
3. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against the Pharmacy.
4. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) cannot require or permit the pharmacist(s) in said Pharmacy to violate any provision of local, state, or federal laws or regulations pertaining to the practice of pharmacy.
5. I further understand and acknowledge that Nevada law requires that each pharmacy located inside the State of Nevada employ only pharmacists, intern pharmacists, pharmaceutical technicians, and technicians in training that are licensed by the Nevada State Board of Pharmacy. (NRS 639.100).
6. I further understand and acknowledge that Nevada law requires that each pharmacy located outside the State of Nevada engaged in providing pharmacy services into Nevada employs at least one pharmacist licensed by the Nevada State Board of Pharmacy who will be responsible for any prescription dispensed to a patient located in Nevada and responsible for any acts or omissions of pharmacy personnel who are not registered with the Board. (NRS 639.2328).

Richard Gates

Print Name of Authorized Person

Richard Gates

Original signature of Authorized Person (copies or stamps not accepted)

08 / 26 / 2025

Date

Section 10: Affidavit for Pharmacies- MUST BE COMPLETED by pharmacies NOT CURRENTLY PERFORMING Sterile Compounding

Affidavit for Pharmacy License

I, Richard Gates hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

1. I am the Vice President (title) for Walgreen Co. (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I certify that upon licensure, the Pharmacy will not perform sterile compounding or ship sterile compounds into Nevada.
3. I understand and acknowledge that the Pharmacy and any of its staff members may be subject to discipline by the Board if the Pharmacy performs sterile compounding or ships any sterile compounds into Nevada without first obtaining written authorization from the Board to do so.
4. I certify that if the Pharmacy makes the decision to perform sterile compounding or to ship any sterile compounds into Nevada, the Pharmacy, through an authorized representative, will first notify the Board via a written request, and obtain written approval to perform sterile compounding or to ship any sterile compounds into Nevada.
5. I understand that if the Pharmacy seeks approval to perform sterile compounding or to ship any sterile compounds into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

FURTHER YOUR AFFIANT SAYETH NAUGHT.

Signature

SUBSCRIBED AND SWORN TO
Before me, a notary public this 20th day of August, 2025

Zeljka Borosa-Rajcevic
Notary Public

OFFICIAL SEAL
ZELJKA BOROSA RAJCEVIC
Notary Public, State of Illinois
Commission No. 977646
My Commission Expires September 8, 2027

File Number 1084-348-1

STATE OF ILLINOIS

OFFICE OF THE SECRETARY OF STATE

To all to whom these Presents Shall Come, Greeting:

I, **Alexi Giannoulias,** *Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that*

WALGREEN CO., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON FEBRUARY 15, 1909, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE BUSINESS CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.

In Testimony Whereof, *I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this* 15TH *day of* MAY *A.D.* 2025 .

Authentication #: 2513501622 verifiable until 05/15/2026
Authenticate at: https://www.ilsos.gov

Alexi Giannoulias
SECRETARY OF STATE

CONFIDENTIAL/EXEMPT FROM FREEDOM OF INFORMATION ACT AND SIMILAR STATE REQUESTS

Ownership Information

Ownership & Leadership of Applicant Entity

Applicant: **Walgreen Co.**
108 Wilmot Rd., Deerfield, IL 60015

Ownership: The Applicant entity is wholly owned (100%) by Walgreens Boots Alliance, Inc.

Officers of Walgreen Co.
Michael Motz - CEO
Richard Gates - Senior Vice President, Chief Pharmacy Officer
Cherita Thomas - Secretary
Matthew Spina - CFO
Michael Handal - Licensing and Provider Enrollment Officer

Ownership & Leadership of Walgreens Boots Alliance, Inc.

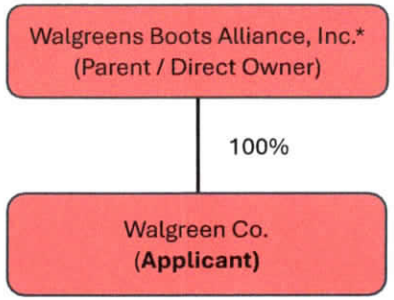
Ownership: Walgreens Boots Alliance, Inc. is wholly owned (100%) by Blazing Star Parent, LLC

Officers of Walgreens Boots Alliance, Inc.
Temporarily vacant - CEO
Mark Weisz - Sr VP, Global Tax
Manmohan Mahajan - Sr VP, Global Controller, CFO
Lanesha Minnix - Corporate Secretary

Please see the attached pre- and post-closing Corporate Organization chart for reference.

Proprietary and Confidential
Not a public record pursuant to
Section 7927.605 of the CPRA and
45 CFR Section 5.31

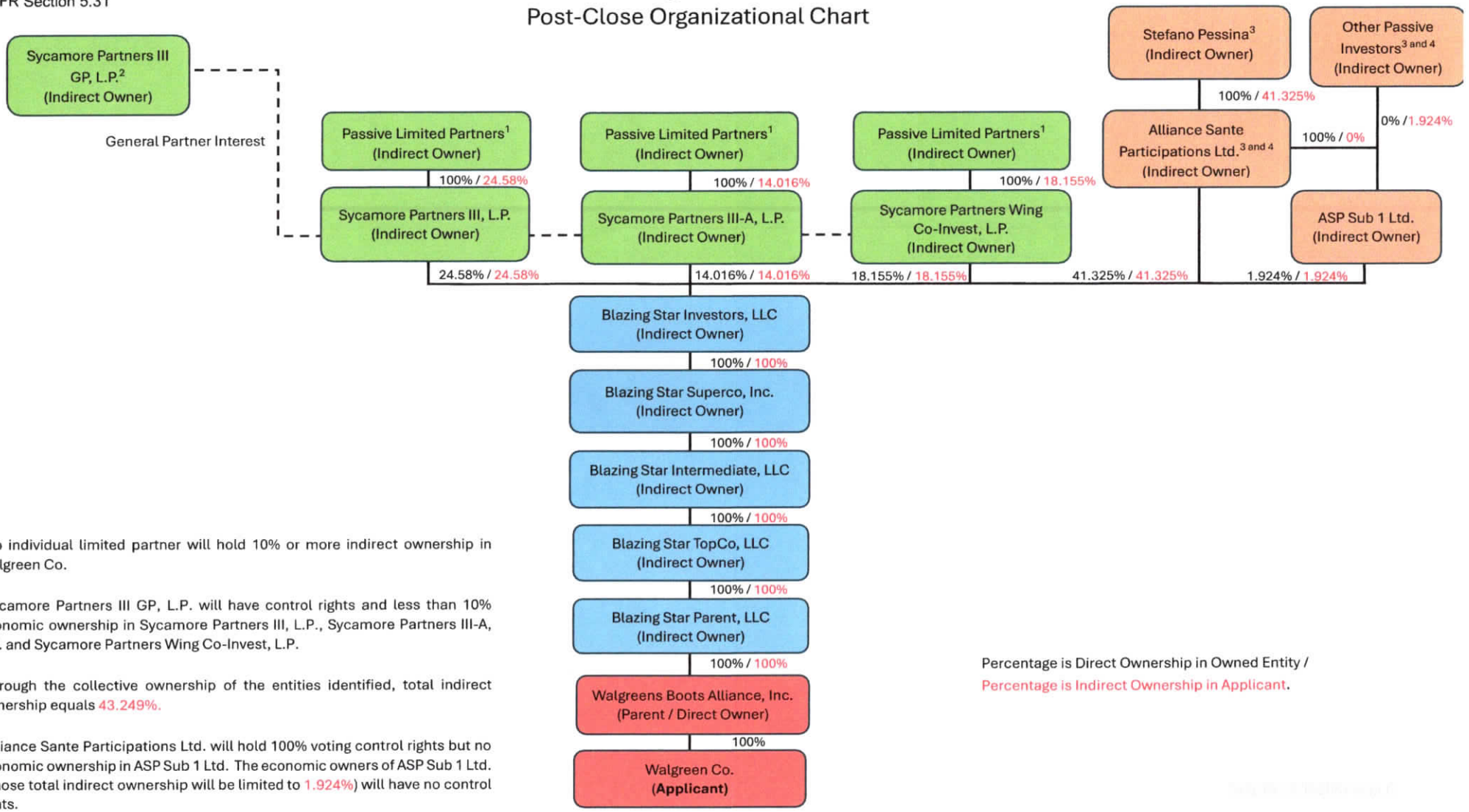
Walgreen Co.
Pre-Close Organizational Chart



Publicly Traded on Nasdaq Stock Market (WBA)

Proprietary and Confidential
Not a public record pursuant to
Section 7927.605 of the CPRA and
45 CFR Section 5.31

Walgreen Co.
Post-Close Organizational Chart



[1]No individual limited partner will hold 10% or more indirect ownership in Walgreen Co.

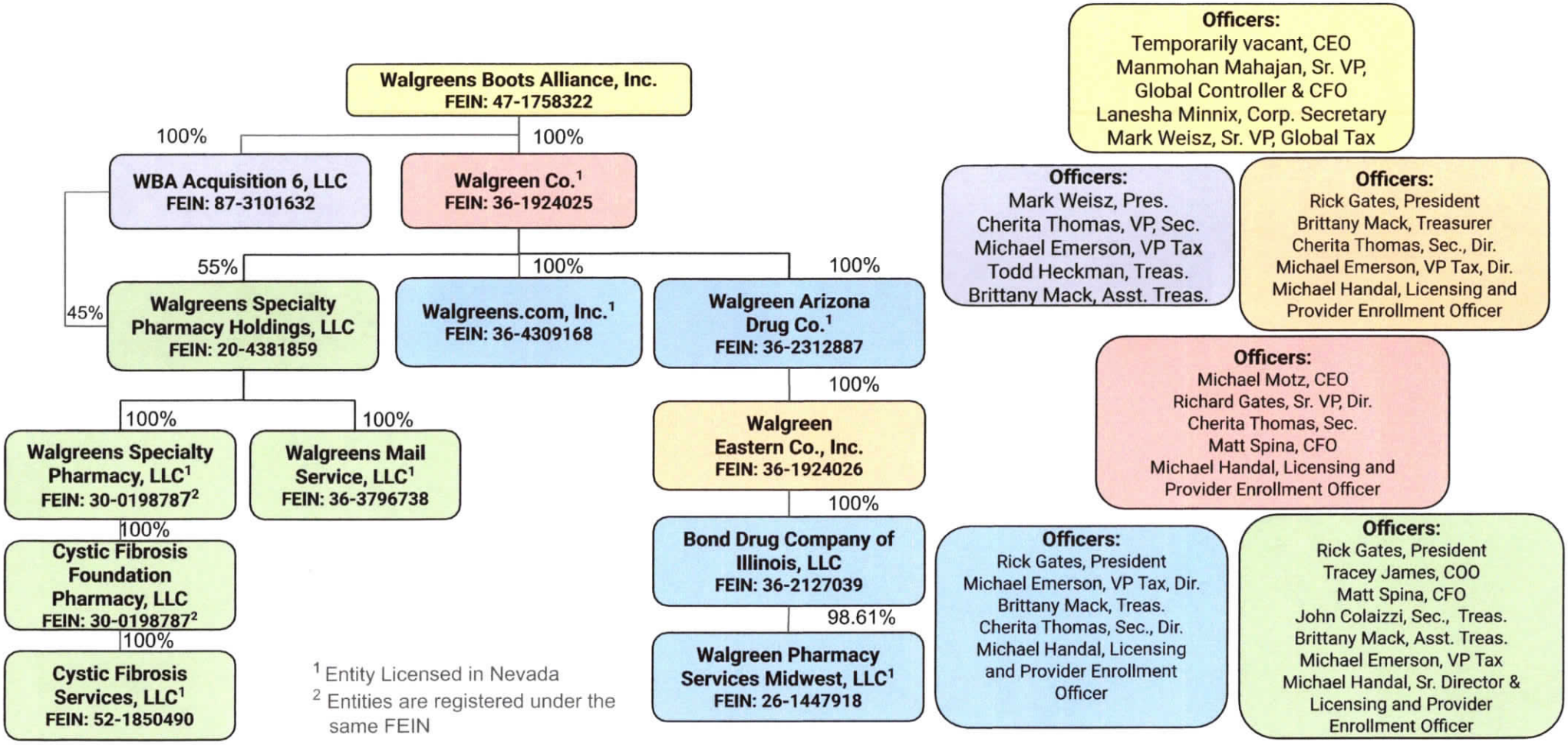
[2]Sycamore Partners III GP, L.P. will have control rights and less than 10% economic ownership in Sycamore Partners III, L.P., Sycamore Partners III-A, L.P. and Sycamore Partners Wing Co-Invest, L.P.

[3]Through the collective ownership of the entities identified, total indirect ownership equals 43.249%.

[4]Alliance Sante Participations Ltd. will hold 100% voting control rights but no economic ownership in ASP Sub 1 Ltd. The economic owners of ASP Sub 1 Ltd. (whose total indirect ownership will be limited to 1.924%) will have no control rights.

Percentage is Direct Ownership in Owned Entity /
Percentage is Indirect Ownership in Applicant.

Walgreen Co.
Post-Close Organizational Chart (cont.)



9YY

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Pharmacy Application

Non-Refundable $500.00 Fee

Rev (6/11/2024)

Facility Location	Application Type (check all applicable)	Pharmacy Type (check all applicable)	Services the Pharmacy will Provide (check all applicable)
■ Nevada ☐ Out-of-Nevada	☐ New Pharmacy ■ Ownership Change* ☐ Location Change * ☐ Service Modification* ☐ Name Change* (if only a Name Change occurred, submit a $50.00 fee with the application.) * Current license #: PH PH01977	■ Retail/Community ☐ Hospital (# beds _____) ☐ Internet ☐ Nuclear ☐ Other:	■ Retail/Community ■ Dangerous drugs ■ Controlled substances DEA #: BW9140055 ☐ Non-sterile Compounding ☐ Sterile Compounding ☐ Mail-Order Service ☐ Off-site Cognitive Services ☐ Long Term Care ☐ Hospital ☐ Other:

Days of Operation		Ownership Type (check applicable box)
■ Monday	■ Friday	☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9, 10, 11, 12)
■ Tuesday	■ Saturday	■ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9, 10, 11, 12)
■ Wednesday	■ Sunday	☐ Partnership (complete sections 1, 2, 3, 4, 7, 9, 10, 11, 12)
■ Thursday	☐ Holidays	☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9, 10, 11, 12)

Section 1: General Information

Pharmacy Name: WALGREENS #07864

Physical Address: 7755 N DURANGO DR

City: LAS VEGAS State: NV Zip: 89131-8190

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: (702)396-4728 Toll Free # (NAC 639.708, NRS 639.23286): N/A

Fax: (702)396-0684 Contact Email: rxm.07864@store.walgreens.com

Website: https://www.walgreens.com

Nevada Business License # (if applicable) NV19951143510

Supervising/Managing Pharmacist Name (NRS 639.220): SILVIA TORRES

Supervising/Managing Pharmacist NV Pharmacist Registration # (if applicable): 18575

Section 2: List the name(s) of at least one NEVADA registered pharmacist who practices at the pharmacy, who may be the managing pharmacist or another pharmacist, who will be responsible for any prescriptions dispensed to a patient located in Nevada and responsible for any acts or omissions of pharmacy personnel who are not registered with the Board. NRS 639.2328. (Use a separate piece of paper if additional space is needed.)

Name: SILVIA TORRES	NV Pharmacist Registration #: 18575
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:

Section 3: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✔
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration from any jurisdiction?		✔
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been subject of an administrative action, board citation, cite fine, or proceeding relating to the pharmaceutical industry?	✔	
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✔
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✔

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name(s) of the owner(s), their credentials and their percent ownership. Write NA if not applicable. NRS 639.232. (Use a separate piece of paper if additional space is needed.)

Name: N/A	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:

1. The Board shall not issue a license to conduct a pharmacy:
   a) To any practitioner; or
   b) To any partnership, corporation, or association in which a practitioner has a controlling interest or owns more than 10 percent of the available stock.
2. This section does not:
   a) Apply to a hospital pharmacy or a health maintenance organization which holds a certificate of authority under chapter 695C of NRS.
   b) Prohibit ownership by a practitioner of a building in which a pharmacy is located, if space for the pharmacy is rented at the prevailing rate.

Section 5: Publicly Traded Corporation

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Does the number of stockholders/shareholders of the corporation exceed four? NRS 639.231 ☐ Yes ☐ No

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: Delaware

Parent Company (if any): Walgreens Boots Alliance, Inc.

Corporation/Organization Name: Walgreen Co.

Mailing Address: 108 Wilmot Rd

City: Deerfield State: IL Zip: 60015

Telephone: 847-224-1348 Email: licenseadministration@walgreens.com

Contact Person Name: Kayla Lechner

Does the number of stockholders/shareholders of the corporation or members exceed four? NRS 639.231 ☐ Yes ☒ No

Section 7: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Please check type of partnership (NAC 639.214) ☐ General ☐ Limited

Does the number of partners or members of the partnership exceed four? NRS 639.231 ☐ Yes ☐ No

Section 8: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Richard Gates

Print Name of Authorized Person Submitting Application (If the applicant is a partnership or corporation, the application must be signed by a partner or by an officer of the corporation). NAC 639.215

Richard Gates

Original signature of Authorized Person (copies or stamps not accepted)

08 / 26 / 2025

Date

Board Use Only	Date Received: 9/18/25	Amount: $500 ck JP03-3000111129

Section 11: Managing Pharmacist Acknowledgement, Professional/Personal History – REQUIRED TO BE COMPLETED BY THE MANAGING PHARMACIST FOR NEVADA LOCATED PHARMACY APPLICANTS ONLY

Managing Pharmacist Name: SILVIA TORRES Pharmacist Registration #: 18575

Pharmacy Name: WALGREENS #07864

Initial each statement below to indicate you have read and agree with the following:

S./. I understand that as the managing pharmacist I am responsible for compliance by the pharmacy and its personnel with all state and federal laws and regulations relating to the operation of the pharmacy and the practice of pharmacy. I understand my license can be revoked or that I can be subject of disciplinary action if such laws or regulations are knowingly violated in the pharmacy in which I am the managing pharmacist.

S./. I understand within 48 hours after I report for duty as the managing pharmacist, I shall complete an inventory of all controlled substances of the pharmacy pursuant to 21 CFR Part 1304 and maintain a copy of the inventory in the file at the pharmacy.

S./. I understand that if I cease to be managing pharmacist of the above-named pharmacy, I will jointly, with the new managing pharmacist, take an inventory of all controlled substances.

S./. I understand that as the managing pharmacist I must ensure that all loss or theft of controlled substances are reported on forms provided by the Nevada State Board of Pharmacy and Department of Public Safety within 10 days after the date of discovery of theft or loss. NRS 453.568. Federal regulations require that registrants notify the Field Division Office of the Administration in his area, in writing, of the theft or significant loss of any controlled substance, disposal receptacles or listed chemicals within one business day of discovery of such loss or theft. The registrant shall also complete and submit to the Field Division Office in his area, DEA Form 106 regarding the loss or theft (21 C.F.R. §1301.76(b) and 21 U.S.C. §830(b)(1)(C)).

S./. I understand that as the managing pharmacist I must notify the Nevada State Board of Pharmacy of all employment changes of pharmacy staff within 10 days of the change. NAC 639.540

Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?	☐	☑
2. Have you been charged, arrested, or convicted of a felony or misdemeanor in any state?	☐	☑
3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state?	☑	☐
4. Has your license been subjected to any discipline for violation of pharmacy or drug laws in any state?	☐	☑

If you marked YES to any questions above, include the following information and provide a signed statement of explanation. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Board Administrative Action:	State:	Date:	Case #:

Criminal Action:	State:	Date:	Case #:	County:	Court:

I certify under penalty of perjury that the information I have provided on this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

SILVIA TORRES

Original signature of Managing Pharmacist (copies or stamps not accepted)

08 / 04 / 2025

Date

FILED
JUN 10 2020
NEVADA STATE BOARD OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **SILVIA TORRES, RPH,** **Certificate of Registration No. 18575,** **WALGREENS PHARMACY #7864,** **Pharmacy License No. PH01977.** **Respondents.**	**CASE NOS. 17-081-RPH-S** **17-081-PH-S** **STIPULATION AND ORDER**

Brett Kandt, General Counsel for Petitioner the Nevada State Board of Pharmacy (Board), Respondent Silvia Torres (Torres), Certificate of Registration No. 18575, and Respondent Walgreens Pharmacy #7864 (Walgreens), Pharmacy License No. PH01977, by and through their counsel, William J. Stilling, Esq., **HEREBY STIPULATE AND AGREE THAT**:

1. The Board has jurisdiction over Respondents and this matter.

2. On or about February 6, 2020, Board Staff properly served each Respondent with the Notice of Intended Action and Accusation (Accusation) on file in this matter together with the Statement to Respondent and Notice of Hearing.

3. On or about March 10, 2020, Respondents jointly filed an Answer and Notice of Defense to the Accusation.

4. Respondents are fully aware of their right to seek the advice of counsel in this matter and obtained the advice of counsel prior to entering into this Stipulation.

5. Respondents are aware of the right to a hearing on the matters alleged in the Accusation, their right to reconsideration, their right to appeal and any and all other rights which may be accorded to them pursuant to NRS Chapter 233B (Nevada Administrative Procedure

Act), NRS Chapter 622A (Administrative Procedure Before Certain Regulatory Bodies), and NRS Chapter 639 (Nevada Pharmacy Act).

6. Conditioned on the acceptance of this Stipulation by the Board, and with the exception of the right to challenge any determination that Respondents, or any of them, have failed to comply with the provisions of Paragraphs 9, 10, 11, 16 and 17 below, Respondents hereby freely and voluntarily waive their rights to a hearing, reconsideration, appeal and any and all other rights related to this action that may be accorded to them by NRS Chapter 233B (Nevada Administrative Procedure Act), NRS Chapter 622A (Administrative Procedure Before Certain Regulatory Bodies), and NRS Chapter 639 (Nevada Pharmacy Act).

7. Respondents do not contest the allegations in the Accusation, but acknowledge that Board staff prosecuting this case could present such evidence at an administrative hearing to establish a factual basis for the violations alleged therein, *to wit,* that:

A. Respondent Torres violated NAC 639.252(2) and NAC 639.945(1)(d) when she verified the data and final product on Prescription No. 1593346 as accurate when it was not, which resulted in Walgreens dispensing losartan potassium ***25 mg***. tablets rather than losartan potassium ***50 mg***. tablets as prescribed, and is subject to discipline pursuant to NRS 639.210(4) and (12).

B. Respondent Torres violated NRS 639.266(1), NAC 639.707(1), (2) and/or (4), and/or NAC 639.945(1)(i) by failing to discuss the medication sufficiently with the patient to detect that she was dispensing a wrong medication, and is subject to discipline pursuant to NRS 639.210(4) and/or (12); and

C. As the pharmacy at which the violations of law alleged herein occurred, Walgreens Pharmacy #7864 is responsible for any violations of law by Torres pursuant to NRS 639.230(5), NAC 639.702 and NAC 639.945(2).

8. Those violations are plead with particularity in the Accusation, and are grounds for action pursuant to NRS 639.210 and NRS 639.255.

9. In order to resolve this matter without incurring any further costs or the expense associated with a hearing, and without Respondent Torres admitting to the allegations in the Accusation, the Board and Respondent Torres stipulate to the following penalties. Respondent Silvia Torres, Certificate of Registration No. 18575, shall:

A. Receive a letter of reprimand from Board Staff regarding her duties and responsibilities as a pharmacist;

B. Pay a fine of One-Thousand Dollars ($1,000.00) for the alleged violations;

C. Pay One-Thousand Dollars ($1,000.00) to partially reimburse the Board for recoverable attorney's fees and costs incurred in investigating and prosecuting this matter; and

D. Complete two (2) extra hours of continuing education (CE) on error prevention, in addition to the CE hours she must otherwise complete to maintain licensure. Respondent must provide certificates demonstrating that she completed those additional CEs within sixty (60) days of the effective date of this Order.

10. In order to resolve this matter without incurring any further costs or the expense associated with a hearing, and without Respondent Pharmacy #7864 admitting to the allegations in the Accusation, the Board and Respondent Walgreens Pharmacy ##7864 stipulate to the following penalties. Respondent Pharmacy #7864 (Walgreens), Pharmacy License No. PH01977, shall:

A. Pay a fine of One-Thousand Dollars ($1,000.00) for the alleged violations; and

B. Pay One-Thousand Dollars ($1,000.00) to partially reimburse the Board for recoverable attorney's fees and costs incurred in investigating and prosecuting this matter.

11. Any failure by any Respondent to comply with the terms of this Order may result in issuance by the Executive Secretary of an order to show cause pursuant to NAC 639.965 directing that Respondent to appear before the Board at the next regularly-scheduled meeting for a show cause hearing. If such a hearing results in a finding of a violation of this Order by that Respondent, the Board may impose additional discipline upon that Respondent not inconsistent with the provisions of NRS Chapter 639.

12. General Counsel will present this Stipulation to the Board for approval pursuant to NRS 622.330 at the Board's regularly scheduled public meeting on June 3, 2020. Respondents and their authorized representative(s) will appear at the meeting to answer questions from the Board Members and/or Board Staff. The Board Members and Staff may discuss and deliberate regarding this Stipulation, even if Respondents or their counsel are not present at the meeting.

13. The Board has discretion to accept this Stipulation, but it is not obligated to do so. If this Stipulation is approved by the Board it shall be a public record pursuant to NRS 622.330.

14. If the Board rejects any part or all of this Stipulation, and unless they reach an alternative agreement on the record during the hearing, the parties agree that a full hearing on the merits of this matter may be heard by the Board. The terms and admissions herein may not be used or referred to in a full hearing on the merits of this matter.

15. Upon approval of this Stipulation by the Board, Respondents shall pay the fines agreed to herein by *cashier's check* or *certified check* or *money order* made payable to "State of Nevada, Office of the Treasurer," to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within thirty (30) days of the effective date of this Order.

16. Upon approval of this Stipulation by the Board, Respondents shall pay the attorney's fees and costs agreed to herein by *cashier's check* or *certified check* or *money order*

made payable to "Nevada State Board of Pharmacy," to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within thirty (30) of the effective date of this Order.

17. Subject to the approval of this Stipulation by the Board, the Board and Respondents, and each of them, agree to release each other from any and all additional claims arising from the facts set forth in the Accusation on file herein, whether known or unknown that might otherwise have existed on or before the effective date of this Order.

Respondents, and each of them, have fully considered the charges and allegations contained in the *Notice of Intended Action and Accusation* in this matter, and the terms of this Stipulation, and have freely and voluntarily agreed to the terms set forth herein, and waived certain rights, as stated herein.

AGREED:

Signed this 1 day of June, 2020

Silvia Torres

SILVIA TORRES, RPH,
Certificate of Registration No. 18575

Signed this ___ day of June, 2020

BRETT KANDT, ESQ.
General Counsel
Nevada State Board of Pharmacy

WALGREENS PHARMACY #7864,
Pharmacy License No. PH01977

APPROVED AS TO FORM AND
CONTENT this ___ day of June, 2020

WILLIAM J. STILLING, ESQ.
Counsel for Respondents

Respondents, and each of them, have fully considered the charges and allegations contained in the *Notice of Intended Action and Accusation* in this matter, and the terms of this Stipulation, and have freely and voluntarily agreed to the terms set forth herein, and waived certain rights, as stated herein.

AGREED:

Signed this ___ day of March, 2020

SILVIA TORRES, RPH,
Certificate of Registration No. 18575

Signed this ___ day of March, 2020

BRETT KANDT, ESQ.
General Counsel
Nevada State Board of Pharmacy

Signed this ___ day of March, 2020

WALGREENS PHARMACY #7864,
Pharmacy License No. PH01977

APPROVED AS TO FORM AND CONTENT this ___ day of March, 2020

WILLIAM J. STILLING, ESQ.
Counsel for Respondents

Respondents, and each of them, have fully considered the charges and allegations contained in the *Notice of Intended Action and Accusation* in this matter, and the terms of this Stipulation, and have freely and voluntarily agreed to the terms set forth herein, and waived certain rights, as stated herein.

AGREED:

Signed this ___ day of June, 2020

SILVIA TORRES, RPH,
Certificate of Registration No. 18575

Signed this 30th day of June, 2020

BRETT KANDT, ESQ.
General Counsel
Nevada State Board of Pharmacy

Signed this ___ day of June, 2020

WALGREENS PHARMACY #7864,
Pharmacy License No. PH01977

APPROVED AS TO FORM AND
CONTENT this 25th day of June, 2020

WILLIAM J. STILLING, ESQ.
Counsel for Respondents

DECISION AND ORDER

The Nevada State Board of Pharmacy hereby adopts the foregoing Stipulation as its decision as to Respondent Silvia Torres, Certificate of Registration No. 18575, and Respondent Walgreens Pharmacy #7864, Pharmacy License No. PH01977, in Case No. 17-081 and hereby orders that the terms of the foregoing Stipulation be made effective upon execution below.

IT IS SO ORDERED.

Entered this 5th day of June, 2020.

Helen Park, President
Nevada State Board of Pharmacy

FILED
FEB 06 2020
NEVADA STATE BOARD
OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **SILVIA TORRES, RPH,** **Certificate of Registration No. 18575,** **WALGREENS PHARMACY #7864,** **License No. PH01977.** **Respondents.**	**CASE NOS. 17-081-RPH-S** **17-081-PH-S** **NOTICE OF INTENDED ACTION AND ACCUSATION**

J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, makes the following that will serve as both a notice of intended action under NRS 233B.127(3) and as an accusation under NRS 622A.300(1) and NRS 639.241.

JURISDICTION

I.

The Nevada State Board of Pharmacy (Board) has jurisdiction over this matter because at the time of the events alleged herein, respondent Silvia Torres (Torres), Certificate of Registration No. 18575, was a pharmacist registered with the Board and respondent Walgreens Pharmacy #7864 (Walgreens), License No. PH01977, was a pharmacy licensed by the Board.

FACTUAL ALLEGATIONS

II.

Torres was employed by Walgreens #7864 at the time of the events alleged herein.

III.

On August 14, 2017, D.O. saw his physician and received a prescription for losartan potassium oral tablet ***50 mg***. with directions to take one tablet daily. The prescription allowed for four (4) refills.

IV.

D.O. tendered the prescription to Walgreens where pharmaceutical technician Xochitl Coin (Coin)[i] performed data entry in Walgreens's computer system. The computer system designated the prescription as no. 1593346.

V.

During data entry, Coin mistakenly selected losartan potassium oral tablet ***25 mg.*** with directions to take one tablet daily, half the dosage amount prescribed.

VI.

Torres is on record as the verifying pharmacist for prescription no. 1593346. She failed to detect the medication error when she verified data entry as accurate and performed the final product review.

VII.

The change in strength from 50 mg. to 25 mg. required the pharmacist to counsel the patient.

VIII.

Walgreens's computer patient "Consultation Required" field indicated "Y" for prescription no. 1593346. Torres documented that the patient declined counseling.

IX.

D.O. was not offered counseling.

X.

D.O. discovered the error prior to ingesting the medication.

FIRST CAUSE OF ACTION

(Respondent Torres)

XI.

Unprofessional conduct includes the failure by a licensee to follow strictly the instructions of a practitioner when filling, labeling, and dispensing a prescription. NAC 639.945(1)(d). It also includes a licensee performing his or her duties in an "incompetent,

[i] At the time of the alleged events, Xochitl Coin's last name was Dominquez.

unskillful, or negligent manner." NAC 639.945(1)(i). Additionally, NAC 639.252 states in relevant part:

> If a pharmaceutical technician performs one or more of the functions necessary to prepare a prescription, ***the pharmacist supervising the pharmaceutical technician*** is responsible for the filled prescription, including, but not limited to, verifying:
> (a) The selection and strength of the drug;
> (b) The dosage form; and
> (c) The labeling of the prescription.

NAC 639.252(2) (emphasis added.)

Respondent Torres violated NAC 639.252(2) and engaged in unprofessional conduct in violation of NAC 639.945(1)(d) and (i) when she verified the data and final product on prescription no. 1593346 as accurate when it was not, which resulted in Walgreens dispensing losartan potassium ***25 mg***. tablets rather than losartan potassium ***50 mg***. tablets as prescribed. Torres is therefore subject to discipline pursuant to NRS 639.210(4) and (12).

SECOND CAUSE OF ACTION
(Respondent Torres)

XII.

NRS 639.266(1) requires a pharmacist to "communicate matters which will enhance therapy through drugs with the patient or a person caring for the patient." NAC 639.707(1), (2) and/or (4) further require counseling for all new prescriptions and provide a list of elements to be included as part of proper counseling, including, but not limited to, dose, intended use, expected response and precautions. Additionally, NAC 639.707(6) requires the pharmacist to create a record regarding counseling "at the time that counseling is provided or refused." A pharmacist who performs those duties in an "incompetent, unskillful or negligent manner" engages in unprofessional conduct in violation of NAC 639.945(1)(i).

Respondent Torres violated NRS 639.266(1), NAC 639.707(1),(2) and/or (4) and engaged in unprofessional conduct in violation of NAC 639.945(1)(i) by failing to adequately counsel D.O. regarding prescription no. 1593346. That error, combined with other errors within the pharmacy, caused Walgreens to dispense losartan potassium ***25 mg***. tablets rather than

losartan potassium ***50 mg***. tablets as prescribed. Torres is therefore subject to discipline pursuant to NRS 639.210(4) and (12).

THIRD CAUSE OF ACTION
(Respondent Walgreens #7864)

XIII.

NRS 639.230(5) provides: "Any violation of any of the provisions of this chapter [NRS Chapter 639] by a managing pharmacist or by personnel of the pharmacy under the supervision of the managing pharmacist is cause for the suspension or revocation of the license of the pharmacy by the Board."

Additionally, "[t]he owner of a pharmacy, the managing pharmacist of the pharmacy and the registered pharmacist on duty at the pharmacy are responsible for the acts and omissions of pharmaceutical technicians and other personnel who are not pharmacists working in or for the pharmacy, including, but not limited to, any errors committed or unauthorized work performed by such personnel, if the owner, managing pharmacist or registered pharmacist knew or reasonably should have known of the act or omission." NAC 639.702.

Further, the owner of any business or facility licensed, certified or registered by the Board is responsible for the acts of all personnel in his or her employ. NAC 639.945(2).

As the pharmacy/pharmacy owner at which the violations of law alleged herein occurred, Walgreens Pharmacy #7864 is responsible for any violations of law by Torres pursuant to NRS 639.230(5), NAC 639.702 and NAC 639.945(2).

WHEREFORE it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to the certificates of registration of these respondents.

Signed this 6th day of February, 2020.

J. David Wuest, Deputy Executive Secretary
Nevada State Board of Pharmacy

NOTICE TO RESPONDENT

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241. To do so, you must complete and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Notice of Intended Action and Accusation. NRS 639.320; NRS 639.243. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **WALGREENS PHARMACY #7864** **License No. PH01977,** **Respondent.**	**CASE NOS. 17-081-PH-S** **STATEMENT TO THE RESPONDENT** **NOTICE OF INTENDED ACTION** **AND ACCUSATION** **RIGHT TO HEARING**

TO THE RESPONDENT ABOVE-NAMED: PLEASE TAKE NOTICE THAT:

I.

Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy (Board) by NRS 639.241 to NRS 639.2576, inclusive, and NRS chapter 233B and 622A, a Notice of Intended Action and Accusation has been filed with the Board by the Petitioner, J. David Wuest, Executive Secretary for the Board, alleging grounds for imposition of disciplinary action by the Board against you, as is more fully explained and set forth in the Notice of Intended Action and Accusation served herewith and hereby incorporated reference herein.

II.

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241. To do so, you must complete and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Statement and Notice, and of the Notice of Intended Action and Accusation served within. NRS 639.320; NRS 639.243.

III.

The Board has scheduled your hearing on this matter for Wednesday, March 18, 2020, at 9:00 a.m. or soon thereafter. The hearing will occur at the Hilton Garden Inn, 7830 S. Las Vegas Blvd., Las Vegas, Nevada.

IV.

Pursuant to NRS 241.033 and 241.034, please be advised that the hearing is a public meeting, and the Board may, without further notice, take administrative action against you if the Board determines that such administrative action is warranted after considering your character, alleged misconduct, professional competence, or physical or mental health. The Board at its discretion may go into closed session to consider your character, alleged misconduct, professional competence, or physical or mental health. You may attend any closed session, have an attorney or other representative of your choosing present during any closed session, and present written evidence, provide testimony, and present witnesses relating to your character, alleged misconduct, professional competence, or physical or mental health during any closed session.

V.

Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

DATED this 6th day of February, 2020.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **WALGREENS PHARMACY #7864** **License No. PH01977.** **Respondent.**	**CASE NO. 17-081-PH-S** **ANSWER AND NOTICE OF DEFENSE**

Respondent above named, in answer to the Notice of Intended Action and Accusation filed in the above-entitled matter before the Nevada State Board of Pharmacy, declares:

1. That his objection to the Notice of Intended Action and Accusation as being incomplete or failing to state clearly the charges against him, is hereby interposed on the following grounds: (State specific objections or insert "none").

2. That, in answer to the Notice of Intended Action and Accusation, he admits, denies and alleges as follows:

I hereby declare, under penalty of perjury, that the foregoing Answer and Notice of Defense, and all facts therein stated, are true and correct to the best of my knowledge.

DATED this ___ day of February 2020.

TYPE OR PRINT NAME

AUTHORIZED REPRESENTATIVE FOR WALGREENS PHARMACY #7864

FILED
FEB 06 2020
NEVADA STATE BOARD
OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **SILVIA TORRES, RPH,** **Certificate of Registration No. 18575,** **WALGREENS PHARMACY #7864,** **License No. PH01977.** **Respondents.**	**CASE NOS. 17-081-RPH-S** **17-081-PH-S** **NOTICE OF INTENDED ACTION AND ACCUSATION**

J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, makes the following that will serve as both a notice of intended action under NRS 233B.127(3) and as an accusation under NRS 622A.300(1) and NRS 639.241.

JURISDICTION

I.

The Nevada State Board of Pharmacy (Board) has jurisdiction over this matter because at the time of the events alleged herein, respondent Silvia Torres (Torres), Certificate of Registration No. 18575, was a pharmacist registered with the Board and respondent Walgreens Pharmacy #7864 (Walgreens), License No. PH01977, was a pharmacy licensed by the Board.

FACTUAL ALLEGATIONS

II.

Torres was employed by Walgreens #7864 at the time of the events alleged herein.

III.

On August 14, 2017, D.O. saw his physician and received a prescription for losartan potassium oral tablet ***50 mg***. with directions to take one tablet daily. The prescription allowed for four (4) refills.

IV.

D.O. tendered the prescription to Walgreens where pharmaceutical technician Xochitl Coin (Coin)[i] performed data entry in Walgreens's computer system. The computer system designated the prescription as no. 1593346.

V.

During data entry, Coin mistakenly selected losartan potassium oral tablet ***25 mg.*** with directions to take one tablet daily, half the dosage amount prescribed.

VI.

Torres is on record as the verifying pharmacist for prescription no. 1593346. She failed to detect the medication error when she verified data entry as accurate and performed the final product review.

VII.

The change in strength from 50 mg. to 25 mg. required the pharmacist to counsel the patient.

VIII.

Walgreens's computer patient "Consultation Required" field indicated "Y" for prescription no. 1593346. Torres documented that the patient declined counseling.

IX.

D.O. was not offered counseling.

X.

D.O. discovered the error prior to ingesting the medication.

FIRST CAUSE OF ACTION

(Respondent Torres)

XI.

Unprofessional conduct includes the failure by a licensee to follow strictly the instructions of a practitioner when filling, labeling, and dispensing a prescription. NAC 639.945(1)(d). It also includes a licensee performing his or her duties in an "incompetent,

[i] At the time of the alleged events, Xochitl Coin's last name was Dominquez.

unskillful, or negligent manner." NAC 639.945(1)(i). Additionally, NAC 639.252 states in relevant part:

> If a pharmaceutical technician performs one or more of the functions necessary to prepare a prescription, ***the pharmacist supervising the pharmaceutical technician*** is responsible for the filled prescription, including, but not limited to, verifying:
>
> (a) The selection and strength of the drug;
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NAC 639.252(2) (emphasis added.)

Respondent Torres violated NAC 639.252(2) and engaged in unprofessional conduct in violation of NAC 639.945(1)(d) and (i) when she verified the data and final product on prescription no. 1593346 as accurate when it was not, which resulted in Walgreens dispensing losartan potassium ***25 mg***. tablets rather than losartan potassium ***50 mg***. tablets as prescribed. Torres is therefore subject to discipline pursuant to NRS 639.210(4) and (12).

SECOND CAUSE OF ACTION
(Respondent Torres)

XII.

NRS 639.266(1) requires a pharmacist to "communicate matters which will enhance therapy through drugs with the patient or a person caring for the patient." NAC 639.707(1), (2) and/or (4) further require counseling for all new prescriptions and provide a list of elements to be included as part of proper counseling, including, but not limited to, dose, intended use, expected response and precautions. Additionally, NAC 639.707(6) requires the pharmacist to create a record regarding counseling "at the time that counseling is provided or refused." A pharmacist who performs those duties in an "incompetent, unskillful or negligent manner" engages in unprofessional conduct in violation of NAC 639.945(1)(i).

Respondent Torres violated NRS 639.266(1), NAC 639.707(1),(2) and/or (4) and engaged in unprofessional conduct in violation of NAC 639.945(1)(i) by failing to adequately counsel D.O. regarding prescription no. 1593346. That error, combined with other errors within the pharmacy, caused Walgreens to dispense losartan potassium ***25 mg***. tablets rather than

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THIRD CAUSE OF ACTION
(Respondent Walgreens #7864)

XIII.

NRS 639.230(5) provides: "Any violation of any of the provisions of this chapter [NRS Chapter 639] by a managing pharmacist or by personnel of the pharmacy under the supervision of the managing pharmacist is cause for the suspension or revocation of the license of the pharmacy by the Board."

Additionally, "[t]he owner of a pharmacy, the managing pharmacist of the pharmacy and the registered pharmacist on duty at the pharmacy are responsible for the acts and omissions of pharmaceutical technicians and other personnel who are not pharmacists working in or for the pharmacy, including, but not limited to, any errors committed or unauthorized work performed by such personnel, if the owner, managing pharmacist or registered pharmacist knew or reasonably should have known of the act or omission." NAC 639.702.

Further, the owner of any business or facility licensed, certified or registered by the Board is responsible for the acts of all personnel in his or her employ. NAC 639.945(2).

As the pharmacy/pharmacy owner at which the violations of law alleged herein occurred, Walgreens Pharmacy #7864 is responsible for any violations of law by Torres pursuant to NRS 639.230(5), NAC 639.702 and NAC 639.945(2).

WHEREFORE it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to the certificates of registration of these respondents.

Signed this 6th day of February, 2020.

J. David Wuest, Deputy Executive Secretary
Nevada State Board of Pharmacy

NOTICE TO RESPONDENT

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241. To do so, you must complete and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Notice of Intended Action and Accusation. NRS 639.320; NRS 639.243. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **SILVIA TORRES, RPH** **Certificate of Registration No. 18575,** **Respondent.**	**CASE NOS. 17-081-RPH-S** **STATEMENT TO THE RESPONDENT** **NOTICE OF INTENDED ACTION AND ACCUSATION** **RIGHT TO HEARING**

TO THE RESPONDENT ABOVE-NAMED: PLEASE TAKE NOTICE THAT:

I.

Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy (Board) by NRS 639.241 to NRS 639.2576, inclusive, and NRS chapter 233B and 622A, a Notice of Intended Action and Accusation has been filed with the Board by the Petitioner, J. David Wuest, Executive Secretary for the Board, alleging grounds for imposition of disciplinary action by the Board against you, as is more fully explained and set forth in the Notice of Intended Action and Accusation served herewith and hereby incorporated reference herein.

II.

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241. To do so, you must complete and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Statement and Notice, and of the Notice of Intended Action and Accusation served within. NRS 639.320; NRS 639.243.

III.

The Board has scheduled your hearing on this matter for Wednesday, March 18, 2020, at 9:00 a.m. or soon thereafter. The hearing will occur at the Hilton Garden Inn, 7830 S. Las Vegas Blvd., Las Vegas, Nevada.

IV.

Pursuant to NRS 241.033 and 241.034, please be advised that the hearing is a public meeting, and the Board may, without further notice, take administrative action against you if the Board determines that such administrative action is warranted after considering your character, alleged misconduct, professional competence, or physical or mental health. The Board at its discretion may go into closed session to consider your character, alleged misconduct, professional competence, or physical or mental health. You may attend any closed session, have an attorney or other representative of your choosing present during any closed session, and present written evidence, provide testimony, and present witnesses relating to your character, alleged misconduct, professional competence, or physical or mental health during any closed session.

V.

Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

DATED this 6th day of February, 2020.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **SILVIA TORRES, RPH** **Certificate of Registration No. 18575,** **Respondent.**	**CASE NO. 17-081-RPH-S** **ANSWER AND NOTICE OF DEFENSE**

Respondent above named, in answer to the Notice of Intended Action and Accusation filed in the above-entitled matter before the Nevada State Board of Pharmacy, declares:

1. That his objection to the Notice of Intended Action and Accusation as being incomplete or failing to state clearly the charges against him, is hereby interposed on the following grounds: (State specific objections or insert "none").

2. That, in answer to the Notice of Intended Action and Accusation, he admits, denies and alleges as follows:

I hereby declare, under penalty of perjury, that the foregoing Answer and Notice of Defense, and all facts therein stated, are true and correct to the best of my knowledge.

DATED this ___ day of February, 2020.

SILVIA TORRES, RPH

FILED
OCT 12 2022
NEVADA STATE BOARD
OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **WALGREENS PHARMACY #4854** **Pharmacy License No. PH01293,** **WALGREENS PHARMACY #7864** **Pharmacy License No. PH01977,** **MINHQUANG NGUYEN, RPH** **Certificate of Registration No. 15913,** **MARIA CRUZ, RPH** **Certificate of Registration No. 18166, and** **TINA RIZZOLO, RPH** **Certificate of Registration No. 17665,** **Respondents.**	**Case Nos.** **18-055-PH-A-S** **18-055-PH-B-S** **18-055-RPH-A-S** **18-055-RPH-B-S** **18-055-RPH-C-S** **STIPULATION AND ORDER**

Courtney K. Lee, General Counsel for Petitioner, the Nevada State Board of Pharmacy ("Board"), and Respondent Walgreens Pharmacy #4854 ("Walgreens #4854"), Pharmacy License No. PH01293, Respondent Walgreens Pharmacy #7864 ("Walgreens #7864"), Pharmacy License No. PH01977, Respondent Minhquang D. Nguyen, RPh ("Nguyen"), Certificate of Registration No. 15913, Respondent Maria Cruz, RPh ("Cruz"), Certificate of Registration No. 18166, and Respondent Tina Rizzolo, RPh ("Rizzolo"), Certificate of Registration No. 17665, jointly by and through counsel, William Stilling, Esq. of Stilling & Harrison, **HEREBY STIPULATE AND AGREE THAT**:

1. The Board has jurisdiction over Respondents and these matters.

2. On or about September 1, 2022, Board's staff served Respondents Walgreens #4854, Walgreens #7864, Nguyen, Cruz, and Rizzolo with the Notice of Intended Action and

Accusation ("Accusation") on file in this matter together with the Statement to Respondents and Notice of Hearing.

3. In lieu of filing an Answer through commonly retained counsel, William Stilling, Esq., this Stipulation and Order is being submitted for the Board's consideration.

4. Respondents are aware of the right to seek the advice of counsel in this matter and obtained the advice of counsel prior to entering this Stipulation.

5. Respondents are aware of the right to a hearing on the matters alleged in the Accusation, their right to reconsideration, their right to appeal, and any and all other rights which may be accorded pursuant to NRS Chapter 233B, Nevada Administrative Procedure Act, NRS Chapter 622A, Administrative Procedure Before Certain Regulatory Bodies, and NRS Chapter 639, Nevada Pharmacy Act.

6. Conditioned on the acceptance of this Stipulation by the Board, and with the exception of the right to challenge any determination that Respondents, or any of them, have failed to comply with the provisions of this Stipulation, Respondents hereby freely and voluntarily waive their rights to a hearing, reconsideration, appeal and any and all other rights related to this action that may be accorded to them by NRS Chapter 233B, Nevada Administrative Procedure Act, NRS Chapter 622A, Administrative Procedure Before Certain Regulatory Bodies, and NRS Chapter 639, Nevada Pharmacy Act.

7. Respondents admit that evidence exists, and that Board's staff prosecuting this case could present such evidence at an administrative hearing, to establish a factual basis for certain of the violations alleged in the Accusation, that:

A. Respondent Nguyen performed his duties in an incompetent, unskillful or negligent manner when he failed to accurately verify medication at data entry review, overrode the DUR for duplicate therapy for prescription no. 1929979, duplicated prescription no. 1929979 to another prescription no. 1930079, and failed to strictly follow

the instructions of a practitioner by dispensing a duplicate and mislabeled prescription and engaged in unprofessional conduct as defined in NAC 639.945(1)(d) and (i).

B. Respondent Rizzolo performed her duties in an incompetent, unskillful or negligent manner when she conducted the initial data entry for prescription no. 1929979, failed to strictly follow the instructions of a practitioner by failing to enter the correct patient's name and prescriber information, and engaged in unprofessional conduct as defined in NAC 639.945(1)(d) and (i).

C. Respondent Walgreens #4854 is responsible for the violations as the pharmacy where the violations alleged herein occurred pursuant to NRS 639.230(5) and NAC 639.945(2).

D. Respondent Walgreens #7864 is responsible for the violations as the pharmacy where the violations alleged herein occurred pursuant to NAC 639.945(2).

8. These violations are plead with particularity in the Accusation, and are grounds for disciplinary action pursuant to NRS 639.210 and/or NRS 639.255.

9. In order to resolve this matter without incurring any further costs or the expense associated with a hearing, the Board and Respondent Nguyen, Certificate of Registration No. 15913, stipulate to the following penalties and/or conditions:

A. Respondent Nguyen shall pay a fine of One-Thousand Dollars ($1,000.00) for the violations;

B. Respondent Nguyen shall pay Five-Hundred Dollars ($500.00) to partially reimburse the Board for recoverable attorney's fees and investigative costs; and

C. Respondent Nguyen shall complete an additional two (2) hours of continuing education regarding proper dispensing practices and/or medication review which shall be forwarded to Board's staff within ninety (90) days of this Order.

10. The disciplinary action against Respondent Cruz, Certificate of Registration No. 18166, case no. 18-055-RPH-B-S, shall be dismissed.

11. In order to resolve this matter without incurring any further costs or the expense associated with a hearing, the Board and Respondent Rizzolo, Certificate of Registration No. 17665, stipulate to the following penalties and/or conditions:

A. Respondent Rizzolo shall pay a fine of One-Thousand Dollars ($1,000.00) for the violations; and

B. Respondent Rizzolo shall pay Five-Hundred Dollars ($500.00) to partially reimburse the Board for recoverable attorney's fees and investigative costs.

12. In order to resolve this matter without incurring any further costs or the expense associated with a hearing, the Board and Respondent Walgreens #4854, Pharmacy License No. PH01293 stipulate to the following penalties and/or conditions:

A. Respondent Walgreens #4854 shall pay a fine of Two-Thousand Dollars ($2,000.00) for the violations; and

B. Respondent Walgreens #4854 shall pay One-Thousand Dollars ($1,000.00) to partially reimburse the Board for recoverable attorney's fees and investigative costs.

13. In order to resolve this matter without incurring any further costs or the expense associated with a hearing, the Board and Respondent Walgreens #7864, Pharmacy License No. PH01977 stipulate to the following penalties and/or conditions:

C. Respondent Walgreens #7864 shall pay a fine of Two-Thousand Dollars ($2,000.00) for the violations; and

D. Respondent Walgreens #7864 shall pay One-Thousand Dollars ($1,000.00) to partially reimburse the Board for recoverable attorney's fees and investigative costs.

14. Any failure by any Respondent to comply with the terms of this Order may result in issuance by the Executive Secretary of an order to show cause pursuant to NAC 639.965 directing the non-compliant Respondent(s) to appear before the Board at the next regularly-scheduled meeting for a show cause hearing. If such a hearing results in a finding of a violation of this Order by any Respondent, the Board may impose additional discipline upon the non-compliant Respondent(s) consistent with the provisions of NRS Chapter 639.

15. General Counsel will present this Stipulation to the Board for approval pursuant to NRS 622.330 at the Board's regularly scheduled public meeting on October 12, 2022. Respondents will appear in person at the meeting to answer questions from the Board Members and/or Board Staff. The Board Members and Staff may discuss and deliberate regarding this Stipulation, even if Respondents or counsel are not present at the meeting.

16. The Board has discretion to accept this Stipulation, but it is not obligated to do so. If this Stipulation is approved by the Board, it shall be a public record pursuant to NRS 622.330 and shall be reported to the National Practitioner Data Bank pursuant to 42 USC § 1396r–2 and 45 CFR Part 60.

17. If the Board rejects any part or all of this Stipulation, and unless they reach an alternative agreement on the record during the hearing, the parties agree that a full hearing on the merits of this matter may be heard by the Board on the same day or at a later date. The terms and admissions herein may not be used or referred to in a full hearing on the merits of this matter.

18. Upon approval of this Stipulation by the Board, Respondents shall pay the fines agreed to herein by *personal check, business check, cashier's check* or *certified check* or *money order* made payable to **"State of Nevada, Office of the Treasurer,"** to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within thirty (30) days of entry of this Order.

19. Upon approval of this Stipulation by the Board, Respondents shall pay the attorney's fees and investigative costs agreed to herein by *personal check, business check, cashier's check* or *certified check* or *money order* made payable to "**Nevada State Board of Pharmacy,**" to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within thirty (30) days of entry of this Order.

20. Subject to the approval of this Stipulation by the Board, the Board and Respondents agree to release one another from any and all additional claims arising from the facts set forth in the Accusation on file herein, whether known or unknown that might otherwise have existed on or before the effective date of this Order.

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Respondents have fully considered the charges and allegations contained in the *Notice of Intended Action and Accusation* in this matter, and the terms of this Stipulation, and have freely and voluntarily agreed to the terms set forth herein, and waived certain rights, as stated herein.

AGREED:

Signed this 7th day of October, 2022

WALGREENS PHARMACY #4854,
Pharmacy License No. PH01293

Signed this ___ day of October, 2022

MINHQUANG D. NGUYEN, RPH,
Certificate of Registration No. 15913

APPROVED AS TO FORM AND CONTENT
this ___ day of October, 2022

WILLIAM STILLING, ESQ.
Counsel for Respondents

WALGREENS PHARMACY #7864,
Pharmacy License No. PH01977

Signed this ___ day of October, 2022

TINA RIZZOLO, RPH,
Certificate of Registration No. 17665

Signed this ___ day of October, 2022

COURTNEY K. LEE, ESQ.
General Counsel
Nevada State Board of Pharmacy

Respondents have fully considered the charges and allegations contained in the *Notice of Intended Action and Accusation* in this matter, and the terms of this Stipulation, and have freely and voluntarily agreed to the terms set forth herein, and waived certain rights, as stated herein.

AGREED:

Signed this ___ day of October, 2022

WALGREENS PHARMACY #4854,
Pharmacy License No. PH01293

Signed this 6 day of October, 2022

MINHQUANG D. NGUYEN, RPH,
Certificate of Registration No. 15913

APPROVED AS TO FORM AND CONTENT
this ___ day of October, 2022

WILLIAM STILLING, ESQ.
Counsel for Respondents

WALGREENS PHARMACY #7864,
Pharmacy License No. PH01977

Signed this ___ day of October, 2022

TINA RIZZOLO, RPH,
Certificate of Registration No. 17665

Signed this ___ day of October, 2022

COURTNEY K. LEE, ESQ.
General Counsel
Nevada State Board of Pharmacy

Respondents have fully considered the charges and allegations contained in the *Notice of Intended Action and Accusation* in this matter, and the terms of this Stipulation, and have freely and voluntarily agreed to the terms set forth herein, and waived certain rights, as stated herein.

AGREED:

Signed this ___ day of October, 2022

WALGREENS PHARMACY #4854,
Pharmacy License No. PH01293

Signed this ___ day of October, 2022

MINHQUANG D. NGUYEN, RPH,
Certificate of Registration No. 15913

APPROVED AS TO FORM AND CONTENT
this ___ day of October, 2022

WILLIAM STILLING, ESQ.
Counsel for Respondents

WALGREENS PHARMACY #7864,
Pharmacy License No. PH01977

Signed this ___ day of October, 2022

Tina Rizzolo

TINA RIZZOLO, RPH,
Certificate of Registration No. 17665

Signed this ___ day of October, 2022

COURTNEY K. LEE, ESQ.
General Counsel
Nevada State Board of Pharmacy

Respondents have fully considered the charges and allegations contained in the *Notice of Intended Action and Accusation* in this matter, and the terms of this Stipulation, and have freely and voluntarily agreed to the terms set forth herein, and waived certain rights, as stated herein.

AGREED:

Signed this ___ day of October, 2022

WALGREENS PHARMACY #4854,
Pharmacy License No. PH01293

Signed this ___ day of October, 2022

MINHQUANG D. NGUYEN, RPH,
Certificate of Registration No. 15913

APPROVED AS TO FORM AND CONTENT
this 6th day of October, 2022

WILLIAM STILLING, ESQ.
Counsel for Respondents

WALGREENS PHARMACY #7864,
Pharmacy License No. PH01977

Signed this ___ day of October, 2022

TINA RIZZOLO, RPH,
Certificate of Registration No. 17665

Signed this 10th day of October, 2022

COURTNEY K. LEE, ESQ.
General Counsel
Nevada State Board of Pharmacy

ORDER

The Nevada State Board of Pharmacy hereby adopts the foregoing Stipulation as to Respondent Walgreens Pharmacy #4854, Pharmacy License No. PH01293, Respondent Walgreens Pharmacy #7864, Pharmacy License No. PH01977, Respondent Minhquang D. Nguyen, RPH, Certificate of Registration No. 15913, and Respondent Tina Rizzolo, RPH, Certificate of Registration No. 17665, in Case Nos. 18-055-PH-A-S, 18-055-PH-B-S, 18-055-RPH-A-S, 18-055-RPH-B-S, and 18-055-RPH-C-S, and hereby orders that the terms of the foregoing Stipulation be made immediately effective upon execution below.

IT IS SO ORDERED.

Entered this 12th day of October, 2022.

Helen Park, President
Nevada State Board of Pharmacy

FILED
SEP 01 2022
NEVADA STATE BOARD
OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **WALGREENS PHARMACY #4854** **Pharmacy License No. PH01293,** **WALGREENS PHARMACY #7864** **Pharmacy License No. PH01977,** **MINQUANG NGUYEN, RPH** **Certificate of Registration No. 15913,** **MARIA CRUZ, RPH** **Certificate of Registration No. 18166, and** **TINA RIZZOLO, RPH** **Certificate of Registration No. 17665,** **Respondents.**	**CASE NOS. 18-055-PH-A-S** **18-055-PH-B-S** **18-055-RPH-A-S** **18-055-RPH-B-S** **18-055-RPH-C-S** **NOTICE OF INTENDED ACTION AND ACCUSATION**

J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, makes the following that will serve as both a notice of intended action under NRS 233B.127(3) and as an accusation under NRS 622A.300(1) and/or NRS 639.241.

JURISDICTION

The Nevada State Board of Pharmacy ("Board") has jurisdiction over this matter because, at the time of the events alleged herein, Respondent Walgreens Pharmacy #4854 ("Walgreens #4854"), Pharmacy License No. PH01293, Respondent Walgreens Pharmacy #7864 ("Walgreens #7864"), Pharmacy License No. PH01977, Respondent Minquang Nguyen, RPH ("Nguyen"), Certificate of Registration No. 15913, Maria Cruz, RPH ("Cruz"), Certificate of Registration No. 18166, and Respondent Tina Rizzolo, RPH ("Rizzolo"), Certificate of Registration No. 17665, were licensed/registered with the Board.

FACTUAL ALLEGATIONS

1. Respondent Walgreens #4854 is located at 4771 W. Craig Road, North Las Vegas, Nevada.

2. Respondent Walgreens #7864 is located at 7755 N. Durango Drive, Las Vegas, Nevada.

3. Respondent Nguyen was the managing pharmacist at Walgreens #4854 at the time of the events alleged herein.

4. Respondent Cruz was employed by Walgreens #4854 as a staff pharmacist at the time of the events alleged herein.

5. Respondent Rizzolo was employed by Walgreens #7864 as a staff pharmacist at the time of the events alleged herein.

6. Respondent Nguyen had past discipline in case no. 13-006-RPH-S where he stipulated to receive a public letter of reprimand for his failure to verify the status of a pharmaceutical technician in training. The pharmaceutical technician in training application was not on file with the Board and Respondent Nguyen allowed pharmaceutical technician in training to work ninety-three (93) days without a license.

7. Respondent Rizzolo had past discipline in case no. 15-028-RPH-A-S where she documented patient counseling but failed to detect a medication error during counseling.

8. On or about June 14, 2018, patient T.C. dropped off three (3) prescriptions to Walgreens #4854, one (1) prescription for himself and two (2) prescriptions for his mother, patient G.S.

9. T.C.'s prescription was for hydrocodone-acetaminophen 7.5/325, quantity 150, from Dr. A.A, and designated prescription no. 1929977. This prescription no. 1929977 was filled and dispensed for patient T.C. with no errors. Patient G.S.'s first prescription was for triamcinolone 0.1% cream from Dr. K.K., and designated prescription no. 1929983. This prescription no.

1929983 was filled and dispensed for patient G.S. with no errors. The second prescription for G.S. was for **tramadol HCl 50 mg**, quantity 90, from Dr. A.A., designated prescription no. **1929979.** This prescription no. 1929979 was filled and dispensed for wrong patient T.C. and with the wrong prescriber information, Dr. K.K. instead of Dr. A.A. The tramadol prescription was later duplicated and rescanned by Respondent Nguyen for reasons unknown, and designated prescription no. 1930079. Prescription no. 1930079 was filled and dispensed for patient G.S. correctly.

10. The misfilled tramadol prescription was scanned by pharmaceutical technician A.M. at 9:31 a.m. on June 14, 2018, and designated prescription no. 1929979 by Walgreen's system.

11. The initial data entry for the prescription no. 1929979 was performed by Respondent Rizzolo at Walgreens Pharmacy #7864 (a different location) at 2:14 p.m. on June 14, 2018.

12. The patient's name for prescription no. 1929979 was incorrectly entered or changed to reflect T.C. instead of the correct patient, T.C.'s mother – patient G.S. In addition, the incorrect prescriber information was entered as Dr. K.K. when the correct prescriber was Dr. A.A.

13. Respondent Nguyen performed a data entry review of prescription no. 1929979 at 2:16 p.m. and performed a DUR override for duplicate therapy because patient T.C. was already prescribed a pain medication hydrocodone-acetaminophen, and the tramadol is also used to treat pain.

14. Respondent Nguyen filled prescription no. 1929979 at 2:20 p.m.

15. Respondent Cruz performed the final product verification for prescription no. 1929979 at 2:25 p.m., which was misfilled.

16. Patient T.C. received four (4) total prescription medications instead of three (3), which included the misfilled and duplicate prescription of **tramadol**, prescription no. **1929979** for himself (which was prescribed for his mother, patient G.S., and filled by prescription no. 1930079).

Patient T.C. did not ingest any of the tramadol and the entire contents of the prescription were returned to Walgreens.

APPLICABLE LAW

17. A licensee/registrant commits unprofessional conduct when he or she fails to follow strictly the instructions of a practitioner when filling, labeling, and dispensing a prescription. NAC 639.945(1)(d).

18. Unprofessional conduct also includes a licensee performing his or her duties in an "incompetent, unskillful, or negligent manner." NAC 639.945(1)(i).

19. NAC 639.252(2) states in relevant part: "If a pharmaceutical technician performs one or more of the functions necessary to prepare a prescription, the pharmacist supervising the pharmaceutical technician is responsible for the filled prescription."

20. "Any violation of any of the provisions of this chapter [NRS Chapter 639] by a managing pharmacist or by personnel of the pharmacy under the supervision of the managing pharmacist is cause for the suspension or revocation of the license of the pharmacy by the Board." NRS 639.230(5).

21. "The owner of a pharmacy, the managing pharmacist of the pharmacy and the registered pharmacist on duty at the pharmacy are responsible for the acts and omissions of pharmaceutical technicians and other personnel who are not pharmacists working in or for the pharmacy, including, but not limited to, any errors committed or unauthorized work performed by such personnel, if the owner, managing pharmacist or registered pharmacist knew or reasonably should have known of the act or omission." NRS 639.220; NAC 639.702.

22. A pharmacy owner is responsible for violations committed by the pharmacy's employees. NAC 639.945(2).

23. Respondents are subject to discipline for violations pursuant to NRS 639.210 and/or NRS 639.255.

FIRST COUNT

Unprofessional Conduct – Failure to Strictly Follow Instructions of Prescriber(s)
(Respondents Nguyen, Cruz, Rizzolo)

24. Respondent Nguyen performed his duties in an incompetent, unskillful or negligent manner when he failed to accurately verify medication at data entry review, overrode the DUR for duplicate therapy for prescription no. 1929979, duplicated prescription no. 1929979 to another prescription no. 1930079, and failed to strictly follow the instructions of a practitioner by dispensing a duplicate and mislabeled prescription and engaged in unprofessional conduct as defined in NAC 639.945(1)(d) and (i), and is subject to discipline pursuant to NRS 639.210(4) and/or NRS 639.255.

25. Respondent Cruz performed her duties in an incompetent, unskillful or negligent manner when she performed the final product verification for prescription no. 1929979, failed to accurately verify the medication, and failed to strictly follow the instructions of a practitioner by dispensing a duplicate and mislabeled prescription and engaged in unprofessional conduct as defined in NAC 639.945(1)(d) and (i), and is subject to discipline pursuant to NRS 639.210(4) and/or NRS 639.255.

26. Respondent Rizzolo performed her duties in an incompetent, unskillful or negligent manner when she conducted the initial data entry for prescription no. 1929979, failed to strictly follow the instructions of a practitioner by failing to enter the correct patient's name and prescriber information, and engaged in unprofessional conduct as defined in NAC 639.945(1)(d) and (i), and is subject to discipline pursuant to NRS 639.210(4) and/or NRS 639.255.

SECOND COUNT

Pharmacy/Pharmacy Owner Responsibility
(Respondents Walgreens #4854 and Walgreens #7864)

27. As the pharmacy where Respondents Nguyen, Cruz, and PT A.M. violated the laws as alleged herein, Walgreens #4854 is responsible for those violations pursuant to NAC 639.702, and NAC 639.945(2). Respondent Walgreens is therefore subject to discipline pursuant to NRS 639.210 and/or NRS 639.255.

28. As the pharmacy where Respondent Rizzolo violated the laws as alleged herein, Walgreens #4854 is responsible for those violations pursuant to NAC 639.945(2). Respondent Walgreens #7864 is therefore subject to discipline pursuant to NRS 639.210 and/or NRS 639.255.

WHEREFORE, it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to the pharmacy licenses or certificates of registrations of these Respondents.

Signed this 14 day of September, 2022.

Yenh Long, Pharm.D., Deputy Executive Secretary of the Nevada State Board of Pharmacy, for and on behalf of J. David Wuest, R.Ph., Executive Secretary of the Nevada State Board of Pharmacy

NOTICE TO RESPONDENTS

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241. To do so, you must complete, and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Notice of Intended Action and Accusation. NRS 622A.320; NRS 639.243. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, Petitioner, v. WALGREENS PHARMACY #7864 Pharmacy License No. PH01977, Respondent.	CASE NO. 18-055-PH-B-S STATEMENT TO THE RESPONDENT AND NOTICE OF HEARING

TO THE RESPONDENT ABOVE-NAMED: PLEASE TAKE NOTICE THAT:

1. Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy (Board) by NRS 639.241 to NRS 639.2576, inclusive, and NRS chapter 233B and 622A, a Notice of Intended Action and Accusation has been filed with the Board by the Petitioner, J. David Wuest, Executive Secretary for the Board, alleging grounds for imposition of disciplinary action by the Board against you, as is more fully explained and set forth in the Notice of Intended Action and Accusation served herewith and hereby incorporated reference herein.

2. You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241. To do so, you must complete and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Statement and Notice, and of the Notice of Intended Action and Accusation served within. NRS 622A.320; NRS 639.243.

3. **The Board has scheduled your hearing on this matter for Wednesday, October 12, 2022, at 9:00 AM PST or soon thereafter at the following location:**

Hilton Garden Inn Las Vegas Strip South
7830 S. Las Vegas Blvd
Las Vegas, NV 89123

4. Pursuant to NRS 241.033 and 241.034, please be advised that the hearing is a public meeting, and the Board may, without further notice, take administrative action against you if the Board determines that such administrative action is warranted after considering your character, alleged misconduct, professional competence, or physical or mental health. The Board at its discretion may go into closed session to consider your character, alleged misconduct, professional competence, or physical or mental health. You may attend any closed session, have an attorney or other representative of your choosing present during any closed session, and present written evidence, provide testimony, and present witnesses relating to your character, alleged misconduct, professional competence, or physical or mental health during any closed session.

5. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

DATED this 14 day of September, 2022.

Yenh Long, Pharm.D., Deputy Executive Secretary of the Nevada State Board of Pharmacy, for and on behalf of J. David Wuest, R.Ph., Executive Secretary of the Nevada State Board of Pharmacy

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **WALGREENS PHARMACY #7864** **Pharmacy License No. PH01977,** **Respondent.**	**CASE NO. 18-055-PH-B-S** **ANSWER AND NOTICE OF DEFENSE**

Respondent above named, in answer to the Notice of Intended Action and Accusation filed in the above-entitled matter before the Nevada State Board of Pharmacy, declares:

1. That his/her objection to the Notice of Intended Action and Accusation as being incomplete or failing to state clearly the charges against him/her, is hereby interposed on the following grounds: (State specific objections or insert "none").

2. That, in answer to the Notice of Intended Action and Accusation, he/she admits, denies and alleges as follows:

I hereby declare, under penalty of perjury, that the foregoing Answer and Notice of Defense, and all facts therein stated, are true and correct to the best of my knowledge.

DATED this _____ day of _____, 2022.

_____

TYPE OR PRINT NAME

_____

AUTHORIZED REPRESENTATIVE FOR WALGREENS PHARMACY #7864

FILED
NOV 17 2017
NEVADA STATE BOARD
OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,	)	**CASE NO. 15-043-RPH-S**
	)	**CASE NO. 15-043-PH-S**
Petitioner,	)	
v.	)	**FINDINGS OF FACT,**
	)	**CONCLUSIONS OF LAW**
WILLIE BAWARSKI, RPH	)	**AND ORDER**
Certificate of Registration No. 17952	)	
	)	
WALGREENS PHARMACY #07864	)	
Certificate of Registration No. PH01977	)	
	)	
Respondents.	/	

The Nevada State Board of Pharmacy (Board) heard this matter at its regular meeting on October 18, 2017, in Las Vegas, Nevada. Attorney S. Paul Edwards represented the Board in his capacity as its General Counsel. Attorney William J. Stilling of and for Kimball Legal represented respondents Willie Bawarski, RPH, Certificate of Registration No. 17952 (Bawarski), and Walgreens Pharmacy #07864, Certificate of Registration #PH01977 (Walgreens).

Based on the evidence, including testimony and public records, presented at the hearing, the Board enters the following Findings of Fact, Conclusions of Law and Order.

FINDINGS OF FACT

On October 18, 2017, Respondents, through their counsel, entered into a set of *Stipulated Facts*, a copy of which is attached hereto as **Exhibit 1** and incorporated herein by reference. The facts to which Respondents, and each of them, stipulated are as follows:

1. The Board has jurisdiction over this matter and each of the above-named Respondents because at the time of the alleged events, Bawarski was a pharmacist registered by the Board and Walgreens was a pharmacy licensed by the Board.

2. Bawarski was the managing pharmacist, or pharmacist in charge (PIC), of Walgreens at the time of the events set forth herein.

3. In May 2015, patient J.C. received a prescription from her physician calling for Tegretol (generic is carbamazepine) 100 mg. tablets with instructions to take one tablet every day for seven (7) days, then take one tablet every twelve (12) hours as needed.

4. On May 20, 2015, the prescription was tendered to Walgreens, where pharmaceutical technician N.H. entered the data into Walgreens' computer system. The computer system designated the prescription as no. 1230834.

5. During data entry, N.H. substituted generic carbamazepine 200 mg. tablets for the Tegretol 100 mg. tablets prescribed.

6. The substitution of carbamazepine 200 mg. tablets required N.H. to convert the dosage to equate the strength prescribed for the 100 mg. Tegretol tablets.

7. N.H. entered erroneous instructions for use during the data entry of carbamazepine 200 mg. tablets.

8. The following table lists the drug names with the directions for use prescribed and the incorrect directions for use included on the prescription label dispensed to J.C.

Medication	Directions for Use
Prescribed: Tegretol 100 mg. tablets	take 1 tablet each day for 7 days then take 1 tablet every 12 hours as needed and continue
Dispensed: Carbamazepine 200 mg. tablets	take ½ tablet each day for 7 days then take 1 tablet every 12 hours as needed and continue

9. The label on the dispensed carbamazepine included the correct dosage strength for the initial seven-day course of treatment (i.e., 100 mg). The dosing instructions for the subsequent days was double the strength prescribed (i.e., 400 mg instead of 200 mg).

10. Bawarski was the verifying pharmacist for prescription no. 1230834. He failed to detect the dosing error when he verified data entry and the final product as accurate.

11. In his written statement to the Board, Bawarski noted that he "did not realize the dosage issue" during verification.

12. Pharmacy records show that patient counseling was declined. The counseling pharmacist of record was Ms. Chan.

13. J.C.'s husband picked up the medication from Walgreens.

14. J.C. ingested carbamazepine at two times the prescribed dose for twelve (12) days.

15. J.C. experienced adverse physical effects because of the error.

16. Pharmacist R.K. detected the error during the data review process when refilling J.C.'s prescription on June 7, 2015.

17. R.K. closed prescription no. 1230834 in the pharmacy computer system.

18. R.K. created a new prescription for carbamazepine 200 mg. tablets with the correct directions for use. The computer designated the prescription as no. 1237552.

CONCLUSIONS OF LAW

19. The Board has jurisdiction over this matter and over Respondents Bawarski and Walgreens, as stated in paragraph 1 above.

20. Bawarski violated NRS 639.210(4) when he engaged in unprofessional conduct, as that term is defined in NAC 639.945(1)(d) and/or (i). Bawarski acted unprofessionally by verifying as accurate erroneous data entered in Walgreens computer system and approving the prescription label as accurate when it was not, resulting in a dosing error for the patient.

21. As the pharmacy in which Bawarski's violations occurred, Walgreens is responsible for those actions pursuant to NAC 639.945(2).

22. During the hearing, Board Staff withdrew the Second and Third Causes of Action.

ORDER

Based upon the foregoing, the BOARD HEREBY ORDERS:

23. Respondent Bawarski shall pay a fine of one thousand dollars ($1,000.00). He shall pay the fine by cashier's or certified check or money order made payable to "*State of Nevada, Office of the Treasurer,*" to be received by the Board's Reno office within 60 days of the effective date of this Order.

24. Additionally, Bawarski shall, in addition to the continuing education requirements he must ordinarily complete to maintain his pharmacist registration, and within six (6) months of the execution date of this Order, take four (4) one-hour continuing education courses on topics relating to error prevention and/or managing pharmacist responsibilities.

25. Respondent Walgreens shall pay an administrative fee of one thousand five hundred dollars ($1,500.00) to partially reimburse the Board for its costs and expenses associated with investigating and prosecuting this action.

26. It shall pay that administrative fee by cashier's or certified check or money order made payable to the "*Nevada State Board of Pharmacy,*" to be received by the Board's Reno office within 60 days of the effective date of this Order.

27. Any failure by Bawarski to comply with any term in this Order may result in additional discipline, including the possible suspension or revocation of his license until he has complied with all of the terms. Furthermore, any failure to pay any fine, fee, or cost ordered herein will also result in such legal action as Board Staff determines to be necessary to collect the unpaid fine, fee, or cost.

IT IS SO ORDERED.

Signed and effective this 17 day of November, 2017.

Leo Basch, President
Nevada State Board of Pharmacy

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **WILLIE EDWARD BAWARSKI, RPH** **Certificate of Registration No. 17952,** **JENNIFER T. CHAN, RPH** **Certificate of Registration No. 14660, and** **WALGREENS PHARMACY #07864** **Certificate of Registration No. PH01977,** **Respondents.**	**CASE NO. 15-043-RPH-A-S** **15-043-RPH-B-S** **15-043-PH-S** **STIPULATED FACTS** **(All Bawarski and Walgreens Only)**

S. Paul Edwards, Esq., General Counsel for Petitioner the Nevada State Board of Pharmacy (Board) and Respondents Willie Edward Bawarski, Certificate of Registration No. 17952, and Walgreens Pharmacy #07864, Certificate of Registration No. PH01977 (Walgreens) (collectively referred to herein as "Respondents") by and through their counsel William J. Stilling of and for Kimball Legal,

HEREBY STIPULATE AND AGREE THAT:

1. The Board has jurisdiction over this matter and each of the above-named Respondents because at the time of the alleged events, Respondent Mr. Bawarski was a pharmacist registered by the Board and Respondent Walgreens Pharmacy #07864, Certificate of Registration No. PH01977 (Walgreens), was a pharmacy licensed by the Board.

2. Mr. Bawarski was the managing pharmacist, or pharmacist in charge (PIC), of Walgreens at the time of the events set forth herein.

3. In May 2015, patient J.C. received a prescription from her physician calling for Tegretol (generic is carbamazepine) 100 mg. tablets with instructions to take one tablet every day for seven (7) days, then take one tablet every twelve (12) hours as needed.

4. On May 20, 2015, the prescription was tendered to Walgreens, where pharmaceutical technician N.H. entered the data into Walgreens' computer system. The computer system designated the prescription as no. 1230834.

5. During data entry, N.H. substituted generic carbamazepine 200 mg. tablets for the Tegretol 100 mg. tablets prescribed.

6. The substitution of carbamazepine 200 mg. tablets required N.H. to convert the dosage to equate the strength prescribed for the 100 mg. Tegretol tablets.

7. N.H. entered erroneous instructions for use during the data entry of carbamazepine 200 mg. tablets.

8. The following table lists the drug names with the directions for use prescribed and the incorrect directions for use included on the prescription label dispensed to J.C.

Medication	Directions for Use
Prescribed: Tegretol 100 mg. tablets	take 1 tablet each day for 7 days then take 1 tablet every 12 hours as needed and continue
Dispensed: Carbamazepine 200 mg. tablets	take ½ tablet each day for 7 days then take 1 tablet every 12 hours as needed and continue

9. The label on the dispensed carbamazepine included the correct dosage strength for the initial seven-day course of treatment (i.e., 100 mg). The dosing instructions for the subsequent days was double the strength prescribed (i.e., 400 mg instead of 200 mg).

10. Mr. Bawarski was the verifying pharmacist for prescription no. 1230834. He failed to detect the dosing error when he verified data entry and the final product as accurate.

11. In his written statement to the Board, Mr. Bawarski noted that he "did not realize the dosage issue" during verification.

12. Pharmacy records show that patient counseling was declined. The counseling pharmacist of record was Ms. Chan.

13. J.C.'s husband picked up the medication from Walgreens.

14. J.C. ingested carbamazepine at two times the prescribed dose for twelve (12) days.

15. J.C. experienced adverse physical effects because of the error.

16. Pharmacist R.K. detected the error during the data review process when refilling J.C.'s prescription on June 7, 2015.

17. R.K. closed prescription no. 1230834 in the pharmacy computer system.

18. R.K. created a new prescription for carbamazepine 200 mg. tablets with the correct directions for use. The computer designated the prescription as no. 1237552.

Respondents, and each of them, have fully considered the factual allegations contained in the Notice of Intended Action and Accusation in this matter, and the terms of this Stipulation, and have freely and voluntarily agreed to the factual statements set forth herein. These Stipulated Facts supersede and replace the factual allegations in the Notice of Intended Action and Accusation.

Acknowledged and Agreed

Nevada State Board of Pharmacy
By:

S. Paul Edwards
Attorney for Nevada Board of Pharmacy

Dated: 10/13/17

Respondents
By:

William J. Stilling
Of and for Kimball Legal
Attorneys for
Willie Edward Bawarski, RPh
Walgreens Pharmacy #07864

Dated: 10/18/17

FILED
SEP 13 2017
NEVADA STATE BOARD OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, Petitioner, v. WILLIE EDWARD BAWARSKI, RPH Certificate of Registration No. 17952, JENNIFER T. CHAN, RPH Certificate of Registration No. 14660, and WALGREENS PHARMACY #07864 Certificate of Registration No. PH01977, Respondents.	)	CASE NO. 15-043-RPH-A-S 15-043-RPH-B-S 15-043-PH-S NOTICE OF INTENDED ACTION AND ACCUSATION

Larry L. Pinson, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, makes the following that will serve as both a notice of intended action under Nevada Revised Statutes (NRS) 233B.127(3), and as an accusation under NRS 639.241.

JURISDICTION

I.

The Nevada State Board of Pharmacy (Board) has jurisdiction over this matter and these respondents because at the time of the alleged events, Respondent Willie Edward Bawarski, Certificate of Registration No. 17952 (Mr. Bawarski), and Respondent Jennifer T. Chan, Certificate of Registration No. 14660 (Ms. Chan) were pharmacists registered by the Board; and Respondent Walgreens Pharmacy #07864, Certificate of Registration No. PH01977 (Walgreens) was a pharmacy registered by the Board.

FACTUAL ALLEGATIONS

II.

On or about May 20, 2015, Patient J.C. saw her physician and received a prescription for Tegretol 100 mg. tablets with instructions to take one tablet every day for seven (7) days, then

take one tablet every twelve (12) hours as needed.

III.

J.C. tendered the prescription to Walgreens on May 20, 2015, where pharmaceutical technician N.H. entered the data into Walgreens' computer system. The computer system designated the prescription as no. 1230834.

IV.

Walgreens did not have the name brand product Tegretol (generic name carbamazepine) in stock.

V.

During data entry, N.H. substituted generic ***carbamazepine 200 mg.*** tablets for the ***Tegretol 100 mg.*** tablets prescribed.

VI.

The substitution of carbamazepine 200 mg. tablets required N.H. to convert the dosage to equate the strength prescribed for the 100 mg. Tegretol tablets.

VII.

N.H. entered erroneous instructions for use during the data entry of carbamazepine 200 mg. tablets.

VIII.

The following table lists the drug names with the directions for use prescribed and the incorrect directions for use included on the prescription label dispensed to J.C.:

Medication	Directions for Use
Prescribed: Tegretol 100 mg. tablets	take 1 tablet each day for 7 days (100 mg/day) then take 1 tablet every 12 hours (***200 mg/day***)
Dispensed: Carbamazepine 200 mg. tablets	take ½ tablet each day for 7 days (100 mg/day) then take 1 tablet every 12 hours as needed (***400 mg/day***)

IX.

The label on the dispensed carbamazepine included the correct dosage strength for the initial seven-day course of treatment. The dosing instructions for the subsequent days was double the strength prescribed.

X.

Mr. Bawarski was the verifying pharmacist for prescription no. 1230834. Mr. Bawarski failed to detect the dosing error when he verified data entry and the final product as accurate.

XI.

Mr. Bawarski admits that he "did not realize the dosage issue" during verification and does not look at the prescription image unless he has a question or concern regarding the medication.

XII.

Pharmacy records show that patient counseling was declined. The counseling pharmacist of record was Ms. Chan.

XIII.

J.C.'s husband picked up the medication from Walgreens and maintains that counseling was not provided or offered.

XIV.

J.C. ingested carbamazepine at two times the prescribed dose for twelve (12) days, which caused her to experience adverse effects including migraines, nausea, lightheadedness, and extreme fatigue for approximately one month.

XV.

Pharmacist R.K. detected the error during the data review process when refilling J.C.'s prescription on June 7, 2015. R.K. closed prescription no. 1230834 in the pharmacy computer system. R.K. created a new prescription for carbamazepine 200 mg. tablets with the correct directions for use. The computer designated the prescription as no. 1237552.

FIRST CAUSE OF ACTION

(Respondent Bawarski)

XVI.

Nevada Administrative Code (NAC) 639.945(1)(d) defines unprofessional conduct to include the failure by a licensee to follow strictly the instructions of a prescriber when filling, labeling and dispensing a prescription. Unprofessional conduct also includes performing duties in an "incompetent, unskillful or negligent manner". *See* NAC 639.945(1)(i).

Mr. Bawarski violated NAC 639.945(1)(d) and/or (i) by verifying the data entry and final product of prescription no. 1237552, in which a technician's erroneous data entry of the directions for use resulted in the patient ingesting two times the prescribed dose. Mr. Bawarski verified as accurate carbamazepine 200 mg. tablets with instructions to take ½ tablet each day for 7 days (100 mg/day) then take 1 tablet every 12 hours (***400 mg/day***); rather than the prescribed carbamazepine 100 mg. tablets with instructions to take tablet 1 each day for 7 days (100 mg/day) then take 1 tablet every 12 hours (***200 mg/day***).

SECOND CAUSE OF ACTION

(Respondent Chan)

XVII.

NRS 639.266 requires a pharmacist, on receipt of a prescription and after review of the patient's record, to communicate with the patient, or a person caring for the patient, matters that will enhance the patient's therapy through drugs. NAC 639.707(1) and (2) require that discussion to include, among other things, the name of the drug, dosage and administration instructions, the intended use of the drug, common side effects, and other information that is necessary for the safe and effective use of the drug. Further, NAC 639.945(1)(i) defines unprofessional conduct as performing duties in an "incompetent, unskillful or negligent manner".

Ms. Chan violated NRS 639.266, NAC 639.707(1) and (2), and NAC 639.945(1)(i), when

she failed to adequately counsel J.C's husband regarding the new prescription for carbamazepine 200 mg tablets (prescription no. 1230834) . That error, combined with other errors within the pharmacy, caused the pharmacy to dispense the medication with the incorrect directions for use.

THIRD CAUSE OF ACTION

(Respondent Bawarski)

XVIII.

As the managing pharmacist/pharmacist in charge of Walgreens Pharmacy #07864 at the time of each of the violations alleged herein. Respondent Bawarski is responsible for those violations, including those of his employees. *See* NRS 639.0087, NRS 639.210(15), NRS 639.220(3)(c), NAC 639.702 and NAC 639.910(2).

FOURTH CAUSE OF ACTION

(Respondent Walgreens #07864)

XIX.

As the pharmacy in which the violations alleged above occurred, Walgreens is responsible for the actions of respondents Willie Edward Bawarski and Jennifer T. Chan, as alleged herein, pursuant to NAC 639.945(2).

For the forgoing error and violations, the license(s)/registration(s) of Respondents, and each of them, are subject to discipline, suspension, or revocation pursuant to the previously cited statutes and regulations, including, but not limited to, NRS 639.210(4), (11), (12), and/or (15), as well as NRS 639.230(5) and/or NRS 639.255.

WHEREFORE it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to the certificates of registration of these respondents.

Signed this 13th day of September, 2017.

J. David Wuest, Deputy Executive Secretary
Nevada State Board of Pharmacy on behalf of
Larry L. Pinson, Executive Secretary

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,	)	
	)	**CASE NO. 12-062-RPH-S**
Petitioner,	)	**CASE NO. 12-062-PH-S**
v.	)	
	)	**FINDINGS OF FACT,**
WILLIE BAWARSKI, RPH	)	**CONCLUSIONS OF LAW**
Certificate of Registration No. 17952	)	**AND ORDER**
	)	
WALGREENS PHARMACY #07864	)	
Certificate of Registration No. PH01977	)	
	)	
Respondents	/	

The Nevada State Board of Pharmacy (Board) heard this matter at its regular meeting on April 17, 2013, in Las Vegas, Nevada. Attorney S. Paul Edwards represented the Board in his capacity as its General Counsel. Attorney Rob Graham, of Rob Graham and Associates, represented respondents Willie Bawarski, RPH and Walgreens Pharmacy #07864 (Walgreens). Based on the evidence, including testimony and public records, presented at the hearing, the Board enters the following Findings of Fact, Conclusions of Law and Order.

FINDINGS OF FACT

1. Respondent Willie Bawarski, RPH was a pharmacist licensed by the Board when the events at issue in this matter occurred.

2. Respondent Walgreens, located at 7755 North Durango Drive, Las Vegas, Nevada, was a pharmacy licensed by the Board when the events at issue in this matter occurred.

3. In December 2011, a physician's assistant saw ten-year-old patient A.G., and prescribed to her erythromycin 250 mg. tablets, with instructions to take one tablet twice daily.

4. A.G.'s mother presented the prescription to Walgreens, and picked up A.G.'s medication the same day.

5. Walgreens routinely fills patient AG's prescriptions.

6. The drug allergy profile Walgreens maintains for patient A.G. includes a warning that A.G. is severely allergic to erythromycin, and brand name Zithromax (azithromycin), a derivative from erythromycin.

7. As part of the filling process, a Walgreens pharmaceutical technician input the original data for A.G.'s prescription into Walgreens's computer system. During the input, a Drug Utilization Review (DUR) warning appeared on the screen indicating that A.G. has a severe allergy to erythromycin.

8. Respondent Bawarski overrode the DUR warning within three seconds of its appearance, without taking action to contact the prescriber or prevent A.G. from receiving the medication.

9. The Walgreens pharmaceutical technician who was on duty at the time filled the prescription, which Respondent Bawarski subsequently verified.

10. Patient A.G. took the erythromycin as prescribed for seventeen days.

11. Patient A.G. experienced a rash over her entire body, which worsened over time, causing severe pain, swelling, loss of hair and fingernails.

12. Patient A.G. went to the University Medical Center (UMC), where physicians diagnosed her condition as an allergic reaction to erythromycin.

13. Patient A.G. was hospitalized for eight days in the UMC Intensive Care Unit and the UMC Burn Unit.

14. Prior to, and at the hearing, Respondent Bawarski and an authorized representative of Respondent Walgreens admitted to the allegations in the Accusation on file in this matter, which are set forth above.

15. Separate and apart from the discipline ordered below against Mr. Bawarski, at the hearing, Walgreens, by and through its counsel, offered to stipulate to a procedure under which Walgreens will demonstrate to Board Staff within thirty days of this Order that each of its

pharmacists and pharmaceutical technicians working in Nevada have read, and have agreed to comply with, Walgreen's policies and procedures regarding the resolution of drug utilization review warnings.

16. During the hearing, the Board accepted Walgreen's offer to stipulate.

CONCLUSIONS OF LAW

17. The Board has jurisdiction over this matter, and over respondents Mr. Bawarski and Walgreens Pharmacy #07864.

18. By overriding the DUR warning and filling patient A.G.'s prescription for erythromycin without taking proper steps to address the DUR warning, Respondent Bawarski is guilty of unprofessional conduct in violation of NRS 639.210(4).

19. Respondent Bawarski is guilty of performing his duties as a pharmacist in an incompetent, unskillful or negligent manner, as set forth herein, in violation of NAC 639.945(1)(i).

20. Respondent Walgreens #07864 is not guilty of the violations set forth in the Accusation on file in this matter.

ORDER

Based upon the foregoing, the BOARD HEREBY ORDERS:

21. Respondent Willie Bawarski, RPH shall, in addition to the continuing education requirements set forth by regulation, take a one-hour continuing education course on ethics, and an additional one-hour continuing education course on error prevention, both of which must be pre-approved by the Board Staff.

22. Respondent Bawarski shall pay a fine of $1,000.00.

23. Respondent Bawarski's registration shall be placed on probation for a period of twelve months, beginning on the date of this Order. During the probationary period, Respondent

Bawarski shall self-report any errors that result from any failure to follow procedures by him, or within the pharmacy over which he has responsibility as a pharmacist in charge (PIC).

24. Respondent Bawarski shall pay the fines set forth herein by cashier's or certified check or money order made payable to "State of Nevada, Office of the Treasurer" to be received by the Board's Reno office within 60 days of the effective date of this Order.

25. The failure by Respondent Bawarski to comply with any term in this Order shall result in the immediate suspension of his license until all terms have been complied with and will result in further discipline, up to, and including revocation of his license. Furthermore, any failure to pay any fine, fee, or cost ordered herein will also result in such legal action as Board Staff determines to be necessary to collect the unpaid fine, fee, or cost.

Signed and effective this 13 day of May 2013.

Kamlesh Gandhi, President
Nevada State Board of Pharmacy

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, Petitioner, v. WILLIE BAWARSKI, RPH Certificate of Registration No. 17952 WALGREENS PHARMACY #07864 Certificate of Registration No. PH01977 Respondents	)	CASE NO. 12-062-RPH-S CASE NO. 12-062-PH-S NOTICE OF INTENDED ACTION AND ACCUSATION

Larry L. Pinson, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, makes the following that will serve as both a notice of intended action under Nevada Revised Statutes (NRS) 233B.127(3) and as an accusation under NRS 639.241.

I.

The Nevada State Board of Pharmacy (Board) has jurisdiction over this matter and these Respondents because Respondent Willie Bawarski is a pharmacist licensed by the Board. Respondent Walgreens Pharmacy #07864, located at 7755 North Durango Drive, Las Vegas, Nevada, is a pharmacy licensed by the Board.

II.

On or about December 29, 2011, ten year old Patient AG was treated by physician assistant, TD (PA). PA prescribed to Patient AG erythromycin 250 mg. tablets with instructions to take one tablet twice daily. The prescription was presented to Walgreens Pharmacy #07864, filled and picked up the same day.

III.

Patient AG took the erythromycin as prescribed for seventeen days. She began to experience a rash over her entire body, which worsened causing severe pain, swelling, loss of hair and fingernails. Patient AG went to the University Medical Center (UMC), where her condition was diagnosed as an allergic reaction to erythromycin. Patient AG was hospitalized for eight days in the UMC Intensive Care Unit and the UMC Burn Unit.

IV.

Walgreens Pharmacy #07864 routinely fills Patient AG's prescriptions. Medications listed on Patient AG's drug allergy profile in Walgreens' computer system include erythromycin and brand name Zithromax (azithromycin), a derivative from erythromycin.

V.

During the investigation of this matter, the Board Investigator learned that a pharmaceutical technician input the original prescription data into the computer system. During input at 3:50:33 p.m., a Drug Utilization Review (DUR) warning appeared on the screen for Drug/Allergy, Severity Level: Major. A DUR warning prevents the technician from further processing until a pharmacist reviews and overrides the warning. At 3:50:36 p.m., Pharmacist Bawarski overrode the DUR warning. The prescription was filled by a pharmaceutical technician and verified by Pharmacist Bawarski. The pharmacy system-generated consultation message indicates that patient counseling was declined.

VI.

When interviewed by the Board Investigator, Pharmacist Bawarski said he did override the DUR warning three seconds after the appearance of the DUR alert. He admitted that he could not have checked the patient profile, contact the patient, and call the physician within three seconds. He acknowledged that he could have prevented the allergic reaction experienced by Patient AG by following the proper protocol for the severity level of the DUR warning. In his written statement, pharmacist Bawarski indicated that Patient AG had a previous allergy to azithromycin documented in her profile, but he failed to recognize this and consult the patient's parents or the prescriber.

FIRST CAUSE OF ACTION

VII.

In dispensing a prescription to Patient AG for erythromycin where Walgreens #07864's computer system contained documentation and warned of an allergy to erythromycin in her medication profile, and in failing to act upon the DUR allergy warning, Willie Bawarski violated NRS 639.210(4) and/or NAC 639.945(1)(i).

SECOND CAUSE OF ACTION

VIII.

In owning and operating the pharmacy in which the alleged violations occurred, Walgreens Pharmacy #07864 violated NRS 639.210(4) and/or NAC 639.945(1)(i) and/or (2).

WHEREFORE it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to the certificate of registration of the Respondent.

Signed this 8th day of March, 2013.

Larry L. Pinson, Pharm.D., Executive Secretary
Nevada State Board of Pharmacy

NOTICE TO RESPONDENT

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements regarding your certificate of registration. To do so, you must mail to the Board within 15 days of your receipt of this Notice of Intended Action and Accusation a written statement showing your compliance.

Section 9: Statement of Responsibility - MUST BE COMPLETED by an Authorized Person (NAC 639.945)

Statement of Responsibility

1. I am the Vice President (title) for Walgreen Co. (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be responsible for any violations of pharmacy law that may occur in the Pharmacy owned by such owner(s), shareholder(s), member(s), or partner(s).
3. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against the Pharmacy.
4. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) cannot require or permit the pharmacist(s) in said Pharmacy to violate any provision of local, state, or federal laws or regulations pertaining to the practice of pharmacy.
5. I further understand and acknowledge that Nevada law requires that each pharmacy located inside the State of Nevada employ only pharmacists, intern pharmacists, pharmaceutical technicians, and technicians in training that are licensed by the Nevada State Board of Pharmacy. (NRS 639.100).
6. I further understand and acknowledge that Nevada law requires that each pharmacy located outside the State of Nevada engaged in providing pharmacy services into Nevada employs at least one pharmacist licensed by the Nevada State Board of Pharmacy who will be responsible for any prescription dispensed to a patient located in Nevada and responsible for any acts or omissions of pharmacy personnel who are not registered with the Board. (NRS 639.2328).

Richard Gates

Print Name of Authorized Person

Richard Gates

Original signature of Authorized Person (copies or stamps not accepted)

08 / 26 / 2025

Date

Section 10: Affidavit for Pharmacies- MUST BE COMPLETED by pharmacies NOT CURRENTLY PERFORMING Sterile Compounding

Affidavit for Pharmacy License

I, Richard Gates hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

1. I am the Vice President (title) for Walgreen Co. (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I certify that upon licensure, the Pharmacy will not perform sterile compounding or ship sterile compounds into Nevada.
3. I understand and acknowledge that the Pharmacy and any of its staff members may be subject to discipline by the Board if the Pharmacy performs sterile compounding or ships any sterile compounds into Nevada without first obtaining written authorization from the Board to do so.
4. I certify that if the Pharmacy makes the decision to perform sterile compounding or to ship any sterile compounds into Nevada, the Pharmacy, through an authorized representative, will first notify the Board via a written request, and obtain written approval to perform sterile compounding or to ship any sterile compounds into Nevada.
5. I understand that if the Pharmacy seeks approval to perform sterile compounding or to ship any sterile compounds into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

FURTHER YOUR AFFIANT SAYETH NAUGHT.

Signature

SUBSCRIBED AND SWORN TO
Before me, a notary public this 20th day of August, 2025

Zeljka Borosa-Rajcevic
Notary Public

OFFICIAL SEAL
ZELJKA BOROSA RAJCEVIC
Notary Public, State of Illinois
Commission No. 977646
My Commission Expires September 8, 2027

File Number 1084-348-1

STATE OF ILLINOIS

OFFICE OF THE SECRETARY OF STATE

To all to whom these Presents Shall Come, Greeting:

I, **Alexi Giannoulias,** *Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that*

WALGREEN CO., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON FEBRUARY 15, 1909, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE BUSINESS CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.

In Testimony Whereof, *I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this* 15TH *day of* MAY *A.D.* 2025 .

Authentication #: 2513501622 verifiable until 05/15/2026
Authenticate at: https://www.ilsos.gov

Alexi Giannoulias
SECRETARY OF STATE

CONFIDENTIAL/EXEMPT FROM
FREEDOM OF INFORMATION ACT AND
SIMILAR STATE REQUESTS

Ownership Information

Ownership & Leadership of Applicant Entity

Applicant: **Walgreen Co.**
108 Wilmot Rd., Deerfield, IL 60015

Ownership: The Applicant entity is wholly owned (100%) by Walgreens Boots Alliance, Inc.

Officers of Walgreen Co.
Michael Motz - CEO
Richard Gates - Senior Vice President, Chief Pharmacy Officer
Cherita Thomas - Secretary
Matthew Spina - CFO
Michael Handal - Licensing and Provider Enrollment Officer

Ownership & Leadership of Walgreens Boots Alliance, Inc.

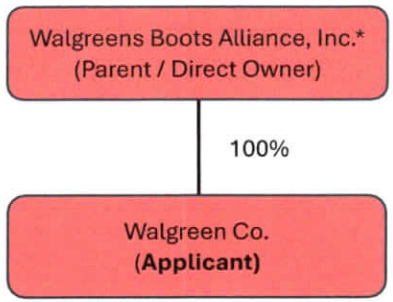
Ownership: Walgreens Boots Alliance, Inc. is wholly owned (100%) by Blazing Star Parent, LLC

Officers of Walgreens Boots Alliance, Inc.
Temporarily vacant - CEO
Mark Weisz - Sr VP, Global Tax
Manmohan Mahajan - Sr VP, Global Controller, CFO
Lanesha Minnix - Corporate Secretary

Please see the attached pre- and post-closing Corporate Organization chart for reference.

Proprietary and Confidential
Not a public record pursuant to
Section 7927.605 of the CPRA and
45 CFR Section 5.31

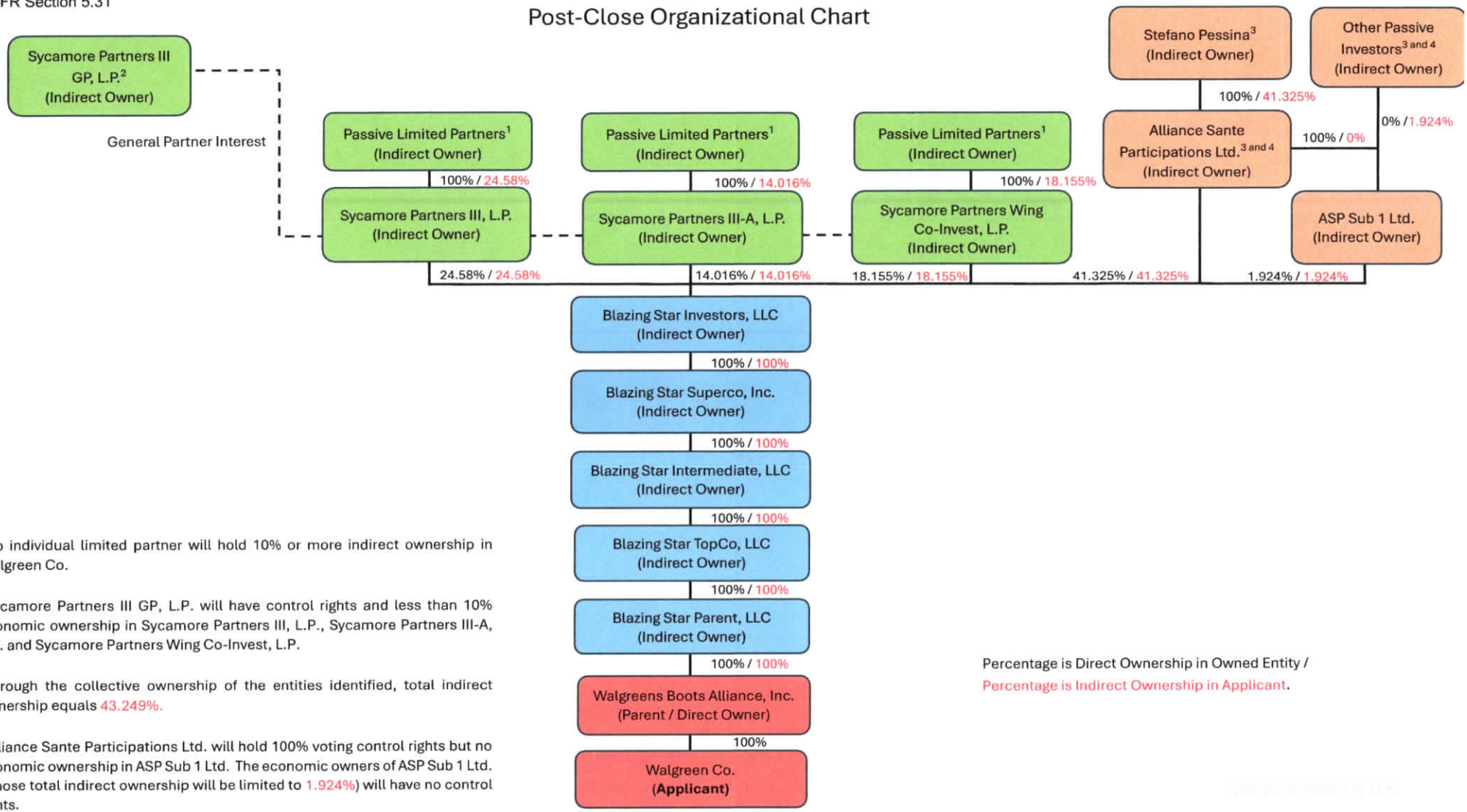
Walgreen Co.
Pre-Close Organizational Chart



Publicly Traded on Nasdaq Stock Market (WBA)

Proprietary and Confidential
Not a public record pursuant to
Section 7927.605 of the CPRA and
45 CFR Section 5.31

Walgreen Co.
Post-Close Organizational Chart



[1]No individual limited partner will hold 10% or more indirect ownership in Walgreen Co.

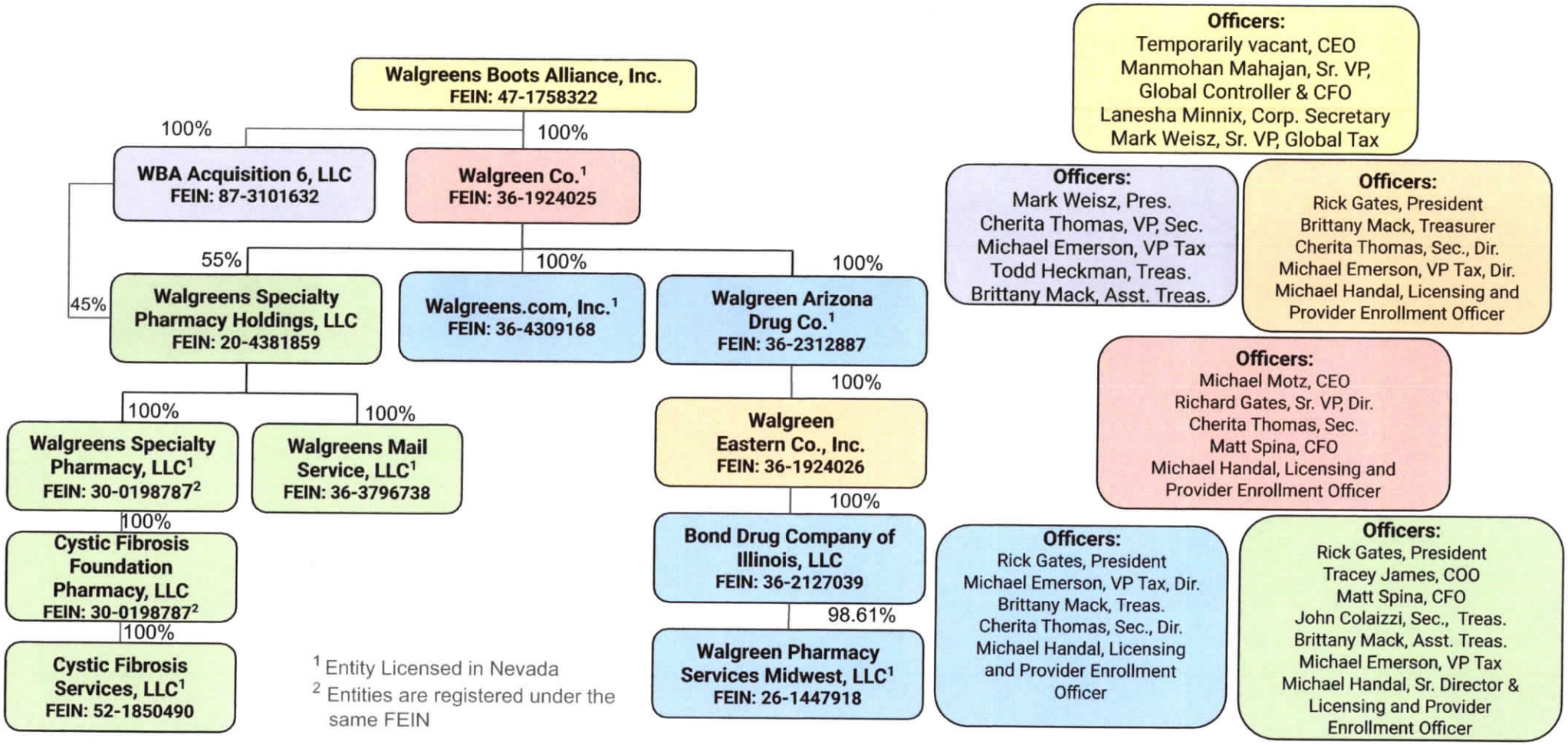
[2]Sycamore Partners III GP, L.P. will have control rights and less than 10% economic ownership in Sycamore Partners III, L.P., Sycamore Partners III-A, L.P. and Sycamore Partners Wing Co-Invest, L.P.

[3]Through the collective ownership of the entities identified, total indirect ownership equals 43.249%.

[4]Alliance Sante Participations Ltd. will hold 100% voting control rights but no economic ownership in ASP Sub 1 Ltd. The economic owners of ASP Sub 1 Ltd. (whose total indirect ownership will be limited to 1.924%) will have no control rights.

Percentage is Direct Ownership in Owned Entity /
Percentage is Indirect Ownership in Applicant.

Walgreen Co.
Post-Close Organizational Chart (cont.)



9ZZ

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Pharmacy Application

Non-Refundable $500.00 Fee

Rev (6/11/2024)

Facility Location	Application Type (check all applicable)	Pharmacy Type (check all applicable)	Services the Pharmacy will Provide (check all applicable)
☑ Nevada	☐ New Pharmacy	☑ Retail/Community	☑ Retail/Community
☐ Out-of-Nevada	☑ Ownership Change*	☐ Hospital (# beds _____)	☑ Dangerous drugs
	☐ Location Change *	☐ Internet	☑ Controlled substances
	☐ Service Modification*	☐ Nuclear	DEA #: FW0884696
	☐ Name Change* (if only a Name Change occurred, submit a $50.00 fee with the application.)	☐ Other:	☐ Non-sterile Compounding
			☐ Sterile Compounding
			☐ Mail-Order Service
			☐ Off-site Cognitive Services
			☐ Long Term Care
	* Current license #: PH PH02371		☐ Hospital
			☐ Other:

Days of Operation		Ownership Type (check applicable box)
☑ Monday	☑ Friday	☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9, 10, 11, 12)
☑ Tuesday	☑ Saturday	☑ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9, 10, 11, 12)
☑ Wednesday	☑ Sunday	☐ Partnership (complete sections 1, 2, 3, 4, 7, 9, 10, 11, 12)
☑ Thursday	☐ Holidays	☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9, 10, 11, 12)

Section 1: General Information

Pharmacy Name: WALGREENS #10215

Physical Address: 8595 W WARM SPRINGS RD

City: Las Vegas State: NV Zip: 89113-3625

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: (702)262-6456 Toll Free # (NAC 639.708, NRS 639.23286): N/A

Fax: (702)262-9767 Contact Email: rxm.10215@store.walgreens.com

Website: https://www.walgreens.com

Nevada Business License # (if applicable) NV19951143510

Supervising/Managing Pharmacist Name (NRS 639.220): VICTORIA BUSH

Supervising/Managing Pharmacist NV Pharmacist Registration # (if applicable): 24230

Section 2: List the name(s) of at least one NEVADA registered pharmacist who practices at the pharmacy, who may be the managing pharmacist or another pharmacist, who will be responsible for any prescriptions dispensed to a patient located in Nevada and responsible for any acts or omissions of pharmacy personnel who are not registered with the Board. NRS 639.2328. (Use a separate piece of paper if additional space is needed.)

Name: VICTORIA BUSH	NV Pharmacist Registration #: 24230
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:

Section 3: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✔
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration from any jurisdiction?		✔
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been subject of an administrative action, board citation, cite fine, or proceeding relating to the pharmaceutical industry?		✔
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✔
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✔

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name(s) of the owner(s), their credentials and their percent ownership. Write NA if not applicable. NRS 639.232. (Use a separate piece of paper if additional space is needed.)

Name: N/A	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:

1. The Board shall not issue a license to conduct a pharmacy:
   a) To any practitioner; or
   b) To any partnership, corporation, or association in which a practitioner has a controlling interest or owns more than 10 percent of the available stock.
2. This section does not:
   a) Apply to a hospital pharmacy or a health maintenance organization which holds a certificate of authority under chapter 695C of NRS.
   b) Prohibit ownership by a practitioner of a building in which a pharmacy is located, if space for the pharmacy is rented at the prevailing rate.

Section 5: Publicly Traded Corporation

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Does the number of stockholders/shareholders of the corporation exceed four? NRS 639.231 ☐ Yes ☐ No

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: Delaware

Parent Company (if any): Walgreens Boots Alliance, Inc.

Corporation/Organization Name: Walgreen Co.

Mailing Address: 108 Wilmot Rd

City: Deerfield State: IL Zip: 60015

Telephone: 847-224-1348 Email: licenseadministration@walgreens.com

Contact Person Name: Kayla Lechner

Does the number of stockholders/shareholders of the corporation or members exceed four? NRS 639.231 ☐ Yes ☒ No

Section 7: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Please check type of partnership (NAC 639.214) ☐ General ☐ Limited

Does the number of partners or members of the partnership exceed four? NRS 639.231 ☐ Yes ☐ No

Section 8: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Richard Gates

Print Name of Authorized Person Submitting Application (If the applicant is a partnership or corporation, the application must be signed by a partner or by an officer of the corporation). NAC 639.215

Richard Gates

Original signature of Authorized Person (copies or stamps not accepted)

08 / 26 / 2025

Date

Board Use Only	Date Received: 9/18/25	Amount: $800 ck JP03-300011129

Section 11: Managing Pharmacist Acknowledgement, Professional/Personal History – REQUIRED TO BE COMPLETED BY THE MANAGING PHARMACIST FOR NEVADA LOCATED PHARMACY APPLICANTS ONLY

Managing Pharmacist Name: VICTORIA BUSH Pharmacist Registration #: 24230

Pharmacy Name: WALGREENS #10215

Initial each statement below to indicate you have read and agree with the following:

V.B. I understand that as the managing pharmacist I am responsible for compliance by the pharmacy and its personnel with all state and federal laws and regulations relating to the operation of the pharmacy and the practice of pharmacy. I understand my license can be revoked or that I can be subject of disciplinary action if such laws or regulations are knowingly violated in the pharmacy in which I am the managing pharmacist.

V.B. I understand within 48 hours after I report for duty as the managing pharmacist, I shall complete an inventory of all controlled substances of the pharmacy pursuant to 21 CFR Part 1304 and maintain a copy of the inventory in the file at the pharmacy.

V.B. I understand that if I cease to be managing pharmacist of the above-named pharmacy, I will jointly, with the new managing pharmacist, take an inventory of all controlled substances.

V.B. I understand that as the managing pharmacist I must ensure that all loss or theft of controlled substances are reported on forms provided by the Nevada State Board of Pharmacy and Department of Public Safety within 10 days after the date of discovery of theft or loss. NRS 453.568. Federal regulations require that registrants notify the Field Division Office of the Administration in his area, in writing, of the theft or significant loss of any controlled substance, disposal receptacles or listed chemicals within one business day of discovery of such loss or theft. The registrant shall also complete and submit to the Field Division Office in his area, DEA Form 106 regarding the loss or theft (21 C.F.R. §1301.76(b) and 21 U.S.C. §830(b)(1)(C)).

V.B. I understand that as the managing pharmacist I must notify the Nevada State Board of Pharmacy of all employment changes of pharmacy staff within 10 days of the change. NAC 639.540

Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?	☐	☑
2. Have you been charged, arrested, or convicted of a felony or misdemeanor in any state?	☐	☑
3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state?	☐	☑
4. Has your license been subjected to any discipline for violation of pharmacy or drug laws in any state?	☐	☑

If you marked YES to any questions above, include the following information and provide a signed statement of explanation. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Board Administrative Action:	State:	Date:	Case #:

Criminal Action:	State:	Date:	Case #:	County:	Court:

I certify under penalty of perjury that the information I have provided on this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

VICTORIA BUSH

Original signature of Managing Pharmacist (copies or stamps not accepted)

08 / 02 / 2025

Date

Section 9: Statement of Responsibility - MUST BE COMPLETED by an Authorized Person (NAC 639.945)

Statement of Responsibility

1. I am the Vice President (title) for Walgreen Co. (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be responsible for any violations of pharmacy law that may occur in the Pharmacy owned by such owner(s), shareholder(s), member(s), or partner(s).
3. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against the Pharmacy.
4. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) cannot require or permit the pharmacist(s) in said Pharmacy to violate any provision of local, state, or federal laws or regulations pertaining to the practice of pharmacy.
5. I further understand and acknowledge that Nevada law requires that each pharmacy located inside the State of Nevada employ only pharmacists, intern pharmacists, pharmaceutical technicians, and technicians in training that are licensed by the Nevada State Board of Pharmacy. (NRS 639.100).
6. I further understand and acknowledge that Nevada law requires that each pharmacy located outside the State of Nevada engaged in providing pharmacy services into Nevada employs at least one pharmacist licensed by the Nevada State Board of Pharmacy who will be responsible for any prescription dispensed to a patient located in Nevada and responsible for any acts or omissions of pharmacy personnel who are not registered with the Board. (NRS 639.2328).

Richard Gates

Print Name of Authorized Person

Richard Gates

Original signature of Authorized Person (copies or stamps not accepted)

08 / 26 / 2025

Date

Section 10: Affidavit for Pharmacies- MUST BE COMPLETED by pharmacies NOT CURRENTLY PERFORMING Sterile Compounding

Affidavit for Pharmacy License

I, Richard Gates hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

1. I am the Vice President (title) for Walgreen Co. (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I certify that upon licensure, the Pharmacy will not perform sterile compounding or ship sterile compounds into Nevada.
3. I understand and acknowledge that the Pharmacy and any of its staff members may be subject to discipline by the Board if the Pharmacy performs sterile compounding or ships any sterile compounds into Nevada without first obtaining written authorization from the Board to do so.
4. I certify that if the Pharmacy makes the decision to perform sterile compounding or to ship any sterile compounds into Nevada, the Pharmacy, through an authorized representative, will first notify the Board via a written request, and obtain written approval to perform sterile compounding or to ship any sterile compounds into Nevada.
5. I understand that if the Pharmacy seeks approval to perform sterile compounding or to ship any sterile compounds into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

FURTHER YOUR AFFIANT SAYETH NAUGHT.

Signature

SUBSCRIBED AND SWORN TO
Before me, a notary public this 20th day of August, 2025

Zeljka Borosa-Rajcevic
Notary Public

OFFICIAL SEAL
ZELJKA BOROSA RAJCEVIC
Notary Public, State of Illinois
Commission No. 977646
My Commission Expires September 8, 2027

File Number 1084-348-1

STATE OF ILLINOIS

OFFICE OF THE SECRETARY OF STATE

To all to whom these Presents Shall Come, Greeting:

I, **Alexi Giannoulias,** *Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that*

WALGREEN CO., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON FEBRUARY 15, 1909, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE BUSINESS CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.

In Testimony Whereof, *I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this* 15TH *day of* MAY *A.D.* 2025 .

Authentication #: 2513501622 verifiable until 05/15/2026
Authenticate at: https://www.ilsos.gov

Alexi Giannoulias
SECRETARY OF STATE

CONFIDENTIAL/EXEMPT FROM FREEDOM OF INFORMATION ACT AND SIMILAR STATE REQUESTS

Ownership Information

Ownership & Leadership of Applicant Entity

Applicant: **Walgreen Co.**
108 Wilmot Rd., Deerfield, IL 60015

Ownership: The Applicant entity is wholly owned (100%) by Walgreens Boots Alliance, Inc.

Officers of Walgreen Co.
Michael Motz - CEO
Richard Gates - Senior Vice President, Chief Pharmacy Officer
Cherita Thomas - Secretary
Matthew Spina - CFO
Michael Handal - Licensing and Provider Enrollment Officer

Ownership & Leadership of Walgreens Boots Alliance, Inc.

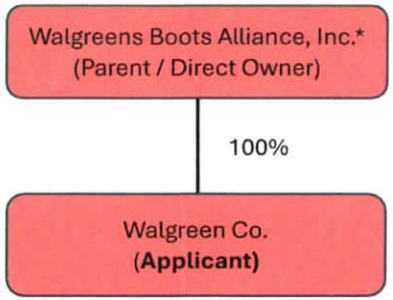
Ownership: Walgreens Boots Alliance, Inc. is wholly owned (100%) by Blazing Star Parent, LLC

Officers of Walgreens Boots Alliance, Inc.
Temporarily vacant - CEO
Mark Weisz - Sr VP, Global Tax
Manmohan Mahajan - Sr VP, Global Controller, CFO
Lanesha Minnix - Corporate Secretary

Please see the attached pre- and post-closing Corporate Organization chart for reference.

Proprietary and Confidential
Not a public record pursuant to
Section 7927.605 of the CPRA and
45 CFR Section 5.31

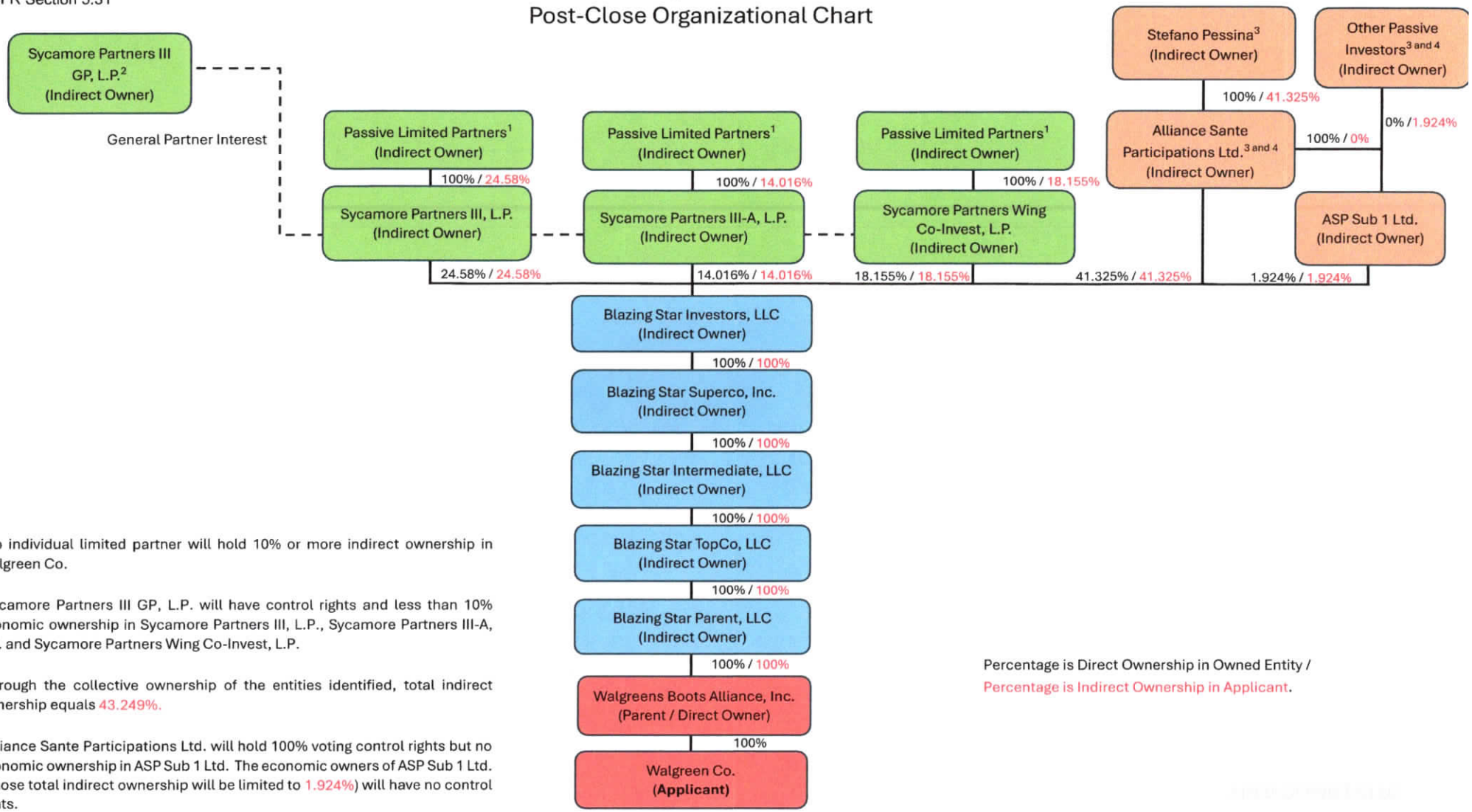
Walgreen Co.
Pre-Close Organizational Chart



Publicly Traded on Nasdaq Stock Market (WBA)

Proprietary and Confidential
Not a public record pursuant to
Section 7927.605 of the CPRA and
45 CFR Section 5.31

Walgreen Co.
Post-Close Organizational Chart



[1]No individual limited partner will hold 10% or more indirect ownership in Walgreen Co.

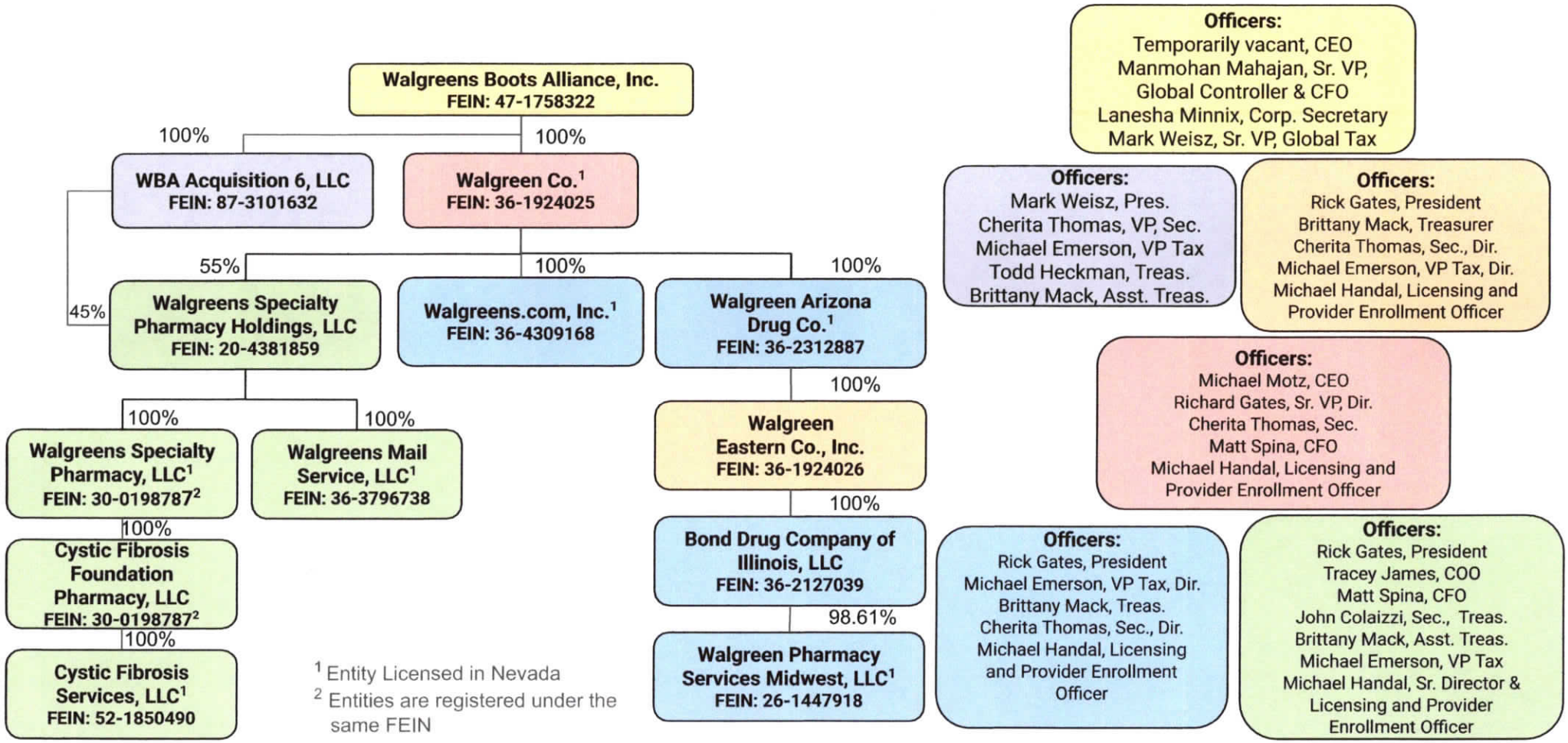
[2]Sycamore Partners III GP, L.P. will have control rights and less than 10% economic ownership in Sycamore Partners III, L.P., Sycamore Partners III-A, L.P. and Sycamore Partners Wing Co-Invest, L.P.

[3]Through the collective ownership of the entities identified, total indirect ownership equals 43.249%.

[4]Alliance Sante Participations Ltd. will hold 100% voting control rights but no economic ownership in ASP Sub 1 Ltd. The economic owners of ASP Sub 1 Ltd. (whose total indirect ownership will be limited to 1.924%) will have no control rights.

Percentage is Direct Ownership in Owned Entity /
Percentage is Indirect Ownership in Applicant.

Walgreen Co.
Post-Close Organizational Chart (cont.)



9AAA

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Pharmacy Application

Non-Refundable $500.00 Fee

Rev (6/11/2024)

Facility Location	Application Type (check all applicable)	Pharmacy Type (check all applicable)	Services the Pharmacy will Provide (check all applicable)
■ Nevada ☐ Out-of-Nevada	☐ New Pharmacy ■ Ownership Change* ☐ Location Change * ☐ Service Modification* ☐ Name Change* (if only a Name Change occurred, submit a $50.00 fee with the application.) * Current license #: PH PH02372	■ Retail/Community ☐ Hospital (# beds _____) ☐ Internet ☐ Nuclear ☐ Other:	■ Retail/Community ■ Dangerous drugs ■ Controlled substances DEA #: FW0953085 ☐ Non-sterile Compounding ☐ Sterile Compounding ☐ Mail-Order Service ☐ Off-site Cognitive Services ☐ Long Term Care ☐ Hospital ☐ Other:

Days of Operation		Ownership Type (check applicable box)
■ Monday	■ Friday	☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9, 10, 11, 12)
■ Tuesday	■ Saturday	■ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9, 10, 11, 12)
■ Wednesday	■ Sunday	☐ Partnership (complete sections 1, 2, 3, 4, 7, 9, 10, 11, 12)
■ Thursday	☐ Holidays	☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9, 10, 11, 12)

Section 1: General Information

Pharmacy Name: WALGREENS #10782

Physical Address: 5610 Centennial Center Blvd

City: Las Vegas State: NV Zip: 89149

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: (702)395-3282 Toll Free # (NAC 639.708, NRS 639.23286): N/A

Fax: (702)395-8675 Contact Email: rxm.10782@store.walgreens.com

Website: https://www.walgreens.com

Nevada Business License # (if applicable) NV19951143510

Supervising/Managing Pharmacist Name (NRS 639.220): COLLIN MOULD

Supervising/Managing Pharmacist NV Pharmacist Registration # (if applicable): 20726

Section 2: List the name(s) of at least one NEVADA registered pharmacist who practices at the pharmacy, who may be the managing pharmacist or another pharmacist, who will be responsible for any prescriptions dispensed to a patient located in Nevada and responsible for any acts or omissions of pharmacy personnel who are not registered with the Board. NRS 639.2328. (Use a separate piece of paper if additional space is needed.)

Name: COLLIN MOULD	NV Pharmacist Registration #: 20726
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:

Section 3: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✔
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration from any jurisdiction?		✔
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been subject of an administrative action, board citation, cite fine, or proceeding relating to the pharmaceutical industry?		✔
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✔
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✔

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name(s) of the owner(s), their credentials and their percent ownership. Write NA if not applicable. NRS 639.232. (Use a separate piece of paper if additional space is needed.)

Name: N/A	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:

1. The Board shall not issue a license to conduct a pharmacy:
   a) To any practitioner; or
   b) To any partnership, corporation, or association in which a practitioner has a controlling interest or owns more than 10 percent of the available stock.
2. This section does not:
   a) Apply to a hospital pharmacy or a health maintenance organization which holds a certificate of authority under chapter 695C of NRS.
   b) Prohibit ownership by a practitioner of a building in which a pharmacy is located, if space for the pharmacy is rented at the prevailing rate.

Section 5: Publicly Traded Corporation

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Does the number of stockholders/shareholders of the corporation exceed four? NRS 639.231 ☐ Yes ☐ No

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: Delaware

Parent Company (if any): Walgreens Boots Alliance, Inc.

Corporation/Organization Name: Walgreen Co.

Mailing Address: 108 Wilmot Rd

City: Deerfield State: IL Zip: 60015

Telephone: 847-224-1348 Email: licenseadministration@walgreens.com

Contact Person Name: Kayla Lechner

Does the number of stockholders/shareholders of the corporation or members exceed four? NRS 639.231 ☐ Yes ☑ No

Section 7: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Please check type of partnership (NAC 639.214) ☐ General ☐ Limited

Does the number of partners or members of the partnership exceed four? NRS 639.231 ☐ Yes ☐ No

Section 8: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Richard Gates

Print Name of Authorized Person Submitting Application (If the applicant is a partnership or corporation, the application must be signed by a partner or by an officer of the corporation). NAC 639.215

Richard Gates

Original signature of Authorized Person (copies or stamps not accepted)

08 / 26 / 2025

Date

Board Use Only	Date Received: 9/18/25	Amount: $500-CK JP03-3000111129

Section 11: Managing Pharmacist Acknowledgement, Professional/Personal History – REQUIRED TO BE COMPLETED BY THE MANAGING PHARMACIST FOR NEVADA LOCATED PHARMACY APPLICANTS ONLY

Managing Pharmacist Name: COLLIN MOULD Pharmacist Registration #: 20726

Pharmacy Name: WALGREENS #10782

Initial each statement below to indicate you have read and agree with the following:

CDM I understand that as the managing pharmacist I am responsible for compliance by the pharmacy and its personnel with all state and federal laws and regulations relating to the operation of the pharmacy and the practice of pharmacy. I understand my license can be revoked or that I can be subject of disciplinary action if such laws or regulations are knowingly violated in the pharmacy in which I am the managing pharmacist.

CDM I understand within 48 hours after I report for duty as the managing pharmacist, I shall complete an inventory of all controlled substances of the pharmacy pursuant to 21 CFR Part 1304 and maintain a copy of the inventory in the file at the pharmacy.

CDM I understand that if I cease to be managing pharmacist of the above-named pharmacy, I will jointly, with the new managing pharmacist, take an inventory of all controlled substances.

CDM I understand that as the managing pharmacist I must ensure that all loss or theft of controlled substances are reported on forms provided by the Nevada State Board of Pharmacy and Department of Public Safety within 10 days after the date of discovery of theft or loss. NRS 453.568. Federal regulations require that registrants notify the Field Division Office of the Administration in his area, in writing, of the theft or significant loss of any controlled substance, disposal receptacles or listed chemicals within one business day of discovery of such loss or theft. The registrant shall also complete and submit to the Field Division Office in his area, DEA Form 106 regarding the loss or theft (21 C.F.R. §1301.76(b) and 21 U.S.C. §830(b)(1)(C)).

CDM I understand that as the managing pharmacist I must notify the Nevada State Board of Pharmacy of all employment changes of pharmacy staff within 10 days of the change. NAC 639.540

Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?	☐	☑
2. Have you been charged, arrested, or convicted of a felony or misdemeanor in any state?	☐	☑
3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state?	☐	☑
4. Has your license been subjected to any discipline for violation of pharmacy or drug laws in any state?	☐	☑

If you marked YES to any questions above, include the following information and provide a signed statement of explanation. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Board Administrative Action:	State:	Date:	Case #:

Criminal Action:	State:	Date:	Case #:	County:	Court:

I certify under penalty of perjury that the information I have provided on this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

COLLIN MOULD

Original signature of Managing Pharmacist (copies or stamps not accepted)

08 / 03 / 2025

Date

Section 9: Statement of Responsibility - MUST BE COMPLETED by an Authorized Person (NAC 639.945)

Statement of Responsibility

1. I am the Vice President (title) for Walgreen Co. (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be responsible for any violations of pharmacy law that may occur in the Pharmacy owned by such owner(s), shareholder(s), member(s), or partner(s).
3. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against the Pharmacy.
4. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) cannot require or permit the pharmacist(s) in said Pharmacy to violate any provision of local, state, or federal laws or regulations pertaining to the practice of pharmacy.
5. I further understand and acknowledge that Nevada law requires that each pharmacy located inside the State of Nevada employ only pharmacists, intern pharmacists, pharmaceutical technicians, and technicians in training that are licensed by the Nevada State Board of Pharmacy. (NRS 639.100).
6. I further understand and acknowledge that Nevada law requires that each pharmacy located outside the State of Nevada engaged in providing pharmacy services into Nevada employs at least one pharmacist licensed by the Nevada State Board of Pharmacy who will be responsible for any prescription dispensed to a patient located in Nevada and responsible for any acts or omissions of pharmacy personnel who are not registered with the Board. (NRS 639.2328).

Richard Gates

Print Name of Authorized Person

Richard Gates

Original signature of Authorized Person (copies or stamps not accepted)

08 / 26 / 2025

Date

Section 10: Affidavit for Pharmacies- MUST BE COMPLETED by pharmacies NOT CURRENTLY PERFORMING Sterile Compounding

Affidavit for Pharmacy License

I, Richard Gates hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

1. I am the Vice President (title) for Walgreen Co. (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I certify that upon licensure, the Pharmacy will not perform sterile compounding or ship sterile compounds into Nevada.
3. I understand and acknowledge that the Pharmacy and any of its staff members may be subject to discipline by the Board if the Pharmacy performs sterile compounding or ships any sterile compounds into Nevada without first obtaining written authorization from the Board to do so.
4. I certify that if the Pharmacy makes the decision to perform sterile compounding or to ship any sterile compounds into Nevada, the Pharmacy, through an authorized representative, will first notify the Board via a written request, and obtain written approval to perform sterile compounding or to ship any sterile compounds into Nevada.
5. I understand that if the Pharmacy seeks approval to perform sterile compounding or to ship any sterile compounds into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

FURTHER YOUR AFFIANT SAYETH NAUGHT.

Signature

SUBSCRIBED AND SWORN TO
Before me, a notary public this 20th day of August, 2025

Zeljka Borosa-Rajcevic
Notary Public

OFFICIAL SEAL
ZELJKA BOROSA RAJCEVIC
Notary Public, State of Illinois
Commission No. 977646
My Commission Expires September 8, 2027

File Number 1084-348-1

STATE OF ILLINOIS

OFFICE OF THE SECRETARY OF STATE

To all to whom these Presents Shall Come, Greeting:

I, **Alexi Giannoulias,** *Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that*

WALGREEN CO., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON FEBRUARY 15, 1909, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE BUSINESS CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.

In Testimony Whereof, *I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this* 15TH *day of* MAY *A.D.* 2025 .

Authentication #: 2513501622 verifiable until 05/15/2026
Authenticate at: https://www.ilsos.gov

Alexi Giannoulias
SECRETARY OF STATE

CONFIDENTIAL/EXEMPT FROM
FREEDOM OF INFORMATION ACT AND
SIMILAR STATE REQUESTS

Ownership Information

Ownership & Leadership of Applicant Entity

Applicant: **Walgreen Co.**
108 Wilmot Rd., Deerfield, IL 60015

Ownership: The Applicant entity is wholly owned (100%) by Walgreens Boots Alliance, Inc.

Officers of Walgreen Co.
Michael Motz - CEO
Richard Gates - Senior Vice President, Chief Pharmacy Officer
Cherita Thomas - Secretary
Matthew Spina - CFO
Michael Handal - Licensing and Provider Enrollment Officer

Ownership & Leadership of Walgreens Boots Alliance, Inc.

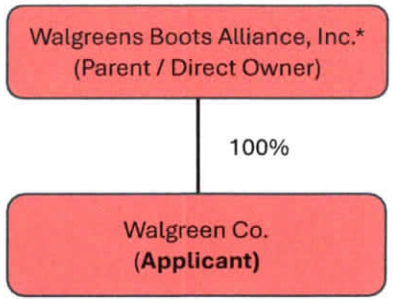
Ownership: Walgreens Boots Alliance, Inc. is wholly owned (100%) by Blazing Star Parent, LLC

Officers of Walgreens Boots Alliance, Inc.
Temporarily vacant - CEO
Mark Weisz - Sr VP, Global Tax
Manmohan Mahajan - Sr VP, Global Controller, CFO
Lanesha Minnix - Corporate Secretary

Please see the attached pre- and post-closing Corporate Organization chart for reference.

Proprietary and Confidential
Not a public record pursuant to
Section 7927.605 of the CPRA and
45 CFR Section 5.31

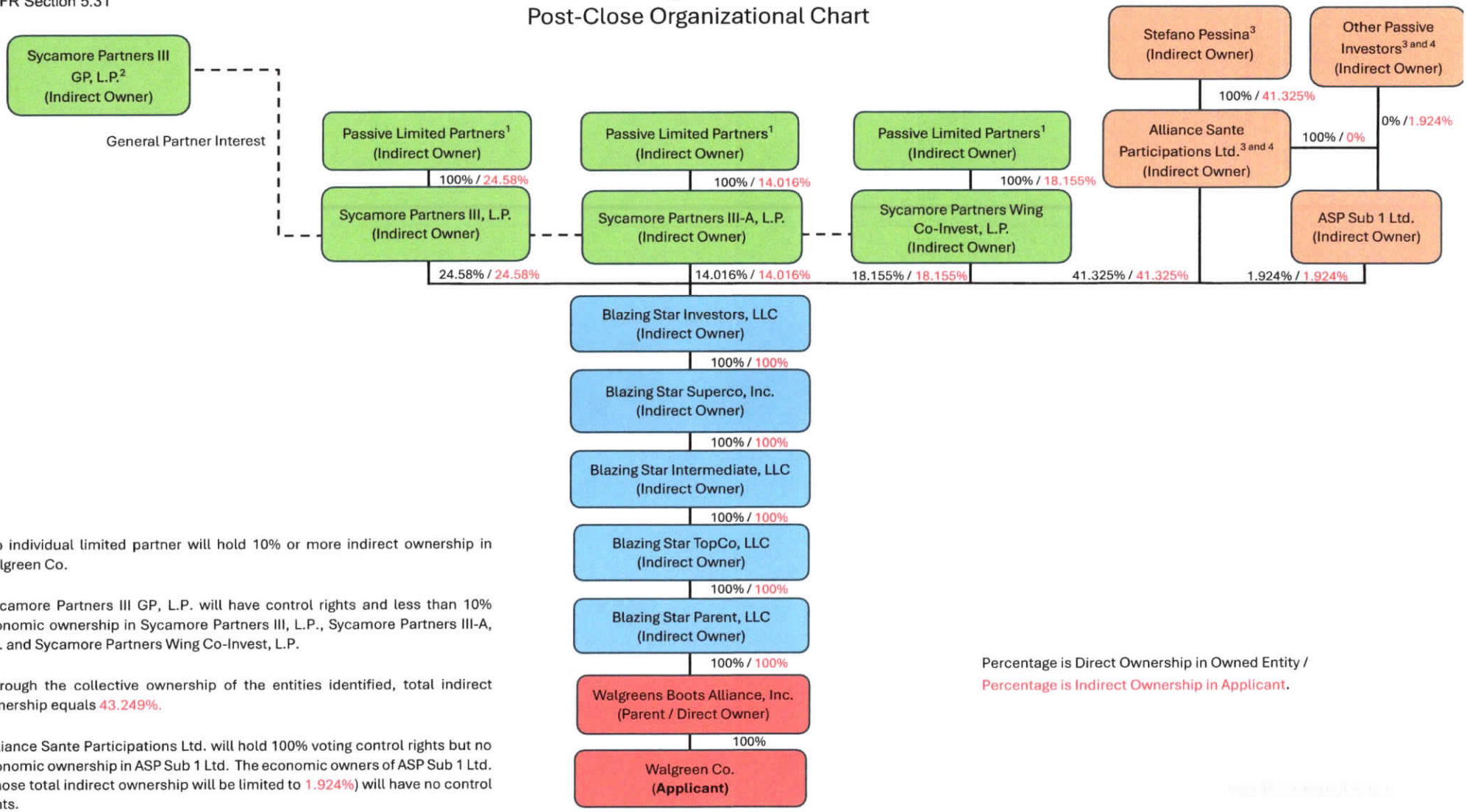
Walgreen Co.
Pre-Close Organizational Chart



Publicly Traded on Nasdaq Stock Market (WBA)

Proprietary and Confidential
Not a public record pursuant to
Section 7927.605 of the CPRA and
45 CFR Section 5.31

Walgreen Co.
Post-Close Organizational Chart



[1]No individual limited partner will hold 10% or more indirect ownership in Walgreen Co.

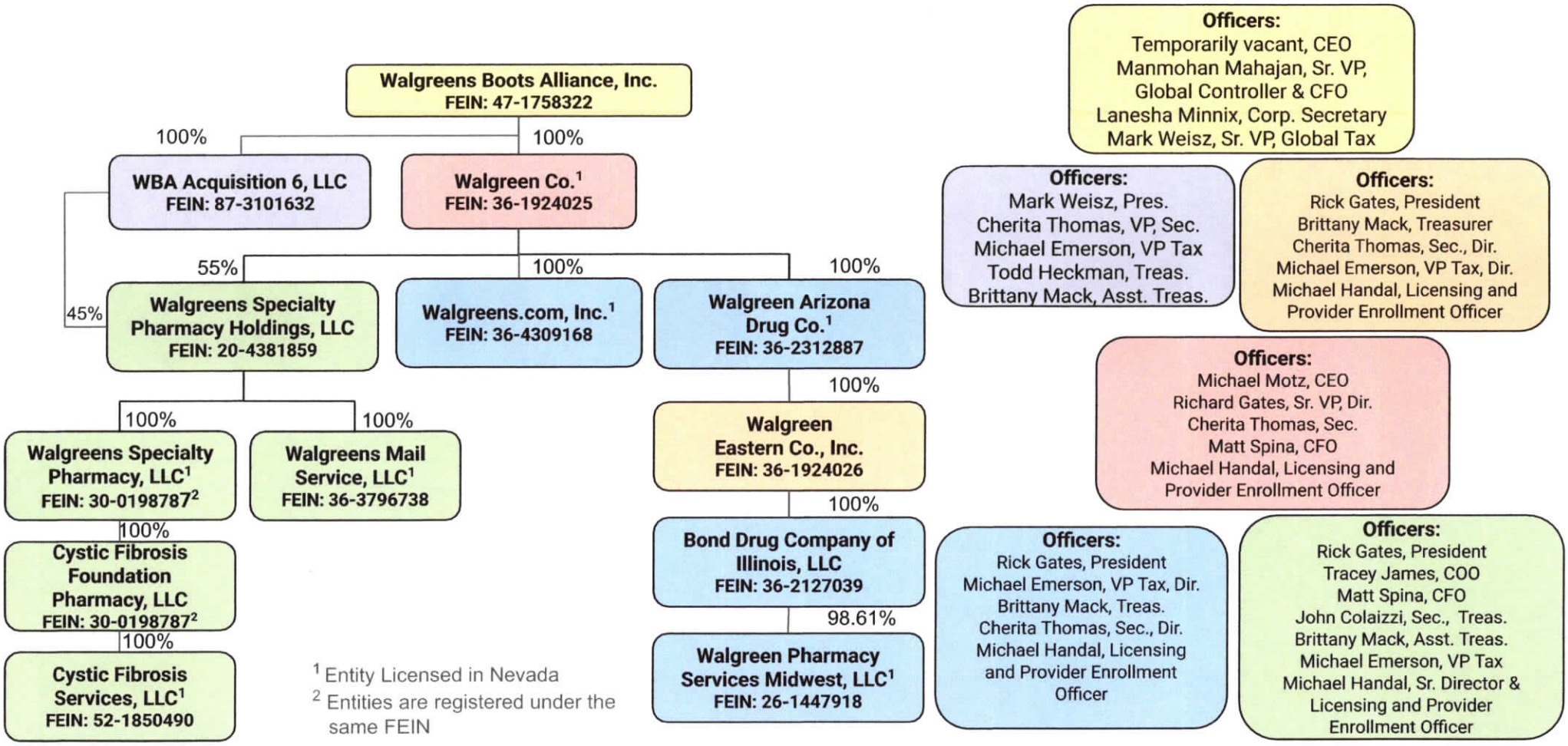
[2]Sycamore Partners III GP, L.P. will have control rights and less than 10% economic ownership in Sycamore Partners III, L.P., Sycamore Partners III-A, L.P. and Sycamore Partners Wing Co-Invest, L.P.

[3]Through the collective ownership of the entities identified, total indirect ownership equals 43.249%.

[4]Alliance Sante Participations Ltd. will hold 100% voting control rights but no economic ownership in ASP Sub 1 Ltd. The economic owners of ASP Sub 1 Ltd. (whose total indirect ownership will be limited to 1.924%) will have no control rights.

Percentage is Direct Ownership in Owned Entity /
Percentage is Indirect Ownership in Applicant.

Walgreen Co.
Post-Close Organizational Chart (cont.)



9BBB

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Pharmacy Application

Non-Refundable $500.00 Fee

Rev (6/11/2024)

Facility Location	Application Type (check all applicable)	Pharmacy Type (check all applicable)	Services the Pharmacy will Provide (check all applicable)
☑ Nevada	☐ New Pharmacy	☑ Retail/Community	☑ Retail/Community
☐ Out-of-Nevada	☑ Ownership Change*	☐ Hospital (# beds _____)	☑ Dangerous drugs
	☐ Location Change *	☐ Internet	☑ Controlled substances
	☐ Service Modification*	☐ Nuclear	DEA #: FW0775873
	☐ Name Change* (if only a Name Change occurred, submit a $50.00 fee with the application.)	☐ Other:	☐ Non-sterile Compounding
			☐ Sterile Compounding
			☐ Mail-Order Service
			☐ Off-site Cognitive Services
			☐ Long Term Care
			☐ Hospital
	* Current license #: PH PH02334		☐ Other:

Days of Operation		Ownership Type (check applicable box)
☑ Monday	☑ Friday	☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9, 10, 11, 12)
☑ Tuesday	☑ Saturday	☑ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9, 10, 11, 12)
☑ Wednesday	☑ Sunday	☐ Partnership (complete sections 1, 2, 3, 4, 7, 9, 10, 11, 12)
☑ Thursday	☐ Holidays	☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9, 10, 11, 12)

Section 1: General Information

Pharmacy Name: WALGREENS #10783

Physical Address: 6495 N Decatur Blvd

City: Las Vegas State: NV Zip: 89131

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: (702)395-4230 Toll Free # (NAC 639.708, NRS 639.23286): N/A

Fax: (702)395-8395 Contact Email: rxm.10783@store.walgreens.com

Website: https://www.walgreens.com

Nevada Business License # (if applicable) NV19951143510

Supervising/Managing Pharmacist Name (NRS 639.220): JULIE LEE

Supervising/Managing Pharmacist NV Pharmacist Registration # (if applicable): 19511

Section 2: List the name(s) of at least one NEVADA registered pharmacist who practices at the pharmacy, who may be the managing pharmacist or another pharmacist, who will be responsible for any prescriptions dispensed to a patient located in Nevada and responsible for any acts or omissions of pharmacy personnel who are not registered with the Board. NRS 639.2328. (Use a separate piece of paper if additional space is needed.)

Name: JULIE LEE	NV Pharmacist Registration #: 19511
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:

Section 3: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✔
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration from any jurisdiction?		✔
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been subject of an administrative action, board citation, cite fine, or proceeding relating to the pharmaceutical industry?	✔	
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✔
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✔

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name(s) of the owner(s), their credentials and their percent ownership. Write NA if not applicable. NRS 639.232. (Use a separate piece of paper if additional space is needed.)

Name: N/A	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:

1. The Board shall not issue a license to conduct a pharmacy:
   a) To any practitioner; or
   b) To any partnership, corporation, or association in which a practitioner has a controlling interest or owns more than 10 percent of the available stock.
2. This section does not:
   a) Apply to a hospital pharmacy or a health maintenance organization which holds a certificate of authority under chapter 695C of NRS.
   b) Prohibit ownership by a practitioner of a building in which a pharmacy is located, if space for the pharmacy is rented at the prevailing rate.

Section 5: Publicly Traded Corporation

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Does the number of stockholders/shareholders of the corporation exceed four? NRS 639.231 ☐ Yes ☐ No

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: Delaware

Parent Company (if any): Walgreens Boots Alliance, Inc.

Corporation/Organization Name: Walgreen Co.

Mailing Address: 108 Wilmot Rd

City: Deerfield State: IL Zip: 60015

Telephone: 847-224-1348 Email: licenseadministration@walgreens.com

Contact Person Name: Kayla Lechner

Does the number of stockholders/shareholders of the corporation or members exceed four? NRS 639.231 ☐ Yes ☒ No

Section 7: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Please check type of partnership (NAC 639.214) ☐ General ☐ Limited

Does the number of partners or members of the partnership exceed four? NRS 639.231 ☐ Yes ☐ No

Section 8: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Richard Gates

Print Name of Authorized Person Submitting Application (If the applicant is a partnership or corporation, the application must be signed by a partner or by an officer of the corporation). NAC 639.215

Richard Gates

Original signature of Authorized Person (copies or stamps not accepted)

08 / 26 / 2025

Date

Board Use Only	Date Received: 9/18/25	Amount: $500 ck 5903-3000111129

Section 11: Managing Pharmacist Acknowledgement, Professional/Personal History – REQUIRED TO BE COMPLETED BY THE MANAGING PHARMACIST FOR NEVADA LOCATED PHARMACY APPLICANTS ONLY

Managing Pharmacist Name: JULIE LEE Pharmacist Registration #: 19511

Pharmacy Name: WALGREENS #10783

Initial each statement below to indicate you have read and agree with the following:

JSL I understand that as the managing pharmacist I am responsible for compliance by the pharmacy and its personnel with all state and federal laws and regulations relating to the operation of the pharmacy and the practice of pharmacy. I understand my license can be revoked or that I can be subject of disciplinary action if such laws or regulations are knowingly violated in the pharmacy in which I am the managing pharmacist.

JSL I understand within 48 hours after I report for duty as the managing pharmacist, I shall complete an inventory of all controlled substances of the pharmacy pursuant to 21 CFR Part 1304 and maintain a copy of the inventory in the file at the pharmacy.

JSL I understand that if I cease to be managing pharmacist of the above-named pharmacy, I will jointly, with the new managing pharmacist, take an inventory of all controlled substances.

JSL I understand that as the managing pharmacist I must ensure that all loss or theft of controlled substances are reported on forms provided by the Nevada State Board of Pharmacy and Department of Public Safety within 10 days after the date of discovery of theft or loss. NRS 453.568. Federal regulations require that registrants notify the Field Division Office of the Administration in his area, in writing, of the theft or significant loss of any controlled substance, disposal receptacles or listed chemicals within one business day of discovery of such loss or theft. The registrant shall also complete and submit to the Field Division Office in his area, DEA Form 106 regarding the loss or theft (21 C.F.R. §1301.76(b) and 21 U.S.C. §830(b)(1)(C)).

JSL I understand that as the managing pharmacist I must notify the Nevada State Board of Pharmacy of all employment changes of pharmacy staff within 10 days of the change. NAC 639.540

Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?	☐	☑
2. Have you been charged, arrested, or convicted of a felony or misdemeanor in any state?	☐	☑
3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state?	☐	☑
4. Has your license been subjected to any discipline for violation of pharmacy or drug laws in any state?	☐	☑

If you marked YES to any questions above, include the following information and provide a signed statement of explanation. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Board Administrative Action:	State:	Date:	Case #:

Criminal Action:	State:	Date:	Case #:	County:	Court:

I certify under penalty of perjury that the information I have provided on this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Julie S. Lee
Original signature of Managing Pharmacist (copies or stamps not accepted)

08 / 01 / 2025
Date

FILED
AUG 07 2017
NEVADA STATE BOARD OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,	)	**CASE NO. 16-072-RPH-S**
	)	**16-072-PTT-S**
Petitioner,	)	**16-072-PH-S**
v.	)	
	)	
MANUELITA PAVON-PENALOSA, RPH	)	
Certificate of Registration No. 16396,	)	**FINDINGS OF FACT,**
	)	**CONCLUSIONS OF LAW**
GARY KINSEY, PTT	)	**AND ORDER**
Certificate of Registration No. PT17463, and	)	
	)	
WALGREENS PHARMACY #10783	)	
Certificate of Registration No. PH02334,	)	
	)	
Respondents.	/	

The Nevada State Board of Pharmacy (Board) heard this matter at its regularly scheduled meeting on Wednesday, July 19, 2017, in Las Vegas, Nevada. S. Paul Edwards, Esq., prosecuted the case on behalf of Board Staff. William J. Stilling, Esq., of Kimball Legal, appeared on behalf of Respondent Manuelita Pavon-Penalosa (Ms. Pavon-Penalosa), Certificate of Registration No. 16396; Respondent Gary Kinsey (Mr. Kinsey), Certificate of Registration No. PT17463, and Respondent Walgreens Pharmacy #10783, Certificate of Registration No. PH02334.

Based on the evidence presented during the hearing, including testimonial and documentary evidence, the Board issues the following Findings of Fact, Conclusions of Law, and Order.

FINDINGS OF FACT

On July 19, 2017, Respondents, through their counsel, entered into a set of *Stipulated Facts*, a copy of which is attached hereto as **Exhibit 1** and incorporated herein by reference. The facts to which Respondents, and each of them, admitted in the *Stipulated Facts* are as follows:

1. In September 2016, complainant S.R. filed a complaint with the Board Office on behalf of his twelve-year-old daughter M.R.

2. S.R. alleges that Walgreens filled and dispensed the incorrect strength of Fentanyl patches for his daughter's prescription.

3. S.R. discovered the error before applying one of the errant Fentanyl patches to his daughter's skin, such that M.R. suffered no negative impact from the error.

4. The error occurred after M.R. saw her physician and received a prescription for ten Fentanyl Patches 12 mcg/hour with instructions to apply one patch every seventy-two (72) hours.

5. M.R.'s aunt, G.H., tendered the prescription to Walgreens on September 16, 2016, where Respondent Ms. Pavon-Penalosa entered the data into Walgreens' computer system.

6. The computer system designated the prescription as No. 533253.

7. During data entry, Ms. Pavon-Penalosa typed the prescription as Fentanyl Patch 100 mcg/hour, rather than Fentanyl Patch 12 mcg/hour as prescribed.

8. Ms. Pavon-Penalosa performed Data Entry Verification and Data Product Review at 14:52:56.

9. During the process, three Drug Utilization Review (DUR) warnings appeared on the computer screen in front of Ms. Pavon-Penalosa. Those warnings were indicated as follows:

a. DUR Type: DRUG/HLTH COND
DUR Description: RESPIRATORY PROBLEMS IS A POTENTIAL CONTRAINDICATION FOR FENTANYL 100MCG/HR PATCH

b. DUR Type: DRUG/HLTH COND
DUR Description: ASTHMA IS A POTENTIAL CONTRAINDICATION FOR FENTANYL 100MCG/HR PATCH

c. DUR Type: DRUG DOSAGE CONDITION ENCOUNTERED
DUR Description: 60 DAYS OF FENTANYL 100MCG/HR PATCH AND PREVIOUS PRESCRIPTIONS FOR THE GENERIC ENTITY(IES) MAY EXCEED THE RECOMMENDED PEDIATRIC DURATION: 3 – 30 DAYS

10. Walgreens' records show that Ms. Pavon-Penalosa overrode all three DUR warnings at 14:52:57, one second after performing data verification.

11. Ms. Pavon-Penalosa admitted to the Board Investigator that she could not have reviewed the DURs in one second.

12. Ms. Pavon-Penalosa acknowledged that she may have discovered the error by reviewing the DUR warnings.

13. In a subsequent written statement, Ms. Pavon-Penalosa indicated that in reviewing the patient medication profile, M.R. had the same medication filled at a different Walgreens Pharmacy the prior month.

14. Ms. Pavon-Penalosa admitted that during the review, she did not take into account the patient's age.

15. Walgreen's "Audit/Board of Pharmacy Inspection Report" indicates that Ms. Pavon-Penalosa filled the prescription. That report is not correct. Pharmaceutical technician Gary Kinsey actually filled the prescription.

16. In Walgreens' computer system, employees are not authorized to sign in and fill prescriptions under another employee's initials/sign on.

17. In his written statement, Mr. Kinsey admits to filling the prescription under Ms. Pavon-Penalosa's initials even though he knew that practice violated Walgreens' policy.

18. Ms. Pavon-Penalosa verified the final product as accurate. She failed to detect the error when verifying the final product.

19. In Walgreens' system, the original hard-copy of the prescription accompanies the Schedule II medication.

20. At final product verification, the verifying pharmacist can compare the hard-copy of the prescription to the prescription label and the final product.

21. Ms. Pavon-Penalosa did not compare the hard-copy of the prescription to the label and the final product.

22. Ms. Pavon-Penalosa trusted that the Data Entry Verification step in Walgreens' system was accurate and therefore did not verify that the prescription was accurate during product verification at the end of the filling process.

23. G.H. picked up M.R.'s medication from Walgreens. Respondent Mr. Kinsey performed the sales transaction for prescription No. 533253.

24. At the point of sale, Mr. Kinsey did not request a current and valid form of identification from G.H.

25. Jaclyn Latteri, Walgreens District Pharmacy Supervisor, informed the Board Investigator that a review of pharmacy records indicates that no information was recorded referencing G.H.'s identification when she picked up M.R.'s medication.

26. In a written statement, Mr. Kinsey indicated that he was unsure if he requested identification. Ms. Pavon-Penalosa told the Board Investigator that she thought the request for identification was for insurance purposes.

27. During the hearing, the Board admitted into the record, among other evidence, Exhibit 1.

28. Based on the evidence and testimony presented during the hearing, the Board finds that evidence exists to support each factual allegation set forth in the Accusation on file in this matter.

CONCLUSIONS OF LAW

Based upon the forgoing findings of fact, the Board concludes as a matter of law:

29. The Board has jurisdiction over this matter and these Respondents because at the time of the alleged events, Respondent Ms. Pavon-Penalosa was a pharmacist registered by the Board; Respondent Mr. Kinsey was a pharmaceutical technician in training registered by the Board; and Respondent Walgreens Pharmacy #10783 was a pharmacy licensed by the Board.

30. Ms. Pavon-Penalosa acted in an unprofessional manner as defined in NAC 639.945(1)(d) and (i) by committing an error during data entry and verifying that data as accurate when it was not, which resulted in Walgreens dispensing *Fentanyl Patch 100 mcg/hour*, rather than *Fentanyl Patch 12 mcg/hour*, as prescribed.

31. Ms. Pavon-Penalosa acted in an unprofessional manner as defined in NAC 639.945(1)(i) by failing to act upon the DUR alerts displayed on the computer screen for Fentanyl 100mcg/hour patch.

32. Respondents stipulated during the hearing that Ms. Pavon-Penalosa and Mr. Kinsey each acted in an unprofessional manner as defined in NAC 639.945(1)(i) when Mr. Kinsey was allowed to and did sign into Walgreen Pharmacy #10783's computer system under Ms. Pavon-Penalosa log-in credentials.

33. As the managing pharmacist/pharmacist in charge of Walgreens Pharmacy #10783 at the time of each of the violations alleged herein, Respondent Pavon-Penalosa is responsible for the violations identified above, including those of her employees. *See* NRS 639.0087, NRS 639.210(15), and NAC 639.702.

34. As the pharmacy in which the violations cited above occurred, Walgreens Pharmacy #10783 is responsible for the actions of Respondents Manuelita Pavon-Penalosa and Gary Kinsey pursuant to NAC 639.945(2).

35. For the forgoing error and violations, the license(s)/registration(s) of Respondents, and each of them, are subject to discipline, suspension, or revocation pursuant to the previously cited statutes and regulations, including, but not limited to, NRS 639.210(4), (12), and (15), as well as NRS 639.230(5) and NRS 639.255.

ORDER

36. For the violations alleged in the First, Second, Third and Sixth Causes of Action, as and further described above, Respondent Ms. Pavon-Penalosa's Nevada Pharmacist Registration No. 16396 is suspended. The suspension is stayed, and Ms. Pavon-Penalosa's registration is placed on probation for a minimum of one (1) year with the following terms. Ms. Pavon-Penalosa:

a. Is prohibited from working as a pharmacist in charge/pharmacy manager while her registration is on probation,

b. Must complete 3 extra hours of continuing education (CE) on the topics of error prevention (2 hours) and pharmacy manager responsibilities (1 hour). The extra hours of CE ordered herein are in addition to any continuing education hours she must otherwise complete to maintain or review her license.

c. Must pay a fine of one thousand dollars ($1,000.00), and

d. During the probationary period, must not violate any Federal or state statute or regulation related to dangerous drugs, controlled substances, or the practice of pharmacy.

37. For the violations related to the Third Cause of Action, to which Respondents stipulated during the hearing, Mr. Kinsey shall:

a. Receive a letter of reprimand from the Board's Executive Secretary regarding his duties and obligations as a managing pharmacist,

b. Attend the disciplinary portion of two of the next 3 Las Vegas Board Meetings, and

c. Re-due all training modules required by Walgreens Co. for newly-hired pharmaceutical technicians in training within the next thirty (30) days, and shall report to the Board in writing once he completes that review.

38. For its responsibility for the violations found herein, as alleged in the Seventh Cause of Action, Walgreens Pharmacy #10783 shall:

a. Certify in writing to Board Staff that Mr. Kinsey has completed his review of the training modules referenced in paragraph 37(c) above,

b. Create a training module, subject to Board Staff approval, for all Nevada Walgreens Pharmacy pharmacists and pharmaceutical technicians detailing the facts and conclusions set forth herein with a particular emphasis on patient safety over prescription filling speed and efficiency,

c. Require all Nevada Walgreens Pharmacy pharmacists and pharmaceutical technicians to complete within thirty (30) days the training module referenced in paragraph 38(b) above, and

d. Pay an administrative fee of one thousand five hundred dollars ($1,500.00) to partially reimburse the Board for its costs and expenses associated with investigating and prosecuting this action.

39. During the hearing the prosecution withdrew the Fourth and Fifth Causes of Action.

40. Respondents, and each of them, shall pay the fines ordered herein when due, and by *cashier's check* or *certified check* or *money order* made payable to "State of Nevada, Office of the Treasurer" to be received by the Board's Reno office located at 431 W. Plumb Lane, Reno, NV 89509, within thirty (30) days of the effective date of the Board's Order.

41. Respondents, and each of them, shall pay the administrative fees ordered herein by *cashier's check*, *certified check* or *money order* made payable to the "Nevada State Board of Pharmacy" to be received by the Board's Reno office located at 431 W. Plumb Lane, Reno, NV 89509, within thirty (30) days of the effective date of the Board's Order.

42. Any failure by any Respondent to satisfy the obligations stated herein may result in additional discipline, up to and including suspension or revocation of their respective license or registration.

43. This Order is effective on the date it is executed below.

IT IS SO ORDERED.

Signed and effective this 7 day of August, 2017.

Leo Basch, President
Nevada State Board of Pharmacy

Exhibit 1

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,	)	**CASE NO. 16-072-RPH-S**
	)	**16-072-PTT-S**
Petitioner,	)	**16-072-PH-S**
v.	)	
	)	**STIPULATED FACTS**
MANUELITA PAVON-PENALOSA, RPH	)	**(All Respondents)**
Certificate of Registration No. 16396,	)	
	)	
GARY KINSEY, PTT	)	
Certificate of Registration No. PT17463, and	)	
	)	
WALGREENS PHARMACY #10783	)	
Certificate of Registration No. PH02334,	)	
	)	
Respondents.	/	

S. Paul Edwards, Esq., General Counsel for Petitioner the Nevada State Board of Pharmacy (Board), and Respondent Manuelita Pavon-Penalosa, Certificate of Registration No. 16396 (Ms. Pavon-Penalosa); Respondent Gary Kinsey, Certificate of Registration No. PT17463 (Mr. Kinsey) and Respondent Walgreens Pharmacy #10783, Certificate of Registration No. PH02334 (Walgreens), by and through their counsel, William J. Stilling, Esq., of Kimball Legal,

HEREBY STIPULATE AND AGREE THAT:

1. The Board has jurisdiction over this matter and these respondents because at the time of the alleged events, Respondents Ms. Pavon-Penalosa, Mr. Kinsey and Walgreens were each licensed or registered with the Board.

2. In September 2016, complainant S.R. filed a complaint with the Board Office on behalf of his twelve-year-old daughter M.R.

3. S.R. alleges that Walgreens filled and dispensed the incorrect strength of Fentanyl patches for his daughter's prescription.

4. S.R. discovered the error before applying one of the errant Fentanyl patches to his daughter's skin, such that M.R. suffered no negative impact from the error.

5. The error occurred after M.R. saw her physician and received a prescription for ten Fentanyl Patches 12 mcg/hour with instructions to apply one patch every seventy-two (72) hours.

6. M.R.'s aunt, G.H., tendered the prescription to Walgreens on September 16, 2016, where Respondent Ms. Pavon-Penalosa entered the data into Walgreens' computer system.

7. The computer system designated the prescription as No. 533253.

8. During data entry, Ms. Pavon-Penalosa typed the prescription as Fentanyl Patch 100 mcg/hour, rather than Fentanyl Patch 12 mcg/hour as prescribed.

9. Ms. Pavon-Penalosa performed Data Entry Verification and Data Product Review at 14:52:56.

10. During the process, three Drug Utilization Review (DUR) warnings appeared on the computer screen in front of Ms. Pavon-Penalosa. Those warnings were indicated as follows:

- DUR Type: DRUG/HLTH COND

  DUR Description: RESPIRATORY PROBLEMS IS A POTENTIAL CONTRAINDICATION FOR FENTANYL 100MCG/HR PATCH

- DUR Type: DRUG/HLTH COND
  DUR Description: ASTHMA IS A POTENTIAL CONTRAINDICATION FOR FENTANYL 100MCG/HR PATCH

- DUR Type: DRUG DOSAGE CONDITION ENCOUNTERED
  DUR Description: 60 DAYS OF FENTANYL 100MCG/HR PATCH AND PREVIOUS PRESCRIPTIONS FOR THE GENERIC ENTITY(IES) MAY EXCEED THE RECOMMENDED PEDIATRIC DURATION: 3 – 30 DAYS

11. Walgreens' records show that Ms. Pavon-Penalosa overrode all three DUR warnings at 14:52:57, one second after performing data verification.

12. Ms. Pavon-Penalosa admitted to the Board Investigator that she could not have reviewed the DURs in one second.

13. Ms. Pavon-Penalosa acknowledged that she may have discovered the error by reviewing the DUR warnings.

14. In a subsequent written statement, Ms. Pavon-Penalosa indicated that in reviewing the patient medication profile, M.R. had the same medication filled at a different Walgreens Pharmacy the prior month.

15. Ms. Pavon-Penalosa admitted that during the review, she did not take into account the patient's age.

16. Walgreen's "Audit/Board of Pharmacy Inspection Report" indicates that Ms. Pavon-Penalosa filled the prescription. That report is not correct. Pharmaceutical technician Gary Kinsey actually filled the prescription.

17. In Walgreens' computer system, employees are not authorized to sign in and fill prescriptions under another employee's initials/sign on.

18. In his written statement, Mr. Kinsey admits to filling the prescription under Ms. Pavon-Penalosa's initials even though he knew that practice violated Walgreens' policy.

19. Ms. Pavon-Penalosa verified the final product as accurate. She failed to detect the error when verifying the final product.

20. In Walgreens' system, the original hard-copy of the prescription accompanies the Schedule II medication.

21. At final product verification, the verifying pharmacist can compare the hard-copy of the prescription to the prescription label and the final product.

22. Ms. Pavon-Penalosa did not compare the hard-copy of the prescription to the label and the final product.

23. Ms. Pavon-Penalosa trusted that the Data Entry Verification step in Walgreens' system was accurate and therefore did not verify that the prescription was accurate during product verification at the end of the filling process.

24. G.H. picked up M.R.'s medication from Walgreens. Respondent Mr. Kinsey performed the sales transaction for prescription No. 533253.

25. At the point of sale, Mr. Kinsey did not request a current and valid form of identification from G.H.

26. Jaclyn Latteri, Walgreens District Pharmacy Supervisor, informed the Board Investigator that a review of pharmacy records indicates that no information was recorded referencing G.H.'s identification when she picked up M.R.'s medication.

27. In a written statement, Mr. Kinsey indicated that he was unsure if he requested identification. Ms. Pavon-Penalosa told the Board Investigator that she thought the request for identification was for insurance purposes.

I, the undersigned, William J. Stilling, Esq., of and for the law firm Kimball Legal, have consulted with Respondents in this action, and each of them, regarding the factual allegations contained in the Notice of Intended Action and Accusation in this matter, and the terms of this Stipulation. Each Respondent has freely and voluntarily agreed to the factual statements set forth herein, and each has authorized me to sign on their individual behalf.

Signed this 19th day of July, 2017

William J Stilling, Esq.

Kimball Legal

Counsel for Respondents Manuelita Pavon-Penalosa, Gary Kinsey, and Walgreens Pharmacy #10783

FILED
JUN 07 2017
NEVADA STATE BOARD
OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,	)	**CASE NO. 16-072-RPH-S**
	)	**16-072-PTT-S**
Petitioner,	)	**16-072-PH-S**
v.	)	
	)	
MANUELITA PAVON-PENALOSA, RPH	)	
Certificate of Registration No. 16396,	)	**NOTICE OF INTENDED ACTION**
	)	**AND ACCUSATION**
GARY KINSEY, PTT	)	
Certificate of Registration No. PT17463, and	)	
	)	
WALGREENS PHARMACY #10783	)	
Certificate of Registration No. PH02334,	)	
	)	
Respondents.	/	

Larry L. Pinson, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, makes the following that will serve as both a notice of intended action under Nevada Revised Statutes (NRS) 233B.127(3), and as an accusation under NRS 639.241.

JURISDICTION

I.

The Nevada State Board of Pharmacy (Board) has jurisdiction over this matter and these respondents because at the time of the alleged events, Respondent Manuelita Pavon-Penalosa, Certificate of Registration No. 16396, (Ms. Pavon-Penalosa) was a pharmacist licensed by the Board; Respondent Gary Kinsey, Certificate of Registration No. PT17463, (Mr. Kinsey) was a pharmaceutical technician in training licensed by the Board; and Respondent Walgreens Pharmacy #10783, Certificate of Registration No. PH02334, (Walgreens) was a pharmacy licensed by the Board.

FACTUAL ALLEGATIONS

II.

On or about September 29, 2016, S.R. filed a complaint with the Board Office on behalf of his twelve-year-old daughter M.R. In the complaint, S.R. alleges that Walgreens filled and dispensed the incorrect strength of Fentanyl patches for his daughter's prescription. S.R. discovered the error in the strength as he was preparing to apply a patch to his daughter's skin.

III.

The error occurred after M.R. saw her physician and received a prescription for ten Fentanyl Patches 12 mcg/hour with instructions to apply one patch every seventy-two (72) hours.

IV.

M.R.'s aunt, G.H., tendered the prescription to Walgreens on September 16, 2016, where Respondent Ms. Pavon-Penalosa, R.Ph., entered the data into Walgreens' computer system. The computer system designated the prescription as No. 533253.

V.

During data entry, Ms. Pavon-Penalosa inadvertently selected ***Fentanyl Patch 100 mcg/hour***, rather than ***Fentanyl Patch 12 mcg/hour*** as prescribed.

VI.

Ms. Pavon-Penalosa performed data entry verification and data product review at 14:52:56.

VII.

During data input, three Drug Utilization Review (DUR) warnings appeared on the computer screen. Those warnings were indicated as follows:

- DUR Type: DRUG/HLTH COND
  DUR Description: RESPIRATORY PROBLEMS IS A POTENTIAL CONTRAINDICATION FOR FENTANYL 100MCG/HR PATCH

- DUR Type: DRUG/HLTH COND
  DUR Description: ASTHMA IS A POTENTIAL CONTRAINDICATION FOR FENTANYL 100MCG/HR PATCH

- DUR Type: DRUG DOSAGE CONDITION ENCOUNTERED
  DUR Description: 60 DAYS OF FENTANYL 100MCG/HR PATCH AND PREVIOUS PRESCRIPTIONS FOR THE GENERIC ENTITY(IES) MAY EXCEED THE RECOMMENDED PEDIATRIC DURATION: 3 – 30 DAYS

VIII.

Per Walgreens' records, Ms. Pavon-Penalosa overrode all three DUR warnings at 14:52:57, one second after performing data verification.

IX.

Ms. Pavon-Penalosa admitted to the Board Investigator that she could not have reviewed the DURs in one second.

X.

Ms. Pavon-Penalosa acknowledged that she may have discovered the error by reviewing the DUR warnings.

XI.

In a subsequent written statement, Ms. Pavon-Penalosa indicated that in reviewing the patient medication profile, M.R. had the same medication filled at a different Walgreens Pharmacy the prior month. Ms. Pavon-Penalosa admitted that during the review, she did not take into account the patient's age.

XII.

The "Audit/Board of Pharmacy Inspection Report" indicates that Ms. Pavon-Penalosa filled the prescription. That report is incorrect. Pharmaceutical technician Gary Kinsey actually filled the prescription.

XIII.

Ms. Pavon-Penalosa allowed Mr. Kinsey to document the fill under Ms. Pavon-Penalosa's computer credentials. In a written statement, Mr. Kinsey admits to filling the prescription under the pharmacist's initials even though he is aware that is against Walgreens' policy.

XIV.

Ms. Pavon-Penalosa verified the final product as accurate. She failed to detect the error when verifying the final product.

XV.

In Walgreens' system, the original hard-copy of the prescription accompanies the Schedule II medication. At final product verification, the verifying pharmacist can compare the hard-copy of the prescription to the prescription label and the final product.

XVI.

Ms. Pavon-Penalosa did not compare the hard-copy of the prescription to the label and the final product.

XVII.

She trusted the Data Entry Verification step in Walgreens' system and did not verify that the prescription was accurate when she verified it at the end of the filling process.

XVIII.

G.H. picked up M.R.'s medication from Walgreens. Respondent Mr. Kinsey performed the sales transaction for prescription No. 533253. At the point of sale, Mr. Kinsey did not request a current and valid form of identification from G.H.

XIX.

Jaclyn Latteri, Walgreens District Pharmacy Supervisor, informed the Board Investigator that a review of pharmacy records indicates that no information was recorded referencing G.H.'s identification when she picked up M.R.'s medication. In a written statement, Mr. Kinsey indicated that he was unsure if he requested identification. Ms. Pavon-Penalosa told the Board Investigator that she thought the request for identification was for insurance purposes.

FIRST CAUSE OF ACTION
(Respondent Pavon-Penalosa)

XX.

Nevada Administrative Code (NAC) 639.945(1)(d) defines unprofessional conduct to

include the failure by a licensee to follow strictly the instructions of a prescriber when filling, labeling and dispensing a prescription. Unprofessional conduct also includes performing duties in an "incompetent, unskillful or negligent manner". *See* NAC 639.945(1)(i).

Ms. Pavon-Penalosa violated NAC 639.945(1)(d) and/or (i) by committing an error during data entry that resulted in Walgreens dispensing the incorrect strength of the prescribed drug to 12-year-old M.R. During data entry, Pavon-Penalosa selected ***Fentanyl Patch 100 mcg/hour***, rather than ***Fentanyl Patch 12 mcg/hour*** as prescribed. Ms. Pavon-Penalosa verified, labeled and caused Walgreens to dispense the wrong medication.

SECOND CAUSE OF ACTION
(Respondent Pavon-Penalosa)

XXI.

NAC 639.945(1)(i) defines unprofessional conduct to include a licensee performing any of his or her duties in an "incompetent, unskillful or negligent manner."

Ms. Pavon-Penalosa violated NAC 639.945(1)(i) by failing to act upon the DUR alerts displayed on the computer screen for Fentanyl 100mcg/hour patch. The alerts indicated the potential for (1) respiratory contraindication; (2) asthma contraindication; and (3) drug dosage condition which may exceed the recommended pediatric duration.

THIRD CAUSE OF ACTION
(Respondent Pavon-Penalosa)

XXII.

NAC 639.945(1)(h) defines unprofessional conduct to include a licensee performing "any fraudulent or deceitful practice or transaction." By willfully and knowingly permitting Mr. Kinsey to falsely document the "filled by" record of prescription No. 53323 under her computer credentials, Ms. Pavon-Penalosa is guilty of unprofessional conduct, as that term is defined in NAC 639.945(1)(h).

FOURTH CAUSE OF ACTION
(Respondent Kinsey)

XXIII.

NAC 639.748 requires that an employee of a pharmacy shall, before dispensing a controlled substance, request the person who picks up the controlled substance to present a current and valid form of identification. Unprofessional conduct includes a licensee performing his or her duties in an "incompetent, unskillful or negligent manner" *See* NAC 639.945(1)(i).

Mr. Kinsey violated NAC 639.748 and/or NAC 639.945(1)(i) by failing to request identification from M.R.'s aunt at the point of sale for the Fentanyl patches, which are classified as a Schedule II narcotic.

FIFTH CAUSE OF ACTION
(Respondents Pavon-Penalosa and Kinsey)

XXIV.

NAC 639.930(1) and (2) require a pharmacy computer system to have adequate safeguards to "[p]revent access by a person who is not authorized to obtain information from the system" and "who is not authorized to modify or manipulate information in the system." When information in the pharmacy's system is modified or manipulated, the system must identify "the person who modified or manipulated the information in the system." *See* NAC 639.930(3). NAC 639.751 similarly requires that a pharmacy's computer system "accurately depict the identity of the person entering [a] signature or initials" or other required information into the computer system.

NRS 639.210 states that grounds for suspension or revocation of a license or registration issued by the Board includes instances where a licensee/registrant:

> Has violated, attempted to violate, assisted or abetted in the violation of or conspired to violate any of the provisions of this chapter or any law or regulation relating to drugs, the manufacture or distribution of drugs or the practice of pharmacy, or has knowingly permitted, allowed, condoned or failed to report a violation of any of the provisions of this chapter or any law or

regulation relating to drugs, the manufacture or distribution of drugs or the practice of pharmacy committed by the holder of a certificate, license, registration or permit.

Walgreens #10783 has a computerized system that has safeguards in place pursuant to NAC 639.751 and NAC 639.930. In that system, employees are not authorized to sign in and fill prescriptions under another employee's initials/sign on. When Respondent Kinsey filled Prescription No. 533253 under Respondent Pavon-Penalosa's initials, and when Respondent Pavon-Penalosa allowed Respondent Kinsey to fill Prescription No. 533253 under her initials, each of them circumvented Walgreen's safeguards in violation of NAC 639.751 and NAC 639.930. They each subjected their respective license or registration to discipline pursuant to NRS 639.210(12), as well as NRS 639.255.

SIXTH CAUSE OF ACTION
(Respondent Pavon-Penalosa)

XXV.

As the managing pharmacist/pharmacist in charge of Walgreens Pharmacy #10783 at the time of each of the violations alleged herein, Respondent Pavon-Penalosa is responsible for those violations, including those of her employees. *See* Nevada Revised Statute (NRS) 639.0087, NRS 639.210(15), NRS 639.220(3)(c), and NAC 639.702.

SEVENTH CAUSE OF ACTION
(Walgreens Pharmacy #10783)

XXVI.

As the pharmacy in which the violations alleged above occurred, Walgreens is statutorily responsible for the actions of respondents Manuelita Pavon-Penalosa and Gary Kinsey, as alleged herein, pursuant to NAC 639.945(2).

For the forgoing error and violations, the license(s)/registration(s) of Respondents, and each of them, are subject to discipline, suspension, or revocation pursuant to the previously cited statutes and regulations, including, but not limited to, NRS 639.210(4), (11), (12), and/or (15), as well as NRS 639.230(5) and/or NRS 639.255.

WHEREFORE it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to the certificates of registration of these respondents.

Signed this 7th day of June, 2017.

Larry L. Pinson, Pharm.D.,
Executive Secretary
Nevada State Board of Pharmacy

NOTICE TO RESPONDENT

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements regarding your certificate of registration. To do so, you must mail to the Board within 15 days of your receipt of this Notice of Intended Action and Accusation a written statement showing your compliance.

Section 9: Statement of Responsibility - MUST BE COMPLETED by an Authorized Person (NAC 639.945)

Statement of Responsibility

1. I am the Vice President (title) for Walgreen Co. (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be responsible for any violations of pharmacy law that may occur in the Pharmacy owned by such owner(s), shareholder(s), member(s), or partner(s).
3. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against the Pharmacy.
4. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) cannot require or permit the pharmacist(s) in said Pharmacy to violate any provision of local, state, or federal laws or regulations pertaining to the practice of pharmacy.
5. I further understand and acknowledge that Nevada law requires that each pharmacy located inside the State of Nevada employ only pharmacists, intern pharmacists, pharmaceutical technicians, and technicians in training that are licensed by the Nevada State Board of Pharmacy. (NRS 639.100).
6. I further understand and acknowledge that Nevada law requires that each pharmacy located outside the State of Nevada engaged in providing pharmacy services into Nevada employs at least one pharmacist licensed by the Nevada State Board of Pharmacy who will be responsible for any prescription dispensed to a patient located in Nevada and responsible for any acts or omissions of pharmacy personnel who are not registered with the Board. (NRS 639.2328).

Richard Gates

Print Name of Authorized Person

Richard Gates

Original signature of Authorized Person (copies or stamps not accepted)

08 / 26 / 2025

Date

Section 10: Affidavit for Pharmacies- MUST BE COMPLETED by pharmacies NOT CURRENTLY PERFORMING Sterile Compounding

Affidavit for Pharmacy License

I, Richard Gates hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

1. I am the Vice President (title) for Walgreen Co. (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I certify that upon licensure, the Pharmacy will not perform sterile compounding or ship sterile compounds into Nevada.
3. I understand and acknowledge that the Pharmacy and any of its staff members may be subject to discipline by the Board if the Pharmacy performs sterile compounding or ships any sterile compounds into Nevada without first obtaining written authorization from the Board to do so.
4. I certify that if the Pharmacy makes the decision to perform sterile compounding or to ship any sterile compounds into Nevada, the Pharmacy, through an authorized representative, will first notify the Board via a written request, and obtain written approval to perform sterile compounding or to ship any sterile compounds into Nevada.
5. I understand that if the Pharmacy seeks approval to perform sterile compounding or to ship any sterile compounds into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

FURTHER YOUR AFFIANT SAYETH NAUGHT.

Signature

SUBSCRIBED AND SWORN TO
Before me, a notary public this 20th day of August, 2025

Zeljka Borosa-Rajcevic
Notary Public

OFFICIAL SEAL
ZELJKA BOROSA RAJCEVIC
Notary Public, State of Illinois
Commission No. 977646
My Commission Expires September 8, 2027

CONFIDENTIAL/EXEMPT FROM
FREEDOM OF INFORMATION ACT AND
SIMILAR STATE REQUESTS

Ownership Information

Ownership & Leadership of Applicant Entity

Applicant: **Walgreen Co.**
108 Wilmot Rd., Deerfield, IL 60015

Ownership: The Applicant entity is wholly owned (100%) by Walgreens Boots Alliance, Inc.

Officers of Walgreen Co.
Michael Motz - CEO
Richard Gates - Senior Vice President, Chief Pharmacy Officer
Cherita Thomas - Secretary
Matthew Spina - CFO
Michael Handal - Licensing and Provider Enrollment Officer

Ownership & Leadership of Walgreens Boots Alliance, Inc.

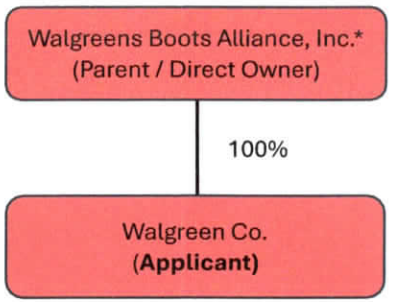
Ownership: Walgreens Boots Alliance, Inc. is wholly owned (100%) by Blazing Star Parent, LLC

Officers of Walgreens Boots Alliance, Inc.
Temporarily vacant - CEO
Mark Weisz - Sr VP, Global Tax
Manmohan Mahajan - Sr VP, Global Controller, CFO
Lanesha Minnix - Corporate Secretary

Please see the attached pre- and post-closing Corporate Organization chart for reference.

Proprietary and Confidential
Not a public record pursuant to
Section 7927.605 of the CPRA and
45 CFR Section 5.31

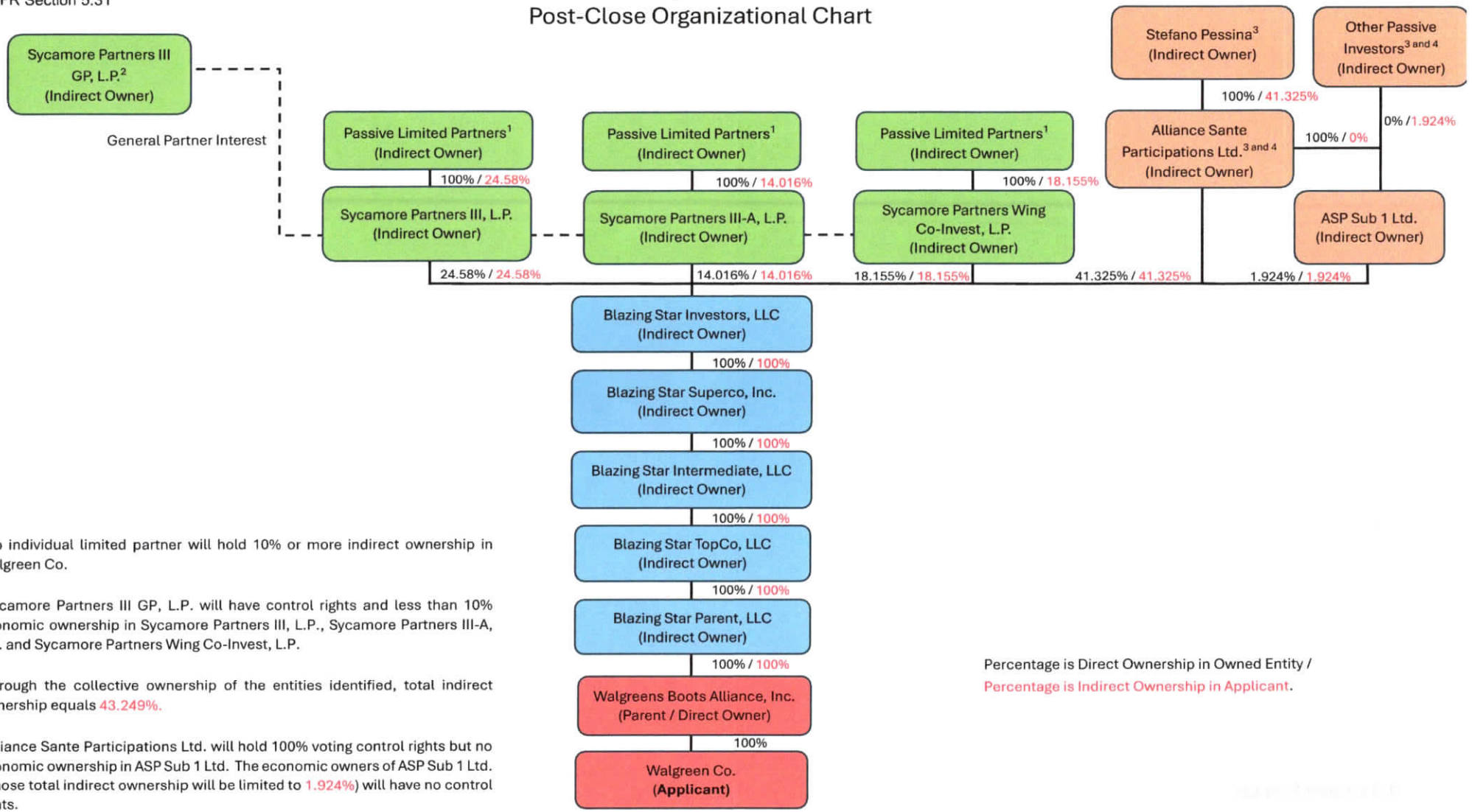
Walgreen Co.
Pre-Close Organizational Chart



Publicly Traded on Nasdaq Stock Market (WBA)

Proprietary and Confidential
Not a public record pursuant to
Section 7927.605 of the CPRA and
45 CFR Section 5.31

Walgreen Co.
Post-Close Organizational Chart



[1]No individual limited partner will hold 10% or more indirect ownership in Walgreen Co.

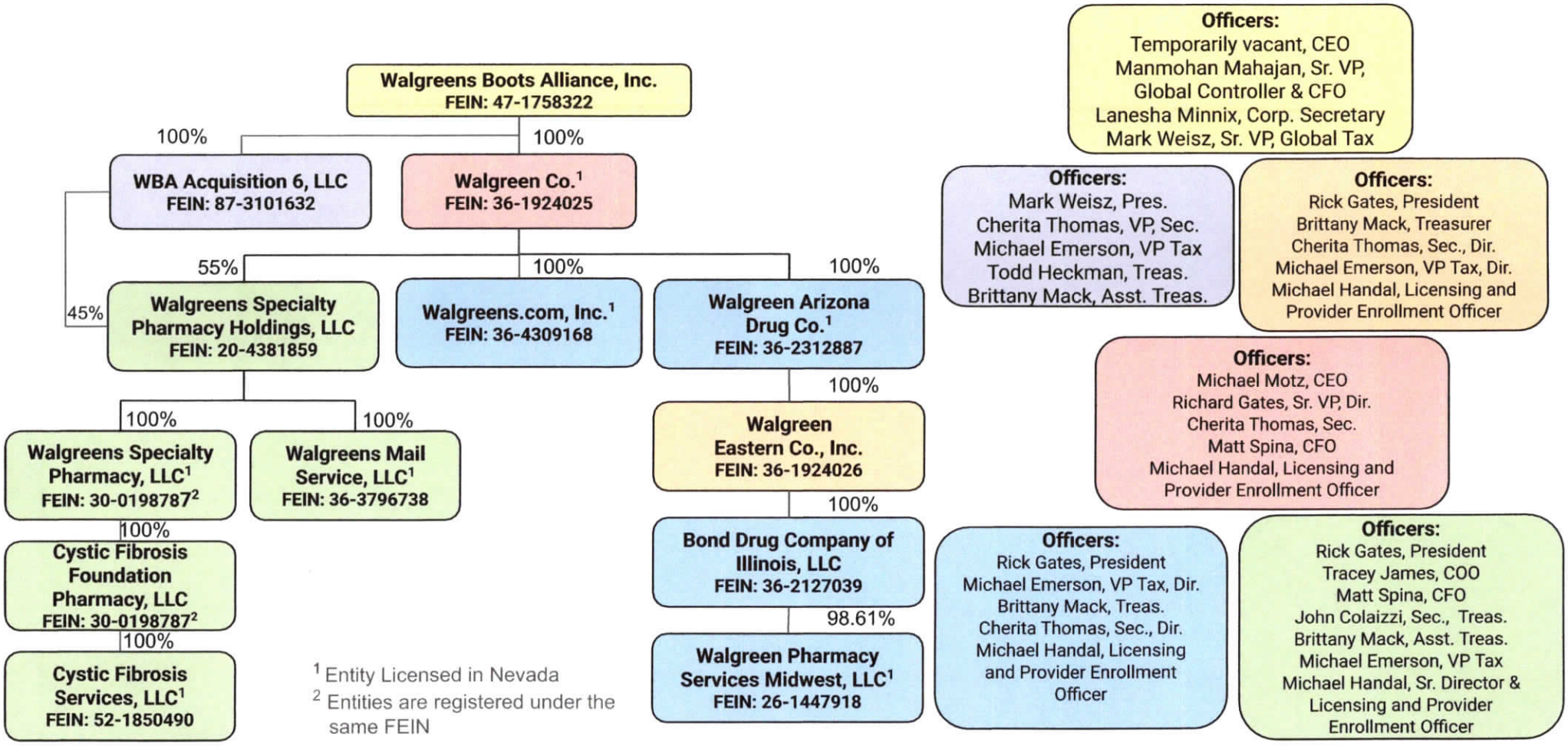
[2]Sycamore Partners III GP, L.P. will have control rights and less than 10% economic ownership in Sycamore Partners III, L.P., Sycamore Partners III-A, L.P. and Sycamore Partners Wing Co-Invest, L.P.

[3]Through the collective ownership of the entities identified, total indirect ownership equals 43.249%.

[4]Alliance Sante Participations Ltd. will hold 100% voting control rights but no economic ownership in ASP Sub 1 Ltd. The economic owners of ASP Sub 1 Ltd. (whose total indirect ownership will be limited to 1.924%) will have no control rights.

Percentage is Direct Ownership in Owned Entity /
Percentage is Indirect Ownership in Applicant.

Walgreen Co.
Post-Close Organizational Chart (cont.)



File Number 1084-348-1

STATE OF ILLINOIS

OFFICE OF THE SECRETARY OF STATE

To all to whom these Presents Shall Come, Greeting:

I, **Alexi Giannoulias,** *Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that*

WALGREEN CO., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON FEBRUARY 15, 1909, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE BUSINESS CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.

In Testimony Whereof, *I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this* 15TH *day of* MAY *A.D.* 2025 .

Authentication #: 2513501622 verifiable until 05/15/2026

Authenticate at: https://www.ilsos.gov

SECRETARY OF STATE

9CCC

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Pharmacy Application

Non-Refundable $500.00 Fee

Rev (6/11/2024)

Facility Location	Application Type (check all applicable)	Pharmacy Type (check all applicable)	Services the Pharmacy will Provide (check all applicable)
☑ Nevada	☐ New Pharmacy	☑ Retail/Community	☑ Retail/Community
☐ Out-of-Nevada	☑ Ownership Change*	☐ Hospital (# beds _____)	☑ Dangerous drugs
	☐ Location Change *	☐ Internet	☑ Controlled substances
	☐ Service Modification*	☐ Nuclear	DEA #: FW1894888
	☐ Name Change* (if only a Name Change occurred, submit a $50.00 fee with the application.)	☐ Other:	☐ Non-sterile Compounding
			☐ Sterile Compounding
			☐ Mail-Order Service
			☐ Off-site Cognitive Services
			☐ Long Term Care
	* Current license #: PH PH02598		☐ Hospital
			☐ Other:

Days of Operation		Ownership Type (check applicable box)
☑ Monday	☑ Friday	☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9, 10, 11, 12)
☑ Tuesday	☑ Saturday	☑ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9, 10, 11, 12)
☑ Wednesday	☑ Sunday	☐ Partnership (complete sections 1, 2, 3, 4, 7, 9, 10, 11, 12)
☑ Thursday	☐ Holidays	☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9, 10, 11, 12)

Section 1: General Information

Pharmacy Name: WALGREENS #10862

Physical Address: 2421 E BONANZA RD

City: Las Vegas State: NV Zip: 89101-3400

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: (702)366-1556 Toll Free # (NAC 639.708, NRS 639.23286): N/A

Fax: (702)366-9832 Contact Email: rxm.10862@store.walgreens.com

Website: https://www.walgreens.com

Nevada Business License # (if applicable) NV19951143510

Supervising/Managing Pharmacist Name (NRS 639.220): CHRISTOPHER LEE

Supervising/Managing Pharmacist NV Pharmacist Registration # (if applicable): 23767

Section 2: List the name(s) of at least one NEVADA registered pharmacist who practices at the pharmacy, who may be the managing pharmacist or another pharmacist, who will be responsible for any prescriptions dispensed to a patient located in Nevada and responsible for any acts or omissions of pharmacy personnel who are not registered with the Board. NRS 639.2328. (Use a separate piece of paper if additional space is needed.)

Name: CHRISTOPHER LEE	NV Pharmacist Registration #: 23767
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:

Section 3: History of Company	**Yes**	**No**
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✔
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration from any jurisdiction?		✔
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been subject of an administrative action, board citation, cite fine, or proceeding relating to the pharmaceutical industry?		✔
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✔
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✔

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name(s) of the owner(s), their credentials and their percent ownership. Write NA if not applicable. NRS 639.232. (Use a separate piece of paper if additional space is needed.)

Name: N/A	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:

1. The Board shall not issue a license to conduct a pharmacy:
   a) To any practitioner; or
   b) To any partnership, corporation, or association in which a practitioner has a controlling interest or owns more than 10 percent of the available stock.
2. This section does not:
   a) Apply to a hospital pharmacy or a health maintenance organization which holds a certificate of authority under chapter 695C of NRS.
   b) Prohibit ownership by a practitioner of a building in which a pharmacy is located, if space for the pharmacy is rented at the prevailing rate.

Section 5: Publicly Traded Corporation

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Does the number of stockholders/shareholders of the corporation exceed four? NRS 639.231 ☐ Yes ☐ No

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: Delaware

Parent Company (if any): Walgreens Boots Alliance, Inc.

Corporation/Organization Name: Walgreen Co.

Mailing Address: 108 Wilmot Rd

City: Deerfield State: IL Zip: 60015

Telephone: 847-224-1348 Email: licenseadministration@walgreens.com

Contact Person Name: Kayla Lechner

Does the number of stockholders/shareholders of the corporation or members exceed four? NRS 639.231 ☐ Yes ☒ No

Section 7: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Please check type of partnership (NAC 639.214) ☐ General ☐ Limited

Does the number of partners or members of the partnership exceed four? NRS 639.231 ☐ Yes ☐ No

Section 8: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Richard Gates

Print Name of Authorized Person Submitting Application (If the applicant is a partnership or corporation, the application must be signed by a partner or by an officer of the corporation). NAC 639.215

Richard Gates

Original signature of Authorized Person (copies or stamps not accepted)

08 / 26 / 2025

Date

Board Use Only	Date Received: 9/18/25	Amount: $500 CK JP03-3000111129

Section 11: Managing Pharmacist Acknowledgement, Professional/Personal History – REQUIRED TO BE COMPLETED BY THE MANAGING PHARMACIST FOR NEVADA LOCATED PHARMACY APPLICANTS ONLY

Managing Pharmacist Name: CHRISTOPHER LEE Pharmacist Registration #: 23767

Pharmacy Name: WALGREENS #10862

Initial each statement below to indicate you have read and agree with the following:

C.H.L — I understand that as the managing pharmacist I am responsible for compliance by the pharmacy and its personnel with all state and federal laws and regulations relating to the operation of the pharmacy and the practice of pharmacy. I understand my license can be revoked or that I can be subject of disciplinary action if such laws or regulations are knowingly violated in the pharmacy in which I am the managing pharmacist.

C.H.L — I understand within 48 hours after I report for duty as the managing pharmacist, I shall complete an inventory of all controlled substances of the pharmacy pursuant to 21 CFR Part 1304 and maintain a copy of the inventory in the file at the pharmacy.

C.H.L — I understand that if I cease to be managing pharmacist of the above-named pharmacy, I will jointly, with the new managing pharmacist, take an inventory of all controlled substances.

C.H.L — I understand that as the managing pharmacist I must ensure that all loss or theft of controlled substances are reported on forms provided by the Nevada State Board of Pharmacy and Department of Public Safety within 10 days after the date of discovery of theft or loss. NRS 453.568. Federal regulations require that registrants notify the Field Division Office of the Administration in his area, in writing, of the theft or significant loss of any controlled substance, disposal receptacles or listed chemicals within one business day of discovery of such loss or theft. The registrant shall also complete and submit to the Field Division Office in his area, DEA Form 106 regarding the loss or theft (21 C.F.R. §1301.76(b) and 21 U.S.C. §830(b)(1)(C)).

C.H.L — I understand that as the managing pharmacist I must notify the Nevada State Board of Pharmacy of all employment changes of pharmacy staff within 10 days of the change. NAC 639.540

Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?	☐	☑
2. Have you been charged, arrested, or convicted of a felony or misdemeanor in any state?	☑	☐
3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state?	☐	☑
4. Has your license been subjected to any discipline for violation of pharmacy or drug laws in any state?	☐	☑

If you marked YES to any questions above, include the following information and provide a signed statement of explanation. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Board Administrative Action:	State:	Date:	Case #:

Criminal Action:	State:	Date:	Case #:	County:	Court:

I certify under penalty of perjury that the information I have provided on this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

CHRISTOPHER LEE

Original signature of Managing Pharmacist (copies or stamps not accepted)

08 / 04 / 2025

Date

Section 9: Statement of Responsibility - MUST BE COMPLETED by an Authorized Person (NAC 639.945)

Statement of Responsibility

1. I am the Vice President (title) for Walgreen Co. (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be responsible for any violations of pharmacy law that may occur in the Pharmacy owned by such owner(s), shareholder(s), member(s), or partner(s).
3. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against the Pharmacy.
4. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) cannot require or permit the pharmacist(s) in said Pharmacy to violate any provision of local, state, or federal laws or regulations pertaining to the practice of pharmacy.
5. I further understand and acknowledge that Nevada law requires that each pharmacy located inside the State of Nevada employ only pharmacists, intern pharmacists, pharmaceutical technicians, and technicians in training that are licensed by the Nevada State Board of Pharmacy. (NRS 639.100).
6. I further understand and acknowledge that Nevada law requires that each pharmacy located outside the State of Nevada engaged in providing pharmacy services into Nevada employs at least one pharmacist licensed by the Nevada State Board of Pharmacy who will be responsible for any prescription dispensed to a patient located in Nevada and responsible for any acts or omissions of pharmacy personnel who are not registered with the Board. (NRS 639.2328).

Richard Gates

Print Name of Authorized Person

Richard Gates

Original signature of Authorized Person (copies or stamps not accepted)

08 / 26 / 2025

Date

Section 10: Affidavit for Pharmacies- MUST BE COMPLETED by pharmacies NOT CURRENTLY PERFORMING Sterile Compounding

Affidavit for Pharmacy License

I, Richard Gates hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

1. I am the Vice President (title) for Walgreen Co. (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I certify that upon licensure, the Pharmacy will not perform sterile compounding or ship sterile compounds into Nevada.
3. I understand and acknowledge that the Pharmacy and any of its staff members may be subject to discipline by the Board if the Pharmacy performs sterile compounding or ships any sterile compounds into Nevada without first obtaining written authorization from the Board to do so.
4. I certify that if the Pharmacy makes the decision to perform sterile compounding or to ship any sterile compounds into Nevada, the Pharmacy, through an authorized representative, will first notify the Board via a written request, and obtain written approval to perform sterile compounding or to ship any sterile compounds into Nevada.
5. I understand that if the Pharmacy seeks approval to perform sterile compounding or to ship any sterile compounds into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

FURTHER YOUR AFFIANT SAYETH NAUGHT.

Signature

SUBSCRIBED AND SWORN TO
Before me, a notary public this 20th day of August, 20 25

Zeljka Borosa-Rajcevic
Notary Public

OFFICIAL SEAL
ZELJKA BOROSA RAJCEVIC
Notary Public, State of Illinois
Commission No. 977646
My Commission Expires September 8, 2027

File Number 1084-348-1

STATE OF ILLINOIS

OFFICE OF THE SECRETARY OF STATE

To all to whom these Presents Shall Come, Greeting:

I, **Alexi Giannoulias,** *Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that*

WALGREEN CO., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON FEBRUARY 15, 1909, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE BUSINESS CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.

In Testimony Whereof, *I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this* 15TH *day of* MAY *A.D.* 2025 .

Authentication #: 2513501622 verifiable until 05/15/2026
Authenticate at: https://www.ilsos.gov

Alexi Giannoulias
SECRETARY OF STATE

CONFIDENTIAL/EXEMPT FROM
FREEDOM OF INFORMATION ACT AND
SIMILAR STATE REQUESTS

Ownership Information

Ownership & Leadership of Applicant Entity

Applicant: **Walgreen Co.**
108 Wilmot Rd., Deerfield, IL 60015

Ownership: The Applicant entity is wholly owned (100%) by Walgreens Boots Alliance, Inc.

Officers of Walgreen Co.
Michael Motz - CEO
Richard Gates - Senior Vice President, Chief Pharmacy Officer
Cherita Thomas - Secretary
Matthew Spina - CFO
Michael Handal - Licensing and Provider Enrollment Officer

Ownership & Leadership of Walgreens Boots Alliance, Inc.

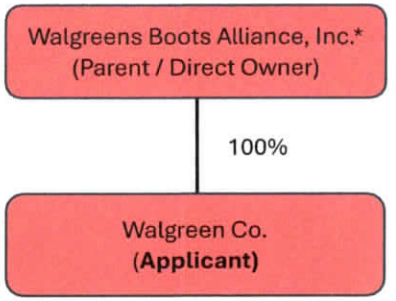
Ownership: Walgreens Boots Alliance, Inc. is wholly owned (100%) by Blazing Star Parent, LLC

Officers of Walgreens Boots Alliance, Inc.
Temporarily vacant - CEO
Mark Weisz - Sr VP, Global Tax
Manmohan Mahajan - Sr VP, Global Controller, CFO
Lanesha Minnix - Corporate Secretary

Please see the attached pre- and post-closing Corporate Organization chart for reference.

Proprietary and Confidential
Not a public record pursuant to
Section 7927.605 of the CPRA and
45 CFR Section 5.31

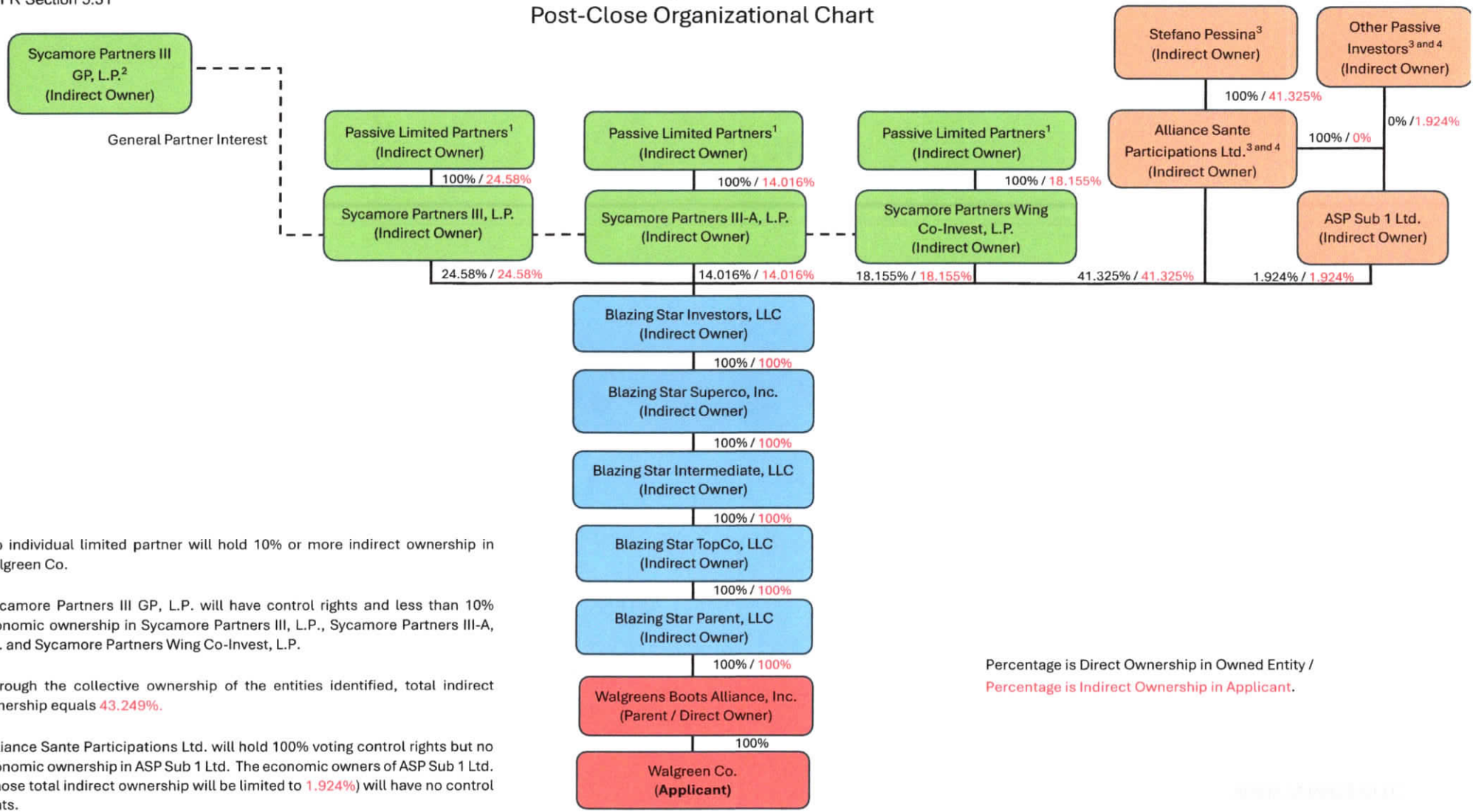
Walgreen Co.
Pre-Close Organizational Chart



Publicly Traded on Nasdaq Stock Market (WBA)

Proprietary and Confidential
Not a public record pursuant to
Section 7927.605 of the CPRA and
45 CFR Section 5.31

Walgreen Co.
Post-Close Organizational Chart



[1]No individual limited partner will hold 10% or more indirect ownership in Walgreen Co.

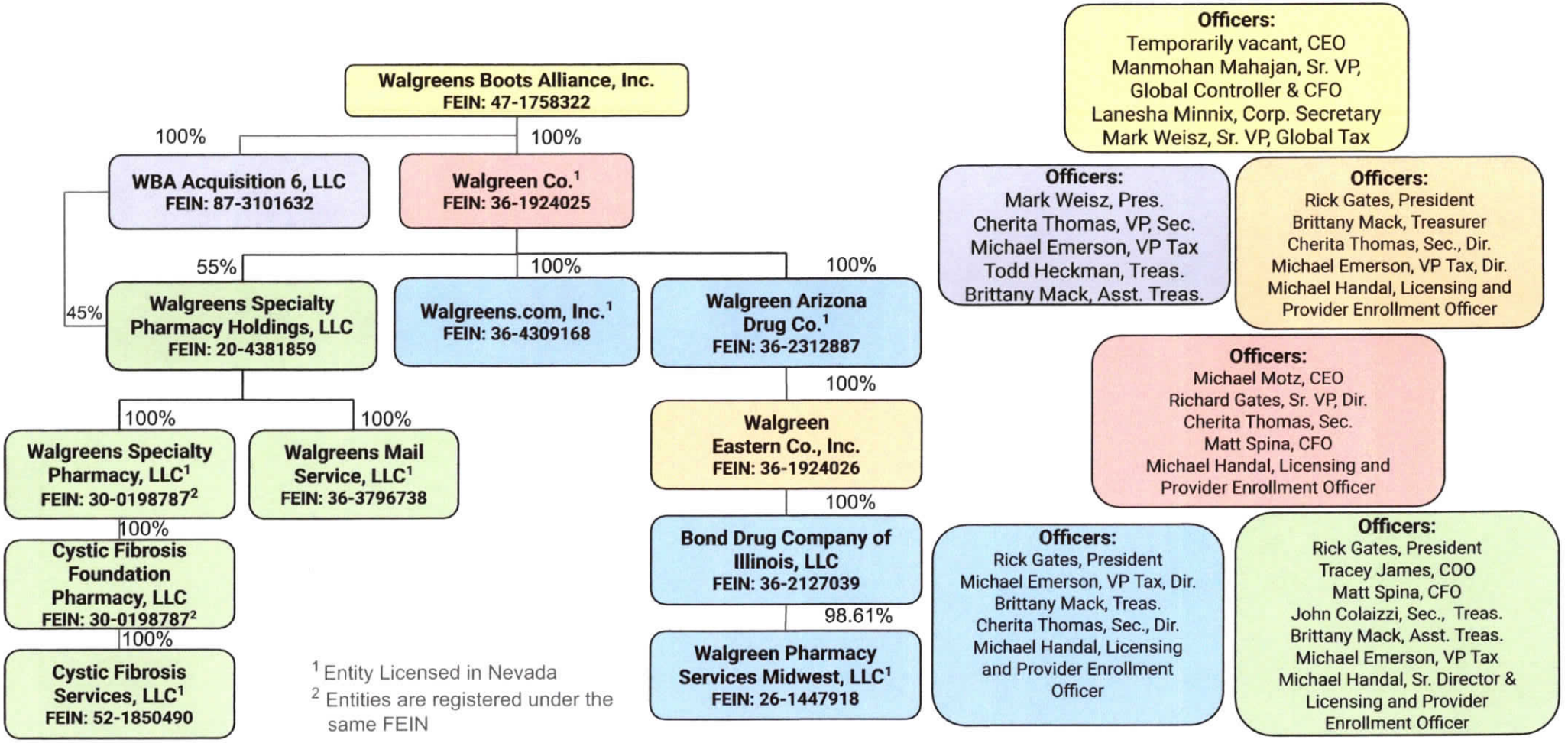
[2]Sycamore Partners III GP, L.P. will have control rights and less than 10% economic ownership in Sycamore Partners III, L.P., Sycamore Partners III-A, L.P. and Sycamore Partners Wing Co-Invest, L.P.

[3]Through the collective ownership of the entities identified, total indirect ownership equals 43.249%.

[4]Alliance Sante Participations Ltd. will hold 100% voting control rights but no economic ownership in ASP Sub 1 Ltd. The economic owners of ASP Sub 1 Ltd. (whose total indirect ownership will be limited to 1.924%) will have no control rights.

Percentage is Direct Ownership in Owned Entity /
Percentage is Indirect Ownership in Applicant.

Walgreen Co.
Post-Close Organizational Chart (cont.)



9DDD

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Pharmacy Application

Non-Refundable $500.00 Fee

Rev (6/11/2024)

Facility Location	Application Type (check all applicable)	Pharmacy Type (check all applicable)	Services the Pharmacy will Provide (check all applicable)
☑ Nevada ☐ Out-of-Nevada	☐ New Pharmacy ☑ Ownership Change* ☐ Location Change * ☐ Service Modification* ☐ Name Change* (if only a Name Change occurred, submit a $50.00 fee with the application.) * Current license #: PH PH02473	☑ Retail/Community ☐ Hospital (# beds _____) ☐ Internet ☐ Nuclear ☐ Other:	☑ Retail/Community ☑ Dangerous drugs ☑ Controlled substances DEA #: FW1223647 ☐ Non-sterile Compounding ☐ Sterile Compounding ☐ Mail-Order Service ☐ Off-site Cognitive Services ☐ Long Term Care ☐ Hospital ☐ Other:

Days of Operation		Ownership Type (check applicable box)
☑ Monday	☑ Friday	☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9, 10, 11, 12)
☑ Tuesday	☑ Saturday	☑ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9, 10, 11, 12)
☑ Wednesday	☑ Sunday	☐ Partnership (complete sections 1, 2, 3, 4, 7, 9, 10, 11, 12)
☑ Thursday	☐ Holidays	☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9, 10, 11, 12)

Section 1: General Information

Pharmacy Name: WALGREENS #11206

Physical Address: 8582 BLUE DIAMOND RD

City: Las Vegas State: NV Zip: 89178-9202

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: (702)260-0135 Toll Free # (NAC 639.708, NRS 639.23286): N/A

Fax: (702)260-7345 Contact Email: rxm.11206@store.walgreens.com

Website: https://www.walgreens.com

Nevada Business License # (if applicable) NV19951143510

Supervising/Managing Pharmacist Name (NRS 639.220): CHRISTIAN ALONZO

Supervising/Managing Pharmacist NV Pharmacist Registration # (if applicable): 23094

Section 2: List the name(s) of at least one NEVADA registered pharmacist who practices at the pharmacy, who may be the managing pharmacist or another pharmacist, who will be responsible for any prescriptions dispensed to a patient located in Nevada and responsible for any acts or omissions of pharmacy personnel who are not registered with the Board. NRS 639.2328. (Use a separate piece of paper if additional space is needed.)

Name: CHRISTIAN ALONZO	NV Pharmacist Registration #: 23094
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:

Section 3: History of Company	**Yes**	**No**
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✔
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration from any jurisdiction?		✔
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been subject of an administrative action, board citation, cite fine, or proceeding relating to the pharmaceutical industry?		✔
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✔
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✔

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name(s) of the owner(s), their credentials and their percent ownership. Write NA if not applicable. NRS 639.232. (Use a separate piece of paper if additional space is needed.)

Name: N/A	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:

1. The Board shall not issue a license to conduct a pharmacy:
   a) To any practitioner; or
   b) To any partnership, corporation, or association in which a practitioner has a controlling interest or owns more than 10 percent of the available stock.
2. This section does not:
   a) Apply to a hospital pharmacy or a health maintenance organization which holds a certificate of authority under chapter 695C of NRS.
   b) Prohibit ownership by a practitioner of a building in which a pharmacy is located, if space for the pharmacy is rented at the prevailing rate.

Section 5: Publicly Traded Corporation

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Does the number of stockholders/shareholders of the corporation exceed four? NRS 639.231 ☐ Yes ☐ No

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: Delaware

Parent Company (if any): Walgreens Boots Alliance, Inc.

Corporation/Organization Name: Walgreen Co.

Mailing Address: 108 Wilmot Rd

City: Deerfield State: IL Zip: 60015

Telephone: 847-224-1348 Email: licenseadministration@walgreens.com

Contact Person Name: Kayla Lechner

Does the number of stockholders/shareholders of the corporation or members exceed four? NRS 639.231 ☐ Yes ☒ No

Section 7: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Please check type of partnership (NAC 639.214) ☐ General ☐ Limited

Does the number of partners or members of the partnership exceed four? NRS 639.231 ☐ Yes ☐ No

Section 8: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Richard Gates

Print Name of Authorized Person Submitting Application (If the applicant is a partnership or corporation, the application must be signed by a partner or by an officer of the corporation). NAC 639.215

Richard Gates

Original signature of Authorized Person (copies or stamps not accepted)

08 / 26 / 2025

Date

Board Use Only	Date Received: 9/18/25	Amount: $500 CK JP03-3000111129

Section 11: Managing Pharmacist Acknowledgement, Professional/Personal History – REQUIRED TO BE COMPLETED BY THE MANAGING PHARMACIST FOR NEVADA LOCATED PHARMACY APPLICANTS ONLY

Managing Pharmacist Name: CHRISTIAN ALONZO Pharmacist Registration #: 23094

Pharmacy Name: WALGREENS #11206

Initial each statement below to indicate you have read and agree with the following:

C.A. I understand that as the managing pharmacist I am responsible for compliance by the pharmacy and its personnel with all state and federal laws and regulations relating to the operation of the pharmacy and the practice of pharmacy. I understand my license can be revoked or that I can be subject of disciplinary action if such laws or regulations are knowingly violated in the pharmacy in which I am the managing pharmacist.

C.A. I understand within 48 hours after I report for duty as the managing pharmacist, I shall complete an inventory of all controlled substances of the pharmacy pursuant to 21 CFR Part 1304 and maintain a copy of the inventory in the file at the pharmacy.

C.A. I understand that if I cease to be managing pharmacist of the above-named pharmacy, I will jointly, with the new managing pharmacist, take an inventory of all controlled substances.

C.A. I understand that as the managing pharmacist I must ensure that all loss or theft of controlled substances are reported on forms provided by the Nevada State Board of Pharmacy and Department of Public Safety within 10 days after the date of discovery of theft or loss. NRS 453.568. Federal regulations require that registrants notify the Field Division Office of the Administration in his area, in writing, of the theft or significant loss of any controlled substance, disposal receptacles or listed chemicals within one business day of discovery of such loss or theft. The registrant shall also complete and submit to the Field Division Office in his area, DEA Form 106 regarding the loss or theft (21 C.F.R. §1301.76(b) and 21 U.S.C. §830(b)(1)(C)).

C.A. I understand that as the managing pharmacist I must notify the Nevada State Board of Pharmacy of all employment changes of pharmacy staff within 10 days of the change. NAC 639.540

Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?	☐	☑
2. Have you been charged, arrested, or convicted of a felony or misdemeanor in any state?	☐	☑
3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state?	☐	☑
4. Has your license been subjected to any discipline for violation of pharmacy or drug laws in any state?	☐	☑

If you marked YES to any questions above, include the following information and provide a signed statement of explanation. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Board Administrative Action:	State:	Date:	Case #:

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I certify under penalty of perjury that the information I have provided on this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

CHRISTIAN ALONZO

Original signature of Managing Pharmacist (copies or stamps not accepted)

08 / 04 / 2025

Date

Section 9: Statement of Responsibility - MUST BE COMPLETED by an Authorized Person (NAC 639.945)

Statement of Responsibility

1. I am the Vice President (title) for Walgreen Co. (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be responsible for any violations of pharmacy law that may occur in the Pharmacy owned by such owner(s), shareholder(s), member(s), or partner(s).
3. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against the Pharmacy.
4. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) cannot require or permit the pharmacist(s) in said Pharmacy to violate any provision of local, state, or federal laws or regulations pertaining to the practice of pharmacy.
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6. I further understand and acknowledge that Nevada law requires that each pharmacy located outside the State of Nevada engaged in providing pharmacy services into Nevada employs at least one pharmacist licensed by the Nevada State Board of Pharmacy who will be responsible for any prescription dispensed to a patient located in Nevada and responsible for any acts or omissions of pharmacy personnel who are not registered with the Board. (NRS 639.2328).

Richard Gates

Print Name of Authorized Person

Richard Gates

Original signature of Authorized Person (copies or stamps not accepted)

08 / 26 / 2025

Date

Section 10: Affidavit for Pharmacies- MUST BE COMPLETED by pharmacies NOT CURRENTLY PERFORMING Sterile Compounding

Affidavit for Pharmacy License

I, Richard Gates hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

1. I am the Vice President (title) for Walgreen Co. (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I certify that upon licensure, the Pharmacy will not perform sterile compounding or ship sterile compounds into Nevada.
3. I understand and acknowledge that the Pharmacy and any of its staff members may be subject to discipline by the Board if the Pharmacy performs sterile compounding or ships any sterile compounds into Nevada without first obtaining written authorization from the Board to do so.
4. I certify that if the Pharmacy makes the decision to perform sterile compounding or to ship any sterile compounds into Nevada, the Pharmacy, through an authorized representative, will first notify the Board via a written request, and obtain written approval to perform sterile compounding or to ship any sterile compounds into Nevada.
5. I understand that if the Pharmacy seeks approval to perform sterile compounding or to ship any sterile compounds into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

FURTHER YOUR AFFIANT SAYETH NAUGHT.

Signature

SUBSCRIBED AND SWORN TO
Before me, a notary public this 20th day of August, 2025

Zeljka Borosa-Rajcevic
Notary Public

OFFICIAL SEAL
ZELJKA BOROSA RAJCEVIC
Notary Public, State of Illinois
Commission No. 977646
My Commission Expires September 8, 2027

File Number 1084-348-1

STATE OF ILLINOIS

OFFICE OF THE SECRETARY OF STATE

To all to whom these Presents Shall Come, Greeting:

I, **Alexi Giannoulias,** *Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that*

WALGREEN CO., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON FEBRUARY 15, 1909, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE BUSINESS CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.

In Testimony Whereof, *I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this* 15TH *day of* MAY *A.D.* 2025 .

Authentication #: 2513501622 verifiable until 05/15/2026
Authenticate at: https://www.ilsos.gov

Alexi Giannoulias
SECRETARY OF STATE

CONFIDENTIAL/EXEMPT FROM
FREEDOM OF INFORMATION ACT AND
SIMILAR STATE REQUESTS

Ownership Information

Ownership & Leadership of Applicant Entity

Applicant: **Walgreen Co.**
108 Wilmot Rd., Deerfield, IL 60015

Ownership: The Applicant entity is wholly owned (100%) by Walgreens Boots Alliance, Inc.

Officers of Walgreen Co.
Michael Motz - CEO
Richard Gates - Senior Vice President, Chief Pharmacy Officer
Cherita Thomas - Secretary
Matthew Spina - CFO
Michael Handal - Licensing and Provider Enrollment Officer

Ownership & Leadership of Walgreens Boots Alliance, Inc.

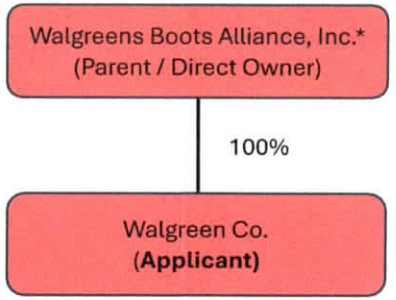
Ownership: Walgreens Boots Alliance, Inc. is wholly owned (100%) by Blazing Star Parent, LLC

Officers of Walgreens Boots Alliance, Inc.
Temporarily vacant - CEO
Mark Weisz - Sr VP, Global Tax
Manmohan Mahajan - Sr VP, Global Controller, CFO
Lanesha Minnix - Corporate Secretary

Please see the attached pre- and post-closing Corporate Organization chart for reference.

Proprietary and Confidential
Not a public record pursuant to
Section 7927.605 of the CPRA and
45 CFR Section 5.31

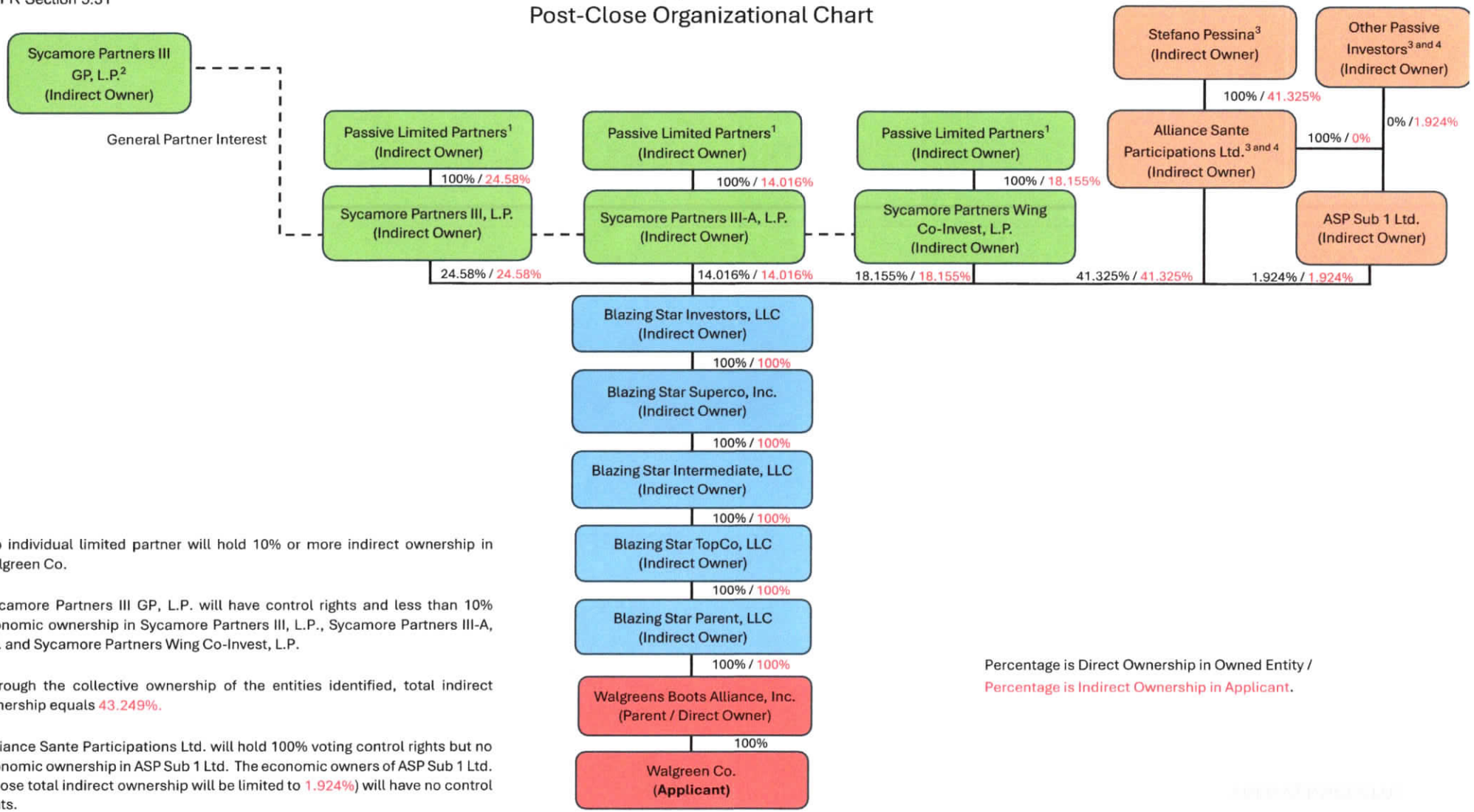
Walgreen Co.
Pre-Close Organizational Chart



Publicly Traded on Nasdaq Stock Market (WBA)

Proprietary and Confidential
Not a public record pursuant to
Section 7927.605 of the CPRA and
45 CFR Section 5.31

Walgreen Co.
Post-Close Organizational Chart



[1]No individual limited partner will hold 10% or more indirect ownership in Walgreen Co.

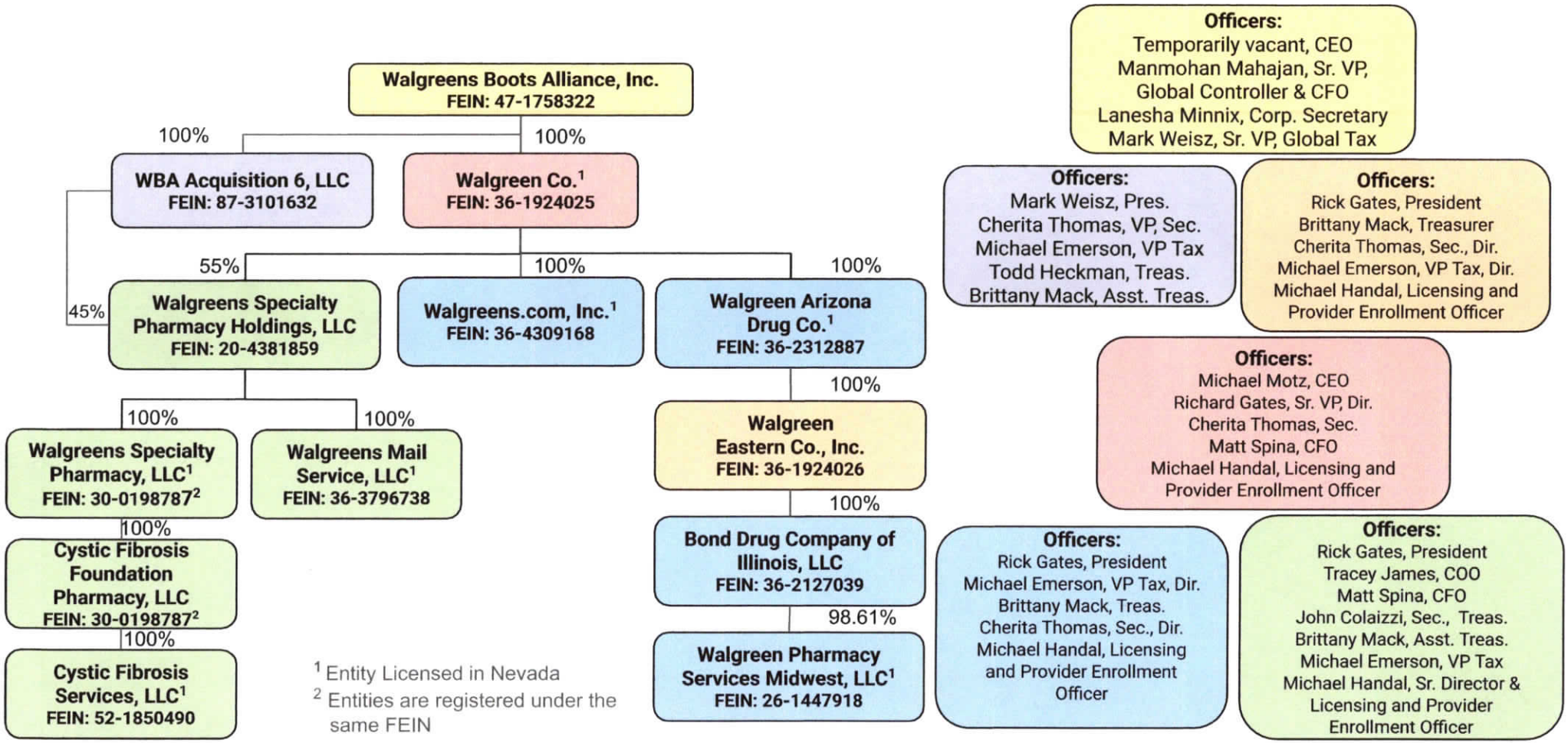
[2]Sycamore Partners III GP, L.P. will have control rights and less than 10% economic ownership in Sycamore Partners III, L.P., Sycamore Partners III-A, L.P. and Sycamore Partners Wing Co-Invest, L.P.

[3]Through the collective ownership of the entities identified, total indirect ownership equals 43.249%.

[4]Alliance Sante Participations Ltd. will hold 100% voting control rights but no economic ownership in ASP Sub 1 Ltd. The economic owners of ASP Sub 1 Ltd. (whose total indirect ownership will be limited to 1.924%) will have no control rights.

Percentage is Direct Ownership in Owned Entity /
Percentage is Indirect Ownership in Applicant.

Walgreen Co.
Post-Close Organizational Chart (cont.)



9EEE

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Pharmacy Application

Non-Refundable $500.00 Fee

Rev (6/11/2024)

Facility Location	Application Type (check all applicable)	Pharmacy Type (check all applicable)	Services the Pharmacy will Provide (check all applicable)
■ Nevada ☐ Out-of-Nevada	☐ New Pharmacy ■ Ownership Change* ☐ Location Change * ☐ Service Modification* ☐ Name Change* (if only a Name Change occurred, submit a $50.00 fee with the application.) * Current license #: PH PH02600	■ Retail/Community ☐ Hospital (# beds _____) ☐ Internet ☐ Nuclear ☐ Other:	■ Retail/Community ■ Dangerous drugs ■ Controlled substances DEA #: FW1925594 ☐ Non-sterile Compounding ☐ Sterile Compounding ☐ Mail-Order Service ☐ Off-site Cognitive Services ☐ Long Term Care ☐ Hospital ☐ Other:

Days of Operation		Ownership Type (check applicable box)
■ Monday	■ Friday	☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9, 10, 11, 12)
■ Tuesday	■ Saturday	■ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9, 10, 11, 12)
■ Wednesday	■ Sunday	☐ Partnership (complete sections 1, 2, 3, 4, 7, 9, 10, 11, 12)
■ Thursday	☐ Holidays	☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9, 10, 11, 12)

Section 1: General Information

Pharmacy Name: WALGREENS #11668

Physical Address: 6390 BOULDER HWY

City: Las Vegas State: NV Zip: 89122-7439

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: (702)435-6263 Toll Free # (NAC 639.708, NRS 639.23286): N/A

Fax: (702)435-5579 Contact Email: rxm.11668@store.walgreens.com

Website: https://www.walgreens.com

Nevada Business License # (if applicable) NV19951143510

Supervising/Managing Pharmacist Name (NRS 639.220): SARAH MAE PASCUAL

Supervising/Managing Pharmacist NV Pharmacist Registration # (if applicable): 20433

Section 2: List the name(s) of at least one NEVADA registered pharmacist who practices at the pharmacy, who may be the managing pharmacist or another pharmacist, who will be responsible for any prescriptions dispensed to a patient located in Nevada and responsible for any acts or omissions of pharmacy personnel who are not registered with the Board. NRS 639.2328. (Use a separate piece of paper if additional space is needed.)

Name: SARAH MAE PASCUAL	NV Pharmacist Registration #: 20433
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:

Section 3: History of Company	**Yes**	**No**
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✔
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration from any jurisdiction?		✔
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been subject of an administrative action, board citation, cite fine, or proceeding relating to the pharmaceutical industry?		✔
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✔
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✔

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name(s) of the owner(s), their credentials and their percent ownership. Write NA if not applicable. NRS 639.232. (Use a separate piece of paper if additional space is needed.)

Name: N/A	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:

1. The Board shall not issue a license to conduct a pharmacy:
   a) To any practitioner; or
   b) To any partnership, corporation, or association in which a practitioner has a controlling interest or owns more than 10 percent of the available stock.
2. This section does not:
   a) Apply to a hospital pharmacy or a health maintenance organization which holds a certificate of authority under chapter 695C of NRS.
   b) Prohibit ownership by a practitioner of a building in which a pharmacy is located, if space for the pharmacy is rented at the prevailing rate.

Section 5: Publicly Traded Corporation

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Does the number of stockholders/shareholders of the corporation exceed four? NRS 639.231 ☐ Yes ☐ No

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: Delaware

Parent Company (if any): Walgreens Boots Alliance, Inc.

Corporation/Organization Name: Walgreen Co.

Mailing Address: 108 Wilmot Rd

City: Deerfield State: IL Zip: 60015

Telephone: 847-224-1348 Email: licenseadministration@walgreens.com

Contact Person Name: Kayla Lechner

Does the number of stockholders/shareholders of the corporation or members exceed four? NRS 639.231 ☐ Yes ☑ No

Section 7: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Please check type of partnership (NAC 639.214) ☐ General ☐ Limited

Does the number of partners or members of the partnership exceed four? NRS 639.231 ☐ Yes ☐ No

Section 8: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Richard Gates

Print Name of Authorized Person Submitting Application (If the applicant is a partnership or corporation, the application must be signed by a partner or by an officer of the corporation). NAC 639.215

Richard Gates

Original signature of Authorized Person (copies or stamps not accepted)

08 / 26 / 2025

Date

Board Use Only	Date Received: 9/18/25	Amount: $500 ck JP03-3000111129

Section 11: Managing Pharmacist Acknowledgement, Professional/Personal History – REQUIRED TO BE COMPLETED BY THE MANAGING PHARMACIST FOR NEVADA LOCATED PHARMACY APPLICANTS ONLY

Managing Pharmacist Name: SARAH MAE PASCUAL Pharmacist Registration #: 20433

Pharmacy Name: WALGREENS #11668

Initial each statement below to indicate you have read and agree with the following:

S.A. I understand that as the managing pharmacist I am responsible for compliance by the pharmacy and its personnel with all state and federal laws and regulations relating to the operation of the pharmacy and the practice of pharmacy. I understand my license can be revoked or that I can be subject of disciplinary action if such laws or regulations are knowingly violated in the pharmacy in which I am the managing pharmacist.

S.A. I understand within 48 hours after I report for duty as the managing pharmacist, I shall complete an inventory of all controlled substances of the pharmacy pursuant to 21 CFR Part 1304 and maintain a copy of the inventory in the file at the pharmacy.

S.A. I understand that if I cease to be managing pharmacist of the above-named pharmacy, I will jointly, with the new managing pharmacist, take an inventory of all controlled substances.

S.A. I understand that as the managing pharmacist I must ensure that all loss or theft of controlled substances are reported on forms provided by the Nevada State Board of Pharmacy and Department of Public Safety within 10 days after the date of discovery of theft or loss. NRS 453.568. Federal regulations require that registrants notify the Field Division Office of the Administration in his area, in writing, of the theft or significant loss of any controlled substance, disposal receptacles or listed chemicals within one business day of discovery of such loss or theft. The registrant shall also complete and submit to the Field Division Office in his area, DEA Form 106 regarding the loss or theft (21 C.F.R. §1301.76(b) and 21 U.S.C. §830(b)(1)(C)).

S.A. I understand that as the managing pharmacist I must notify the Nevada State Board of Pharmacy of all employment changes of pharmacy staff within 10 days of the change. NAC 639.540

Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?	☐	☑
2. Have you been charged, arrested, or convicted of a felony or misdemeanor in any state?	☐	☑
3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state?	☐	☑
4. Has your license been subjected to any discipline for violation of pharmacy or drug laws in any state?	☐	☑

If you marked YES to any questions above, include the following information and provide a signed statement of explanation. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Board Administrative Action:	State:	Date:	Case #:

Criminal Action:	State:	Date:	Case #:	County:	Court:

I certify under penalty of perjury that the information I have provided on this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

SARAH MAE PASCUAL

Original signature of Managing Pharmacist (copies or stamps not accepted)

08 / 01 / 2025

Date

Section 9: Statement of Responsibility - MUST BE COMPLETED by an Authorized Person (NAC 639.945)

Statement of Responsibility

1. I am the Vice President (title) for Walgreen Co. (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be responsible for any violations of pharmacy law that may occur in the Pharmacy owned by such owner(s), shareholder(s), member(s), or partner(s).
3. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against the Pharmacy.
4. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) cannot require or permit the pharmacist(s) in said Pharmacy to violate any provision of local, state, or federal laws or regulations pertaining to the practice of pharmacy.
5. I further understand and acknowledge that Nevada law requires that each pharmacy located inside the State of Nevada employ only pharmacists, intern pharmacists, pharmaceutical technicians, and technicians in training that are licensed by the Nevada State Board of Pharmacy. (NRS 639.100).
6. I further understand and acknowledge that Nevada law requires that each pharmacy located outside the State of Nevada engaged in providing pharmacy services into Nevada employs at least one pharmacist licensed by the Nevada State Board of Pharmacy who will be responsible for any prescription dispensed to a patient located in Nevada and responsible for any acts or omissions of pharmacy personnel who are not registered with the Board. (NRS 639.2328).

Richard Gates

Print Name of Authorized Person

Richard Gates

Original signature of Authorized Person (copies or stamps not accepted)

08 / 26 / 2025

Date

Section 10: Affidavit for Pharmacies- MUST BE COMPLETED by pharmacies NOT CURRENTLY PERFORMING Sterile Compounding

Affidavit for Pharmacy License

I, Richard Gates hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

1. I am the Vice President (title) for Walgreen Co. (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I certify that upon licensure, the Pharmacy will not perform sterile compounding or ship sterile compounds into Nevada.
3. I understand and acknowledge that the Pharmacy and any of its staff members may be subject to discipline by the Board if the Pharmacy performs sterile compounding or ships any sterile compounds into Nevada without first obtaining written authorization from the Board to do so.
4. I certify that if the Pharmacy makes the decision to perform sterile compounding or to ship any sterile compounds into Nevada, the Pharmacy, through an authorized representative, will first notify the Board via a written request, and obtain written approval to perform sterile compounding or to ship any sterile compounds into Nevada.
5. I understand that if the Pharmacy seeks approval to perform sterile compounding or to ship any sterile compounds into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

FURTHER YOUR AFFIANT SAYETH NAUGHT.

Signature

SUBSCRIBED AND SWORN TO
Before me, a notary public this 20th day of August, 2025

Zeljka Borosa-Rajcevic
Notary Public

OFFICIAL SEAL
ZELJKA BOROSA RAJCEVIC
Notary Public, State of Illinois
Commission No. 977646
My Commission Expires September 8, 2027

File Number 1084-348-1

STATE OF ILLINOIS

OFFICE OF THE SECRETARY OF STATE

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Authentication #: 2513501622 verifiable until 05/15/2026
Authenticate at: https://www.ilsos.gov

Alexi Giannoulias
SECRETARY OF STATE

CONFIDENTIAL/EXEMPT FROM
FREEDOM OF INFORMATION ACT AND
SIMILAR STATE REQUESTS

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Richard Gates - Senior Vice President, Chief Pharmacy Officer
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Matthew Spina - CFO
Michael Handal - Licensing and Provider Enrollment Officer

Ownership & Leadership of Walgreens Boots Alliance, Inc.

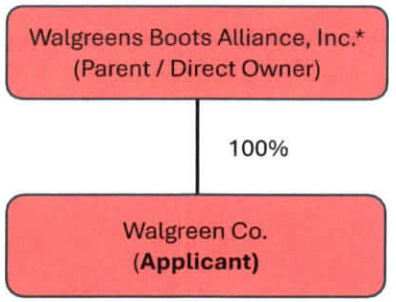
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Manmohan Mahajan - Sr VP, Global Controller, CFO
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Proprietary and Confidential
Not a public record pursuant to
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45 CFR Section 5.31

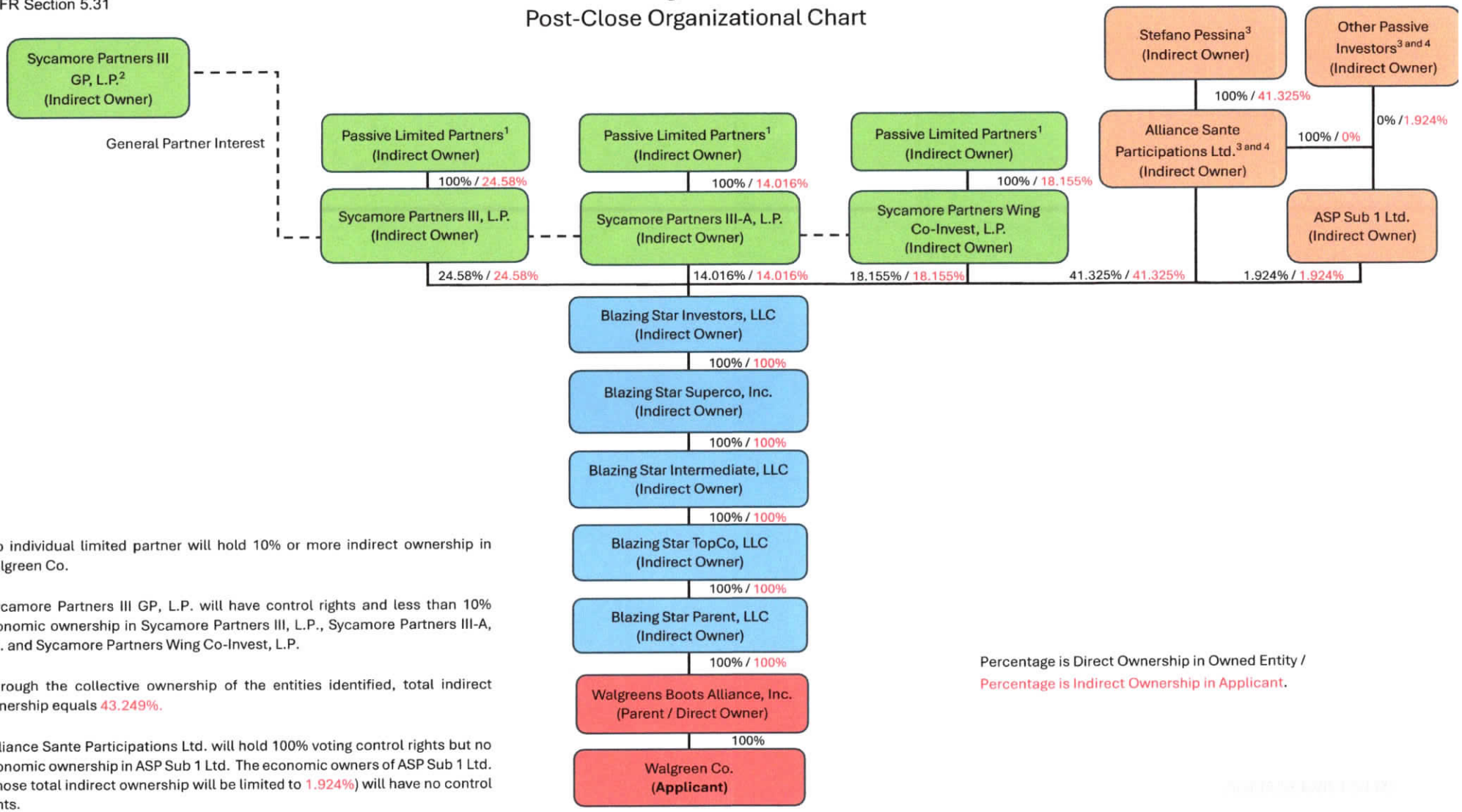
Walgreen Co.
Pre-Close Organizational Chart



Publicly Traded on Nasdaq Stock Market (WBA)

Proprietary and Confidential
Not a public record pursuant to
Section 7927.605 of the CPRA and
45 CFR Section 5.31

Walgreen Co.
Post-Close Organizational Chart



[1]No individual limited partner will hold 10% or more indirect ownership in Walgreen Co.

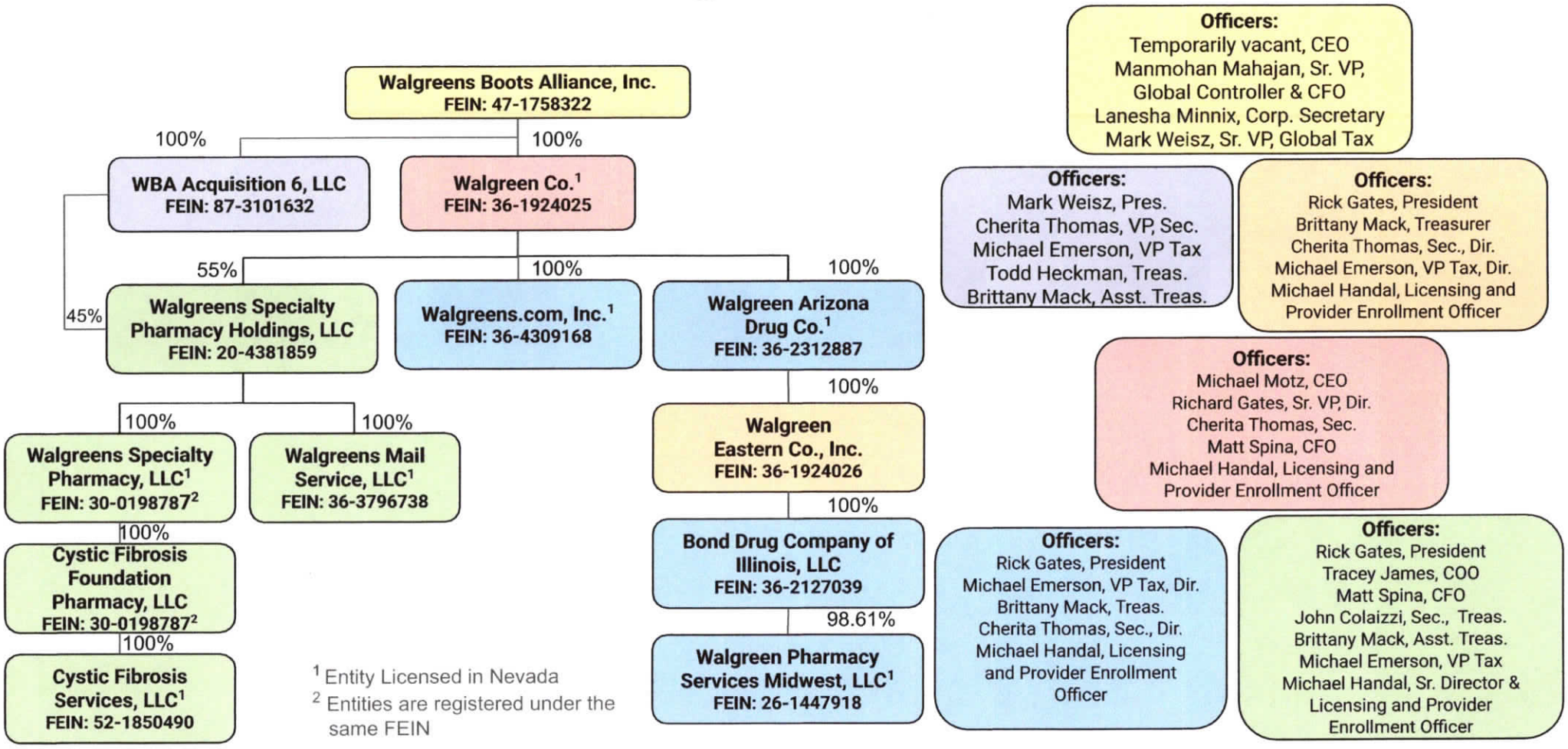
[2]Sycamore Partners III GP, L.P. will have control rights and less than 10% economic ownership in Sycamore Partners III, L.P., Sycamore Partners III-A, L.P. and Sycamore Partners Wing Co-Invest, L.P.

[3]Through the collective ownership of the entities identified, total indirect ownership equals 43.249%.

[4]Alliance Sante Participations Ltd. will hold 100% voting control rights but no economic ownership in ASP Sub 1 Ltd. The economic owners of ASP Sub 1 Ltd. (whose total indirect ownership will be limited to 1.924%) will have no control rights.

Percentage is Direct Ownership in Owned Entity /
Percentage is Indirect Ownership in Applicant.

Walgreen Co.
Post-Close Organizational Chart (cont.)



9FFF

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Pharmacy Application

Non-Refundable $500.00 Fee

Rev (6/11/2024)

Facility Location	Application Type (check all applicable)	Pharmacy Type (check all applicable)	Services the Pharmacy will Provide (check all applicable)
■ Nevada ☐ Out-of-Nevada	☐ New Pharmacy ■ Ownership Change* ☐ Location Change * ☐ Service Modification* ☐ Name Change* (if only a Name Change occurred, submit a $50.00 fee with the application.) * Current license #: PH PH02632	■ Retail/Community ☐ Hospital (# beds _____) ☐ Internet ☐ Nuclear ☐ Other:	■ Retail/Community ■ Dangerous drugs ■ Controlled substances DEA #: FW2194772 ☐ Non-sterile Compounding ☐ Sterile Compounding ☐ Mail-Order Service ☐ Off-site Cognitive Services ☐ Long Term Care ☐ Hospital ☐ Other:

Days of Operation		Ownership Type (check applicable box)
■ Monday	■ Friday	☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9, 10, 11, 12)
■ Tuesday	■ Saturday	■ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9, 10, 11, 12)
■ Wednesday	☐ Sunday	☐ Partnership (complete sections 1, 2, 3, 4, 7, 9, 10, 11, 12)
■ Thursday	☐ Holidays	☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9, 10, 11, 12)

Section 1: General Information

Pharmacy Name: WALGREENS #11766

Physical Address: 4930 Blue Diamond Rd

City: Las Vegas State: NV Zip: 89139

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: (702)260-9695 Toll Free # (NAC 639.708, NRS 639.23286): N/A

Fax: (702)260-4635 Contact Email: rxm.11766@store.walgreens.com

Website: https://www.walgreens.com

Nevada Business License # (if applicable) NV19951143510

Supervising/Managing Pharmacist Name (NRS 639.220): MONIQUE KUN

Supervising/Managing Pharmacist NV Pharmacist Registration # (if applicable): 21256

Section 2: List the name(s) of at least one NEVADA registered pharmacist who practices at the pharmacy, who may be the managing pharmacist or another pharmacist, who will be responsible for any prescriptions dispensed to a patient located in Nevada and responsible for any acts or omissions of pharmacy personnel who are not registered with the Board. NRS 639.2328. (Use a separate piece of paper if additional space is needed.)

Name: MONIQUE KUN	NV Pharmacist Registration #: 21256
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:

Section 3: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✔
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration from any jurisdiction?		✔
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been subject of an administrative action, board citation, cite fine, or proceeding relating to the pharmaceutical industry?		✔
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✔
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✔

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name(s) of the owner(s), their credentials and their percent ownership. Write NA if not applicable. NRS 639.232. (Use a separate piece of paper if additional space is needed.)

Name: N/A	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:

1. The Board shall not issue a license to conduct a pharmacy:
   a) To any practitioner; or
   b) To any partnership, corporation, or association in which a practitioner has a controlling interest or owns more than 10 percent of the available stock.
2. This section does not:
   a) Apply to a hospital pharmacy or a health maintenance organization which holds a certificate of authority under chapter 695C of NRS.
   b) Prohibit ownership by a practitioner of a building in which a pharmacy is located, if space for the pharmacy is rented at the prevailing rate.

Section 5: Publicly Traded Corporation

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Does the number of stockholders/shareholders of the corporation exceed four? NRS 639.231 ☐ Yes ☐ No

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: Delaware

Parent Company (if any): Walgreens Boots Alliance, Inc.

Corporation/Organization Name: Walgreen Co.

Mailing Address: 108 Wilmot Rd

City: Deerfield State: IL Zip: 60015

Telephone: 847-224-1348 Email: licenseadministration@walgreens.com

Contact Person Name: Kayla Lechner

Does the number of stockholders/shareholders of the corporation or members exceed four? NRS 639.231 ☐ Yes ☒ No

Section 7: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Please check type of partnership (NAC 639.214) ☐ General ☐ Limited

Does the number of partners or members of the partnership exceed four? NRS 639.231 ☐ Yes ☐ No

Section 8: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Richard Gates

Print Name of Authorized Person Submitting Application (If the applicant is a partnership or corporation, the application must be signed by a partner or by an officer of the corporation). NAC 639.215

Richard Gates

Original signature of Authorized Person (copies or stamps not accepted)

08 / 26 / 2025

Date

Board Use Only	Date Received: 9/18/25	Amount: $500 CK JP03-300011129

Section 11: Managing Pharmacist Acknowledgement, Professional/Personal History – REQUIRED TO BE COMPLETED BY THE MANAGING PHARMACIST FOR NEVADA LOCATED PHARMACY APPLICANTS ONLY

Managing Pharmacist Name: MONIQUE KUN Pharmacist Registration #: 21256

Pharmacy Name: WALGREENS #11766

Initial each statement below to indicate you have read and agree with the following:

MK I understand that as the managing pharmacist I am responsible for compliance by the pharmacy and its personnel with all state and federal laws and regulations relating to the operation of the pharmacy and the practice of pharmacy. I understand my license can be revoked or that I can be subject of disciplinary action if such laws or regulations are knowingly violated in the pharmacy in which I am the managing pharmacist.

MK I understand within 48 hours after I report for duty as the managing pharmacist, I shall complete an inventory of all controlled substances of the pharmacy pursuant to 21 CFR Part 1304 and maintain a copy of the inventory in the file at the pharmacy.

MK I understand that if I cease to be managing pharmacist of the above-named pharmacy, I will jointly, with the new managing pharmacist, take an inventory of all controlled substances.

MK I understand that as the managing pharmacist I must ensure that all loss or theft of controlled substances are reported on forms provided by the Nevada State Board of Pharmacy and Department of Public Safety within 10 days after the date of discovery of theft or loss. NRS 453.568. Federal regulations require that registrants notify the Field Division Office of the Administration in his area, in writing, of the theft or significant loss of any controlled substance, disposal receptacles or listed chemicals within one business day of discovery of such loss or theft. The registrant shall also complete and submit to the Field Division Office in his area, DEA Form 106 regarding the loss or theft (21 C.F.R. §1301.76(b) and 21 U.S.C. §830(b)(1)(C)).

MK I understand that as the managing pharmacist I must notify the Nevada State Board of Pharmacy of all employment changes of pharmacy staff within 10 days of the change. NAC 639.540

Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?	☐	☑
2. Have you been charged, arrested, or convicted of a felony or misdemeanor in any state?	☐	☑
3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state?	☐	☑
4. Has your license been subjected to any discipline for violation of pharmacy or drug laws in any state?	☐	☑

If you marked YES to any questions above, include the following information and provide a signed statement of explanation. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Board Administrative Action:	State:	Date:	Case #:

Criminal Action:	State:	Date:	Case #:	County:	Court:

I certify under penalty of perjury that the information I have provided on this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

MONIQUE KUN

Original signature of Managing Pharmacist (copies or stamps not accepted)

08 / 06 / 2025

Date

Section 9: Statement of Responsibility - MUST BE COMPLETED by an Authorized Person (NAC 639.945)

Statement of Responsibility

1. I am the Vice President (title) for Walgreen Co. (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be responsible for any violations of pharmacy law that may occur in the Pharmacy owned by such owner(s), shareholder(s), member(s), or partner(s).
3. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against the Pharmacy.
4. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) cannot require or permit the pharmacist(s) in said Pharmacy to violate any provision of local, state, or federal laws or regulations pertaining to the practice of pharmacy.
5. I further understand and acknowledge that Nevada law requires that each pharmacy located inside the State of Nevada employ only pharmacists, intern pharmacists, pharmaceutical technicians, and technicians in training that are licensed by the Nevada State Board of Pharmacy. (NRS 639.100).
6. I further understand and acknowledge that Nevada law requires that each pharmacy located outside the State of Nevada engaged in providing pharmacy services into Nevada employs at least one pharmacist licensed by the Nevada State Board of Pharmacy who will be responsible for any prescription dispensed to a patient located in Nevada and responsible for any acts or omissions of pharmacy personnel who are not registered with the Board. (NRS 639.2328).

Richard Gates

Print Name of Authorized Person

Richard Gates

Original signature of Authorized Person (copies or stamps not accepted)

08 / 26 / 2025

Date

Section 10: Affidavit for Pharmacies- MUST BE COMPLETED by pharmacies NOT CURRENTLY PERFORMING Sterile Compounding

Affidavit for Pharmacy License

I, Richard Gates hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

1. I am the Vice President (title) for Walgreen Co. (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I certify that upon licensure, the Pharmacy will not perform sterile compounding or ship sterile compounds into Nevada.
3. I understand and acknowledge that the Pharmacy and any of its staff members may be subject to discipline by the Board if the Pharmacy performs sterile compounding or ships any sterile compounds into Nevada without first obtaining written authorization from the Board to do so.
4. I certify that if the Pharmacy makes the decision to perform sterile compounding or to ship any sterile compounds into Nevada, the Pharmacy, through an authorized representative, will first notify the Board via a written request, and obtain written approval to perform sterile compounding or to ship any sterile compounds into Nevada.
5. I understand that if the Pharmacy seeks approval to perform sterile compounding or to ship any sterile compounds into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

FURTHER YOUR AFFIANT SAYETH NAUGHT.

Signature

SUBSCRIBED AND SWORN TO
Before me, a notary public this 20th day of August, 2025

Zeljka Borosa-Rajcevic
Notary Public

OFFICIAL SEAL
ZELJKA BOROSA RAJCEVIC
Notary Public, State of Illinois
Commission No. 977646
My Commission Expires September 8, 2027

File Number 1084-348-1

STATE OF ILLINOIS

OFFICE OF THE SECRETARY OF STATE

To all to whom these Presents Shall Come, Greeting:

I, **Alexi Giannoulias,** *Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that*

WALGREEN CO., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON FEBRUARY 15, 1909, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE BUSINESS CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.

In Testimony Whereof, *I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this* 15TH *day of* MAY *A.D.* 2025 .

Authentication #: 2513501622 verifiable until 05/15/2026
Authenticate at: https://www.ilsos.gov

Alexi Giannoulias
SECRETARY OF STATE

CONFIDENTIAL/EXEMPT FROM
FREEDOM OF INFORMATION ACT AND
SIMILAR STATE REQUESTS

Ownership Information

Ownership & Leadership of Applicant Entity

Applicant: **Walgreen Co.**
108 Wilmot Rd., Deerfield, IL 60015

Ownership: The Applicant entity is wholly owned (100%) by Walgreens Boots Alliance, Inc.

Officers of Walgreen Co.
Michael Motz - CEO
Richard Gates - Senior Vice President, Chief Pharmacy Officer
Cherita Thomas - Secretary
Matthew Spina - CFO
Michael Handal - Licensing and Provider Enrollment Officer

Ownership & Leadership of Walgreens Boots Alliance, Inc.

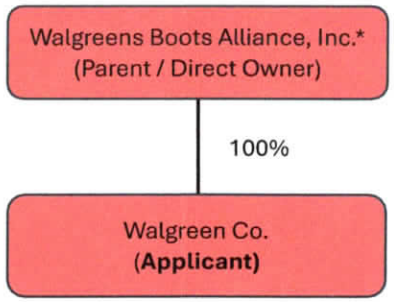
Ownership: Walgreens Boots Alliance, Inc. is wholly owned (100%) by Blazing Star Parent, LLC

Officers of Walgreens Boots Alliance, Inc.
Temporarily vacant - CEO
Mark Weisz - Sr VP, Global Tax
Manmohan Mahajan - Sr VP, Global Controller, CFO
Lanesha Minnix - Corporate Secretary

Please see the attached pre- and post-closing Corporate Organization chart for reference.

Proprietary and Confidential
Not a public record pursuant to
Section 7927.605 of the CPRA and
45 CFR Section 5.31

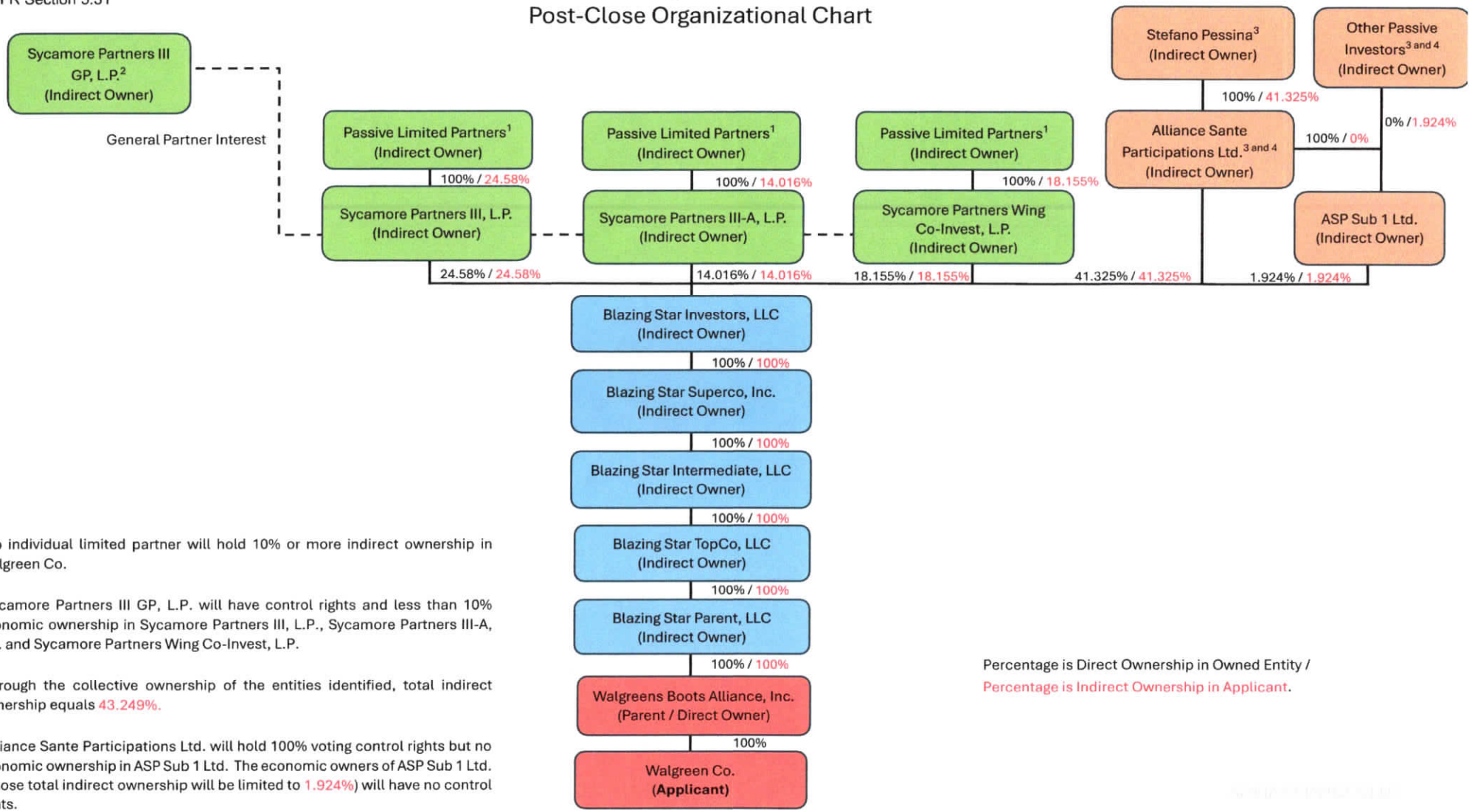
Walgreen Co.
Pre-Close Organizational Chart



Publicly Traded on Nasdaq Stock Market (WBA)

Proprietary and Confidential
Not a public record pursuant to
Section 7927.605 of the CPRA and
45 CFR Section 5.31

Walgreen Co.
Post-Close Organizational Chart



[1]No individual limited partner will hold 10% or more indirect ownership in Walgreen Co.

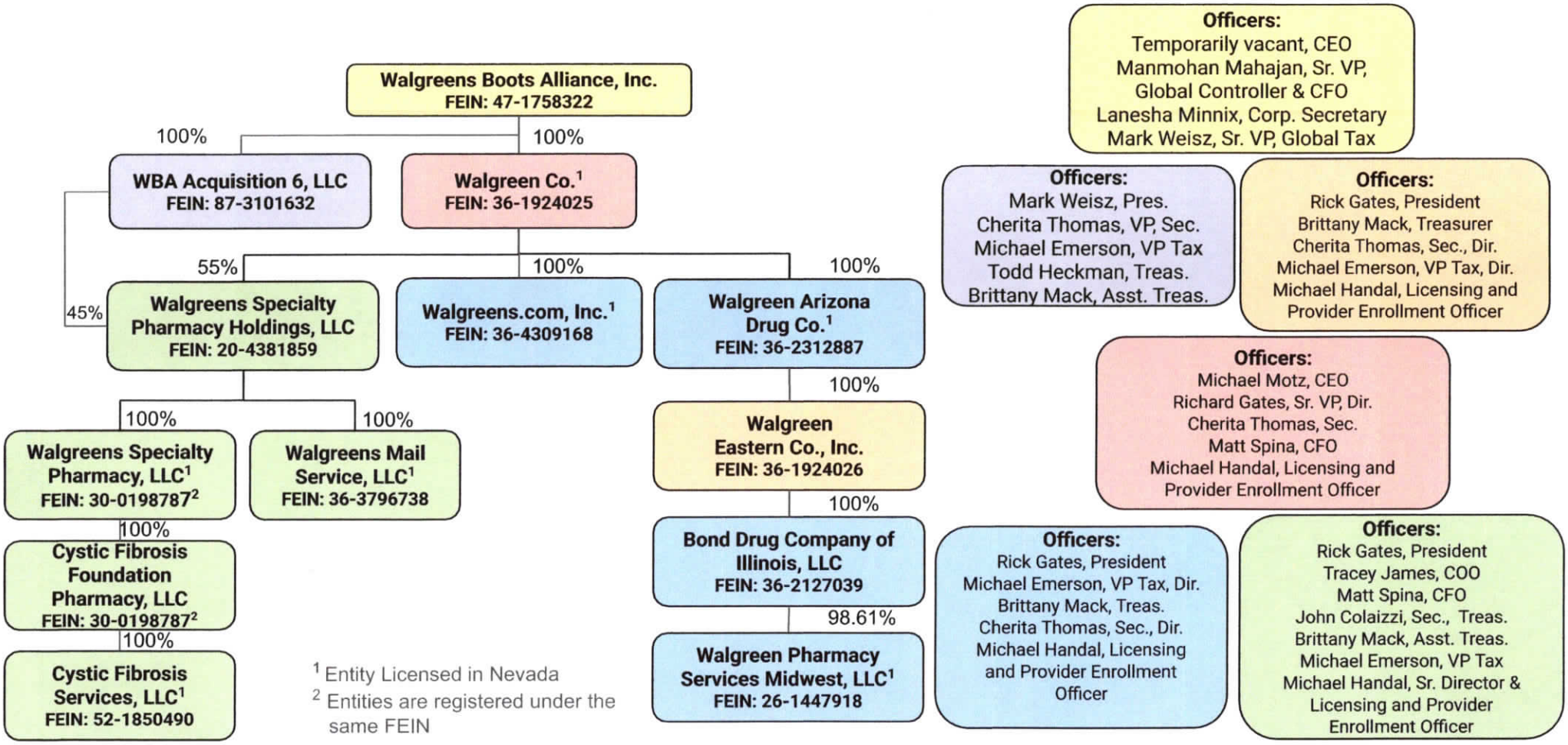
[2]Sycamore Partners III GP, L.P. will have control rights and less than 10% economic ownership in Sycamore Partners III, L.P., Sycamore Partners III-A, L.P. and Sycamore Partners Wing Co-Invest, L.P.

[3]Through the collective ownership of the entities identified, total indirect ownership equals 43.249%.

[4]Alliance Sante Participations Ltd. will hold 100% voting control rights but no economic ownership in ASP Sub 1 Ltd. The economic owners of ASP Sub 1 Ltd. (whose total indirect ownership will be limited to 1.924%) will have no control rights.

Percentage is Direct Ownership in Owned Entity /
Percentage is Indirect Ownership in Applicant.

Walgreen Co.
Post-Close Organizational Chart (cont.)



9GGG

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Pharmacy Application

Non-Refundable $500.00 Fee

Rev (6/11/2024)

Facility Location	Application Type (check all applicable)	Pharmacy Type (check all applicable)	Services the Pharmacy will Provide (check all applicable)
☑ Nevada ☐ Out-of-Nevada	☐ New Pharmacy ☑ Ownership Change* ☐ Location Change * ☐ Service Modification* ☐ Name Change* (if only a Name Change occurred, submit a $50.00 fee with the application.) * Current license #: PH PH02487	☑ Retail/Community ☐ Hospital (# beds _____) ☐ Internet ☐ Nuclear ☐ Other:	☑ Retail/Community ☑ Dangerous drugs ☑ Controlled substances DEA #: FW1260479 ☐ Non-sterile Compounding ☐ Sterile Compounding ☐ Mail-Order Service ☐ Off-site Cognitive Services ☐ Long Term Care ☐ Hospital ☐ Other:

Days of Operation		Ownership Type (check applicable box)
☑ Monday	☑ Friday	☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9, 10, 11, 12)
☑ Tuesday	☑ Saturday	☑ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9, 10, 11, 12)
☑ Wednesday	☑ Sunday	☐ Partnership (complete sections 1, 2, 3, 4, 7, 9, 10, 11, 12)
☑ Thursday	☐ Holidays	☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9, 10, 11, 12)

Section 1: General Information

Pharmacy Name: WALGREENS #11899

Physical Address: 6485 S FT APACHE RD

City: Las Vegas State: NV Zip: 89148-6742

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: (702)262-1247 Toll Free # (NAC 639.708, NRS 639.23286): N/A

Fax: (702)262-9396 Contact Email: rxm.11899@store.walgreens.com

Website: https://www.walgreens.com

Nevada Business License # (if applicable) NV19951143510

Supervising/Managing Pharmacist Name (NRS 639.220): KEVIN CHAU

Supervising/Managing Pharmacist NV Pharmacist Registration # (if applicable): 21084

Section 2: List the name(s) of at least one NEVADA registered pharmacist who practices at the pharmacy, who may be the managing pharmacist or another pharmacist, who will be responsible for any prescriptions dispensed to a patient located in Nevada and responsible for any acts or omissions of pharmacy personnel who are not registered with the Board. NRS 639.2328. (Use a separate piece of paper if additional space is needed.)

Name: KEVIN CHAU	NV Pharmacist Registration #: 21084
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:

Section 3: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✔
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration from any jurisdiction?		✔
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been subject of an administrative action, board citation, cite fine, or proceeding relating to the pharmaceutical industry?		✔
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✔
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✔

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name(s) of the owner(s), their credentials and their percent ownership. Write NA if not applicable. NRS 639.232. (Use a separate piece of paper if additional space is needed.)

Name: N/A	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:

1. The Board shall not issue a license to conduct a pharmacy:
   a) To any practitioner; or
   b) To any partnership, corporation, or association in which a practitioner has a controlling interest or owns more than 10 percent of the available stock.
2. This section does not:
   a) Apply to a hospital pharmacy or a health maintenance organization which holds a certificate of authority under chapter 695C of NRS.
   b) Prohibit ownership by a practitioner of a building in which a pharmacy is located, if space for the pharmacy is rented at the prevailing rate.

Section 5: Publicly Traded Corporation

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Does the number of stockholders/shareholders of the corporation exceed four? NRS 639.231 ☐ Yes ☐ No

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: Delaware

Parent Company (if any): Walgreens Boots Alliance, Inc.

Corporation/Organization Name: Walgreen Co.

Mailing Address: 108 Wilmot Rd

City: Deerfield State: IL Zip: 60015

Telephone: 847-224-1348 Email: licenseadministration@walgreens.com

Contact Person Name: Kayla Lechner

Does the number of stockholders/shareholders of the corporation or members exceed four? NRS 639.231 ☐ Yes ☒ No

Section 7: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Please check type of partnership (NAC 639.214) ☐ General ☐ Limited

Does the number of partners or members of the partnership exceed four? NRS 639.231 ☐ Yes ☐ No

Section 8: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Richard Gates

Print Name of Authorized Person Submitting Application (If the applicant is a partnership or corporation, the application must be signed by a partner or by an officer of the corporation). NAC 639.215

Richard Gates

Original signature of Authorized Person (copies or stamps not accepted)

08 / 26 / 2025

Date

Board Use Only	Date Received: 9/18/25	Amount: $800 ck JP03-3000111129

Section 11: Managing Pharmacist Acknowledgement, Professional/Personal History – REQUIRED TO BE COMPLETED BY THE MANAGING PHARMACIST FOR NEVADA LOCATED PHARMACY APPLICANTS ONLY

Managing Pharmacist Name: KEVIN CHAU Pharmacist Registration #: 21084

Pharmacy Name: WALGREENS #11899

Initial each statement below to indicate you have read and agree with the following:

K.C. I understand that as the managing pharmacist I am responsible for compliance by the pharmacy and its personnel with all state and federal laws and regulations relating to the operation of the pharmacy and the practice of pharmacy. I understand my license can be revoked or that I can be subject of disciplinary action if such laws or regulations are knowingly violated in the pharmacy in which I am the managing pharmacist.

K.C. I understand within 48 hours after I report for duty as the managing pharmacist, I shall complete an inventory of all controlled substances of the pharmacy pursuant to 21 CFR Part 1304 and maintain a copy of the inventory in the file at the pharmacy.

K.C. I understand that if I cease to be managing pharmacist of the above-named pharmacy, I will jointly, with the new managing pharmacist, take an inventory of all controlled substances.

K.C. I understand that as the managing pharmacist I must ensure that all loss or theft of controlled substances are reported on forms provided by the Nevada State Board of Pharmacy and Department of Public Safety within 10 days after the date of discovery of theft or loss. NRS 453.568. Federal regulations require that registrants notify the Field Division Office of the Administration in his area, in writing, of the theft or significant loss of any controlled substance, disposal receptacles or listed chemicals within one business day of discovery of such loss or theft. The registrant shall also complete and submit to the Field Division Office in his area, DEA Form 106 regarding the loss or theft (21 C.F.R. §1301.76(b) and 21 U.S.C. §830(b)(1)(C)).

K.C. I understand that as the managing pharmacist I must notify the Nevada State Board of Pharmacy of all employment changes of pharmacy staff within 10 days of the change. NAC 639.540

Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?	☐	☑
2. Have you been charged, arrested, or convicted of a felony or misdemeanor in any state?	☐	☑
3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state?	☐	☑
4. Has your license been subjected to any discipline for violation of pharmacy or drug laws in any state?	☐	☑

If you marked YES to any questions above, include the following information and provide a signed statement of explanation. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Board Administrative Action:	State:	Date:	Case #:

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I certify under penalty of perjury that the information I have provided on this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

KEVIN CHAU

Original signature of Managing Pharmacist (copies or stamps not accepted)

08 / 05 / 2025

Date

Section 9: Statement of Responsibility - MUST BE COMPLETED by an Authorized Person (NAC 639.945)

Statement of Responsibility

1. I am the Vice President (title) for Walgreen Co. (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be responsible for any violations of pharmacy law that may occur in the Pharmacy owned by such owner(s), shareholder(s), member(s), or partner(s).
3. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against the Pharmacy.
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Richard Gates

Print Name of Authorized Person

Richard Gates

Original signature of Authorized Person (copies or stamps not accepted)

08 / 26 / 2025

Date

Section 10: Affidavit for Pharmacies- MUST BE COMPLETED by pharmacies NOT CURRENTLY PERFORMING Sterile Compounding

Affidavit for Pharmacy License

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FURTHER YOUR AFFIANT SAYETH NAUGHT.

Signature

SUBSCRIBED AND SWORN TO
Before me, a notary public this 20th day of August, 2025

Zeljka Borosa-Rajcevic
Notary Public

OFFICIAL SEAL
ZELJKA BOROSA RAJCEVIC
Notary Public, State of Illinois
Commission No. 977646
My Commission Expires September 8, 2027

File Number 1084-348-1

STATE OF ILLINOIS

OFFICE OF THE SECRETARY OF STATE

To all to whom these Presents Shall Come, Greeting:

I, **Alexi Giannoulias,** *Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that*

WALGREEN CO., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON FEBRUARY 15, 1909, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE BUSINESS CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.

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Authentication #: 2513501622 verifiable until 05/15/2026
Authenticate at: https://www.ilsos.gov

Alexi Giannoulias
SECRETARY OF STATE

CONFIDENTIAL/EXEMPT FROM FREEDOM OF INFORMATION ACT AND SIMILAR STATE REQUESTS

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Cherita Thomas - Secretary
Matthew Spina - CFO
Michael Handal - Licensing and Provider Enrollment Officer

Ownership & Leadership of Walgreens Boots Alliance, Inc.

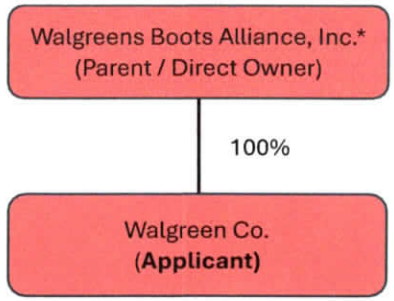
Ownership: Walgreens Boots Alliance, Inc. is wholly owned (100%) by Blazing Star Parent, LLC

Officers of Walgreens Boots Alliance, Inc.
Temporarily vacant - CEO
Mark Weisz - Sr VP, Global Tax
Manmohan Mahajan - Sr VP, Global Controller, CFO
Lanesha Minnix - Corporate Secretary

Please see the attached pre- and post-closing Corporate Organization chart for reference.

Proprietary and Confidential
Not a public record pursuant to
Section 7927.605 of the CPRA and
45 CFR Section 5.31

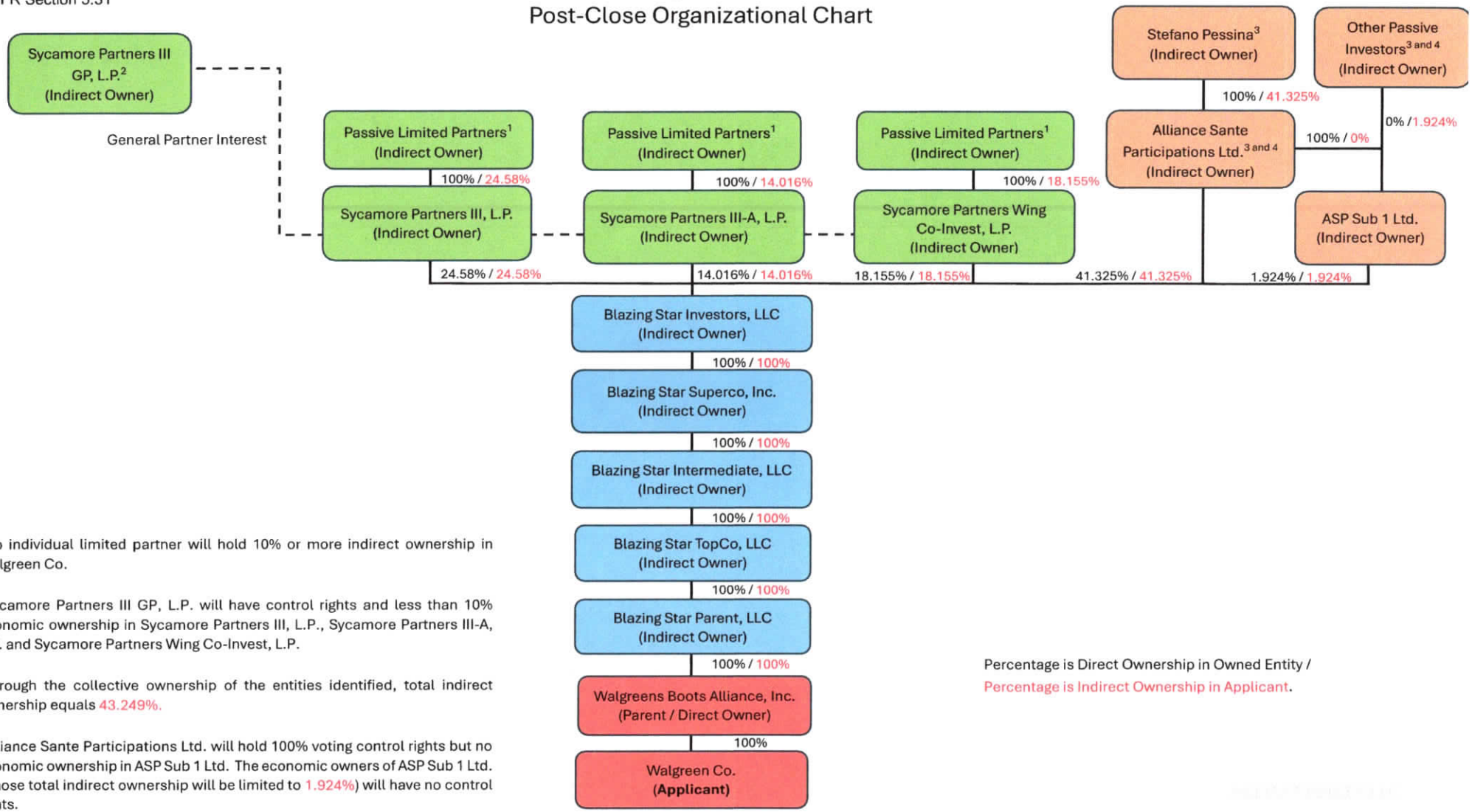
Walgreen Co.
Pre-Close Organizational Chart



Publicly Traded on Nasdaq Stock Market (WBA)

Proprietary and Confidential
Not a public record pursuant to
Section 7927.605 of the CPRA and
45 CFR Section 5.31

Walgreen Co.
Post-Close Organizational Chart



[1]No individual limited partner will hold 10% or more indirect ownership in Walgreen Co.

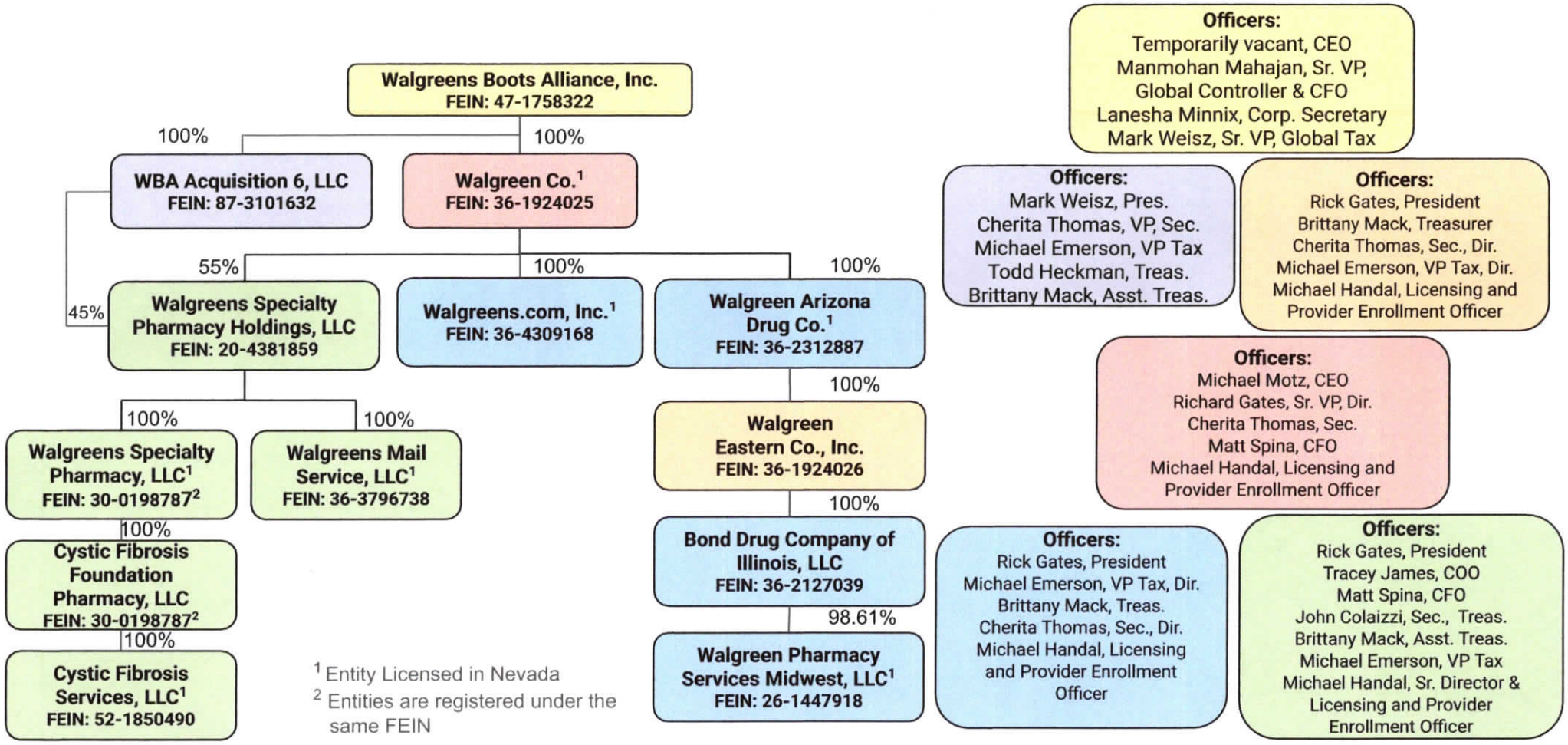
[2]Sycamore Partners III GP, L.P. will have control rights and less than 10% economic ownership in Sycamore Partners III, L.P., Sycamore Partners III-A, L.P. and Sycamore Partners Wing Co-Invest, L.P.

[3]Through the collective ownership of the entities identified, total indirect ownership equals 43.249%.

[4]Alliance Sante Participations Ltd. will hold 100% voting control rights but no economic ownership in ASP Sub 1 Ltd. The economic owners of ASP Sub 1 Ltd. (whose total indirect ownership will be limited to 1.924%) will have no control rights.

Percentage is Direct Ownership in Owned Entity /
Percentage is Indirect Ownership in Applicant.

Walgreen Co.
Post-Close Organizational Chart (cont.)



9HHH

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Pharmacy Application

Non-Refundable $500.00 Fee

Rev (6/11/2024)

Facility Location	Application Type (check all applicable)	Pharmacy Type (check all applicable)	Services the Pharmacy will Provide (check all applicable)
■ Nevada ☐ Out-of-Nevada	☐ New Pharmacy ■ Ownership Change* ☐ Location Change * ☐ Service Modification* ☐ Name Change* (if only a Name Change occurred, submit a $50.00 fee with the application.) * Current license #: PH PH03346	■ Retail/Community ☐ Hospital (# beds _____) ☐ Internet ☐ Nuclear ☐ Other:	■ Retail/Community ■ Dangerous drugs ■ Controlled substances DEA #: FW5164025 ☐ Non-sterile Compounding ☐ Sterile Compounding ☐ Mail-Order Service ☐ Off-site Cognitive Services ☐ Long Term Care ☐ Hospital ☐ Other:

Days of Operation		Ownership Type (check applicable box)
■ Monday	■ Friday	☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9, 10, 11, 12)
■ Tuesday	■ Saturday	■ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9, 10, 11, 12)
■ Wednesday	☐ Sunday	☐ Partnership (complete sections 1, 2, 3, 4, 7, 9, 10, 11, 12)
■ Thursday	☐ Holidays	☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9, 10, 11, 12)

Section 1: General Information

Pharmacy Name: WALGREENS #12271

Physical Address: 2427 Las Vegas Blvd S STE 100

City: Las Vegas State: NV Zip: 89104-2530

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: (702)545-9494 Toll Free # (NAC 639.708, NRS 639.23286): N/A

Fax: (702)545-9495 Contact Email: rxm.12271@store.walgreens.com

Website: https://www.walgreens.com

Nevada Business License # (if applicable) NV19951143510

Supervising/Managing Pharmacist Name (NRS 639.220): IRWIN ROTMAN

Supervising/Managing Pharmacist NV Pharmacist Registration # (if applicable): 15963

Section 2: List the name(s) of at least one NEVADA registered pharmacist who practices at the pharmacy, who may be the managing pharmacist or another pharmacist, who will be responsible for any prescriptions dispensed to a patient located in Nevada and responsible for any acts or omissions of pharmacy personnel who are not registered with the Board. NRS 639.2328. (Use a separate piece of paper if additional space is needed.)

Name: IRWIN ROTMAN	NV Pharmacist Registration #: 15963
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:

Section 3: History of Company	**Yes**	**No**
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✔
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration from any jurisdiction?		✔
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been subject of an administrative action, board citation, cite fine, or proceeding relating to the pharmaceutical industry?		✔
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✔
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✔

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name(s) of the owner(s), their credentials and their percent ownership. Write NA if not applicable. NRS 639.232. (Use a separate piece of paper if additional space is needed.)

Name: N/A	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:

1. The Board shall not issue a license to conduct a pharmacy:
   a) To any practitioner; or
   b) To any partnership, corporation, or association in which a practitioner has a controlling interest or owns more than 10 percent of the available stock.
2. This section does not:
   a) Apply to a hospital pharmacy or a health maintenance organization which holds a certificate of authority under chapter 695C of NRS.
   b) Prohibit ownership by a practitioner of a building in which a pharmacy is located, if space for the pharmacy is rented at the prevailing rate.

Section 5: Publicly Traded Corporation

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Does the number of stockholders/shareholders of the corporation exceed four? NRS 639.231 ☐ Yes ☐ No

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: Delaware

Parent Company (if any): Walgreens Boots Alliance, Inc.

Corporation/Organization Name: Walgreen Co.

Mailing Address: 108 Wilmot Rd

City: Deerfield State: IL Zip: 60015

Telephone: 847-224-1348 Email: licenseadministration@walgreens.com

Contact Person Name: Kayla Lechner

Does the number of stockholders/shareholders of the corporation or members exceed four? NRS 639.231 ☐ Yes ☒ No

Section 7: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Please check type of partnership (NAC 639.214) ☐ General ☐ Limited

Does the number of partners or members of the partnership exceed four? NRS 639.231 ☐ Yes ☐ No

Section 8: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Richard Gates

Print Name of Authorized Person Submitting Application (If the applicant is a partnership or corporation, the application must be signed by a partner or by an officer of the corporation). NAC 639.215

Richard Gates

Original signature of Authorized Person (copies or stamps not accepted)

08 / 26 / 2025

Date

Board Use Only	Date Received: 9/18/25	Amount: $500-CK JR05-3000111129

Section 11: Managing Pharmacist Acknowledgement, Professional/Personal History – REQUIRED TO BE COMPLETED BY THE MANAGING PHARMACIST FOR NEVADA LOCATED PHARMACY APPLICANTS ONLY

Managing Pharmacist Name: IRWIN ROTMAN Pharmacist Registration #: 15963

Pharmacy Name: WALGREENS #12271

Initial each statement below to indicate you have read and agree with the following:

I.R. I understand that as the managing pharmacist I am responsible for compliance by the pharmacy and its personnel with all state and federal laws and regulations relating to the operation of the pharmacy and the practice of pharmacy. I understand my license can be revoked or that I can be subject of disciplinary action if such laws or regulations are knowingly violated in the pharmacy in which I am the managing pharmacist.

I.R. I understand within 48 hours after I report for duty as the managing pharmacist, I shall complete an inventory of all controlled substances of the pharmacy pursuant to 21 CFR Part 1304 and maintain a copy of the inventory in the file at the pharmacy.

I.R. I understand that if I cease to be managing pharmacist of the above-named pharmacy, I will jointly, with the new managing pharmacist, take an inventory of all controlled substances.

I.R. I understand that as the managing pharmacist I must ensure that all loss or theft of controlled substances are reported on forms provided by the Nevada State Board of Pharmacy and Department of Public Safety within 10 days after the date of discovery of theft or loss. NRS 453.568. Federal regulations require that registrants notify the Field Division Office of the Administration in his area, in writing, of the theft or significant loss of any controlled substance, disposal receptacles or listed chemicals within one business day of discovery of such loss or theft. The registrant shall also complete and submit to the Field Division Office in his area, DEA Form 106 regarding the loss or theft (21 C.F.R. §1301.76(b) and 21 U.S.C. §830(b)(1)(C)).

I.R. I understand that as the managing pharmacist I must notify the Nevada State Board of Pharmacy of all employment changes of pharmacy staff within 10 days of the change. NAC 639.540

Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?	☐	☑
2. Have you been charged, arrested, or convicted of a felony or misdemeanor in any state?	☐	☑
3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state?	☐	☑
4. Has your license been subjected to any discipline for violation of pharmacy or drug laws in any state?	☐	☑

If you marked YES to any questions above, include the following information and provide a signed statement of explanation. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Board Administrative Action:	State:	Date:	Case #:

Criminal Action:	State:	Date:	Case #:	County:	Court:

I certify under penalty of perjury that the information I have provided on this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

IRWIN ROTMAN

Original signature of Managing Pharmacist (copies or stamps not accepted)

08 / 05 / 2025

Date

Section 9: Statement of Responsibility - MUST BE COMPLETED by an Authorized Person (NAC 639.945)

Statement of Responsibility

1. I am the Vice President (title) for Walgreen Co. (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be responsible for any violations of pharmacy law that may occur in the Pharmacy owned by such owner(s), shareholder(s), member(s), or partner(s).
3. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against the Pharmacy.
4. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) cannot require or permit the pharmacist(s) in said Pharmacy to violate any provision of local, state, or federal laws or regulations pertaining to the practice of pharmacy.
5. I further understand and acknowledge that Nevada law requires that each pharmacy located inside the State of Nevada employ only pharmacists, intern pharmacists, pharmaceutical technicians, and technicians in training that are licensed by the Nevada State Board of Pharmacy. (NRS 639.100).
6. I further understand and acknowledge that Nevada law requires that each pharmacy located outside the State of Nevada engaged in providing pharmacy services into Nevada employs at least one pharmacist licensed by the Nevada State Board of Pharmacy who will be responsible for any prescription dispensed to a patient located in Nevada and responsible for any acts or omissions of pharmacy personnel who are not registered with the Board. (NRS 639.2328).

Richard Gates

Print Name of Authorized Person

Richard Gates

Original signature of Authorized Person (copies or stamps not accepted)

08 / 26 / 2025

Date

Section 10: Affidavit for Pharmacies- MUST BE COMPLETED by pharmacies NOT CURRENTLY PERFORMING Sterile Compounding

Affidavit for Pharmacy License

I, Richard Gates hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

1. I am the Vice President (title) for Walgreen Co. (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I certify that upon licensure, the Pharmacy will not perform sterile compounding or ship sterile compounds into Nevada.
3. I understand and acknowledge that the Pharmacy and any of its staff members may be subject to discipline by the Board if the Pharmacy performs sterile compounding or ships any sterile compounds into Nevada without first obtaining written authorization from the Board to do so.
4. I certify that if the Pharmacy makes the decision to perform sterile compounding or to ship any sterile compounds into Nevada, the Pharmacy, through an authorized representative, will first notify the Board via a written request, and obtain written approval to perform sterile compounding or to ship any sterile compounds into Nevada.
5. I understand that if the Pharmacy seeks approval to perform sterile compounding or to ship any sterile compounds into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

FURTHER YOUR AFFIANT SAYETH NAUGHT.

Signature

SUBSCRIBED AND SWORN TO
Before me, a notary public this 20th day of August, 2025

Notary Public

OFFICIAL SEAL
ZELJKA BOROSA RAJCEVIC
Notary Public, State of Illinois
Commission No. 977646
My Commission Expires September 8, 2027

File Number 1084-348-1

STATE OF ILLINOIS

OFFICE OF THE SECRETARY OF STATE

To all to whom these Presents Shall Come, Greeting:

I, **Alexi Giannoulias,** *Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that*

WALGREEN CO., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON FEBRUARY 15, 1909, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE BUSINESS CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.

In Testimony Whereof, *I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this* 15TH *day of* MAY ***A.D.*** 2025 .

Authentication #: 2513501622 verifiable until 05/15/2026
Authenticate at: https://www.ilsos.gov

SECRETARY OF STATE

CONFIDENTIAL/EXEMPT FROM
FREEDOM OF INFORMATION ACT AND
SIMILAR STATE REQUESTS

Ownership Information

Ownership & Leadership of Applicant Entity

Applicant: **Walgreen Co.**
108 Wilmot Rd., Deerfield, IL 60015

Ownership: The Applicant entity is wholly owned (100%) by Walgreens Boots Alliance, Inc.

Officers of Walgreen Co.
Michael Motz - CEO
Richard Gates - Senior Vice President, Chief Pharmacy Officer
Cherita Thomas - Secretary
Matthew Spina - CFO
Michael Handal - Licensing and Provider Enrollment Officer

Ownership & Leadership of Walgreens Boots Alliance, Inc.

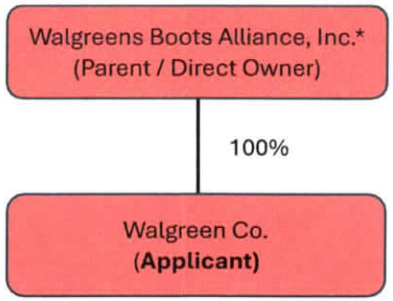
Ownership: Walgreens Boots Alliance, Inc. is wholly owned (100%) by Blazing Star Parent, LLC

Officers of Walgreens Boots Alliance, Inc.
Temporarily vacant - CEO
Mark Weisz - Sr VP, Global Tax
Manmohan Mahajan - Sr VP, Global Controller, CFO
Lanesha Minnix - Corporate Secretary

Please see the attached pre- and post-closing Corporate Organization chart for reference.

Proprietary and Confidential
Not a public record pursuant to
Section 7927.605 of the CPRA and
45 CFR Section 5.31

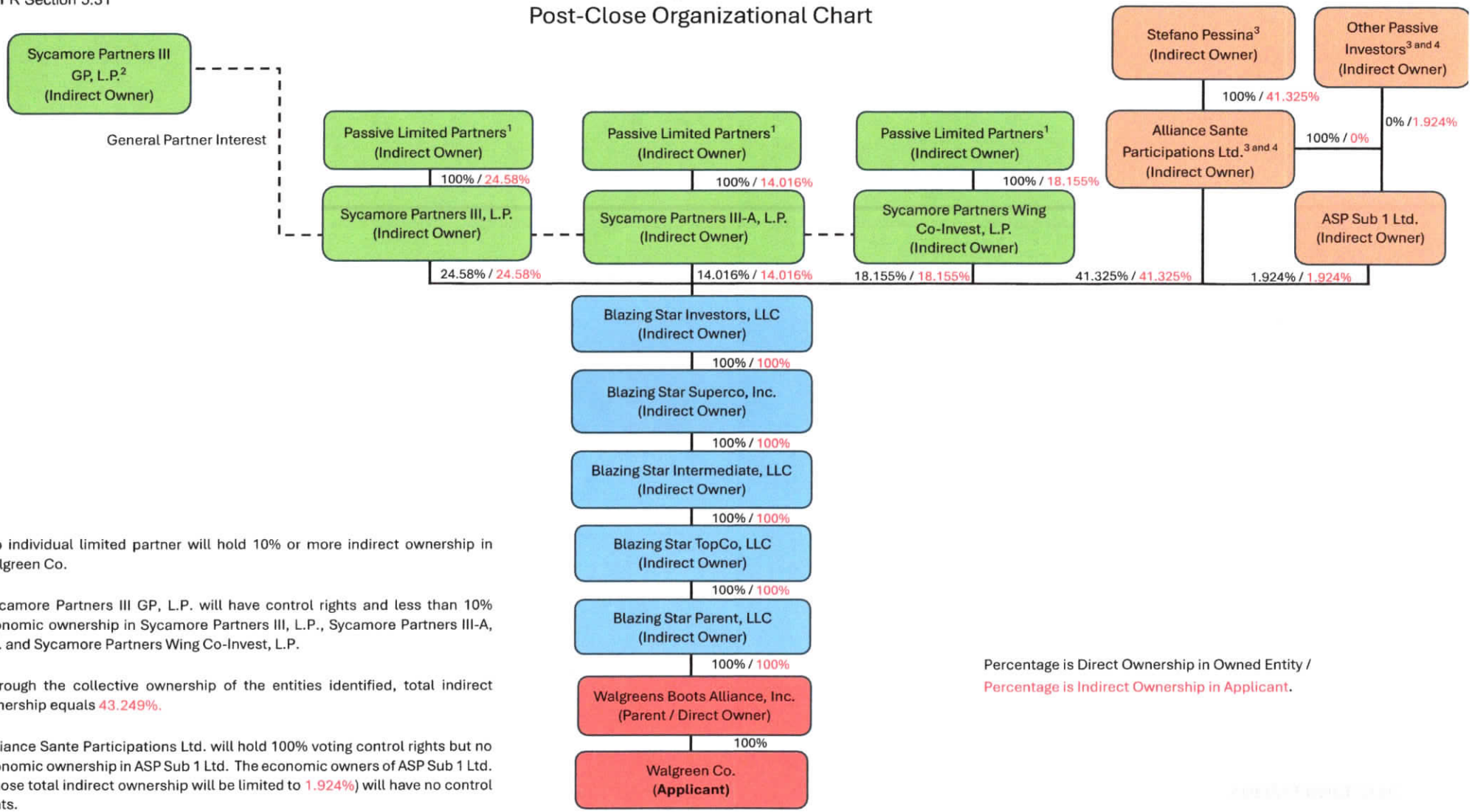
Walgreen Co.
Pre-Close Organizational Chart



Publicly Traded on Nasdaq Stock Market (WBA)

Proprietary and Confidential
Not a public record pursuant to
Section 7927.605 of the CPRA and
45 CFR Section 5.31

Walgreen Co.
Post-Close Organizational Chart



[1]No individual limited partner will hold 10% or more indirect ownership in Walgreen Co.

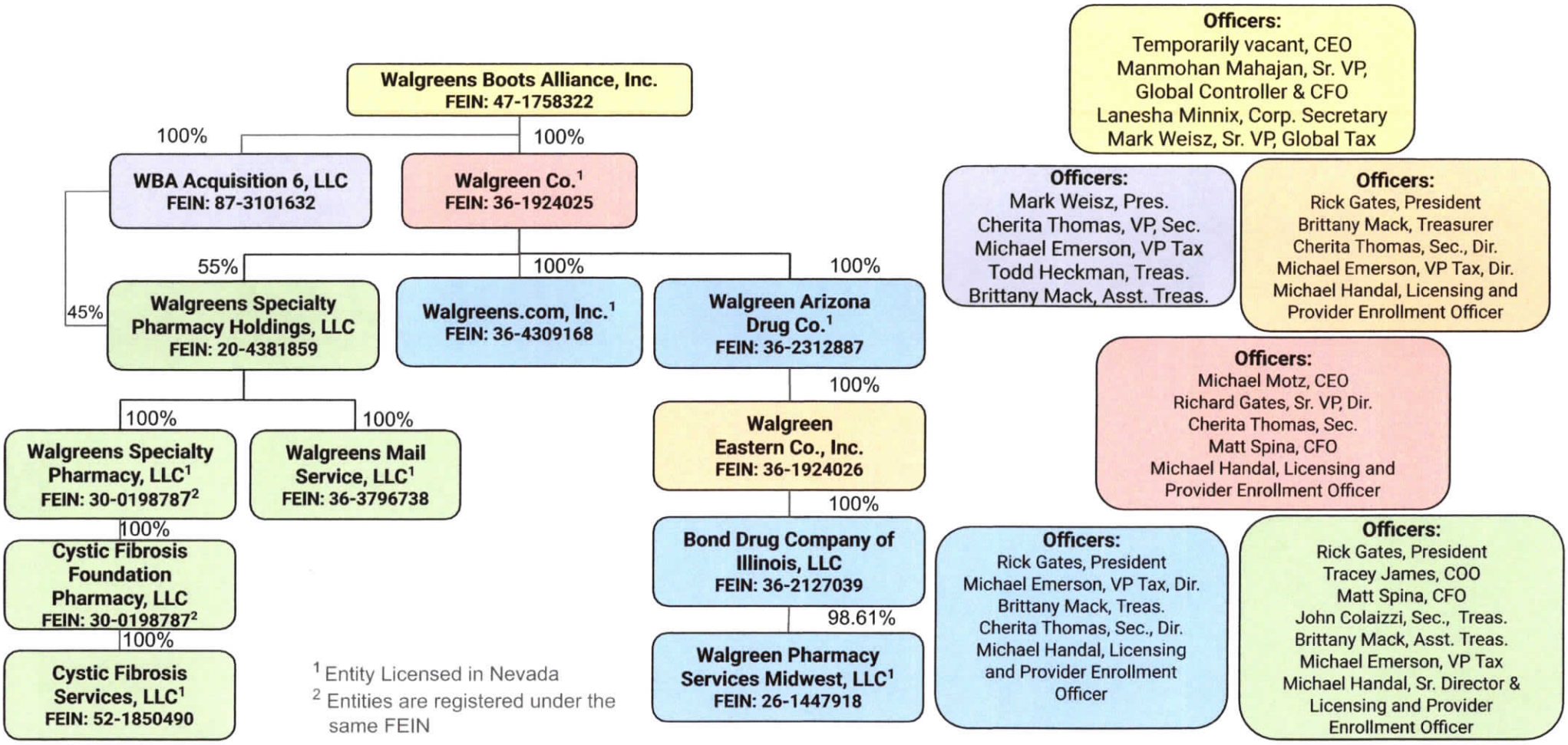
[2]Sycamore Partners III GP, L.P. will have control rights and less than 10% economic ownership in Sycamore Partners III, L.P., Sycamore Partners III-A, L.P. and Sycamore Partners Wing Co-Invest, L.P.

[3]Through the collective ownership of the entities identified, total indirect ownership equals 43.249%.

[4]Alliance Sante Participations Ltd. will hold 100% voting control rights but no economic ownership in ASP Sub 1 Ltd. The economic owners of ASP Sub 1 Ltd. (whose total indirect ownership will be limited to 1.924%) will have no control rights.

Percentage is Direct Ownership in Owned Entity /
Percentage is Indirect Ownership in Applicant.

Walgreen Co.
Post-Close Organizational Chart (cont.)



9III

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Pharmacy Application

Non-Refundable $500.00 Fee

Rev (6/11/2024)

Facility Location	Application Type (check all applicable)	Pharmacy Type (check all applicable)	Services the Pharmacy will Provide (check all applicable)
☑ Nevada	☐ New Pharmacy	☑ Retail/Community	☑ Retail/Community
☐ Out-of-Nevada	☑ Ownership Change*	☐ Hospital (# beds _____)	☑ Dangerous drugs
	☐ Location Change *	☐ Internet	☑ Controlled substances
	☐ Service Modification*	☐ Nuclear	DEA #: FW2034394
	☐ Name Change* (if only a Name Change occurred, submit a $50.00 fee with the application.)	☐ Other:	☐ Non-sterile Compounding
			☐ Sterile Compounding
			☐ Mail-Order Service
			☐ Off-site Cognitive Services
			☐ Long Term Care
			☐ Hospital
	* Current license #: PH PH02610		☐ Other:

Days of Operation		Ownership Type (check applicable box)
☑ Monday	☑ Friday	☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9, 10, 11, 12)
☑ Tuesday	☑ Saturday	☑ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9, 10, 11, 12)
☑ Wednesday	☑ Sunday	☐ Partnership (complete sections 1, 2, 3, 4, 7, 9, 10, 11, 12)
☑ Thursday	☐ Holidays	☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9, 10, 11, 12)

Section 1: General Information

Pharmacy Name: WALGREENS #12539

Physical Address: 6825 N Durango Dr

City: Las Vegas State: NV Zip: 89149

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: (702)260-8242 Toll Free # (NAC 639.708, NRS 639.23286): N/A

Fax: (702)260-7225 Contact Email: rxm.12539@store.walgreens.com

Website: https://www.walgreens.com

Nevada Business License # (if applicable) NV19951143510

Supervising/Managing Pharmacist Name (NRS 639.220): JACQUELINE MARTINEZ

Supervising/Managing Pharmacist NV Pharmacist Registration # (if applicable): 24413

Section 2: List the name(s) of at least one NEVADA registered pharmacist who practices at the pharmacy, who may be the managing pharmacist or another pharmacist, who will be responsible for any prescriptions dispensed to a patient located in Nevada and responsible for any acts or omissions of pharmacy personnel who are not registered with the Board. NRS 639.2328. (Use a separate piece of paper if additional space is needed.)

Name: JACQUELINE MARTINEZ	NV Pharmacist Registration #: 24413
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:

Section 3: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✔
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration from any jurisdiction?		✔
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been subject of an administrative action, board citation, cite fine, or proceeding relating to the pharmaceutical industry?		✔
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✔
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✔

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name(s) of the owner(s), their credentials and their percent ownership. Write NA if not applicable. NRS 639.232. (Use a separate piece of paper if additional space is needed.)

Name: N/A	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:

1. The Board shall not issue a license to conduct a pharmacy:
   a) To any practitioner; or
   b) To any partnership, corporation, or association in which a practitioner has a controlling interest or owns more than 10 percent of the available stock.
2. This section does not:
   a) Apply to a hospital pharmacy or a health maintenance organization which holds a certificate of authority under chapter 695C of NRS.
   b) Prohibit ownership by a practitioner of a building in which a pharmacy is located, if space for the pharmacy is rented at the prevailing rate.

Section 5: Publicly Traded Corporation

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Does the number of stockholders/shareholders of the corporation exceed four? NRS 639.231 ☐ Yes ☐ No

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: Delaware

Parent Company (if any): Walgreens Boots Alliance, Inc.

Corporation/Organization Name: Walgreen Co.

Mailing Address: 108 Wilmot Rd

City: Deerfield State: IL Zip: 60015

Telephone: 847-224-1348 Email: licenseadministration@walgreens.com

Contact Person Name: Kayla Lechner

Does the number of stockholders/shareholders of the corporation or members exceed four? NRS 639.231 ☐ Yes ☒ No

Section 7: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Please check type of partnership (NAC 639.214) ☐ General ☐ Limited

Does the number of partners or members of the partnership exceed four? NRS 639.231 ☐ Yes ☐ No

Section 8: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Richard Gates

Print Name of Authorized Person Submitting Application (If the applicant is a partnership or corporation, the application must be signed by a partner or by an officer of the corporation). NAC 639.215

Richard Gates

Original signature of Authorized Person (copies or stamps not accepted)

08 / 26 / 2025

Date

Board Use Only	Date Received: 9/18/25	Amount: $500-ck JP03·3000111129

Section 11: Managing Pharmacist Acknowledgement, Professional/Personal History – REQUIRED TO BE COMPLETED BY THE MANAGING PHARMACIST FOR NEVADA LOCATED PHARMACY APPLICANTS ONLY

Managing Pharmacist Name: JACQUELINE MARTINEZ Pharmacist Registration #: 24413

Pharmacy Name: WALGREENS #12539

Initial each statement below to indicate you have read and agree with the following:

J.M I understand that as the managing pharmacist I am responsible for compliance by the pharmacy and its personnel with all state and federal laws and regulations relating to the operation of the pharmacy and the practice of pharmacy. I understand my license can be revoked or that I can be subject of disciplinary action if such laws or regulations are knowingly violated in the pharmacy in which I am the managing pharmacist.

J.M I understand within 48 hours after I report for duty as the managing pharmacist, I shall complete an inventory of all controlled substances of the pharmacy pursuant to 21 CFR Part 1304 and maintain a copy of the inventory in the file at the pharmacy.

J.M I understand that if I cease to be managing pharmacist of the above-named pharmacy, I will jointly, with the new managing pharmacist, take an inventory of all controlled substances.

J.M I understand that as the managing pharmacist I must ensure that all loss or theft of controlled substances are reported on forms provided by the Nevada State Board of Pharmacy and Department of Public Safety within 10 days after the date of discovery of theft or loss. NRS 453.568. Federal regulations require that registrants notify the Field Division Office of the Administration in his area, in writing, of the theft or significant loss of any controlled substance, disposal receptacles or listed chemicals within one business day of discovery of such loss or theft. The registrant shall also complete and submit to the Field Division Office in his area, DEA Form 106 regarding the loss or theft (21 C.F.R. §1301.76(b) and 21 U.S.C. §830(b)(1)(C)).

J.M I understand that as the managing pharmacist I must notify the Nevada State Board of Pharmacy of all employment changes of pharmacy staff within 10 days of the change. NAC 639.540

Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?	☐	☑
2. Have you been charged, arrested, or convicted of a felony or misdemeanor in any state?	☐	☑
3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state?	☐	☑
4. Has your license been subjected to any discipline for violation of pharmacy or drug laws in any state?	☐	☑

If you marked YES to any questions above, include the following information and provide a signed statement of explanation. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Board Administrative Action:	State:	Date:	Case #:

Criminal Action:	State:	Date:	Case #:	County:	Court:

I certify under penalty of perjury that the information I have provided on this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

JACQUELINE MARTINEZ
Original signature of Managing Pharmacist (copies or stamps not accepted)

08 / 05 / 2025
Date

Section 9: Statement of Responsibility - MUST BE COMPLETED by an Authorized Person (NAC 639.945)

Statement of Responsibility

1. I am the Vice President (title) for Walgreen Co. (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be responsible for any violations of pharmacy law that may occur in the Pharmacy owned by such owner(s), shareholder(s), member(s), or partner(s).
3. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against the Pharmacy.
4. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) cannot require or permit the pharmacist(s) in said Pharmacy to violate any provision of local, state, or federal laws or regulations pertaining to the practice of pharmacy.
5. I further understand and acknowledge that Nevada law requires that each pharmacy located inside the State of Nevada employ only pharmacists, intern pharmacists, pharmaceutical technicians, and technicians in training that are licensed by the Nevada State Board of Pharmacy. (NRS 639.100).
6. I further understand and acknowledge that Nevada law requires that each pharmacy located outside the State of Nevada engaged in providing pharmacy services into Nevada employs at least one pharmacist licensed by the Nevada State Board of Pharmacy who will be responsible for any prescription dispensed to a patient located in Nevada and responsible for any acts or omissions of pharmacy personnel who are not registered with the Board. (NRS 639.2328).

Richard Gates

Print Name of Authorized Person

Richard Gates

Original signature of Authorized Person (copies or stamps not accepted)

08 / 26 / 2025

Date

Section 10: Affidavit for Pharmacies- MUST BE COMPLETED by pharmacies NOT CURRENTLY PERFORMING Sterile Compounding

Affidavit for Pharmacy License

I, Richard Gates hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

1. I am the Vice President (title) for Walgreen Co. (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I certify that upon licensure, the Pharmacy will not perform sterile compounding or ship sterile compounds into Nevada.
3. I understand and acknowledge that the Pharmacy and any of its staff members may be subject to discipline by the Board if the Pharmacy performs sterile compounding or ships any sterile compounds into Nevada without first obtaining written authorization from the Board to do so.
4. I certify that if the Pharmacy makes the decision to perform sterile compounding or to ship any sterile compounds into Nevada, the Pharmacy, through an authorized representative, will first notify the Board via a written request, and obtain written approval to perform sterile compounding or to ship any sterile compounds into Nevada.
5. I understand that if the Pharmacy seeks approval to perform sterile compounding or to ship any sterile compounds into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

FURTHER YOUR AFFIANT SAYETH NAUGHT.

Signature

SUBSCRIBED AND SWORN TO
Before me, a notary public this 20th day of August, 20 25

Zeljka Borosa-Rajcevic
Notary Public

OFFICIAL SEAL
ZELJKA BOROSA RAJCEVIC
Notary Public, State of Illinois
Commission No. 977646
My Commission Expires September 8, 2027

File Number 1084-348-1

STATE OF ILLINOIS

OFFICE OF THE SECRETARY OF STATE

To all to whom these Presents Shall Come, Greeting:

I, **Alexi Giannoulias,** *Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that*

WALGREEN CO., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON FEBRUARY 15, 1909, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE BUSINESS CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.

In Testimony Whereof, *I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this* 15TH *day of* MAY *A.D.* 2025 .

Authentication #: 2513501622 verifiable until 05/15/2026
Authenticate at: https://www.ilsos.gov

Alexi Giannoulias
SECRETARY OF STATE

CONFIDENTIAL/EXEMPT FROM FREEDOM OF INFORMATION ACT AND SIMILAR STATE REQUESTS

Ownership Information

Ownership & Leadership of Applicant Entity

Applicant: **Walgreen Co.**
108 Wilmot Rd., Deerfield, IL 60015

Ownership: The Applicant entity is wholly owned (100%) by Walgreens Boots Alliance, Inc.

Officers of Walgreen Co.
Michael Motz - CEO
Richard Gates - Senior Vice President, Chief Pharmacy Officer
Cherita Thomas - Secretary
Matthew Spina - CFO
Michael Handal - Licensing and Provider Enrollment Officer

Ownership & Leadership of Walgreens Boots Alliance, Inc.

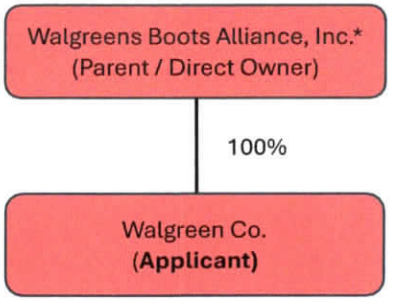
Ownership: Walgreens Boots Alliance, Inc. is wholly owned (100%) by Blazing Star Parent, LLC

Officers of Walgreens Boots Alliance, Inc.
Temporarily vacant - CEO
Mark Weisz - Sr VP, Global Tax
Manmohan Mahajan - Sr VP, Global Controller, CFO
Lanesha Minnix - Corporate Secretary

Please see the attached pre- and post-closing Corporate Organization chart for reference.

Proprietary and Confidential
Not a public record pursuant to
Section 7927.605 of the CPRA and
45 CFR Section 5.31

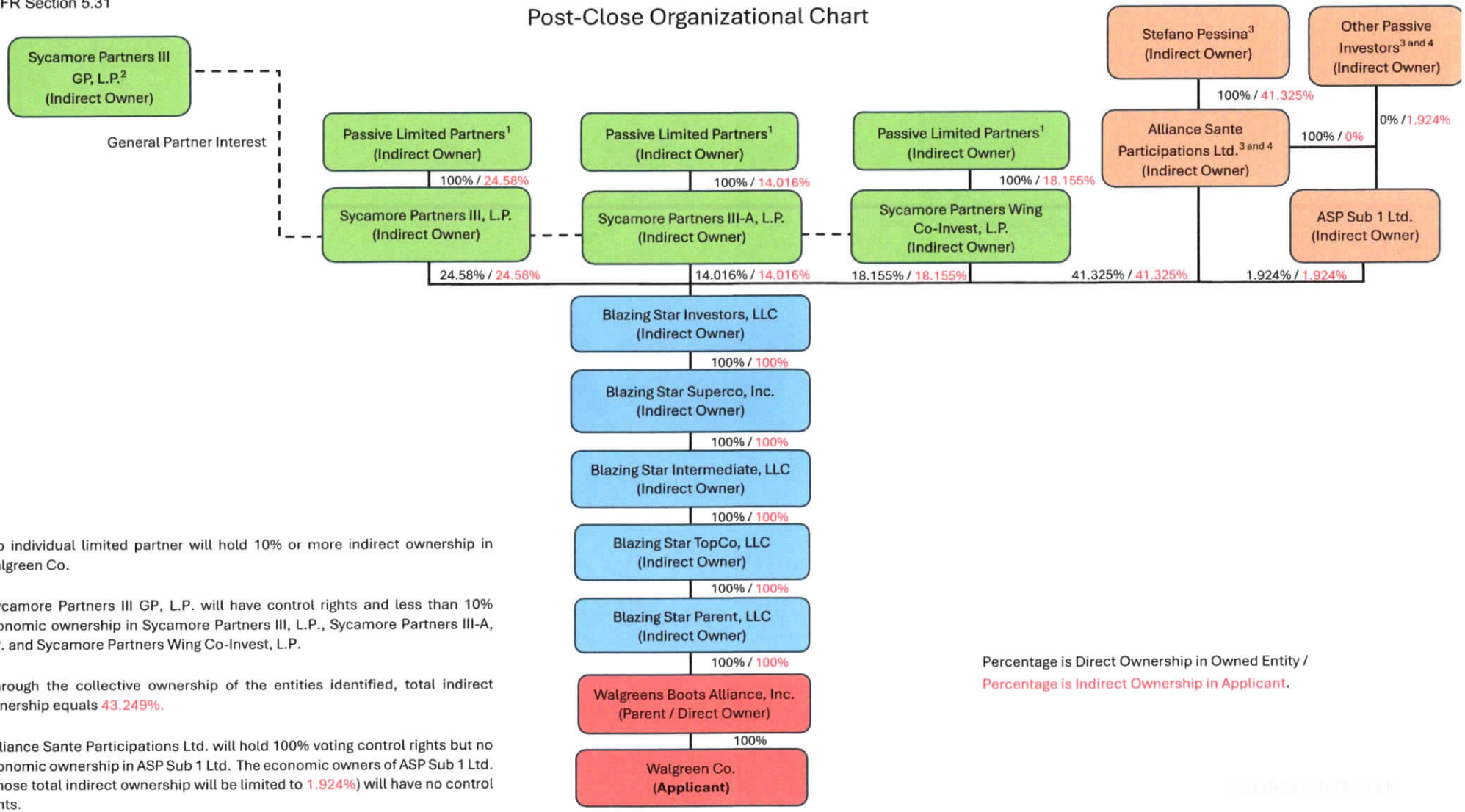
Walgreen Co.
Pre-Close Organizational Chart



Publicly Traded on Nasdaq Stock Market (WBA)

Proprietary and Confidential
Not a public record pursuant to
Section 7927.605 of the CPRA and
45 CFR Section 5.31

Walgreen Co.
Post-Close Organizational Chart



[1]No individual limited partner will hold 10% or more indirect ownership in Walgreen Co.

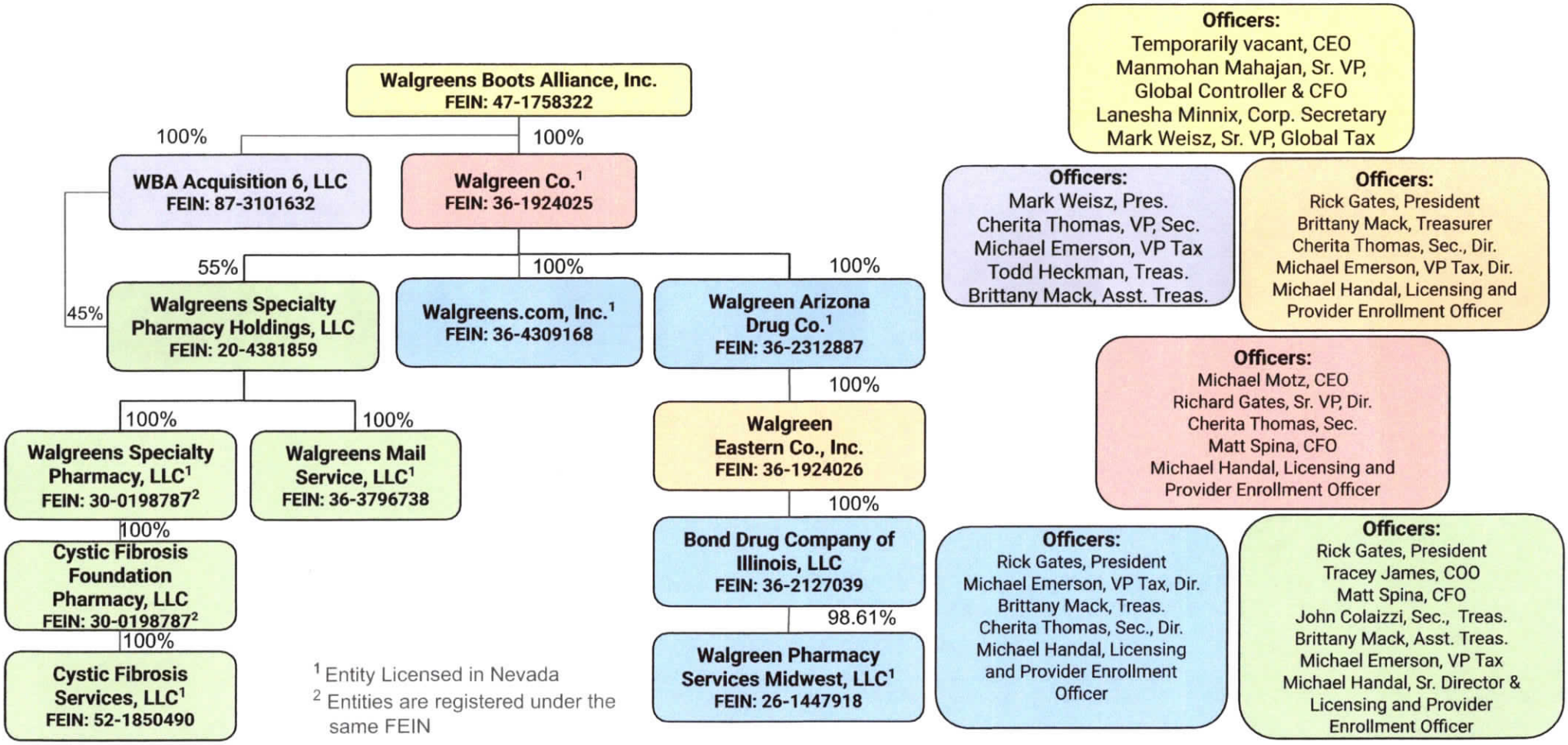
[2]Sycamore Partners III GP, L.P. will have control rights and less than 10% economic ownership in Sycamore Partners III, L.P., Sycamore Partners III-A, L.P. and Sycamore Partners Wing Co-Invest, L.P.

[3]Through the collective ownership of the entities identified, total indirect ownership equals 43.249%.

[4]Alliance Sante Participations Ltd. will hold 100% voting control rights but no economic ownership in ASP Sub 1 Ltd. The economic owners of ASP Sub 1 Ltd. (whose total indirect ownership will be limited to 1.924%) will have no control rights.

Percentage is Direct Ownership in Owned Entity /
Percentage is Indirect Ownership in Applicant.

Walgreen Co.
Post-Close Organizational Chart (cont.)



9JJJ

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Pharmacy Application

Non-Refundable $500.00 Fee

Rev (6/11/2024)

Facility Location	Application Type (check all applicable)	Pharmacy Type (check all applicable)	Services the Pharmacy will Provide (check all applicable)
■ Nevada ☐ Out-of-Nevada	☐ New Pharmacy ■ Ownership Change* ☐ Location Change * ☐ Service Modification* ☐ Name Change* (if only a Name Change occurred, submit a $50.00 fee with the application.) * Current license #: PH PH02516	■ Retail/Community ☐ Hospital (# beds _____) ☐ Internet ☐ Nuclear ☐ Other:	■ Retail/Community ■ Dangerous drugs ■ Controlled substances DEA #: FW1400857 ☐ Non-sterile Compounding ☐ Sterile Compounding ☐ Mail-Order Service ☐ Off-site Cognitive Services ☐ Long Term Care ☐ Hospital ☐ Other:

Days of Operation		Ownership Type (check applicable box)
■ Monday	■ Friday	☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9, 10, 11, 12)
■ Tuesday	■ Saturday	■ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9, 10, 11, 12)
■ Wednesday	■ Sunday	☐ Partnership (complete sections 1, 2, 3, 4, 7, 9, 10, 11, 12)
■ Thursday	☐ Holidays	☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9, 10, 11, 12)

Section 1: General Information

Pharmacy Name: WALGREENS #12641

Physical Address: 9300 W SAHARA AVE

City: Las Vegas State: NV Zip: 89117-5351

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: (702)228-2480 Toll Free # (NAC 639.708, NRS 639.23286): N/A

Fax: (702)228-8589 Contact Email: rxm.12641@store.walgreens.com

Website: https://www.walgreens.com

Nevada Business License # (if applicable) NV19951143510

Supervising/Managing Pharmacist Name (NRS 639.220): HEATHER KIM

Supervising/Managing Pharmacist NV Pharmacist Registration # (if applicable): 18846

Section 2: List the name(s) of at least one NEVADA registered pharmacist who practices at the pharmacy, who may be the managing pharmacist or another pharmacist, who will be responsible for any prescriptions dispensed to a patient located in Nevada and responsible for any acts or omissions of pharmacy personnel who are not registered with the Board. NRS 639.2328. (Use a separate piece of paper if additional space is needed.)

Name: HEATHER KIM	NV Pharmacist Registration #: 18846
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:

Section 3: History of Company	**Yes**	**No**
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✔
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration from any jurisdiction?		✔
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been subject of an administrative action, board citation, cite fine, or proceeding relating to the pharmaceutical industry?		✔
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✔
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✔

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name(s) of the owner(s), their credentials and their percent ownership. Write NA if not applicable. NRS 639.232. (Use a separate piece of paper if additional space is needed.)

Name: N/A	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:

1. The Board shall not issue a license to conduct a pharmacy:
   a) To any practitioner; or
   b) To any partnership, corporation, or association in which a practitioner has a controlling interest or owns more than 10 percent of the available stock.
2. This section does not:
   a) Apply to a hospital pharmacy or a health maintenance organization which holds a certificate of authority under chapter 695C of NRS.
   b) Prohibit ownership by a practitioner of a building in which a pharmacy is located, if space for the pharmacy is rented at the prevailing rate.

Section 5: Publicly Traded Corporation

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Does the number of stockholders/shareholders of the corporation exceed four? NRS 639.231 ☐ Yes ☐ No

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: Delaware

Parent Company (if any): Walgreens Boots Alliance, Inc.

Corporation/Organization Name: Walgreen Co.

Mailing Address: 108 Wilmot Rd

City: Deerfield State: IL Zip: 60015

Telephone: 847-224-1348 Email: licenseadministration@walgreens.com

Contact Person Name: Kayla Lechner

Does the number of stockholders/shareholders of the corporation or members exceed four? NRS 639.231 ☐ Yes ☒ No

Section 7: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Please check type of partnership (NAC 639.214) ☐ General ☐ Limited

Does the number of partners or members of the partnership exceed four? NRS 639.231 ☐ Yes ☐ No

Section 8: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Richard Gates

Print Name of Authorized Person Submitting Application (If the applicant is a partnership or corporation, the application must be signed by a partner or by an officer of the corporation). NAC 639.215

Richard Gates

Original signature of Authorized Person (copies or stamps not accepted)

08 / 26 / 2025

Date

Board Use Only	Date Received: 9/18/25	Amount: $500 ck JPOS-30001111 29

Section 11: Managing Pharmacist Acknowledgement, Professional/Personal History – REQUIRED TO BE COMPLETED BY THE MANAGING PHARMACIST FOR NEVADA LOCATED PHARMACY APPLICANTS ONLY

Managing Pharmacist Name: HEATHER KIM Pharmacist Registration #: 18846

Pharmacy Name: WALGREENS #12641

Initial each statement below to indicate you have read and agree with the following:

H.K. I understand that as the managing pharmacist I am responsible for compliance by the pharmacy and its personnel with all state and federal laws and regulations relating to the operation of the pharmacy and the practice of pharmacy. I understand my license can be revoked or that I can be subject of disciplinary action if such laws or regulations are knowingly violated in the pharmacy in which I am the managing pharmacist.

H.K. I understand within 48 hours after I report for duty as the managing pharmacist, I shall complete an inventory of all controlled substances of the pharmacy pursuant to 21 CFR Part 1304 and maintain a copy of the inventory in the file at the pharmacy.

H.K. I understand that if I cease to be managing pharmacist of the above-named pharmacy, I will jointly, with the new managing pharmacist, take an inventory of all controlled substances.

H.K. I understand that as the managing pharmacist I must ensure that all loss or theft of controlled substances are reported on forms provided by the Nevada State Board of Pharmacy and Department of Public Safety within 10 days after the date of discovery of theft or loss. NRS 453.568. Federal regulations require that registrants notify the Field Division Office of the Administration in his area, in writing, of the theft or significant loss of any controlled substance, disposal receptacles or listed chemicals within one business day of discovery of such loss or theft. The registrant shall also complete and submit to the Field Division Office in his area, DEA Form 106 regarding the loss or theft (21 C.F.R. §1301.76(b) and 21 U.S.C. §830(b)(1)(C)).

H.K. I understand that as the managing pharmacist I must notify the Nevada State Board of Pharmacy of all employment changes of pharmacy staff within 10 days of the change. NAC 639.540

Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?	☐	☑
2. Have you been charged, arrested, or convicted of a felony or misdemeanor in any state?	☐	☑
3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state?	☐	☑
4. Has your license been subjected to any discipline for violation of pharmacy or drug laws in any state?	☐	☑

If you marked YES to any questions above, include the following information and provide a signed statement of explanation. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

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I certify under penalty of perjury that the information I have provided on this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

HEATHER KIM

Original signature of Managing Pharmacist (copies or stamps not accepted)

08 / 04 / 2025

Date

Section 9: Statement of Responsibility - MUST BE COMPLETED by an Authorized Person (NAC 639.945)

Statement of Responsibility

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4. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) cannot require or permit the pharmacist(s) in said Pharmacy to violate any provision of local, state, or federal laws or regulations pertaining to the practice of pharmacy.
5. I further understand and acknowledge that Nevada law requires that each pharmacy located inside the State of Nevada employ only pharmacists, intern pharmacists, pharmaceutical technicians, and technicians in training that are licensed by the Nevada State Board of Pharmacy. (NRS 639.100).
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Richard Gates

Print Name of Authorized Person

Richard Gates

Original signature of Authorized Person (copies or stamps not accepted)

08 / 26 / 2025

Date

Section 10: Affidavit for Pharmacies- MUST BE COMPLETED by pharmacies NOT CURRENTLY PERFORMING Sterile Compounding

Affidavit for Pharmacy License

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1. I am the Vice President (title) for Walgreen Co. (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
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5. I understand that if the Pharmacy seeks approval to perform sterile compounding or to ship any sterile compounds into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

FURTHER YOUR AFFIANT SAYETH NAUGHT.

Signature

SUBSCRIBED AND SWORN TO
Before me, a notary public this 20th day of August, 2025

Zeljka Borosa-Rajcevic
Notary Public

OFFICIAL SEAL
ZELJKA BOROSA RAJCEVIC
Notary Public, State of Illinois
Commission No. 977646
My Commission Expires September 8, 2027

File Number 1084-348-1

STATE OF ILLINOIS

OFFICE OF THE SECRETARY OF STATE

To all to whom these Presents Shall Come, Greeting:

I, **Alexi Giannoulias,** *Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that*

WALGREEN CO., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON FEBRUARY 15, 1909, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE BUSINESS CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.

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Authentication #: 2513501622 verifiable until 05/15/2026
Authenticate at: https://www.ilsos.gov

Alexi Giannoulias
SECRETARY OF STATE

CONFIDENTIAL/EXEMPT FROM
FREEDOM OF INFORMATION ACT AND
SIMILAR STATE REQUESTS

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Ownership & Leadership of Applicant Entity

Applicant: **Walgreen Co.**
108 Wilmot Rd., Deerfield, IL 60015

Ownership: The Applicant entity is wholly owned (100%) by Walgreens Boots Alliance, Inc.

Officers of Walgreen Co.
Michael Motz - CEO
Richard Gates - Senior Vice President, Chief Pharmacy Officer
Cherita Thomas - Secretary
Matthew Spina - CFO
Michael Handal - Licensing and Provider Enrollment Officer

Ownership & Leadership of Walgreens Boots Alliance, Inc.

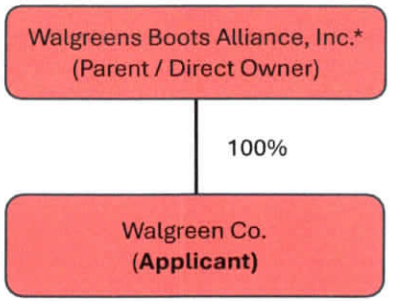
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Please see the attached pre- and post-closing Corporate Organization chart for reference.

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Not a public record pursuant to
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45 CFR Section 5.31

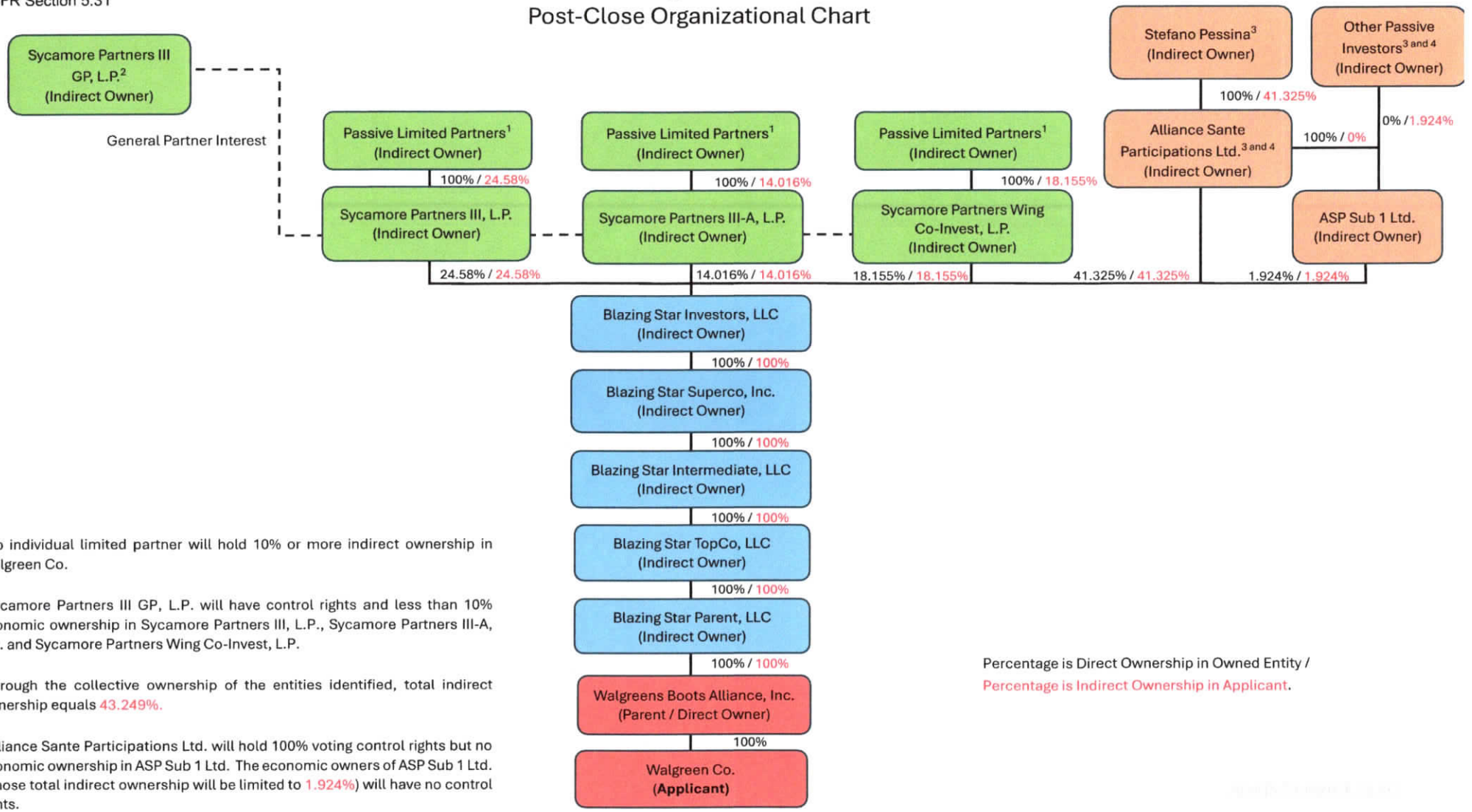
Walgreen Co.
Pre-Close Organizational Chart



Publicly Traded on Nasdaq Stock Market (WBA)

Proprietary and Confidential
Not a public record pursuant to
Section 7927.605 of the CPRA and
45 CFR Section 5.31

Walgreen Co.
Post-Close Organizational Chart



[1]No individual limited partner will hold 10% or more indirect ownership in Walgreen Co.

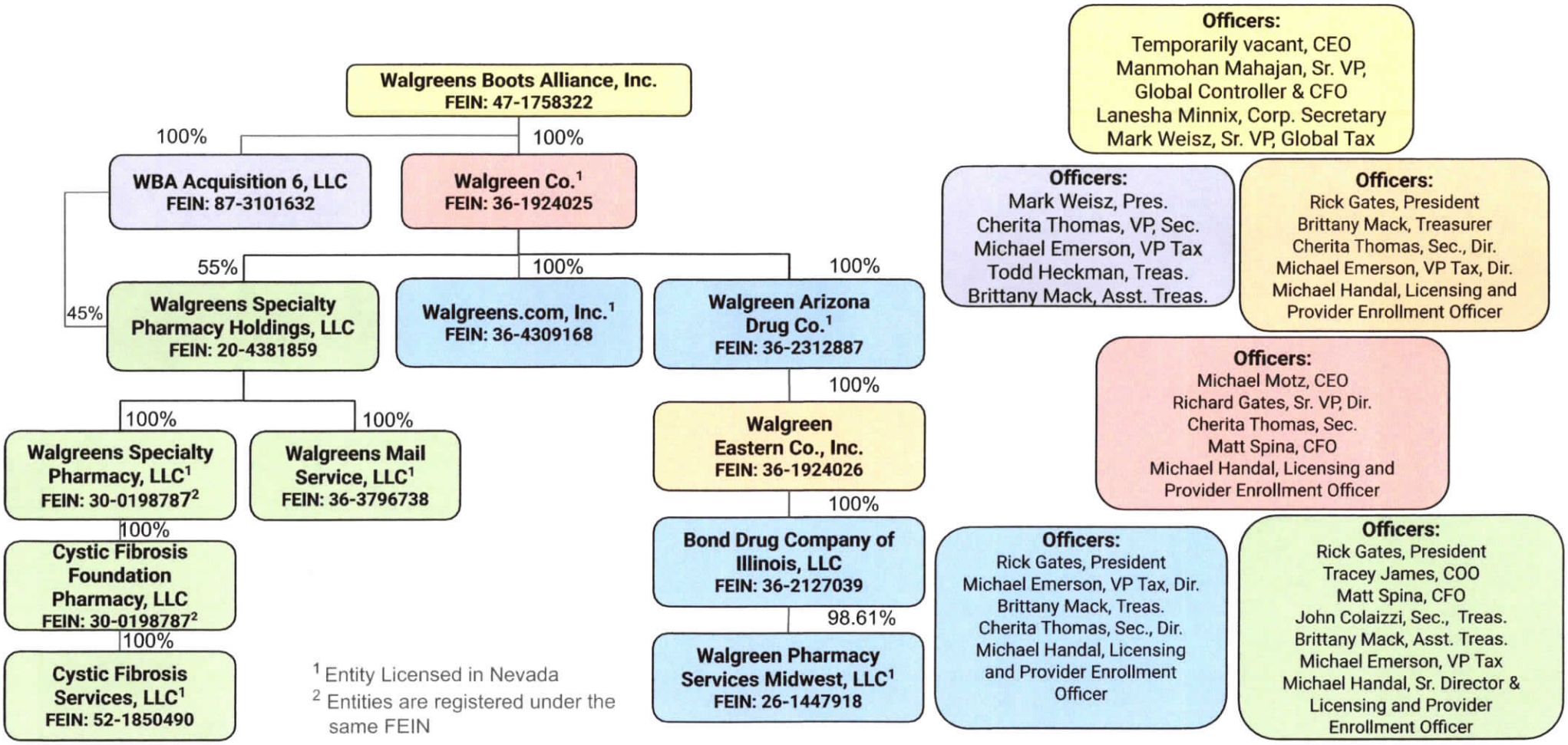
[2]Sycamore Partners III GP, L.P. will have control rights and less than 10% economic ownership in Sycamore Partners III, L.P., Sycamore Partners III-A, L.P. and Sycamore Partners Wing Co-Invest, L.P.

[3]Through the collective ownership of the entities identified, total indirect ownership equals 43.249%.

[4]Alliance Sante Participations Ltd. will hold 100% voting control rights but no economic ownership in ASP Sub 1 Ltd. The economic owners of ASP Sub 1 Ltd. (whose total indirect ownership will be limited to 1.924%) will have no control rights.

Percentage is Direct Ownership in Owned Entity /
Percentage is Indirect Ownership in Applicant.

Walgreen Co.
Post-Close Organizational Chart (cont.)



9KKK

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Pharmacy Application

Non-Refundable $500.00 Fee

Rev (6/11/2024)

Facility Location	Application Type (check all applicable)	Pharmacy Type (check all applicable)	Services the Pharmacy will Provide (check all applicable)
■ Nevada ☐ Out-of-Nevada	☐ New Pharmacy ■ Ownership Change* ☐ Location Change * ☐ Service Modification* ☐ Name Change* (if only a Name Change occurred, submit a $50.00 fee with the application.) * Current license #: PH PH02770	■ Retail/Community ☐ Hospital (# beds _____) ☐ Internet ☐ Nuclear ☐ Other:	■ Retail/Community ■ Dangerous drugs ■ Controlled substances DEA #: FW3022908 ☐ Non-sterile Compounding ☐ Sterile Compounding ☐ Mail-Order Service ☐ Off-site Cognitive Services ☐ Long Term Care ☐ Hospital ☐ Other:

Days of Operation		Ownership Type (check applicable box)
■ Monday	■ Friday	☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9, 10, 11, 12)
■ Tuesday	☐ Saturday	■ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9, 10, 11, 12)
■ Wednesday	☐ Sunday	☐ Partnership (complete sections 1, 2, 3, 4, 7, 9, 10, 11, 12)
■ Thursday	☐ Holidays	☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9, 10, 11, 12)

Section 1: General Information

Pharmacy Name: WALGREENS #13900

Physical Address: 3717 S Las Vegas Blvd Ste 100

City: Las Vegas State: NV Zip: 89109-4385

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: (702)262-0635 Toll Free # (NAC 639.708, NRS 639.23286): N/A

Fax: (702)262-0896 Contact Email: rxm.13900@store.walgreens.com

Website: https://www.walgreens.com

Nevada Business License # (if applicable) NV19951143510

Supervising/Managing Pharmacist Name (NRS 639.220): DAITRANG DO

Supervising/Managing Pharmacist NV Pharmacist Registration # (if applicable): 17144

Section 2: List the name(s) of at least one NEVADA registered pharmacist who practices at the pharmacy, who may be the managing pharmacist or another pharmacist, who will be responsible for any prescriptions dispensed to a patient located in Nevada and responsible for any acts or omissions of pharmacy personnel who are not registered with the Board. NRS 639.2328. (Use a separate piece of paper if additional space is needed.)

Name: DAITRANG DO	NV Pharmacist Registration #: 17144
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:

Section 3: History of Company	**Yes**	**No**
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✔
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration from any jurisdiction?		✔
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been subject of an administrative action, board citation, cite fine, or proceeding relating to the pharmaceutical industry?		✔
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✔
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✔

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name(s) of the owner(s), their credentials and their percent ownership. Write NA if not applicable. NRS 639.232. (Use a separate piece of paper if additional space is needed.)

Name: N/A	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:

1. The Board shall not issue a license to conduct a pharmacy:
   a) To any practitioner; or
   b) To any partnership, corporation, or association in which a practitioner has a controlling interest or owns more than 10 percent of the available stock.
2. This section does not:
   a) Apply to a hospital pharmacy or a health maintenance organization which holds a certificate of authority under chapter 695C of NRS.
   b) Prohibit ownership by a practitioner of a building in which a pharmacy is located, if space for the pharmacy is rented at the prevailing rate.

Section 5: Publicly Traded Corporation

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Does the number of stockholders/shareholders of the corporation exceed four? NRS 639.231 ☐ Yes ☐ No

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: Delaware

Parent Company (if any): Walgreens Boots Alliance, Inc.

Corporation/Organization Name: Walgreen Co.

Mailing Address: 108 Wilmot Rd

City: Deerfield State: IL Zip: 60015

Telephone: 847-224-1348 Email: licenseadministration@walgreens.com

Contact Person Name: Kayla Lechner

Does the number of stockholders/shareholders of the corporation or members exceed four? NRS 639.231 ☐ Yes ☑ No

Section 7: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Please check type of partnership (NAC 639.214) ☐ General ☐ Limited

Does the number of partners or members of the partnership exceed four? NRS 639.231 ☐ Yes ☐ No

Section 8: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Richard Gates

Print Name of Authorized Person Submitting Application (If the applicant is a partnership or corporation, the application must be signed by a partner or by an officer of the corporation). NAC 639.215

Richard Gates

Original signature of Authorized Person (copies or stamps not accepted)

08 / 26 / 2025

Date

Board Use Only	Date Received: 9/18/25	Amount: $500 ck JP 03-3000111129

Section 11: Managing Pharmacist Acknowledgement, Professional/Personal History – REQUIRED TO BE COMPLETED BY THE MANAGING PHARMACIST FOR NEVADA LOCATED PHARMACY APPLICANTS ONLY

Managing Pharmacist Name: DAITRANG DO Pharmacist Registration #: 17144

Pharmacy Name: WALGREENS #13900

Initial each statement below to indicate you have read and agree with the following:

DD — I understand that as the managing pharmacist I am responsible for compliance by the pharmacy and its personnel with all state and federal laws and regulations relating to the operation of the pharmacy and the practice of pharmacy. I understand my license can be revoked or that I can be subject of disciplinary action if such laws or regulations are knowingly violated in the pharmacy in which I am the managing pharmacist.

DD — I understand within 48 hours after I report for duty as the managing pharmacist, I shall complete an inventory of all controlled substances of the pharmacy pursuant to 21 CFR Part 1304 and maintain a copy of the inventory in the file at the pharmacy.

DD — I understand that if I cease to be managing pharmacist of the above-named pharmacy, I will jointly, with the new managing pharmacist, take an inventory of all controlled substances.

DD — I understand that as the managing pharmacist I must ensure that all loss or theft of controlled substances are reported on forms provided by the Nevada State Board of Pharmacy and Department of Public Safety within 10 days after the date of discovery of theft or loss. NRS 453.568. Federal regulations require that registrants notify the Field Division Office of the Administration in his area, in writing, of the theft or significant loss of any controlled substance, disposal receptacles or listed chemicals within one business day of discovery of such loss or theft. The registrant shall also complete and submit to the Field Division Office in his area, DEA Form 106 regarding the loss or theft (21 C.F.R. §1301.76(b) and 21 U.S.C. §830(b)(1)(C)).

DD — I understand that as the managing pharmacist I must notify the Nevada State Board of Pharmacy of all employment changes of pharmacy staff within 10 days of the change. NAC 639.540

Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?	☐	☑
2. Have you been charged, arrested, or convicted of a felony or misdemeanor in any state?	☐	☑
3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state?	☐	☑
4. Has your license been subjected to any discipline for violation of pharmacy or drug laws in any state?	☐	☑

If you marked YES to any questions above, include the following information and provide a signed statement of explanation. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Board Administrative Action:	State:	Date:	Case #:

Criminal Action:	State:	Date:	Case #:	County:	Court:

I certify under penalty of perjury that the information I have provided on this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

DAITRANG DO

Original signature of Managing Pharmacist (copies or stamps not accepted)

08 / 01 / 2025

Date

Section 9: Statement of Responsibility - MUST BE COMPLETED by an Authorized Person (NAC 639.945)

Statement of Responsibility

1. I am the Vice President (title) for Walgreen Co. (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be responsible for any violations of pharmacy law that may occur in the Pharmacy owned by such owner(s), shareholder(s), member(s), or partner(s).
3. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against the Pharmacy.
4. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) cannot require or permit the pharmacist(s) in said Pharmacy to violate any provision of local, state, or federal laws or regulations pertaining to the practice of pharmacy.
5. I further understand and acknowledge that Nevada law requires that each pharmacy located inside the State of Nevada employ only pharmacists, intern pharmacists, pharmaceutical technicians, and technicians in training that are licensed by the Nevada State Board of Pharmacy. (NRS 639.100).
6. I further understand and acknowledge that Nevada law requires that each pharmacy located outside the State of Nevada engaged in providing pharmacy services into Nevada employs at least one pharmacist licensed by the Nevada State Board of Pharmacy who will be responsible for any prescription dispensed to a patient located in Nevada and responsible for any acts or omissions of pharmacy personnel who are not registered with the Board. (NRS 639.2328).

Richard Gates

Print Name of Authorized Person

Richard Gates

Original signature of Authorized Person (copies or stamps not accepted)

08 / 26 / 2025

Date

Section 10: Affidavit for Pharmacies- MUST BE COMPLETED by pharmacies NOT CURRENTLY PERFORMING Sterile Compounding

Affidavit for Pharmacy License

I, Richard Gates hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

1. I am the Vice President (title) for Walgreen Co. (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I certify that upon licensure, the Pharmacy will not perform sterile compounding or ship sterile compounds into Nevada.
3. I understand and acknowledge that the Pharmacy and any of its staff members may be subject to discipline by the Board if the Pharmacy performs sterile compounding or ships any sterile compounds into Nevada without first obtaining written authorization from the Board to do so.
4. I certify that if the Pharmacy makes the decision to perform sterile compounding or to ship any sterile compounds into Nevada, the Pharmacy, through an authorized representative, will first notify the Board via a written request, and obtain written approval to perform sterile compounding or to ship any sterile compounds into Nevada.
5. I understand that if the Pharmacy seeks approval to perform sterile compounding or to ship any sterile compounds into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

FURTHER YOUR AFFIANT SAYETH NAUGHT.

Signature

SUBSCRIBED AND SWORN TO
Before me, a notary public this 20th day of August, 2025

Zeljka Borosa-Rajcevic
Notary Public

OFFICIAL SEAL
ZELJKA BOROSA RAJCEVIC
Notary Public, State of Illinois
Commission No. 977646
My Commission Expires September 8, 2027

File Number 1084-348-1

STATE OF ILLINOIS

OFFICE OF THE SECRETARY OF STATE

To all to whom these Presents Shall Come, Greeting:

I, **Alexi Giannoulias,** *Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that*

WALGREEN CO., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON FEBRUARY 15, 1909, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE BUSINESS CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.

In Testimony Whereof, *I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this* 15TH *day of* MAY *A.D.* 2025 .

Authentication #: 2513501622 verifiable until 05/15/2026
Authenticate at: https://www.ilsos.gov

SECRETARY OF STATE

CONFIDENTIAL/EXEMPT FROM
FREEDOM OF INFORMATION ACT AND
SIMILAR STATE REQUESTS

Ownership Information

Ownership & Leadership of Applicant Entity

Applicant: **Walgreen Co.**
108 Wilmot Rd., Deerfield, IL 60015

Ownership: The Applicant entity is wholly owned (100%) by Walgreens Boots Alliance, Inc.

Officers of Walgreen Co.
Michael Motz - CEO
Richard Gates - Senior Vice President, Chief Pharmacy Officer
Cherita Thomas - Secretary
Matthew Spina - CFO
Michael Handal - Licensing and Provider Enrollment Officer

Ownership & Leadership of Walgreens Boots Alliance, Inc.

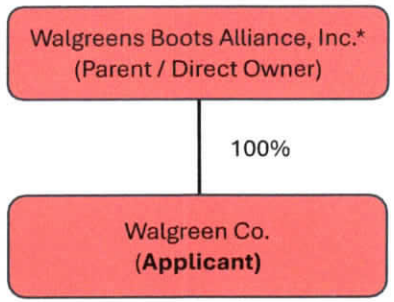
Ownership: Walgreens Boots Alliance, Inc. is wholly owned (100%) by Blazing Star Parent, LLC

Officers of Walgreens Boots Alliance, Inc.
Temporarily vacant - CEO
Mark Weisz - Sr VP, Global Tax
Manmohan Mahajan - Sr VP, Global Controller, CFO
Lanesha Minnix - Corporate Secretary

Please see the attached pre- and post-closing Corporate Organization chart for reference.

Proprietary and Confidential
Not a public record pursuant to
Section 7927.605 of the CPRA and
45 CFR Section 5.31

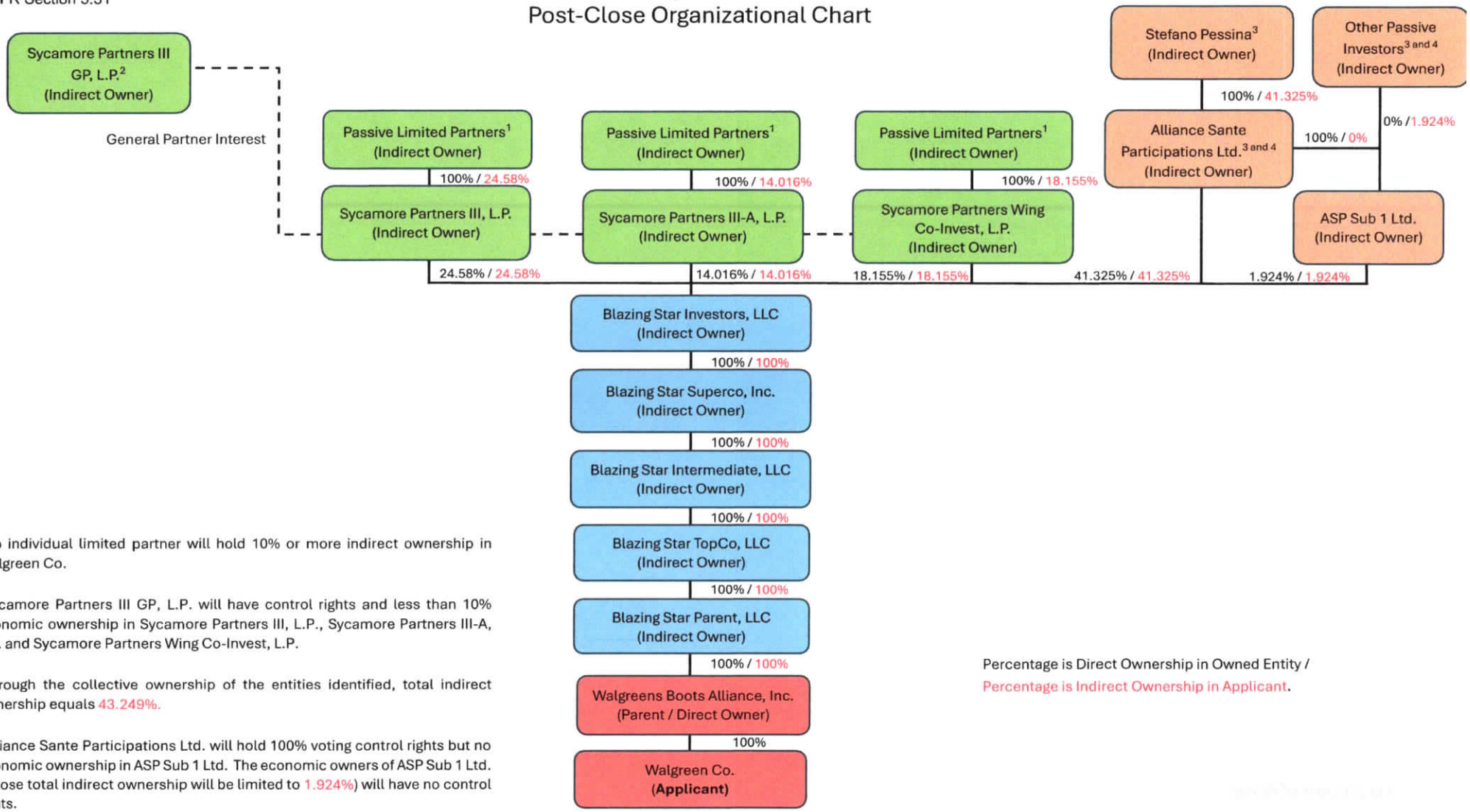
Walgreen Co.
Pre-Close Organizational Chart



Publicly Traded on Nasdaq Stock Market (WBA)

Proprietary and Confidential
Not a public record pursuant to
Section 7927.605 of the CPRA and
45 CFR Section 5.31

Walgreen Co.
Post-Close Organizational Chart



[1]No individual limited partner will hold 10% or more indirect ownership in Walgreen Co.

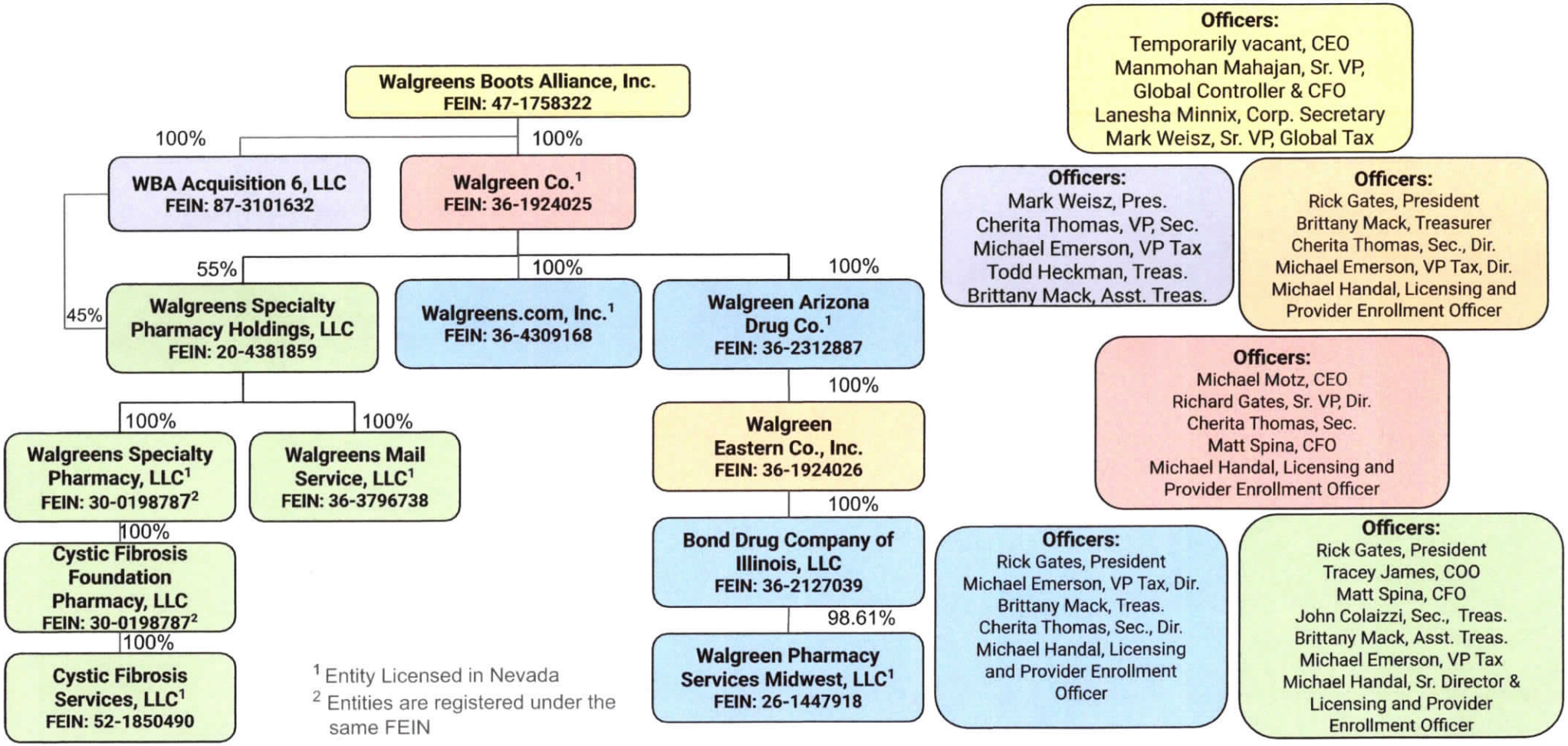
[2]Sycamore Partners III GP, L.P. will have control rights and less than 10% economic ownership in Sycamore Partners III, L.P., Sycamore Partners III-A, L.P. and Sycamore Partners Wing Co-Invest, L.P.

[3]Through the collective ownership of the entities identified, total indirect ownership equals 43.249%.

[4]Alliance Sante Participations Ltd. will hold 100% voting control rights but no economic ownership in ASP Sub 1 Ltd. The economic owners of ASP Sub 1 Ltd. (whose total indirect ownership will be limited to 1.924%) will have no control rights.

Percentage is Direct Ownership in Owned Entity /
Percentage is Indirect Ownership in Applicant.

Walgreen Co.
Post-Close Organizational Chart (cont.)



9LLL

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Pharmacy Application

Non-Refundable $500.00 Fee

Rev (6/11/2024)

Facility Location	Application Type (check all applicable)	Pharmacy Type (check all applicable)	Services the Pharmacy will Provide (check all applicable)
■ Nevada ☐ Out-of-Nevada	☐ New Pharmacy ■ Ownership Change* ☐ Location Change * ☐ Service Modification* ☐ Name Change* (if only a Name Change occurred, submit a $50.00 fee with the application.) * Current license #: PH PH02742	■ Retail/Community ☐ Hospital (# beds _____) ☐ Internet ☐ Nuclear ☐ Other:	■ Retail/Community ■ Dangerous drugs ■ Controlled substances DEA #: FW2933390 ☐ Non-sterile Compounding ☐ Sterile Compounding ☐ Mail-Order Service ☐ Off-site Cognitive Services ☐ Long Term Care ☐ Hospital ☐ Other:

Days of Operation		Ownership Type (check applicable box)
■ Monday	■ Friday	☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9, 10, 11, 12)
■ Tuesday	☐ Saturday	■ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9, 10, 11, 12)
■ Wednesday	☐ Sunday	☐ Partnership (complete sections 1, 2, 3, 4, 7, 9, 10, 11, 12)
■ Thursday	☐ Holidays	☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9, 10, 11, 12)

Section 1: General Information

Pharmacy Name: WALGREENS #15035

Physical Address: 3150 N TENAYA WAY STE 170

City: LAS VEGAS State: NV Zip: 89128-0462

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: 702-256-2059 Toll Free # (NAC 639.708, NRS 639.23286): N/A

Fax: (702)256-2079 Contact Email: rxm.15035@store.walgreens.com

Website: https://www.walgreens.com

Nevada Business License # (if applicable) NV19951143510

Supervising/Managing Pharmacist Name (NRS 639.220): ELISE CACCIO

Supervising/Managing Pharmacist NV Pharmacist Registration # (if applicable): 22906

Section 2: List the name(s) of at least one NEVADA registered pharmacist who practices at the pharmacy, who may be the managing pharmacist or another pharmacist, who will be responsible for any prescriptions dispensed to a patient located in Nevada and responsible for any acts or omissions of pharmacy personnel who are not registered with the Board. NRS 639.2328. (Use a separate piece of paper if additional space is needed.)

Name: ELISE CACCIO	NV Pharmacist Registration #: 22906
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:

Section 3: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✔
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration from any jurisdiction?		✔
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been subject of an administrative action, board citation, cite fine, or proceeding relating to the pharmaceutical industry?	✔	
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✔
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✔

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name(s) of the owner(s), their credentials and their percent ownership. Write NA if not applicable. NRS 639.232. (Use a separate piece of paper if additional space is needed.)

Name: N/A	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:

1. The Board shall not issue a license to conduct a pharmacy:
   a) To any practitioner; or
   b) To any partnership, corporation, or association in which a practitioner has a controlling interest or owns more than 10 percent of the available stock.
2. This section does not:
   a) Apply to a hospital pharmacy or a health maintenance organization which holds a certificate of authority under chapter 695C of NRS.
   b) Prohibit ownership by a practitioner of a building in which a pharmacy is located, if space for the pharmacy is rented at the prevailing rate.

Section 5: Publicly Traded Corporation

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Does the number of stockholders/shareholders of the corporation exceed four? NRS 639.231 ☐ Yes ☐ No

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: Delaware

Parent Company (if any): Walgreens Boots Alliance, Inc.

Corporation/Organization Name: Walgreen Co.

Mailing Address: 108 Wilmot Rd

City: Deerfield State: IL Zip: 60015

Telephone: 847-224-1348 Email: licenseadministration@walgreens.com

Contact Person Name: Kayla Lechner

Does the number of stockholders/shareholders of the corporation or members exceed four? NRS 639.231 ☐ Yes ☒ No

Section 7: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Please check type of partnership (NAC 639.214) ☐ General ☐ Limited

Does the number of partners or members of the partnership exceed four? NRS 639.231 ☐ Yes ☐ No

Section 8: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Richard Gates

Print Name of Authorized Person Submitting Application (If the applicant is a partnership or corporation, the application must be signed by a partner or by an officer of the corporation). NAC 639.215

Richard Gates

Original signature of Authorized Person (copies or stamps not accepted)

08 / 26 / 2025

Date

Board Use Only	Date Received: 9/18/25	Amount: $500 ck OP03-3000111129

Section 11: Managing Pharmacist Acknowledgement, Professional/Personal History – REQUIRED TO BE COMPLETED BY THE MANAGING PHARMACIST FOR NEVADA LOCATED PHARMACY APPLICANTS ONLY

Managing Pharmacist Name: ELISE CACCIO Pharmacist Registration #: 22906

Pharmacy Name: WALGREENS #15035

Initial each statement below to indicate you have read and agree with the following:

E.C. I understand that as the managing pharmacist I am responsible for compliance by the pharmacy and its personnel with all state and federal laws and regulations relating to the operation of the pharmacy and the practice of pharmacy. I understand my license can be revoked or that I can be subject of disciplinary action if such laws or regulations are knowingly violated in the pharmacy in which I am the managing pharmacist.

E.C. I understand within 48 hours after I report for duty as the managing pharmacist, I shall complete an inventory of all controlled substances of the pharmacy pursuant to 21 CFR Part 1304 and maintain a copy of the inventory in the file at the pharmacy.

E.C. I understand that if I cease to be managing pharmacist of the above-named pharmacy, I will jointly, with the new managing pharmacist, take an inventory of all controlled substances.

E.C. I understand that as the managing pharmacist I must ensure that all loss or theft of controlled substances are reported on forms provided by the Nevada State Board of Pharmacy and Department of Public Safety within 10 days after the date of discovery of theft or loss. NRS 453.568. Federal regulations require that registrants notify the Field Division Office of the Administration in his area, in writing, of the theft or significant loss of any controlled substance, disposal receptacles or listed chemicals within one business day of discovery of such loss or theft. The registrant shall also complete and submit to the Field Division Office in his area, DEA Form 106 regarding the loss or theft (21 C.F.R. §1301.76(b) and 21 U.S.C. §830(b)(1)(C)).

E.C. I understand that as the managing pharmacist I must notify the Nevada State Board of Pharmacy of all employment changes of pharmacy staff within 10 days of the change. NAC 639.540

Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?	☐	☑
2. Have you been charged, arrested, or convicted of a felony or misdemeanor in any state?	☐	☑
3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state?	☐	☑
4. Has your license been subjected to any discipline for violation of pharmacy or drug laws in any state?	☐	☑

If you marked YES to any questions above, include the following information and provide a signed statement of explanation. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Board Administrative Action:	State:	Date:	Case #:

Criminal Action:	State:	Date:	Case #:	County:	Court:

I certify under penalty of perjury that the information I have provided on this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

ELISE CACCIO

Original signature of Managing Pharmacist (copies or stamps not accepted)

08 / 07 / 2025

Date

FILED
APR 26 2019
NEVADA STATE BOARD
OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, Petitioner, v. KARA BALDUZZI, RPH Certificate of Registration No. 18074, and WALGREENS PHARMACY #15035 Certificate of Registration No. PHN02742, Respondents.	CASE NO. 18-071-RPH-S 18-071-PH-S STIPULATION AND ORDER

S. PAUL EDWARDS, ESQ., prosecuting for the State of Nevada, Nevada State Board of Pharmacy ("Board") and Respondents KARA BALDUZZI, RPh., Certificate of Registration No. 18074 ("Balduzzi") and WALGREENS PHARMACY #15035, Certificate of Registration No. PHN02724 ("Walgreens"), represented by WILLIAM J. STILLING, ESQ., of Stilling & Harrison Health Care Law,

HEREBY STIPULATE AND AGREE THAT

1. The Board has jurisdiction over these parties and this matter.

2. The Board properly served a *Notice of Intended Action and Accusation* (Accusation) on Walgreens on or about February 14, 2019.

3. Respondents filed a joint *Answer and Notice of Defense* in this case on March 19, 2019.

4. Respondents are fully aware of their right to seek the advice of counsel in this matter and either obtained the advice of counsel or hereby waive the right to seek the advice of counsel by signing this Stipulation below.

5. Respondents are aware of their right to a hearing on the matters alleged in the Accusation, their right to reconsideration, their right to appeal and any other rights which may be accorded to them pursuant to the Nevada Administrative Procedure Act and the Nevada Pharmacy Act.

6. Conditioned on the acceptance of this Stipulation by the Board, and with the exception of the right to challenge any determination that they have failed to comply with the provisions of Paragraph 10 below, Respondents, and each of them, hereby freely and voluntarily waive their right to a hearing, reconsideration, appeal and any and all other rights related to this action that may be accorded to them by the Nevada Administrative Procedure Act and the Nevada Pharmacy Act.

7. Respondents admit that if this case were to proceed to a hearing, evidence exists and could be presented by the prosecutor to establish the following factual allegations as set forth in the Accusation.

a. On August 6, 2018, Mountainview Hospital in Las Vegas discharged 75-year-old patient A.C. following heart surgery.

b. Prior to discharge, A.C.'s physician wrote a prescription for Deltasone (name brand Prednisone) 5 mg. tablets, quantity forty-five (45) with directions to take 8 tablets daily for 3 days (40 mg.), then 4 tablets daily for 3 days (20 mg.), then 2 tablets daily for 3 days (10 mg.), then 1 tablet daily for 3 days (5 mg.).

c. Walgreens received the prescription and delivered the medication to A.C. in his hospital room.

d. Pharmaceutical technician Rhodora Galang scanned the prescription at 4:38 p.m. Walgreens system designated it as Prescription No. 191694.

e. Managing pharmacist, Balduzzi, entered the prescription data into Walgreens' system at 4:42 p.m. She mistakenly chose 50 mg. prednisone tablets instead of the 5 mg. tablets called for in the prescription.

f. Balduzzi performed data entry review at 4:48:17 p.m. She did not detect the dosing error.

g. One second later, at 4:48:18 p.m., Balduzzi overrode three Drug Utilization Review (DUR) warnings related to the excessive nature of the dosing error without responding appropriately to them.

h. Pharmaceutical technician Eva Vergara filled the medication based on the erroneous information on the prescription label printed from Walgreens' computer system.

i. Balduzzi performed the final product verification. She again failed to detect that Walgreens was dispensing 50 mg. tablets instead of the 5 mg. tablets called for by the prescription.

j. Walgreens sold the prescription and Balduzzi marked that she completed counseling for the prescription.

k. Patient A.C. ingested forty-four tablets of the dispensed medication as directed, resulting in the ingestion of ten times the intended dose.

l. A.C. experienced a temporary negative physical outcome as a result of the prescription error.

8. Respondents further admit that the facts alleged in the Accusation support the legal conclusions set forth in the First, Second and Fourth Causes of Action in the Accusation, including that:

a. Respondent Balduzzi violated NAC 639.945(1)(d) and (i) when she (1) verified the data entered on Prescription No. 191694 as accurate when it was not, and/or (2)

verified the 50 mg. tablets in the prescription bottle as the correct product when Walgreens should have dispensed 5 mg. tablets.

b. Balduzzi violated NAC 639.945(1)(i) by failing to act upon the DUR alerts displayed on the computer screen for the 50 mg. prednisone tablets being prepared to dispense to A.C., including by overriding the DUR alerts within one second of verifying the incorrect data for the prescription as being correct.

c. For each of the forgoing violations, Respondents, and each of them, are subject to discipline pursuant to NRS 639.210(4) and (12) and NRS 639.255.

d. As the owner of the pharmacy in which the foregoing violations occurred, and as Balduzzi's employer, Walgreens bears responsibility pursuant to NAC 639.945(2).

9. Board Staff hereby withdraws the third cause of action related to insufficient counselling and all related alleged violations of NRS 639.266(1), NAC 639.707(1), (2), (4) and/or (6), and/or NAC 639.945(1)(i).

10. Based upon the Accusation and the foregoing admissions, the Board and Respondents, and each of them, stipulate to the following penalties:

a. For the First Cause of Action, Balduzzi shall pay a fine of five hundred dollars ($500.00) and complete two continuing education units ("CEU") on topics related to prescription verification/error prevention.

b. For the Second Cause of Action, Balduzzi shall pay a fine of five hundred dollars ($500.00) and complete two CEUs related to the proper responses to Drug Utilization Review ("DUR") warnings.

c. Additionally, Balduzzi shall pay an administrative fee of five hundred dollars ($500.00) to partially offset the costs the Board incurred to investigate and prosecute this matter.

d. For the Fourth Cause of Action, Walgreens shall pay an administrative fee of one thousand dollars ($1000.00) to partially offset the costs the Board incurred to investigate and prosecute this matter.

11. The CEUs agreed to above are in addition to the number of CEUs Balduzzi must complete to renew her license during the current renewal period, ARE and will be completed within 60 days of the effective date of this Order.

12. Counsel will present this Stipulation to the Board Members for approval at the Board's regularly scheduled meeting on April 10, 2019, in Las Vegas, Nevada. Respondents, and each of them, will appear at the meeting to answer questions from the Board Members and/or Board Staff. The Board Members and Staff may discuss and deliberate regarding this Stipulation, even if Walgreens is not present at the meeting.

13. The Board has discretion to accept this Stipulation, but it is not obligated to do so.

14. If the Board rejects any part or all of this Stipulation, the parties agree that a full hearing on the merits of this matter may be heard by the Board, and that the hearing shall occur at the Board's June 2019 meeting in Reno, Nevada. The terms and admissions herein may not be used or referred to in a full hearing on the merits of this matter.

15. Upon approval of this Stipulation by the Board, Balduzzi shall pay the fine(s) agreed to herein by *cashier's check* or *certified check* or *money order* made payable to "State of Nevada, Office of the Treasurer," to be received by the Board's Reno office located at 985 Damonte Ranch Pkwy Ste 206, Reno Nevada 89521, within thirty (30) days of the effective date of the Board's Order.

16. Upon approval of this Stipulation by the Board, Walgreens shall pay the administrative fee agreed to herein by *cashier's check* or *certified check* or *money order* made payable to "Nevada State Board of Pharmacy," to be received by the Board's Reno office located at 985 Damonte Ranch Pkwy Ste 206, Reno Nevada 89521, within thirty (30) days of the effective date of the Board's Order.

17. Any failure by any Respondent to satisfy the obligations stated herein may result in additional discipline, up to and including suspension or revocation of that Respondents' respective registrations until all terms have been complied with.

Respondents KARA BALDUZZI, RPh., Certificate of Registration No. 18074, and WALGREENS PHARMACY #15035, Certificate of Registration No. PHN02724, has each fully considered the charges and allegations contained in the Notice of Intended Action and Accusation in this matter, and the terms of this Stipulation, and freely and voluntarily agrees to the terms set forth herein, and waived certain rights, as stated herein.

AGREED:

Signed this 10 day of April 2019

Kara Balduzzi, RPh.
Certificate of Registration No. 18074

Signed this 30th day of April 2019

Authorized Representative
Walgreens #15035
Certificate of Registration No. PH2742.

Signed this 10th day of April 2019

S. Paul Edwards, Esq.
General Counsel
Nevada State Board of Pharmacy

DECISION AND ORDER

The Nevada State Board of Pharmacy hereby adopts the foregoing Stipulation as its decision as to Respondents KARA BALDUZZI, RPh., Certificate of Registration No. 18074, and WALGREENS PHARMACY #15035, Certificate of Registration No. PHN02724, and hereby orders that the terms of the foregoing Stipulation be made effective upon execution.

26 APRIL 2019
Dated

Jason Penrod, President
Nevada State Board of Pharmacy

FILED
FEB 14 2019
NEVADA STATE BOARD OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,	
Petitioner,	**CASE NO. 18-071-RPH-S** **CASE NO. 18-071-PH-S**
v.	
KARA BALDUZZI, RPH., **Certificate of Registration No. 18074,**	**NOTICE OF INTENDED ACTION AND ACCUSATION**
and	
WALGREENS PHARMACY #15035, **Certificate of Registration No. PH02742,**	
Respondents. /	

J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, makes the following that will serve as both a notice of intended action under Nevada Revised Statutes (NRS) 233B.127(3) and as an accusation under NRS 639.241.

JURISDICTION

I.

The Nevada State Board of Pharmacy (Board) has jurisdiction over this matter and these respondents because Kara Balduzzi, Certificate of Registration No. 18074 ("Ms. Balduzzi"), is a pharmacist registered with the Board and Walgreens Pharmacy #15035, Certificate of Registration No. PH02742 ("Walgreens"), is a pharmacy licensed by the Board.

FACTUAL ALLEGATIONS

II.

On August 6, 2018, Mountainview Hospital in Las Vegas discharged 75-year-old patient A.C. following heart surgery. The instructions in A.C.'s discharge summary called for Prednisone tapering from 40 mg. daily for 3 days to 20 mg. daily for 3 days to 10 mg. daily for 3 days, then to 5 mg. daily for 3 days.

III.

Consistent with the discharge summary, A.C.'s physician wrote a prescription for Deltasone (name brand Prednisone) 5 mg. tablets, quantity forty-five (45) with directions to take 8 tablets daily for 3 days (40 mg.), then 4 tablets daily for 3 days (20 mg.), then 2 tablets daily for 3 days (10 mg.), then 1 tablet daily for 3 days (5 mg.).

IV.

A.C. presented the prescription to Walgreens on August 6, 2018, which filled and sold the medication the same day.

V.

Pharmaceutical technician Rhodora Galang scanned the prescription at 4:38 p.m. Walgreens system designated it as Prescription No. 191694.

VI.

Managing pharmacist, Ms. Balduzzi, entered the prescription data into Walgreens' system at 4:42 p.m. She mistakenly chose **50** mg. prednisone tablets instead of the **5** mg. tablets called for in the prescription.

VII.

Ms. Balduzzi performed data entry review at 4:48:17 p.m. She did not detect the dosing error.

VIII.

One second later, at 4:48:18 p.m., Ms. Balduzzi overrode three Drug Utilization Review (DUR) warnings. Those warnings indicated:

- "HYPERTENSION INDICATES USING CAUTION WITH PREDNISONE 50MG (FIFTY) TABLETS",
- "DIABETES MELLITUS INDICATES USING CAUTION WITH PREDNISONE 50 MG (FIFTY MG) TABLETS", and

- "3.75 TAB(S) OF PREDISONE 50MG (FIFTY MG) TABLETS EXCEEDS THE RECOMMENDED GERIATRIC DOSAGE: 0.02 – 1.20 TAB(S) PER DAY."

IX.

Pharmaceutical technician Eva Vergara filled the medication based on the erroneous information on the prescription label printed from Walgreens' computer system.

X.

Ms. Balduzzi performed the final product verification at 5:09 p.m. She again failed to detect that Walgreens was dispensing 50 mg. tablets instead of the 5 mg. tablets called for by the prescription.

XI.

Walgreens sold Prescription No. 191694 at 6:20 p.m.

XII.

At 7:10 p.m., Ms. Balduzzi marked that she completed counseling for the prescription.

XIII.

Patient A.C. ingested forty-four (44) tablets of the dispensed medication as directed. As a result, he ingested ten times the intended dose, or 400 mg. of Prednisone daily for 3 days, instead of the 40 mg. he was prescribed. He then ingested 200 mg. daily for 3 days, instead of the 20 mg. as prescribed. He then tapered to 100 mg. daily, instead of 10 mg. as prescribed, and finally, to 50 mg. daily, instead of 5 mg. as prescribed.

XIV.

A.C.'s physician discovered Walgreens' dosing error on August 17, 2018, during a follow-up examination of A.C. at the doctor's office.

XV.

As a result of Walgreens' error, A.C.'s blood sugar levels were elevated to 300-500 and were uncontrollable by insulin. A.C. also experienced edema in his legs, and Walgreens' error may have caused delays in the healing of A.C.'s wounds.

XVI.

A.C.'s physician gave A.C. a subsequent prescription for prednisone to safely taper off the high dose Walgreens provided.

FIRST CAUSE OF ACTION
Unprofessional Conduct, Failure to Verify the Dispensed Medication
(Respondent Kara Balduzzi)

XVII.

Unprofessional conduct includes the failure by a licensee to follow strictly the instructions of a practitioner when filling, labeling, and dispensing a prescription. *See* NAC 639.945(1)(d). It also includes a licensee performing his or her duties in an "incompetent, unskillful, or negligent manner". *See* NAC 639.945(1)(i).

Respondent Kara Balduzzi violated NAC 639.945(1)(d) and (i) when she (1) verified the data entered on Prescription No. 191694 as accurate when it was not, and/or (2) verified the 50 mg. tablets in the prescription bottle as the correct product when Walgreens should have dispensed 5 mg. tablets. Ms. Balduzzi's registration is therefore subject to discipline pursuant to NRS 639.210(4) and (12) and/or NRS 639.255.

SECOND CAUSE OF ACTION
Failure to Act on Drug Utilization Review (DUR) Warnings
(Respondent Kara Balduzzi)

XVIII.

NAC 639.945(1)(i) defines unprofessional conduct to include a licensee performing any of his or her duties in an "incompetent, unskillful or negligent manner." Ms. Balduzzi violated NAC 639.945(1)(i) by failing to act upon the DUR alerts displayed on the computer screen for the 50 mg. prednisone tablets being prepared to dispense to A.C., including by overriding the DUR alerts within one second of verifying the incorrect data for the prescription as being correct. That violation is grounds for action pursuant to NRS 639.210(4) and/or (12), and under NRS 639.255.

THIRD CAUSE OF ACTION
Failure to Adequately Counsel
(Respondent Kara Balduzzi)

XIX.

NRS 639.266(1) requires a pharmacist to "communicate matters which will enhance therapy through drugs with the patient or a person caring for the patient." NAC 639.707(1), (2) and/or (4) further require counseling for all new prescriptions and provide a list of elements to be included as part of proper counseling, including, but not limited to, dose, intended use, expected response and precautions. Additionally, NAC 639.707(6) requires the pharmacist to create a record regarding counseling "at the time that counseling is provided or refused."

By marking that counseling was completed at 7:10 PM, nearly an hour after Walgreens sold the medication, and, to the extent any counseling actually occurred, by failing to discuss the medication sufficiently to detect that she was dispensing an inaccurate dose of prednisone that was ten (10) times the dose prescribed, Ms. Balduzzi violated NRS 639.266(1), NAC 639.707(1), (2), (4) and/or (6), and/or NAC 639.945(1)(i). Those violations are grounds for action pursuant to NRS 639.210(4) and/or (12), and under NRS 639.255.

FOURTH CAUSE OF ACTION
Pharmacy/Pharmacy Owner Responsibility
(Respondent Walgreens Pharmacy #15035)

XX.

NAC 639.945(2) states that "[t]he owner of any business or facility licensed, certified or registered by the Board is responsible for the acts of all personnel in his or her employ". At the time of the violations alleged herein, Walgreens was Respondent Kara Balduzzi's employer. As such, Walgreens Pharmacy is responsible for each of the violations alleged herein.

XXI.

The violations alleged above are grounds for discipline against the pharmacist registration of Kara Balduzzi, as well as Walgreens #15035, pursuant to NRS 639.210(4) and (12), and/or NRS 639.255.

XXII.

WHEREFORE it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to the certificate of registration and/or license of these respondents.

Signed this 14th day of February 2019.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

NOTICE TO RESPONDENT

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements regarding your certificate of registration. To do so, you must mail to the Board within 20 days of your receipt of this Notice of Intended Action and Accusation a written statement showing your compliance.

FILED
JUL 30 2017
NEVADA STATE BOARD
OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,	)	**CASE NOS. 16-080-PTT- S**
	)	
Petitioner,	)	**16-080-RPH-A-S**
v.	)	**16-080-PH-A-S**
	)	
HAKEEM SANCHEZ-BRAVO, PTT	)	**16-080-RPH-B-S**
Certificate of Registration No. PT17763,	)	**16-080-PH-B-S**
	)	
SHELLEY VERMA, RPH	)	**16-080-RPH-C-S**
Certificate of Registration No. 17761,	)	**16-080-PH-C-S**
	)	
WALGREENS PHARMACY #03845	)	**16-080-PH-D-S**
Certificate of Registration No. PHN01064,	)	
	)	
RACHAEL MCDONALD, RPH	)	**FINDINGS OF FACT,**
Certificate of Registration No. 18416,	)	**CONCLUSIONS OF LAW,**
	)	**AND ORDER**
WALGREENS PHARMACY #04086	)	
Certificate of Registration No. PH01248,	)	**(Shelly Verma, Rachel McDonald,**
	)	**Suzette Jacobs, Walgreens**
SUZETTE JACOBS, RPH	)	**Pharmacy #03845, Walgreens**
Certificate of Registration No. 17642,	)	**Pharmacy #04086, Walgreens**
	)	**Pharmacy #15035 and Walgreens**
WALGREENS PHARMACY #15035	)	**Co.)**
Certificate of Registration No. PH02742, and	)	
	)	
WALGREENS CO., an Illinois Corporation,	)	
	)	
Respondents.	/	

The Nevada State Board of Pharmacy (Board) heard this matter at its regularly scheduled meeting on Wednesday, July 19, 2017, in Las Vegas, Nevada. S. Paul Edwards, Esq., prosecuted the case on behalf of Board Staff. William J. Stilling, Esq., of Kimball Legal, appeared on behalf of Respondents Shelley Verma (Ms. Verma), Certificate of Registration No. 17761; Rachael McDonald (Ms. McDonald), Certificate of Registration No. 18416; Suzette Jacobs (Ms. Jacobs), Certificate of Registration 17642; Walgreens Pharmacy #03845 (Walgreens #03845), Certificate of Registration No. PHN01064; Walgreens Pharmacy #04086 (Walgreens #04086),

Certificate of Registration PH01248; Walgreens Pharmacy #15035 (Walgreens #115035), Certificate of Registration PH02742 and Walgreen Co.

Based on the evidence presented during the hearing, including testimonial and documentary evidence, the Board finds that evidence exists to support each of the factual allegations in the Accusation and enters Findings of Fact, Conclusions of Law, and Orders as follows:

FINDINGS OF FACT

On July 19, 2017, Respondents, through their counsel, entered into a set of *Stipulated Facts*, a copy of which is attached hereto as **Exhibit 1** and incorporated herein by reference. The facts to which Respondents, and each of them, admitted in the *Stipulated Facts* are as follows:

1. The Board has jurisdiction over this matter because at the time of the events described herein Respondents Ms. Verma, Ms. McDonald and Ms. Jacobs were each registered as pharmacists with the Board.

2. Similarly, the Board has jurisdiction over this matter because at the time of the events described herein, Respondents Walgreens #03845, Walgreens #04086 and Walgreens #15035 (collectively the Walgreens Pharmacies) were each registered with the Board.

3. The Board has jurisdiction over Walgreen Co., an Illinois corporation, because it owns and operates each of the Walgreens Pharmacies in Nevada, which pharmacies employed each of the other Respondents at the time of the events described herein.

4. In January 2016, the Board issued Pharmaceutical Technician Trainee Certificate of Registration No. PT17763 to Respondent Hakeem Sanchez-Bravo.

5. Certificate of Registration No. PT17763 was registered to and valid only at Walgreens Pharmacy #4790.

6. Certificate of Registration No. PT17763 expired on October 31, 2016.

7. In November 2016, Mr. Sanchez-Bravo telephoned the Board Office regarding the renewal of his registration. During his discussion with Board Staff, Mr. Sanchez-Bravo disclosed that he had been working at Walgreens Pharmacy #03845.

8. Board Staff determined at that time that Mr. Sanchez-Bravo did not have a valid pharmaceutical technician in training registration at Walgreens Pharmacy #03845.

9. The Board Investigator requested Mr. Sanchez-Bravo's work schedule from April 2016, through October 2016, from Jaclyn Latteri, a Walgreens District Manager.

10. From the records Walgreens provided, Board Staff ascertained that Mr. Sanchez-Bravo had worked at the three Walgreens Pharmacies for a combined total of one-hundred and forty (140) days, from April 2016, through November 2016, without a valid pharmaceutical technician in training registration.

11. Board Staff ascertained that Mr. Sanchez-Bravo had worked:

- 1 day at Walgreens #15035 for pharmacist manager Ms. Jacobs without a valid registration,
- 4 days at Walgreens #04086 for pharmacist manager Ms. McDonald without a valid registration, and
- 135 days at Walgreens #03845 for pharmacist manager Ms. Verma without a valid registration.

12. Ms. Latteri confirmed in a written statement that Mr. Sanchez-Bravo worked unregistered as a pharmaceutical technician in training during the 140 day time period.

13. The records Walgreens provided also indicate that Mr. Sanchez-Bravo did not consistently record the hours that he worked at any of the Walgreens' locations.

14. Mr. Sanchez-Bravo failed to log his hours on duty during the 140 day period at issue in this matter as follows:

- Walgreens #15035 – 1 day
- Walgreens #04086 – 3 days
- Walgreens #03845 – 84 days

15. In a separate Order on file in this matter, the Board found that

> By working at Walgreens #03845, Walgreens #04086 and Walgreens #15035 for a combined total of approximately 140 days

between April 2016, and November 2016, when he did not have a current pharmaceutical technician in training registration at those locations, Hakeem Sanchez-Bravo violated Nevada Administrative Code (NAC) 639.240(1).

See Findings of Fact, Conclusions of Order and Order (Respondent Hakeem Sanchez Bravo), Case No. 16-080PPT-S (2017), attached hereto as **Exhibit 2**, and incorporated herein by reference.

16. Additionally, during the hearing the Board heard testimony and accepted into evidence Exhibit 1, along with certain written evidence, including the prosecution's Hearing Exhibits 1 through 4, Respondents' Hearing Exhibits A and B.

Based on the evidence presented during the hearing, the Board finds that evidence exists to support each of the factual allegations stated in the Accusation.

CONCLUSIONS OF LAW

From the forgoing findings of fact, the Board concludes as a matter of law:

17. The Board has jurisdiction over this matter and these respondents because at the time of the events alleged herein, Respondents Ms. Verma, Ms. McDonald, and Ms. Jacobs, were registered pharmacists with the Board.

18. Similarly, Respondents Walgreens Pharmacy #03845, Walgreens Pharmacy #04086, and Walgreens Pharmacy #15035, were pharmacies registered with the Board.

19. As the managing pharmacist during the period of April 2016, through November 2016, for the pharmacy in which Mr. Sanchez-Bravo worked without a PTT registration for one-hundred and thirty-five (135) days, and in failing to verify that Mr. Sanchez-Bravo had a valid registration for the pharmacy she managed during that time, Respondent Ms. Verma violated Nevada Revised Statute (NRS) 639.220(1) and Nevada Administrative Code (NAC) 639.945(1)(i), which violations are grounds for discipline pursuant to NRS 639.210(4), (12) and (15), or alternatively, under NRS 639.255.

20. As the managing pharmacist during the period of August 2016, through September 2016, for the pharmacy in which Mr. Sanchez-Bravo worked without a PTT

registration for four (4) days, and in failing to verify that Mr. Sanchez-Bravo had a valid registration for the pharmacy she managed during that time, Respondent Rachael McDonald violated NRS 639.220(1) and NAC 639.945(1)(i), which violations are grounds for discipline pursuant to NRS 639.210(4), (12) and (15), or alternatively, under NRS 639.255.

21. As the managing pharmacist during the period of October 2016, for the pharmacy in which Mr. Sanchez-Bravo worked without a PTT registration for one (1) day, and in failing to verify that Mr. Sanchez-Bravo had a valid registration for the pharmacy she managed at that time, Respondent Suzette Jacobs violated NRS 639.220(1) and NAC 639.945(1)(i), which violations are grounds for discipline pursuant to NRS 639.210(4), (12) and (15), or alternatively, under NRS 639.255.

22. By failing to keep and provide Board Staff with a written record showing the days and hours that Mr. Sanchez-Bravo was on duty as a pharmaceutical technician in training during the hours of business at each of their respective pharmacies, Respondents Ms. Verma, Ms. McDonald and Ms. Jacobs each violated NAC 639.245(1) and NAC 639.945(1)(i) and (m). Those violations are grounds for discipline pursuant to NRS 639.210(4) and (15), and under NRS 639.255.

23. NAC 639.945(2) states that "[t]he owner of any business or facility licensed, certified or registered by the Board is responsible for the acts of all personnel in his or her employ". At the time of the violations alleged herein, Respondents Ms. Verma, Ms. McDonald, and Ms. Jacobs were each employees of one of the Walgreens Pharmacies. As such, that Walgreens Pharmacies are responsible for each of the violations alleged herein.

ORDER

24. For the violations described in the Second[i] and Fifth Causes of Action, Respondent Ms. Verma shall (1) receive a *letter of reprimand* from the Board's Executive Secretary regarding her duties and obligations as a managing pharmacist, (2) *complete three extra hours of*

[i] The Board resolved the First Cause of Action in this matter through a separate Order. *See* Exhibit 2 (*Findings of Fact, Conclusions of Order and* Order (Respondent Hakeem Sanchez Bravo), Case No. 16-080PPT-S)(2017).

continuing education (CE) on the topics of *ethics, Nevada law* and *pharmacy manager/pharmacist in charge responsibilities*; and (3) *pay a fine of five hundred dollars* ($500.00).

25. For the violations described in the Third and Fifth Causes of Action, Respondent Ms. McDonald shall (1) receive a *letter of reprimand* from the Board's Executive Secretary regarding her duties and obligations as a managing pharmacist, (2) *complete three extra hours of continuing education* (CE) on the topics of *ethics, Nevada law* and *pharmacy manager/pharmacist in charge responsibilities*; and (3) *pay a fine of one hundred and sixty dollars* ($160.00).

26. For the violations described in the Fourth and Fifth Causes of Action, Respondent Ms. Jacob shall (1) receive a *letter of reprimand* from the Board's Executive Secretary regarding her duties and obligations as a managing pharmacist, (2) *complete three extra hours of continuing education* (CE) on the topics of *ethics, Nevada law* and *pharmacy manager/pharmacist in charge responsibilities*, and (3) *pay a fine of forty dollars* ($40.00).

27. As to Ms. Verma, Ms. McDonald and Ms. Jacob, the extra hours of CE ordered herein are in addition to any continuing education hours each must otherwise complete to maintain or renew her licensure.

28. For the Sixth Cause of Action, Respondents Walgreens Pharmacy #03845, Walgreens Pharmacy #04086, and Walgreens Pharmacy #15035 shall each (1) *pay a fine of five hundred dollars* ($500.00)(for a total of $1,500 between the three Walgreens Pharmacies), and (2) pay a combined administrative fee of *one thousand five hundred dollars* ($1,500.00).

29. The Prosecution withdraw the Seventh Cause of Action.

30. Respondents, and each of them, shall pay the fines ordered herein when due, and by *cashier's check* or *certified check* or *money order* made payable to "State of Nevada, Office of the Treasurer" to be received by the Board's Reno office located at 431 W. Plumb Lane, Reno, NV 89509, within thirty (30) days of the effective date of the Board's Order.

31. Respondents, and each of them, shall pay the administrative fees ordered herein by *cashier's check, certified check* or *money order* made payable to the "Nevada State Board of Pharmacy" to be received by the Board's Reno office located at 431 W. Plumb Lane, Reno, NV 89509, within thirty (30) days of the effective date of the Board's Order.

32. Any failure by any Respondent to satisfy the obligations stated herein may result in additional discipline, up to and including suspension or revocation of their respective license or registration.

33. This Order is effective on the date it is executed below.

IT IS SO ORDERED.

Signed and effective this 30 day of July, 2017.

Leo Basch, President
Nevada State Board of Pharmacy

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,	)	**CASE NOS. 16-080-PTT- S**
	)	
Petitioner,	)	**16-080-RPH-A-S**
v.	)	**16-080-PH-A-S**
	)	
HAKEEM SANCHEZ-BRAVO, PTT	)	**16-080-RPH-B-S**
Certificate of Registration No. PT17763,	)	**16-080-PH-B-S**
	)	
SHELLEY VERMA, RPH	)	**16-080-RPH-C-S**
Certificate of Registration No. 17761,	)	**16-080-PH-C-S**
	)	
WALGREENS PHARMACY #03845	)	**16-080-PH-D-S**
Certificate of Registration No. PHN01064,	)	
	)	
RACHAEL MCDONALD, RPH	)	**STIPULATED FACTS**
Certificate of Registration No. 18416,	)	**(All Respondents)**
	)	
WALGREENS PHARMACY #04086	)	
Certificate of Registration No. PH01248,	)	
	)	
SUZETTE JACOBS, RPH	)	
Certificate of Registration No. 17642,	)	
	)	
WALGREENS PHARMACY #15035	)	
Certificate of Registration No. PH02742, and	)	
	)	
WALGREENS CO., an Illinois Corporation,	)	
	)	
Respondents.	/	

S. Paul Edwards, Esq., General Counsel for Petitioner the Nevada State Board of Pharmacy (Board), and Respondents Shelley Verma (Ms. Verma), Certificate of Registration No. 17761; Rachael McDonald (Ms. McDonald), Certificate of Registration No. 18416; Suzette Jacobs (Ms. Jacobs), Certificate of Registration 17642; Walgreens Pharmacy #03845 (Walgreens #03845), Certificate of Registration No. PHN01064; Walgreens Pharmacy #04086 (Walgreens

#04086), Certificate of Registration PH01248; Walgreens Pharmacy #15035 (Walgreens #115035), Certificate of Registration PH02742 and Walgreen Co., by and through their counsel, William J. Stilling, Esq., of Kimball Legal,

HEREBY STIPULATE AND AGREE THAT:

1. The Board has jurisdiction over this matter because at the time of the events described herein Respondents Ms. Verma, Ms. McDonald and Ms. Jacobs were each registered as pharmacists with the Board.

2. Similarly, the Board has jurisdiction over this matter because at the time of the events described herein, Respondents Walgreens #03845, Walgreens #04086 and Walgreens #15035 (collectively the Walgreens Pharmacies) were each registered with the Board.

3. The Board has jurisdiction over Walgreen Co., an Illinois corporation, because it owns and operates each of the Walgreens Pharmacies in Nevada, which pharmacies employed each of the other Respondents at the time of the events described herein.

4. In January 2016, the Board issued Pharmaceutical Technician Trainee Certificate of Registration No. PT17763 to Respondent Hakeem Sanchez-Bravo.

5. Certificate of Registration No. PT17763 was registered to and valid only at Walgreens Pharmacy #4790.

6. Certificate of Registration No. PT17763 expired on October 31, 2016.

7. In November 2016, Mr. Sanchez-Bravo telephoned the Board Office regarding the renewal of his registration. During his discussion with Board Staff, Mr. Sanchez-Bravo disclosed that he had been working at Walgreens Pharmacy #03845.

8. Board Staff determined at that time that Mr. Sanchez-Bravo did not have a valid pharmaceutical technician in training registration at Walgreens Pharmacy #03845.

9. The Board Investigator requested Mr. Sanchez-Bravo's work schedule from April 2016 through October 2016, from Jaclyn Latteri, a Walgreens District Manager.

10. From the records the Walgreens Pharmacies provided, Board Staff ascertained that Mr. Sanchez-Bravo had worked at the three Walgreens Pharmacies for a combined total of one-hundred and forty (140) days, from April 2016, through November 2016, without a valid pharmaceutical technician in training registration.

11. Board Staff ascertained that Mr. Sanchez-Bravo had worked:

- 1 day at Walgreens #15035 for pharmacist manager Ms. Jacobs without a valid registration,
- 4 days at Walgreens #04086 for pharmacist manager Ms. McDonald without a valid registration, and
- 135 days at Walgreens #03845 for pharmacist manager Ms. Verma without a valid registration.

12. Ms. Latteri confirmed in a written statement that Mr. Sanchez-Bravo worked unlicensed as a pharmaceutical technician in training during the 140 day time period.

13. The records Walgreens provided also indicate that Mr. Sanchez-Bravo did not consistently record the hours that he worked at any of the Walgreens' locations.

14. Mr. Sanchez-Bravo failed to log his hours on duty during the 140 day period at issue in this matter as follows:

- Walgreens #15035 – 1 day

- Walgreens #04086 – 3 days
- Walgreens #03845 – 84 days

I, the undersigned, William J. Stilling, Esq., of and for the law firm Kimball Legal, have consulted with Respondents in this action, and each of them, regarding factual allegations contained in the Notice of Intended Action and Accusation in this matter, and the terms of this Stipulation. Each Respondent has freely and voluntarily agreed to the factual statements set forth herein, and each has authorized me to sign below on their individual behalf.

Signed this 11th day of July, 2017

William J Stilling, Esq.
Kimball Legal

Counsel for Respondents Shelly Verman,
Suzette Jacobs, Rachael McDonald,
Walgreens Pharmacy #03845,
Walgreens Pharmacy #4086
Walgreens Pharmacy #15035, and
Walgreens Co., an Illinois
Corporation

FILED
JUL 30 2017
NEVADA STATE BOARD
OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,	)	**CASE NOS. 16-080-PTT- S**
	)	
Petitioner,	)	**16-080-RPH-A-S**
v.	)	**16-080-PH-A-S**
	)	
HAKEEM SANCHEZ-BRAVO, PTT	)	**16-080-RPH-B-S**
Certificate of Registration No. PT17763,	)	**16-080-PH-B-S**
	)	
SHELLEY VERMA, RPH	)	**16-080-RPH-C-S**
Certificate of Registration No. 17761,	)	**16-080-PH-C-S**
	)	
WALGREENS PHARMACY #03845	)	**16-080-PH-D-S**
Certificate of Registration No. PHN01064,	)	
	)	
RACHAEL MCDONALD, RPH	)	**FINDINGS OF FACT,**
Certificate of Registration No. 18416,	)	**CONCLUSIONS OF LAW,**
	)	**AND ORDER**
WALGREENS PHARMACY #04086	)	
Certificate of Registration No. PH01248,	)	**(Hakeem Sanchez-Bravo Only)**
	)	
SUZETTE JACOBS, RPH	)	
Certificate of Registration No. 17642,	)	
	)	
WALGREENS PHARMACY #15035	)	
Certificate of Registration No. PH02742, and	)	
	)	
WALGREENS CO., an Illinois Corporation,	)	
	)	
Respondents.	/	

The Nevada State Board of Pharmacy (Board) heard this matter at its regularly scheduled meeting on Wednesday, July 19, 2017, in Las Vegas, Nevada. S. Paul Edwards, Esq., prosecuted the case on behalf of Board Staff. Respondent Hakeem Sanchez-Bravo (Mr. Sanchez-Bravo), Certificate of Registration No. PT17763, a pharmaceutical technician in training (PTT) at the time of the events alleged in the *Notice of Intended Action and Accusation* (Accusation) on file herein, did not file an answer in response to the Accusation. He did not respond to the Accusation in any way, and failed to appear at the hearing.

Having received no pleading and no response from Mr. Sanchez-Bravo, the Board hereby enters default against him as follows:

FINDINGS OF FACT

The allegations in the Accusation and on which the Board enters default against Mr. Sanchez-Bravo are as follows:

1. In January 2016, the Board issued Pharmaceutical Technician Trainee Certificate of Registration No. PT17763 to Respondent Hakeem Sanchez-Bravo.

2. Certificate of Registration No. PT17763 was registered to and valid only at Walgreens Pharmacy #4790.

3. Certificate of Registration No. PT17763 expired on October 31, 2016.

4. In November 2016, Mr. Sanchez-Bravo telephoned the Board Office regarding the renewal of his registration. During his discussion with Board Staff, Mr. Sanchez-Bravo disclosed that he had been working at Walgreens Pharmacy #03845.

5. Board Staff determined at that time that Mr. Sanchez-Bravo did not have a valid pharmaceutical technician in training registration at Walgreens Pharmacy #03845.

6. A Board Investigator requested Mr. Sanchez-Bravo's work schedule from April 2016, through October 2016, from Jaclyn Latteri, a Walgreens District Manager.

7. From the records Walgreens provided, Board Staff ascertained that Mr. Sanchez-Bravo had worked at three Walgreens pharmacies for a combined total of one-hundred and forty (140) days, from April 2016, through November 2016, without a valid pharmaceutical technician in training registration.

8. Board Staff ascertained that Mr. Sanchez-Bravo had worked:

- 1 day at Walgreens #15035 for pharmacist manager Ms. Jacobs without a valid registration,
- 4 days at Walgreens #04086 for pharmacist manager Ms. McDonald without a valid registration, and

- 135 days at Walgreens #03845 for pharmacist manager Ms. Verma without a valid registration.

9. Ms. Latteri confirmed in a written statement that Mr. Sanchez-Bravo worked unregistered as a pharmaceutical technician in training during the 140 day time period.

10. The records Walgreens provided also indicate that Mr. Sanchez-Bravo did not consistently record the hours that he worked at any of the Walgreens' locations.

11. Mr. Sanchez-Bravo failed to log his hours on duty during the 140 day period at issue in this matter as follows:

- Walgreens #15035 – 1 day
- Walgreens #04086 – 3 days
- Walgreens #03845 – 84 days

12. During the hearing, the Board admitted into the record, among other evidence, the prosecution's Exhibit 4, which is a written statement from Mr. Sanchez-Bravo supporting the allegations that Board Staff eventually filed against him by way of the Accusation.

13. Additionally, on May 5, 2017, Board Staff served the Accusation in this matter on Mr. Sanchez-Bravo by certified mail, return receipt requested, using the address Mr. Sanchez-Bravo most recently provided to the Board.

14. Based on evidence and testimony presented during the hearing, the Board finds that Board Staff satisfied the service requirements of NRS 639.242.

CONCLUSIONS OF LAW

Based upon the forgoing findings of fact, the Board concludes as a matter of law:

15. The Board has jurisdiction over this matter because at the time of the events alleged herein, Respondent Mr. Sanchez-Bravo was a registered pharmaceutical technician in training with the Board.

16. A pharmaceutical technician in training may be employed at multiple pharmacies, but the trainee is required to register at each location. NAC 639.242(5).

17. Nevada Administrative Code (NAC) 639.242(3) states that "[u]pon receipt of an application and the required fee, the Executive Secretary shall, unless he or she has good cause to deny the registration, issue a registration certificate for a pharmaceutical technician in training to the managing pharmacist of the pharmacy where the trainee will be employed."

18. By working at Walgreens #03845, Walgreens #04086 and Walgreens #15035 for a combined total of approximately 140 days between April 2016, and November 2016, when he did not have a current pharmaceutical technician in training registration at those locations, Hakeem Sanchez-Bravo violated Nevada Administrative Code (NAC) 639.240(1).

19. Those violations are grounds for discipline pursuant to NRS 639.210(4), and (13), as well as NRS 639.255.

ORDER

20. For the violations described above, Respondent Mr. Sanchez-Bravo shall (1) receive a *letter of reprimand* from the Board's Executive Secretary regarding his obligations as a pharmaceutical technician in training, (2) *pay a fine of two hundred dollars* ($200.00), and (3), *complete 2 hours of continuing education* (CE) on the topics of *ethics* and *Nevada law*. Those extra hours of CE are in addition to any continuing education hours Mr. Sanchez-Bravo must otherwise complete to maintain or renew his registration.

21. Mr. Sanchez-Bravo shall pay the fine ordered herein by *cashier's check* or *certified check* or *money order* made payable to "State of Nevada, Office of the Treasurer" to be received by the Board's Reno office located at 431 W. Plumb Lane, Reno, NV 89509, within 30 days of the effective date of the Board's Order.

22. Any failure by Mr. Sanchez-Bravo to satisfy the obligations stated herein may result in additional discipline, up to and including suspension or revocation of his registration, or be grounds for the denial of any application by him for registration or licensure with the Board, until all terms have been satisfied.

23. Mr. Sanchez-Bravo may not work in any facility licensed by the Board, including a pharmacy, in any capacity unless and until he has a valid registration.

24. In the event Mr. Sanchez-Bravo applies for reinstatement, or for any other registration or certificate with the Board, he shall appear before the Board to answer questions and give testimony regarding his application, his compliance with this Order, and the facts and circumstances underlying this matter.

IT IS SO ORDERED.

Signed and effective this 30 day of July, 2017.

Leo Basch, President
Nevada State Board of Pharmacy

FILED
MAY 05 2017
NEVADA STATE BOARD OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, Petitioner, v. HAKEEM SANCHEZ-BRAVO, PTT Certificate of Registration No. PT17763, SHELLEY VERMA, RPH Certificate of Registration No. 17761, WALGREENS PHARMACY #03845 Certificate of Registration No. PHN01064, RACHAEL MCDONALD, RPH Certificate of Registration No. 18416, WALGREENS PHARMACY #04086 Certificate of Registration No. PH01248, SUZETTE JACOBS, RPH Certificate of Registration No. 17642, WALGREENS PHARMACY #15035 Certificate of Registration No. PH02742, and WALGREENS CO., an Illinois Corporation, Respondents.	)	CASE NOS. 16-080-PTT- S 16-080-RPH-A-S 16-080-PH-A-S 16-080-RPH-B-S 16-080-PH-B-S 16-080-RPH-C-S 16-080-PH-C-S 16-080-PH-D-S NOTICE OF INTENDED ACTION AND ACCUSATION

Larry L. Pinson, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, makes the following that will serve as both a notice of intended action under Nevada Revised Statutes (NRS) 233B.127(3) and as an accusation under NRS 639.241.

I.

The Nevada State Board of Pharmacy (Board) has jurisdiction over this matter because at the time of the events alleged herein, Respondent Hakeem Sanchez-Bravo (Mr. Sanchez-Bravo), Certificate of Registration PT17763, was a registered pharmaceutical technician in training with the Board; Respondents Shelley Verma (Ms. Verma), Certificate of Registration No. 17761; Rachael McDonald (Ms. McDonald), Certificate of Registration No. 18416; and Suzette Jacobs

(Ms. Jacobs), Certificate of Registration 17642, were registered pharmacists with the Board. Similarly, Respondent Walgreens Pharmacy #03845, Certificate of Registration No. PHN01064; Walgreens Pharmacy #04086, Certificate of Registration PH01248; and Walgreens Pharmacy #15035, Certificate of Registration PH02742, were pharmacies registered with the Board. Walgreen Co. is an Illinois corporation that is the owner of each of the individual Walgreens pharmacies named in this matter.

II.

Nevada Administrative Code (NAC) 639.242(3) states that "[u]pon receipt of an application and the required fee, the Executive Secretary shall, unless he or she has good cause to deny the registration, issue a registration certificate for a pharmaceutical technician in training to the managing pharmacist of the pharmacy where the trainee will be employed."

III.

Additionally, a trainee may be employed as a technician in training at multiple pharmacies, but the trainee is required to register at each location. NAC 639.242(5). If a pharmaceutical technician in training changes pharmacy locations (even within the same chain), the trainee must submit a new application and become registered for the new site. *Id.* Termination of employment at a pharmacy voids the trainee's registration and the trainee must reapply for registration before working at any other pharmacy.

FACTUAL ALLEGATIONS

IV.

On or about January 8, 2016, the Board issued Pharmaceutical Technician Trainee Certificate of Registration No. PT17763 to Hakeem Sanchez-Bravo (Mr. Sanchez-Bravo).

V.

Certificate of Registration No. PT17763 was valid at Walgreens Pharmacy #4790.

VI.

Certificate of Registration No. PT17763 expired on October 31, 2016.

VII.

On November 7, 2016, Mr. Sanchez-Bravo telephoned the Board Office regarding the renewal of his registration. During that discussion with Board Staff, Mr. Sanchez-Bravo indicated that he has been working at Walgreens Pharmacy #03845 for the prior four months.

VIII.

Board Staff learned that Mr. Sanchez-Bravo did not have a valid pharmaceutical technician in training registration at Walgreens Pharmacy #03845.

IX.

Records provided to the Board Investigator by Walgreens' District Manager Jaclyn Latteri show that from April 2016, through November 2016, Mr. Sanchez-Bravo worked as a technician in training at three separate Walgreens' where he did not have a registration. Those records show that he worked unregistered at those locations for a combined total of approximately one-hundred and forty (140) days.

X.

Table 1 below shows the number of hours and the pharmacy manager at each location where Mr. Sanchez-Bravo worked without a registration.

Walgreens Store #	Number of Days Sanchez-Bravo Worked Unregistered	Pharmacy Manager at Each Walgreens Location
03845	135	Shelley Verma
04086	4	Rachael McDonald
15035	1	Suzette Jacobs
Total	**140**	

XI.

Ms. Latteri, Walgreens' District Manager, confirmed in a written statement that Mr. Sanchez-Bravo worked unlicensed as a pharmaceutical technician in training during the 140 day time period.

XII.

The Board Investigator also requested Walgreens' records documenting the hours Mr. Sanchez-Bravo was on duty during the pharmacies' hours of business. The records Walgreens

provided indicate that Mr. Sanchez-Bravo did not consistently record the hours that he worked at any of the Walgreens' locations.

XIII.

The following summarizes the number of days Mr. Sanchez-Bravo worked but failed to log his hours on duty during the 140-day period:

- Walgreens #03845 – 84 days
- Walgreens #04086 – 3 days
- Walgreens #15035 – 1 day

XIV.

Walgreens Co. has a history of allowing employees to work unlicensed in its stores, as evidenced by a number of prior disciplinary actions taken by the Board against various Walgreens' pharmacies for unlicensed activity. Those cases include each of the following:

Prior Disciplinary Actions Taken Against Walgreen Respondents for Unlicensed Practice

A. *Board of Pharmacy v. Respondent Walgreens Pharmacy #05646,* Case No. 07-062-PH-S
Board of Pharmacy v. Respondent Walgreens Pharmacy #03844, Case No. 07-063-PH-S
Board of Pharmacy v. Respondent Walgreens Pharmacy #05646, Case No. 07-064-PH-S

B. *Board of Pharmacy v. Respondent Walgreens Pharmacy #06310,* Case No. 07-021-PH-S

C. *Board of Pharmacy v. Respondent Walgreens Pharmacy #12646,* Case No. 10-007-PH-S

D. *Board of Pharmacy v. Respondent Walgreens Pharmacy #04855,* Case No. 11-044-PH-S

E. *Board of Pharmacy v. Respondent Walgreens Pharmacy #12488,* Case No. 13-016-PH-S

XV.

A copy of the Findings of Fact, Conclusions of Law and Order and/or the Stipulation and Order for each of those cases are attached hereto as **Exhibits A through E,** respectively, the contents of which are incorporated herein by reference.

XVI.

FIRST CAUSE OF ACTION
(Respondent Hakeem Sanchez-Bravo)

A pharmaceutical technician in training may be employed at multiple pharmacies, but the trainee is required to register at each location. NAC 639.242(5).

By working at Walgreens #03845, Walgreens #04086 and Walgreens #15035 for a combined total of approximately 140 days between April 2016, and November 2016, when he

did not have a current pharmaceutical technician in training registration at those locations, Hakeem Sanchez-Bravo violated Nevada Administrative Code (NAC) 639.240(1), which violations are grounds for discipline pursuant to NRS 639.210(4), and/or (13), or alternatively, under NRS 639.255.

SECOND CAUSE OF ACTION
(Respondent Shelley Verma)

XVII.

As the managing pharmacist during the period of April 2016, through November 2016, for the pharmacy in which Mr. Sanchez-Bravo worked without a license for one-hundred and thirty-five (135) days, and in failing to verify that Mr. Sanchez-Bravo had a valid registration for the pharmacy she managed during that time, Respondent Ms. Verma violated Nevada Revised Statute (NRS) 639.220(1) and Nevada Administrative Code (NAC) 639.945(1)(i) and/or (j), which violations are grounds for discipline pursuant to NRS 639.210(4), (11), (12) and/or (15), or alternatively, under NRS 639.255.

THIRD CAUSE OF ACTION
(Respondent Rachael McDonald)

XVIII.

As the managing pharmacist during the period of August 2016, through September 2016, for the pharmacy in which Mr. Sanchez-Bravo worked without a license for four (4) days, and in failing to verify that Mr. Sanchez-Bravo had a valid registration for the pharmacy she managed during that time, Respondent Rachael McDonald violated NRS 639.220(1) and NAC 639.945(1)(i) and/or (j), which violations are grounds for discipline pursuant to NRS 639.210(4), (11), (12) and/or (15), or alternatively, under NRS 639.255.

FOURTH CAUSE OF ACTION
(Respondent Suzette Jacobs)

XIX.

As the managing pharmacist during the period of October 2016, for the pharmacy in which Mr. Sanchez-Bravo worked without a license for one (1) day, and in failing to verify that

Mr. Sanchez-Bravo had a valid registration for the pharmacy she managed at that time, Respondent Suzette Jacobs violated NRS 639.220(1) and NAC 639.945(1)(i) and/or (j), which violations are grounds for discipline pursuant to NRS 639.210(4), (11), (12) and/or (15), or alternatively, under NRS 639.255.

FIFTH CAUSE OF ACTION

(Respondents Ms. Verma, Ms. McDonald and Ms. Jacobs)

XX.

NAC 639.245(1) requires that "[a] written record must be kept available for inspection showing the pharmacists, pharmaceutical technicians and pharmaceutical technicians in training on duty during the hours of business." The record must be "[r]eadily retrievable" and "[r]etained for 2 years. *Id.* NAC 639.945(m) defines unprofessional conduct to include "failing to provide any document, data or information that is required to be made and maintained...to a member of the Board or member of the staff of the Board . . ." upon request.

By failing to keep and provide Board Staff with a written record showing the days and hours that Mr. Sanchez-Bravo was on duty as a pharmaceutical technician in training during the hours of business at each of their respective pharmacies, Respondents Ms. Verma, Ms. McDonald and Ms. Jacobs each violated NAC 639.245(1) and NAC 639.945(1)(i) and (m). Those violations are grounds for discipline pursuant to NRS 639.210(4) and/or (15), or alternatively, under NRS 639.255.

SIXTH CAUSE OF ACTION

(Respondents Walgreens #03845, Walgreens #04086, and Walgreens #15035)

XXI.

NAC 639.945(2) states that "[t]he owner of any business or facility licensed, certified or registered by the Board is responsible for the acts of all personnel in his or her employ". At the time of the violations alleged herein, Respondents Ms. Verma, Ms. McDonald, and Ms. Jacobs were each Walgreens' employees. As such, Walgreens is responsible for each of the violations alleged herein.

The violations alleged above, including in causes of action one through five, are grounds

for discipline against the licenses of Ms. Verma, Mr. McDonald, Ms. Jacobs, as well as Walgreens #03845, Walgreens #04086 and Walgreens #15035 pursuant to NRS 639.210(4), (11), (12), (15) and/or (17) as well as NRS 639.255.

SEVENTH CAUSE OF ACTION
(Respondent Walgreens Co.)

XXII.

In being repeatedly negligent in its registration verification process, as evidenced by the allegations in this action, and the outcome in Case Nos. 07-062-PH-S, 07-063-PH-S, 07-064-PH-S, 07-021-PH-S, 10-007-PH-S, 11-044-PH-S, and 13-016-PH-S, Walgreens Co., through its pharmacies, violated NRS 639.210(4), (12) and/or (16), as well as NAC 639.945(1)(i). Collectively they are responsible for those actions under NAC 639.945(2), and are subject to discipline pursuant to NRS 639.210(4), (11), (12), (15) and (17), as well as NRS 639.255.

WHEREFORE it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to the certificates of registration of these respondents.

Signed this 1st day of May, 2017.

Larry Pinson, Pharm.D., Executive Secretary
Nevada State Board of Pharmacy

NOTICE TO RESPONDENT

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements regarding your certificate of registration. To do so, you must mail to the Board within 15 days of your receipt of this Notice of Intended Action and Accusation a written statement showing your compliance.

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

FINDINGS OF FACT, CONCLUSIONS OF LAW, AND ORDER

LEHA M. DEROSIA, P.T.
Certificate of Registration No. PT06209 — Case No. 07-062-PT-S

WALGREENS PHARMACY #05646
Certificate of Registration No. PH01505, — Case No. 07-062-PH-S

CHRISTINA M. ROMERO, P.T.
Certificate of Registration No. PT01314, — Case No. 07-063-PT-S

WALGREENS PHARMACY #03844
Certificate of Registration No. PH01123, — Case No. 07-063-PH-S

JESSICA L. McCULLOCH, P.T.
Certificate of Registration No. PT07762, — Case No. 07-064-PTT-S

WALGREENS PHARMACY #05646
Certificate of Registration No. PH01505, — Case No. 07-064-PH-S

Respondents.

THIS MATTER was heard by the Nevada State Board of Pharmacy (hereinafter Board) at its regular meeting on October 24, 2007 in Las Vegas, Nevada. The Board was represented by Louis Ling, General Counsel to the Board. All Respondents were represented by Robert Graham of Rob Graham and Associates. The parties entered an oral stipulation which was presented to the Board at the hearing of the matter by Mr. Ling. Based upon the agreements and presentations of the parties, the Board finds the following to be the facts of the matter.

FINDINGS OF FACT

1. The parties orally stipulated to the presentation of this matter by Mr. Ling and that appearances would not be expected from any of the Respondents or Mr. Graham. Mr. Ling explained that the three individual Respondents had already attended a continuing education session regarding Nevada jurisprudence and that all Respondents were agreeable to the presentation made by Mr. Ling.

2. All registrations of pharmaceutical technicians and pharmaceutical technicians in training were required to be renewed by October 31, 2006, and any such registration that was not renewed by October 31, 2006 expired. No pharmaceutical technician or pharmaceutical technician in training may lawfully be employed as a pharmaceutical technician or pharmaceutical technician in training on an expired registration.

2. All of the Respondent pharmaceutical technicians and pharmaceutical technicians in training in this matter failed to renew their respective registrations by October 31, 2006, and all were employed by the various Respondent Walgreen pharmacies as pharmaceutical technicians or pharmaceutical technicians in training on expired registrations. Following is a table of the Respondents and the number of hours and estimated workdays (based upon an assumed eight-hour workday) worked by each Respondent on expired registrations:

Respondents	Hours Worked	Estimated Days Worked
McCulloch/Walgreens #05646	1,440	180
DeRosia/ Walgreens #05646	1,384	173
Romero/ Walgreens #03844	1,312	164
TOTALS	**4,136**	**517**

3. At hearing, Board Staff explained that Walgreens has had a good recent history regarding assuring that its employees have properly and timely renewed their

registrations. Two of the three matters in this case arose from one pharmacy, and the issues regarding that pharmacy have been addressed. Board Staff also explained that the Board's efforts to gain compliance with the renewal and registration laws have been largely successful and that the few instances, such as those in this case, are aberrations.

CONCLUSIONS OF LAW

1. The Nevada State Board of Pharmacy has jurisdiction over this matter because Respondents DeRosia, and Romero are pharmaceutical technicians registered by the Board, Respondent McCulloch is a pharmaceutical technician in training registered by the Board, and Respondents Walgreens ##05646 and 03844 are pharmacies licensed by the Board.

2. In working as a pharmaceutical technician or pharmaceutical technician in training on expired registrations, Respondents DeRosia, Romero, and McCulloch each violated NRS 639.210(4) and (13) and NAC 639.945(1)(k).

3. In employing the individual Respondents, Walgreens ##05646 and 03844 violated NRS 639.210(4) and (13) and NAC 639.945(1)(k) and (2).

ORDER

Based upon the foregoing, the Board hereby orders the following:

1. Each Respondent Walgreens pharmacy shall pay a fine of $250.00 for each of the pharmaceutical technicians or pharmaceutical technicians in training employed with expired registrations. Walgreens may choose to pay by a single cashier's or certified check or money order made payable to "State of Nevada, Office of the

Treasurer" in a total amount of $750.00 to be received by the Board's Reno office within 90 days of the effective date of this Order.

2. Each Respondent technician or technician in training shall pay a fine of $250.00 by a cashier's or certified check or money order made payable to "State of Nevada, Office of the Treasurer" to be received by the Board's Reno office within 90 days of the effective date of this Order.

3. Respondents DeRosia, Romero, and McCulloch shall each attend and successfully complete a Nevada jurisprudence continuing education course presented by Board Staff at such time and place as is set by Board Staff, which attendance may already have been completed before the effective date of this Order and shall be deemed compliance with this Order.

4. The failure by any individual Respondent to comply with any term in this Order shall result in the immediate suspension of her registration and will also result in further discipline, up to and including revocation of the registration. The failure by any Respondent Walgreens pharmacy to comply with any term in this Order shall result in a fine of $1,000 per day for every day that it has failed to comply with the Order until the Order is fully complied with, up to a total fine not to exceed $30,000, and will also result in further discipline, up to and including revocation of the its license.

Signed and effective this 20th day of November, 2007.

Barry Boudreaux, President
Nevada State Board of Pharmacy

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

FINDINGS OF FACT, CONCLUSIONS OF LAW, AND ORDER

AMANDA L. WEAVER, P.T.,
Certificate of Registration No. PT06996,

Case No. 07-021-PT-S

WALGREENS #06310,
Certificate of Registration No. PH01549,

Case No. 07-021-PH-S

Respondents.
_____/

THIS MATTER was heard by the Nevada State Board of Pharmacy (hereinafter Board) at its regular meeting on June 6, 2007 in Las Vegas, Nevada. The Board was represented by Louis Ling, General Counsel to the Board. Respondent Amanda L. Weaver appeared and represented herself. Mr. Ling represented to the Board that Board Staff had entered into an oral stipulation with Robert Graham, counsel for Walgreens #06310, pursuant to which the parties had agreed that Mr. Ling would present the terms of the oral stipulation and that Mr. Graham or representatives of Walgreens were excused from appearing in the matter. Based upon the agreements and presentations of the parties, the Board finds the following to be the facts of the matter.

FINDINGS OF FACT

1. At hearing, Ms. Weaver appeared, testified, and represented herself. Because of the oral stipulation between Mr. Ling and Mr. Graham, Board Staff presented no witnesses or evidence. Instead, Board Staff represented the terms of the

oral stipulation between himself and Mr. Graham, namely that Walgreens #06310 admitted that it had employed Ms. Weaver for 16 days while Ms. Weaver's pharmaceutical technician's registration was expired and that Walgreens #06310 was willing to pay whatever fine and fees and costs as might be assessed by the Board up to but not to exceed the regulatorily established amount of $100.00 per day for each day that Ms. Weaver was employed on an expired registration. Board Staff further explained that Walgreens #06310's employment of Ms. Weaver appeared to be an isolated incident because other similar incidences were not noted after November 1, 2007 in any other Walgreens pharmacy. Based upon the presentations and testimony of the parties, the Board finds the following to be the facts in this matter.

2. All registrations of pharmaceutical technicians were required to be renewed by October 31, 2006, and any such registration that was not renewed by October 31, 2006 expired. No pharmaceutical technician may lawfully be employed as a pharmaceutical technician on an expired registration.

3. On March 9, 2007, Board Staff learned that Ms. Weaver had failed to renew her pharmaceutical technician's registration and that she had worked at Walgreens #06310 while her registration was expired. Subsequent investigation showed that Mr. Weaver had been employed as a pharmaceutical technician a total of 16 days between November 1, 2006 and March 7, 2007.

4. At hearing, Ms. Weaver explained that prior to November 1, 2006, she had accepted temporary employment as an intern at Walt Disney World in Orlando, Florida and that during her internship she had inadvertently forgotten to renew her registration. When she returned to Nevada, she recommenced employment at Walgreens #06310.

After working for a few weeks, Ms. Weaver and Walgreens #06310 discovered that she had failed to renew her registration. Ms. Weaver apologized to the Board for her actions.

CONCLUSIONS OF LAW

1. The Nevada State Board of Pharmacy has jurisdiction over this matter because Respondent Weaver is a pharmaceutical technician registered by the Board and Respondent Walgreens #06310 is a pharmacy licensed by the Board.

2. In working as a pharmaceutical technician on and expired registration, Respondents Weaver violated NRS 639.210(4) and (13) and NAC 639.945(1)(i) and (k).

3. In owning and operating the pharmacy that employed Ms. Weaver as a pharmaceutical technician while her registration was expired, Walgreens #06310 violated NRS 639.210(4) and NAC 639.260 and 639.945(1)(i) and (k) and (2).

ORDER

Based upon the foregoing, the Board hereby orders the following:

1. Respondent Walgreens #06310 shall pay a fine of $250.00 by cashier's or certified check or money order made payable to "State of Nevada, Office of the Treasurer" to be received by the Board's Reno office within 90 days of the effective date of this Order.

2. Respondent Walgreens #06310 shall pay the Board's costs and attorney's fees of $210.00 and the Board's administrative fee of $290.00, for a total of $500.00 by cashier's or certified check or money order made payable to "Nevada State Board of

Pharmacy" to be received by the Board's Reno office within 90 days of the effective date of this Order.

3. Respondent Weaver shall pay a fine of $125.00 by cashier's or certified check or money order made payable to "State of Nevada, Office of the Treasurer" to be received by the Board's Reno office within 90 days of the effective date of this Order.

4. Respondent Weaver shall attend and successfully complete a Nevada jurisprudence continuing education course presented by Board Staff at such time and place as is set by Board Staff. Additionally, Respondent Weaver shall complete three hours of continuing education regarding legal issues related to her practice as a pharmaceutical technician, which hours must be completed before October 31, 2008.

5. The failure by Respondent Weaver to comply with any term in this order shall result in the immediate suspension of her registration and will also result in further discipline, up to and including revocation of the registration. The failure by Respondent Walgreens #06310 to comply with any term in this order shall result in a fine of $1,000 per day for every day that it has failed to comply with the Order until the Order is fully complied with, up to a total fine not to exceed $30,000, and will also result in further discipline, up to and including revocation of the its license.

Signed and effective this 28th day of June, 2007.

J. David Wuest, President
Nevada State Board of Pharmacy

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

FINDINGS OF FACT, CONCLUSIONS OF LAW, AND ORDER

LISA A. HEATHCOCK, PT,
Certificate of Registration No.: PT02628,

Case No. 10-007-PT-S

WALGREENS #12646,
Certificate of Registration No.: PH02353,

Case No. 10-007-PH-S

Respondents.

THIS MATTER was heard by the Nevada State Board of Pharmacy (hereinafter Board) at its regular meeting on July 14, 2010, in Las Vegas, Nevada. The Board was represented by Carolyn J. Cramer, General Counsel for the Board, and Ms. Heathcock was not present because of a family emergency and her matter was continued until the October, 2010 Board meeting. Walgreens #12646 (Walgreens) was represented by Robert Graham, Esq. Based on the presentations of the parties, the parties' admissions, and the public records in the possession and control of the Board, the Board issues the following Findings of Fact, Conclusions of Law, and Order:

FINDINGS OF FACT

1. At hearing, the parties agreed that the facts as plead in the Notice of Intended Action and Accusation were essentially true and correct regarding the issues related to Ms. Heathcock working for Walgreens for 205 days without having renewed her registration as a pharmaceutical technician with the Board. Mr. Graham advised that Walgreens did check to ensure all of their staff had renewed their licenses and that their computer system was working properly, however Walgreens staff was given false

information from Ms. Heathcock. Mr. Graham submitted an exhibit, a copy of license verification with part of the expiration date missing that Ms. Heathcock had written in "2011" and had submitted as her proof to Walgreens that she had renewed her registration. Ms. Heathcock claimed she had not received her registration. Mr. Graham admitted that the managing pharmacist did not following through to make sure that Ms. Heathcock was registered, but ultimately the responsibility was Ms. Heathcock's. Mr. Graham advised that Ms. Heathcock may have been experiencing financial problems because she was borrowing money from store personnel and even requested reimbursement from Walgreens for renewing her registration with the Board of Pharmacy when she had not done so. Based upon the stipulations of the parties and the testimony and evidence presented, the Board finds the following to be the facts of the matter.

2. Ms. Heathcock had worked 1,644 hours or approximately 205 days, between November 1, 2008 and December 14, 2009, the date of her termination of employment, without a valid registration.

CONCLUSIONS OF LAW

1. The Board has jurisdiction over this matter because Ms. Heathcock is a pharmaceutical technician registered by the Board and Walgreens #12646 is a pharmacy licensed with the Board.

2. In owning and operating the pharmacy in which Ms. Heathcock worked without a registration and in failing to verify that Ms. Heathcock had timely and validly renewed her registration, Walgreens #12646 violated NRS 639.210(4) and/or NAC 639.260, 639.945(1)(i) and/or (k) and/or (2).

ORDER

Based upon the foregoing, the Board hereby orders the following:

1. Walgreens #12646 shall pay a fine of $250.00 by cashier's or certified check or money order made payable to "State of Nevada, Office of the Treasurer" to be received by the Board's Reno office within 60 days of the effective date of this Order.

2. Walgreens #12646 shall pay the Board's administrative fee of $295.00, by cashier's or certified check or money order made payable to "Nevada State Board of Pharmacy" to be received by the Board's Reno office within 60 days of the effective date of this Order.

3. Walgreen's shall do a presentation to Board Staff of its computer system that tracks the licensure of employees to make sure the problem is corrected within 60 days of the signing of this Order.

4. Ms. Heathcock's appearance before the Board is continued until the October 2010 meeting in Las Vegas, Nevada.

Signed and effective this 9th day of August, 2010.

Candy Nally for
Donald W. Fey, President
Nevada State Board of Pharmacy

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

STIPULATION AND ORDER

YVONNE JETT, PT
Certificate of Registration No.: PT09615

Case No. 11-044-PTT-S

WALGREENS #04855
Certificate of Registration No.: PH01307

Case No. 11-044-PH-S

WALGREENS CO.
An Illinois Corporation

Case No. 11-044-PH-S

Respondents.
_____/

Carolyn J. Cramer, General Counsel for the Nevada State Board of Pharmacy, and Respondents, Yvonne Jett, Walgreens #04855 and Walgreens Corporation, all represented by Rob Graham, Esq., of Rob Graham and Associates, stipulate and agree as follows:

1. The Respondents admit the factual allegations made in the First, Second and Third Causes of Action.

2. Respondents admit that although there are systems in place to prevent a licensed employee who has not renewed his or her license from working in Respondent's pharmacy, those systems did not work and additional steps must be taken to prevent this from happening again.

3. The parties shall present this Stipulation and Agreement to the Board at its meeting on July 13, 2011. The parties agree that the Board may ask questions of the parties' counsel, may discuss and deliberate regarding the presentations, and shall enter an Order that may impose discipline as recommended by the parties.

4. Board Staff and the Respondent Jett will recommend that the Board impose discipline for the First Cause of Action by suspending her pharmaceutical technician registration for 120 days during which time she cannot work in any facility that is licensed pursuant the Nevada Board of Pharmacy and pay a total fine of $2,500 by cashier's check or certified check or money order made payable to "State of Nevada, Office of the Treasurer" to be received by the Board's Reno office within 180 days after her suspension ends. The suspension of Respondent Jett's pharmaceutical technician registration will start with the effective date of this order and run through November 10, 2011.

5. Board Staff and Respondents Walgreens Corporation and Walgreens #04855 will recommend that the Board impose discipline on Respondents for the Second and Third Causes of Action by requiring that all Nevada Walgreens pharmacies be trained on and use the licensing computer program that is in place in Nevada. In addition, Walgreens pharmacies in Nevada will be required to implement a statewide policy requiring all managing pharmacists, or if none is present staff pharmacists, to personally verify that the personnel they are working with are properly licensed or registered before they work. If the managing pharmacist, or if no managing pharmacist is present the staff pharmacist, fails to personally verify that all registered personnel are properly licensed or registered and may lawfully work, the managing pharmacist or staff pharmacist will be disciplined by Walgreens and will be subject to disciplinary action by the Board.

6. If the Board rejects any part or all of this stipulation, the parties agree that a full hearing on the merits of this matter may be heard by the Board and that the Board would hear this matter at its meeting on October 12, 2011. The terms and admissions

in this stipulation may not be used or referred to in the full hearing on the merits of this matter.

7. The Board and the Respondents shall each agree to release the other from any and all claims, whether known or unknown, that might otherwise have existed on or before the effective date of the Board's Order in this matter.

Signed this 13th day of July, 2011.

Carolyn J. Cramer, General Counsel

Rob Graham, Esq.

Yvonne Jett, PT.

DECISION AND ORDER

The Nevada State Board of Pharmacy hereby adopts the foregoing Stipulation as its decision and hereby orders that the foregoing Stipulation be made effective. This decision and order shall be effective on the 13th day of July, 2011.

7/13/2011
DATED

Beth Foster, RPh
Beth Foster, President
Nevada State Board of Pharmacy

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, Petitioner, v. ANGELIQUE CHEYENNE STINSON, PT Certificate of Registration No. PT06175 LUDWIG JOSEPH, PTT Certificate of Registration No. PT14490 AMBER SHORE, RPH Certificate of Registration No. 17498 WALGREENS #12488 Certificate of Registration No. PH02741 Respondents.	)	CASE NOS. 13-016-PT-N 13-016-PTT-N 13-016-RPH-N 13-016-PH-N STIPULATION AND ORDER

S. Paul Edwards, General Counsel for Petitioner the Nevada State Board of Pharmacy (Board), and ANGELIQUE CHEYENNE STINSON, PT, Certificate of Registration No. PT06175; LUDWIG JOSEPH, PTT, Certificate of Registration No. PT14490; AMBER SHORE, RPH, Certificate of Registration No. 17498 and WALGREENS #12488, Certificate of Registration No. PH02741 (collectively Respondents), by and through their counsel, Williams J. Stilling of Parsons Behle & Latimer, **HEREBY STIPULATE AND AGREE AS FOLLOWS:**

1. Respondents, and each of them, admit to the factual allegations set forth in paragraphs I through III of the Accusation on file herein.

2. Respondent Ms. Stinson agrees that the facts she admits above subject her to fines under NRS 639.255 and NAC 639.955.

3. Respondent Mr. Joseph agrees that the facts he admits above subject him to fines under NRS 639.255 and NAC 639.955.

4. Respondent Ms. Shore agrees that the facts she admits above subject her to fines under NRS 639.255 and NAC 639.955.

5. Respondent Walgreens #12488 agrees that the facts it admits above subject it to fines under NRS 639.255 and NAC 639.955.

6. Based on Respondents' admissions, Board Staff and Respondents will recommend that the Board impose discipline as follows:

a. Ms. Stinson, PT, shall pay a fine of $480.00 ($20/day for each of the twenty-four (24) days she worked without a current registration).

b. Mr. Joseph, PTT, shall pay a fine of $100.00 ($20/day for each of the five (5) days he worked without a current registration).

c. Ms. Shore, RPh., shall pay a fine of $250.00 for allowing respondents Ms. Stinson and Mr. Joseph to each work under her supervision without a current registration.

d. Walgreens shall pay a fine of $500.00 and an administrative fee of $395.00 for allowing respondents Ms. Stinson and Mr. Joseph to each work in its store without a current registration.

e. Walgreens shall establish policies and procedures to prevent unlicensed and/or unregistered personnel from performing tasks that require a license or registration in any of its Nevada stores. Walgreens shall further demonstrate to Board Staff, within 30 days of entry of this Order, that all of its pharmacists, intern pharmacists, pharmaceutical technicians, and pharmaceutical technicians in training have read, and expressly agree to strictly comply with, those policies and procedures.

7. Board Counsel will present this Stipulation to the Board at its regular meeting on September 4, 2013.

8. Respondents will appear at the September 4, 2013, meeting to answer questions, if any, put to them by the Board. The Board may discuss and deliberate, and at its sole discretion, may enter a Decision and Order accepting this Stipulation and imposing discipline as recommended by the parties, but it is not obligated to do so.

9. If the Board adopts the recommendations set forth above, respondents shall pay the fine(s) set forth herein by cashier's check, certified check or money order made payable to

the "State of Nevada, Office of the Treasurer" to be received by the Board's Reno office located at 431 W. Plumb Lane, Reno, NV 89509, within 90 days of the effective date of this Order.

10. Respondents shall pay the administrative fees ordered herein by cashier's check, certified check or money order made payable to the "Nevada State Board of Pharmacy" to be received by the Board's Reno office located at 431 W. Plumb Lane, Reno, NV 89509, within 90 days of the effective date of this Order.

11. If the Board adopts the recommendations set forth above, the Board and Respondents, and each of them, each agree to release the other from any and all claims arising from the facts set forth in the Accusation on file herein, whether known or unknown, that might otherwise have existed on or before the effective date of the Board's Order in this matter.

12. If the Board rejects any part or all of this Stipulation, the parties agree that a full hearing on the merits of this matter may be heard by the Board, and that the hearing shall occur at the Board's December 4, 2013 meeting.

13. The terms and admissions in this Stipulation may not be used or referred to in a full hearing on the merits of this matter.

Signed this 4th day of September, 2013

S. Paul Edwards, General Counsel
Nevada State Board of Pharmacy

Signed this ___ day of September 2013

ANGELIQUE CHEYENNE STINSON, PT

LUDWIG JOSEPH, PIT

AMBER SHORE, RPH

AUTHORIZED REPRESENTATIVE OF
WALGREENS

LUDWIG JOSEPH, PTT

AMBER SHORE, RPH

AUTHORIZED REPRESENTATIVE OF
WALGREENS

DECISION AND ORDER

The Nevada State Board of Pharmacy hereby adopts the foregoing Stipulation in the matter of the Board versus ANGELIQUE CHEYENNE STINSON, PT; LUDWIG JOSEPH, PTT; AMBER SHORE, RPH and WALGREENS as its decision, and hereby orders that the foregoing Stipulation be made effective. This decision and order shall be effective upon execution.

Signed this ___ day of September, 2013.

Kamlesh Gandhi, President

Nevada State Board of Pharmacy

DECISION AND ORDER

The Nevada State Board of Pharmacy hereby adopts the foregoing Stipulation in the matter of the Board versus ANGELIQUE CHEYENNE STINSON, PT; LUDWIG JOSEPH, PTT; AMBER SHORE, RPH and WALGREENS as its decision, and hereby orders that the foregoing Stipulation be made effective. This decision and order shall be effective upon execution.

Signed this 4 day of September, 2013.

Kamlesh Gandhi, President
Nevada State Board of Pharmacy

Section 9: Statement of Responsibility - MUST BE COMPLETED by an Authorized Person (NAC 639.945)

Statement of Responsibility

1. I am the Vice President (title) for Walgreen Co. (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be responsible for any violations of pharmacy law that may occur in the Pharmacy owned by such owner(s), shareholder(s), member(s), or partner(s).
3. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against the Pharmacy.
4. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) cannot require or permit the pharmacist(s) in said Pharmacy to violate any provision of local, state, or federal laws or regulations pertaining to the practice of pharmacy.
5. I further understand and acknowledge that Nevada law requires that each pharmacy located inside the State of Nevada employ only pharmacists, intern pharmacists, pharmaceutical technicians, and technicians in training that are licensed by the Nevada State Board of Pharmacy. (NRS 639.100).
6. I further understand and acknowledge that Nevada law requires that each pharmacy located outside the State of Nevada engaged in providing pharmacy services into Nevada employs at least one pharmacist licensed by the Nevada State Board of Pharmacy who will be responsible for any prescription dispensed to a patient located in Nevada and responsible for any acts or omissions of pharmacy personnel who are not registered with the Board. (NRS 639.2328).

Richard Gates

Print Name of Authorized Person

Richard Gates

Original signature of Authorized Person (copies or stamps not accepted)

08 / 26 / 2025

Date

Section 10: Affidavit for Pharmacies- MUST BE COMPLETED by pharmacies NOT CURRENTLY PERFORMING Sterile Compounding

Affidavit for Pharmacy License

I, Richard Gates hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

1. I am the Vice President (title) for Walgreen Co. (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I certify that upon licensure, the Pharmacy will not perform sterile compounding or ship sterile compounds into Nevada.
3. I understand and acknowledge that the Pharmacy and any of its staff members may be subject to discipline by the Board if the Pharmacy performs sterile compounding or ships any sterile compounds into Nevada without first obtaining written authorization from the Board to do so.
4. I certify that if the Pharmacy makes the decision to perform sterile compounding or to ship any sterile compounds into Nevada, the Pharmacy, through an authorized representative, will first notify the Board via a written request, and obtain written approval to perform sterile compounding or to ship any sterile compounds into Nevada.
5. I understand that if the Pharmacy seeks approval to perform sterile compounding or to ship any sterile compounds into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

FURTHER YOUR AFFIANT SAYETH NAUGHT.

Signature

SUBSCRIBED AND SWORN TO
Before me, a notary public this 20th day of August, 2025

Zeljka Borosa-Rajcevic
Notary Public

OFFICIAL SEAL
ZELJKA BOROSA RAJCEVIC
Notary Public, State of Illinois
Commission No. 977646
My Commission Expires September 8, 2027

File Number 1084-348-1

STATE OF ILLINOIS

OFFICE OF THE SECRETARY OF STATE

To all to whom these Presents Shall Come, Greeting:

I, **Alexi Giannoulias,** *Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that*

WALGREEN CO., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON FEBRUARY 15, 1909, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE BUSINESS CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.

In Testimony Whereof, *I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this* 15TH *day of* MAY *A.D.* 2025 .

Authentication #: 2513501622 verifiable until 05/15/2026
Authenticate at: https://www.ilsos.gov

Alexi Giannoulias
SECRETARY OF STATE

CONFIDENTIAL/EXEMPT FROM
FREEDOM OF INFORMATION ACT AND
SIMILAR STATE REQUESTS

Ownership Information

Ownership & Leadership of Applicant Entity

Applicant: **Walgreen Co.**
108 Wilmot Rd., Deerfield, IL 60015

Ownership: The Applicant entity is wholly owned (100%) by Walgreens Boots Alliance, Inc.

Officers of Walgreen Co.
Michael Motz - CEO
Richard Gates - Senior Vice President, Chief Pharmacy Officer
Cherita Thomas - Secretary
Matthew Spina - CFO
Michael Handal - Licensing and Provider Enrollment Officer

Ownership & Leadership of Walgreens Boots Alliance, Inc.

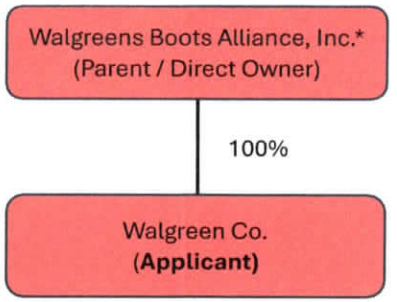
Ownership: Walgreens Boots Alliance, Inc. is wholly owned (100%) by Blazing Star Parent, LLC

Officers of Walgreens Boots Alliance, Inc.
Temporarily vacant - CEO
Mark Weisz - Sr VP, Global Tax
Manmohan Mahajan - Sr VP, Global Controller, CFO
Lanesha Minnix - Corporate Secretary

Please see the attached pre- and post-closing Corporate Organization chart for reference.

Proprietary and Confidential
Not a public record pursuant to
Section 7927.605 of the CPRA and
45 CFR Section 5.31

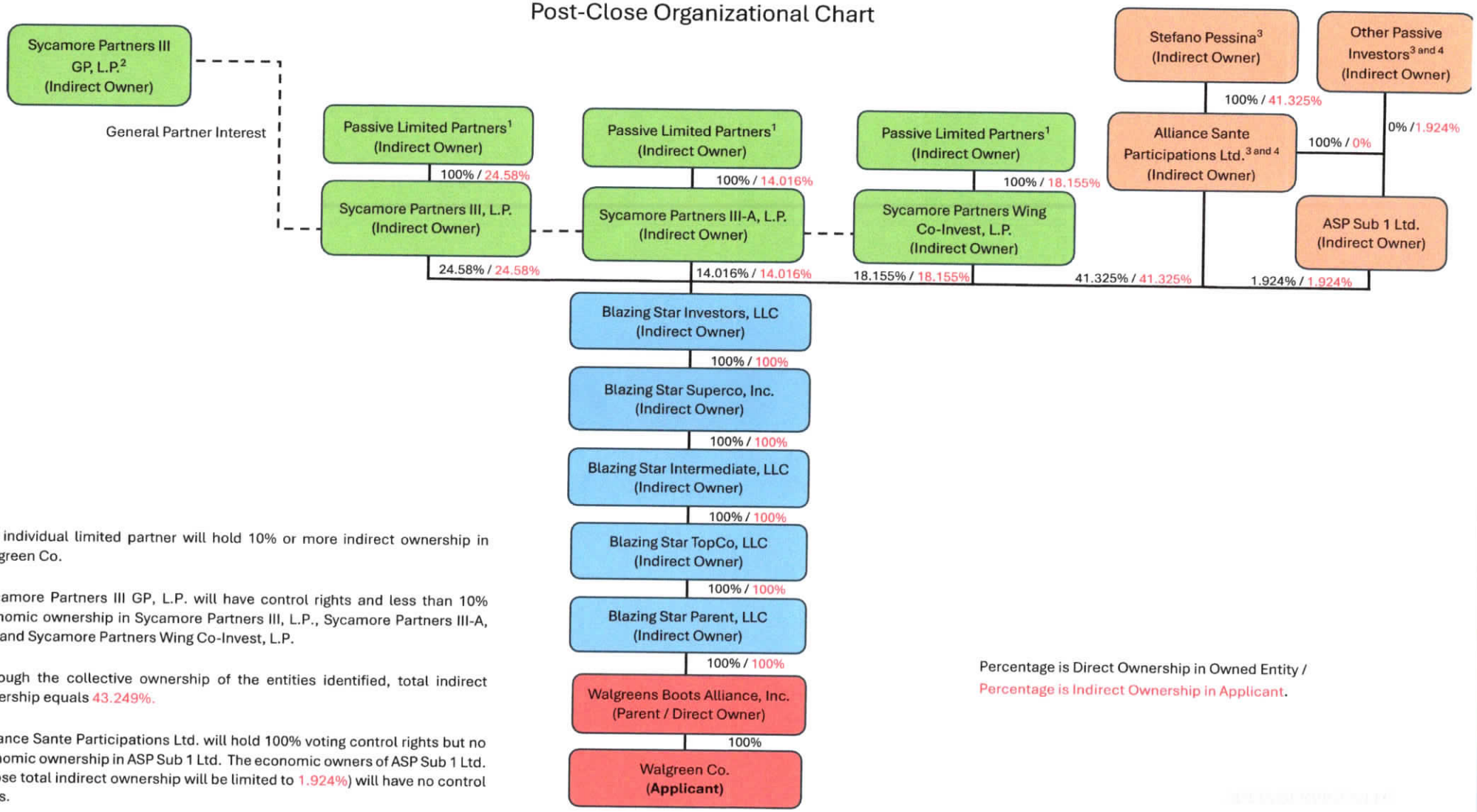
Walgreen Co.
Pre-Close Organizational Chart



Publicly Traded on Nasdaq Stock Market (WBA)

Proprietary and Confidential
Not a public record pursuant to
Section 7927.605 of the CPRA and
45 CFR Section 5.31

Walgreen Co.
Post-Close Organizational Chart



[1]No individual limited partner will hold 10% or more indirect ownership in Walgreen Co.

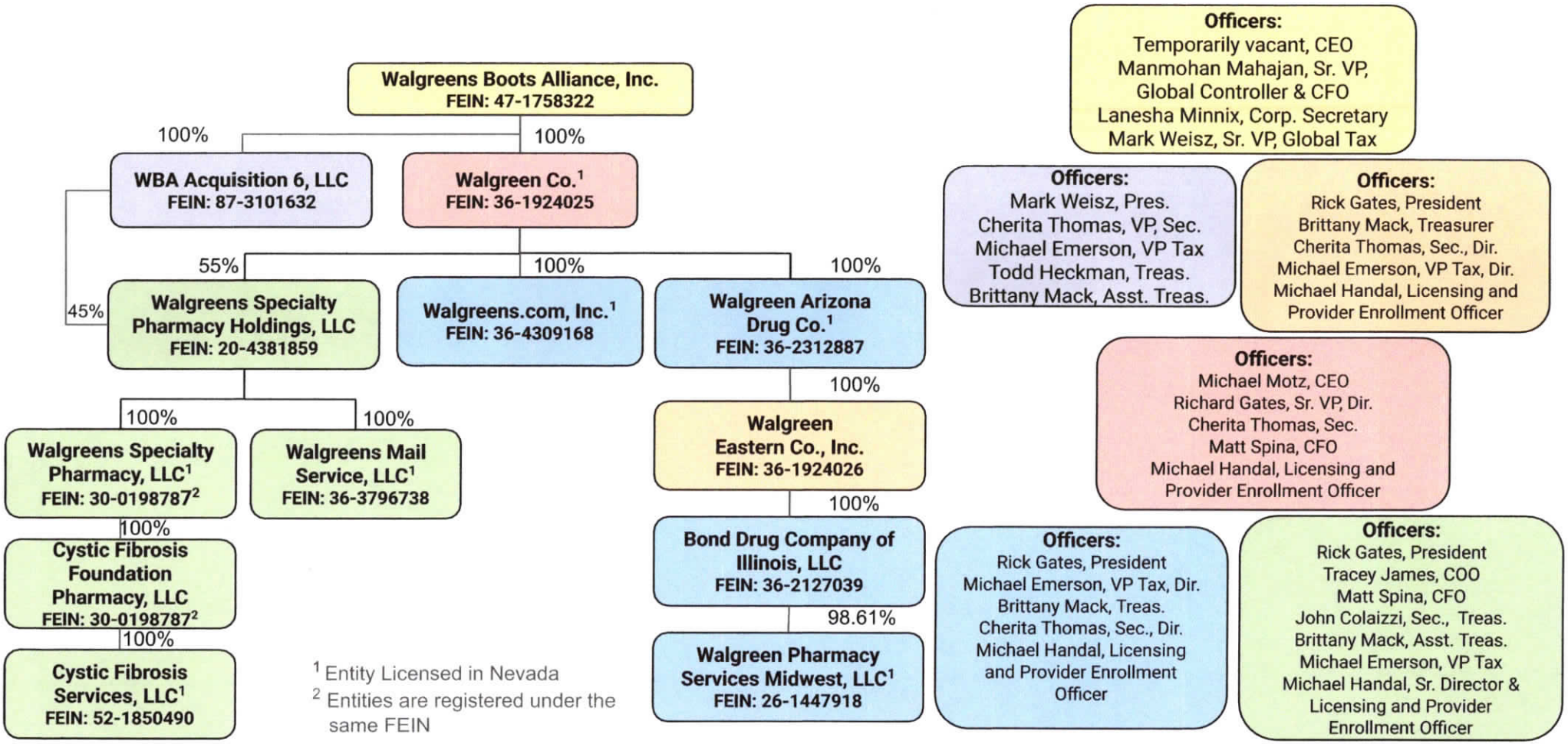
[2]Sycamore Partners III GP, L.P. will have control rights and less than 10% economic ownership in Sycamore Partners III, L.P., Sycamore Partners III-A, L.P. and Sycamore Partners Wing Co-Invest, L.P.

[3]Through the collective ownership of the entities identified, total indirect ownership equals 43.249%.

[4]Alliance Sante Participations Ltd. will hold 100% voting control rights but no economic ownership in ASP Sub 1 Ltd. The economic owners of ASP Sub 1 Ltd. (whose total indirect ownership will be limited to 1.924%) will have no control rights.

Percentage is Direct Ownership in Owned Entity /
Percentage is Indirect Ownership in Applicant.

Walgreen Co.
Post-Close Organizational Chart (cont.)



9MMM

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Pharmacy Application

Non-Refundable $500.00 Fee

Rev (6/11/2024)

Facility Location	Application Type (check all applicable)	Pharmacy Type (check all applicable)	Services the Pharmacy will Provide (check all applicable)
■ Nevada	☐ New Pharmacy	■ Retail/Community	■ Retail/Community
☐ Out-of-Nevada	■ Ownership Change*	☐ Hospital (# beds _____)	■ Dangerous drugs
	☐ Location Change *	☐ Internet	■ Controlled substances
	☐ Service Modification*	☐ Nuclear	DEA #: FW3121542
	☐ Name Change* (if only a Name Change occurred, submit a $50.00 fee with the application.)	☐ Other:	☐ Non-sterile Compounding
			☐ Sterile Compounding
			☐ Mail-Order Service
			☐ Off-site Cognitive Services
			☐ Long Term Care
	* Current license #: PH PH01378		☐ Hospital
			☐ Other:

Days of Operation		Ownership Type (check applicable box)
■ Monday	■ Friday	☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9, 10, 11, 12)
■ Tuesday	☐ Saturday	■ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9, 10, 11, 12)
■ Wednesday	☐ Sunday	☐ Partnership (complete sections 1, 2, 3, 4, 7, 9, 10, 11, 12)
■ Thursday	☐ Holidays	☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9, 10, 11, 12)

Section 1: General Information

Pharmacy Name: Walgreens Specialty Pharmacy #15312

Physical Address: 901 S RANCHO DR

City: LAS VEGAS State: NV Zip: 89106-3815

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: (702)471-7828 Toll Free # (NAC 639.708, NRS 639.23286): N/A

Fax: (702)471-7805 Contact Email: rxm.15312@store.walgreens.com

Website: https://www.walgreens.com

Nevada Business License # (if applicable) NV19951143510

Supervising/Managing Pharmacist Name (NRS 639.220): ANDREW ROMAND

Supervising/Managing Pharmacist NV Pharmacist Registration # (if applicable): 18420

Section 2: List the name(s) of at least one NEVADA registered pharmacist who practices at the pharmacy, who may be the managing pharmacist or another pharmacist, who will be responsible for any prescriptions dispensed to a patient located in Nevada and responsible for any acts or omissions of pharmacy personnel who are not registered with the Board. NRS 639.2328. (Use a separate piece of paper if additional space is needed.)

Name: ANDREW ROMAND	NV Pharmacist Registration #: 18420
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:

Section 3: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✓
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration from any jurisdiction?		✓
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been subject of an administrative action, board citation, cite fine, or proceeding relating to the pharmaceutical industry?		✓
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✓
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✓

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name(s) of the owner(s), their credentials and their percent ownership. Write NA if not applicable. NRS 639.232. (Use a separate piece of paper if additional space is needed.)

Name: N/A	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:

1. The Board shall not issue a license to conduct a pharmacy:
   a) To any practitioner; or
   b) To any partnership, corporation, or association in which a practitioner has a controlling interest or owns more than 10 percent of the available stock.
2. This section does not:
   a) Apply to a hospital pharmacy or a health maintenance organization which holds a certificate of authority under chapter 695C of NRS.
   b) Prohibit ownership by a practitioner of a building in which a pharmacy is located, if space for the pharmacy is rented at the prevailing rate.

Section 5: Publicly Traded Corporation

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Does the number of stockholders/shareholders of the corporation exceed four? NRS 639.231 ☐ Yes ☐ No

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: Delaware

Parent Company (if any): Walgreens Boots Alliance, Inc.

Corporation/Organization Name: Walgreen Co.

Mailing Address: 108 Wilmot Rd

City: Deerfield State: IL Zip: 60015

Telephone: 847-224-1348 Email: licenseadministration@walgreens.com

Contact Person Name: Kayla Lechner

Does the number of stockholders/shareholders of the corporation or members exceed four? NRS 639.231 ☐ Yes ☒ No

Section 7: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Please check type of partnership (NAC 639.214) ☐ General ☐ Limited

Does the number of partners or members of the partnership exceed four? NRS 639.231 ☐ Yes ☐ No

Section 8: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Richard Gates

Print Name of Authorized Person Submitting Application (If the applicant is a partnership or corporation, the application must be signed by a partner or by an officer of the corporation). NAC 639.215

Richard Gates

Original signature of Authorized Person (copies or stamps not accepted)

08 / 26 / 2025

Date

Board Use Only	Date Received: 9/18/25	Amount: $500 ch. UP03-3000111129

Section 11: Managing Pharmacist Acknowledgement, Professional/Personal History – REQUIRED TO BE COMPLETED BY THE MANAGING PHARMACIST FOR NEVADA LOCATED PHARMACY APPLICANTS ONLY

Managing Pharmacist Name: ANDREW ROMAND Pharmacist Registration #: 18420

Pharmacy Name: Walgreens Specialty Pharmacy #15312

Initial each statement below to indicate you have read and agree with the following:

A.R — I understand that as the managing pharmacist I am responsible for compliance by the pharmacy and its personnel with all state and federal laws and regulations relating to the operation of the pharmacy and the practice of pharmacy. I understand my license can be revoked or that I can be subject of disciplinary action if such laws or regulations are knowingly violated in the pharmacy in which I am the managing pharmacist.

A.R — I understand within 48 hours after I report for duty as the managing pharmacist, I shall complete an inventory of all controlled substances of the pharmacy pursuant to 21 CFR Part 1304 and maintain a copy of the inventory in the file at the pharmacy.

A.R — I understand that if I cease to be managing pharmacist of the above-named pharmacy, I will jointly, with the new managing pharmacist, take an inventory of all controlled substances.

A.R — I understand that as the managing pharmacist I must ensure that all loss or theft of controlled substances are reported on forms provided by the Nevada State Board of Pharmacy and Department of Public Safety within 10 days after the date of discovery of theft or loss. NRS 453.568. Federal regulations require that registrants notify the Field Division Office of the Administration in his area, in writing, of the theft or significant loss of any controlled substance, disposal receptacles or listed chemicals within one business day of discovery of such loss or theft. The registrant shall also complete and submit to the Field Division Office in his area, DEA Form 106 regarding the loss or theft (21 C.F.R. §1301.76(b) and 21 U.S.C. §830(b)(1)(C)).

A.R — I understand that as the managing pharmacist I must notify the Nevada State Board of Pharmacy of all employment changes of pharmacy staff within 10 days of the change. NAC 639.540

Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?	☐	☑
2. Have you been charged, arrested, or convicted of a felony or misdemeanor in any state?	☐	☑
3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state?	☑	☐
4. Has your license been subjected to any discipline for violation of pharmacy or drug laws in any state?	☐	☑

If you marked YES to any questions above, include the following information and provide a signed statement of explanation. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Board Administrative Action:	State:	Date:	Case #:

Criminal Action:	State:	Date:	Case #:	County:	Court:

I certify under penalty of perjury that the information I have provided on this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

ANDREW ROMAND

Original signature of Managing Pharmacist (copies or stamps not accepted)

08 / 01 / 2025

Date

JOE LOMBARDO
Governor

HELEN PARK
President

J. DAVID WUEST
Executive Secretary

STATE OF NEVADA
BOARD OF PHARMACY

985 Damonte Ranch Pkwy, Ste 206
Reno, NV 89521

May 1, 2025

Via Certified Mail and Email
Walgreens Specialty Pharmacy #15312
License No. PH01378
901 S. Rancho Dr. Ste 20
Las Vegas, NV 89106
taxlicenserenewals@walgreens.com
bstilling@shhealthlawyers.com

CITATION-AND-FINE ORDER: Walgreens Specialty Pharmacy #15312, Case No. 24-089-PH-S, Dispensing Without Valid Prescriber Authorization

Dear Walgreens Colleagues:

The Nevada State Board of Pharmacy ("Board") has determined that on March 18, 2024, your managing pharmacist, Andrew Romand, dispensed a dangerous drug without valid authorization from the prescribing practitioner, in violation of Nevada law. The incident occurred at Walgreens Specialty Pharmacy #15312 located at 901 S. Rancho Drive in Las Vegas, Nevada.

On that date, Dr. Roman filled a prescription for deferasirox 180mg for patient C.D. by reassigning the prescription from the original prescriber, Dr. Nik Rashid—who had since passed away—to Advanced Practice Registered Nurse ("APRN") Jessica Casey, without her authorization. The reassignment was made in response to technical adjudication limitations and based on communication with the caregiver that there had been no change in therapy. However, no response or approval had been received from APRN Casey at the time of dispensing. The prescription was shipped under her name without her consent. After the fact, APRN Casey confirmed that she had reduced the patient's dosage to 720mg daily and would not have authorized the additional 180mg.

Under NRS 454.221(1), dangerous drugs may only be dispensed upon the order of a valid practitioner. The term "practitioner," as defined in NRS 454.00958, includes licensed professionals such as physicians and APRNs who are acting within their legal authority and have issued a valid prescription. At the time the prescription was filled, no such valid order existed: Dr. Rashid was deceased, and APRN Casey—whose name appeared on the dispensing record—had not authorized the prescription. Reassigning the prescription to her without her knowledge or consent did not satisfy the statutory requirement.

Pursuant to NAC 639.945(3), a pharmacy is responsible for the acts of its personnel, including pharmacists. As the permit holder, Walgreens is accountable for ensuring that all dispensing activity complies with state law. Therefore, pursuant to NRS 639.2895(3), the Board

has assessed an administrative fine against Walgreens Specialty Pharmacy #15312 for permitting the dispensing of a dangerous drug without valid prescriber authorization. The administrative fine is **Five Hundred and 00/100 Dollars ($500).**

If you do not intend to contest the above fine, please pay the fine within 30 days of receipt of this citation or otherwise contact Board staff to request an extension for good cause shown. Payment must be made by *certified check, cashier's check,* or *money order* payable to **"State of Nevada, Office of the Treasurer,"** and it must be received at the Board's Reno office, located at 985 Damonte Ranch Parkway – Suite 206, Reno, NV 89521.

You may appeal this citation by submitting a notice of appeal requesting a public hearing before the Board. You must submit any such notice of appeal not later than 30 days after receipt of this citation. NRS 639.2895(2). Please mail or personally deliver any notice of appeal to the Reno address listed on the letterhead. If you have any questions, please contact the Board's Senior General Counsel, Gregory Zunino, at 775-850-1440, ext. 124, or *via* email at zunino@pharmacy.nv.gov.

Sincerely,

Nevada State Board of Pharmacy

Re: NV Board Pharmacy Investigative case no. 24-089

Dear Investigator Dena McClish,

My name is Andrew Romand, Pharmacy Manager of Community Walgreens #15312. I was personally responsible for the fill error which occurred on March 18, 2024 for deferasirox.

This patient has been under our care since my arrival to Community Walgreens in 2021 and had been established with Dr. Nik Abdul Rashid with Hemostasis and Thrombosis Center of Nevada. As noted by fill history, this patient was maintained for the entirety of this time on deferasirox 900mg daily (2 x 360mg + 1 x 180mg) with Dr. Rashid. This dosage is within weight-based dosing guidelines for prescribed/approved indication. Due to lack of continuity of care with Dr. Rashid's medical absence, provider staffing and ultimate passing, care was re-established with Cure4Kids in late February 2024 under Jessica Casey APRN. It was our understanding during routine refill calls with caregiver that there were no changes in therapy during this transition of care.

Events leading to and following dispensing error:

- On March 13, 2024 my technician spoke with mother of patient, Vanessa, who accepted refills for deferasirox 360mg under Jessica Casey from Rx dated 2/22/2024 in addition to deferasirox 180mg under Dr. Rashid, which had refill remaining at the time of processing. Caregiver had indicated refills needed for both 360mg and 180mg deferasirox and reported no changes at this time. Order was scheduled for shipment out March 18, 2024 to patients home.
- On March 18, 2024 in attempting to adjudicate the 180mg deferasirox prescription under Dr. Rashid for shipment, this was brought to my attention for resolution. As Dr. Rashid had recently passed away and care had been transferred to Ms. Casey, I closed this Rx and generated a fax for renewal under Jessica Casey at Cure4Kids notifying office that patient had previously been maintained at 900mg daily under Dr. Rashid and that caregiver had indicated no changes to medications.
- Attempt was made to outreach to caregiver to notify but was unsuccessful in establishing contact. As we did not receive response, shipment pickup time was approaching and my understanding of treatment plan that this was to be continued - refill for 180mg was added and dispensed under Jessica Casey and shipped to patient home.
- In discussion with Ms. Casey in the following days, the dispensing error was realized on shipment arrival, caregiver had been appropriately instructed of a dosage change to 720mg daily between scheduling delivery and receipt of shipment.
- Patient did not utilize the additional 180mg (or total 900mg daily dose)
- Informed Ms. Casey of previous fill history, caregiver requesting both strengths during refill encounter and what lead to confusion surrounding the initial fills following transition of care. I have as a result of this discussion closed out Rx for 180mg under Ms. Casey, appropriately documented dose reduction to 720mg in patient profile. I have ensured caregiver is aware of current dosage and that we would not dispense additional 180mg Rx

in the future, unless pursuant to valid Rx indicating therapy change. We have also subsequently reversed insurance billing as Ms. Casey did not authorize this refill and did intend to decrease dosage to 720mg total – consistent with valid Rx already on file with valid refills.

We take any event that may impact patient safety extremely seriously. Thankfully in this instance, patient harm was not the outcome of my error in judgement but understand that this could have not been the case in a different scenario. In addition to corrective actions to this patient profile outlined above, I have taken the following steps to address this in both my personal practice and with staff under my supervision to ensure avoidance of similar events in the future:

- Discussed with our pharmacy staff during April Peer Review:
  - Full recap of events that led to dispensing error including corrective actions taken
  - Appropriate medication reconciliation performed during transition of care with new prescriber/office
  - Appropriate documentation, clarification and resolution of similar discrepancies in patient reported dosing vs valid prescription approval on file including prescriber contact, date, time, initials when clarifications are required
  - Handling of similar patients/Rx of Dr. Rashid to ensure appropriate transition of care
  - Proper resolution of claims billing prior to confirming shipment
  - Obligation to delay fulfillment in the event that we are missing appropriate clarification and refill approval as required by prescriber
- Discussed with Cure4Kids internal Pharmacy Manager:
  - Perform medication reconciliation with pharmacy staff directly on transition of care for previously established patients to ensure patient, provider and pharmacy are aligned on treatment plan prior to dispensing

Sincerely,

Andrew Romand PharmD
NV18420

STATE OF NEVADA

JOE LOMBARDO
Governor

DR. KRISTOPHER SANCHEZ
Director

PERRY FAIGIN
NIKKI HAAG
MARCEL E. SCHAERER
Deputy Directors

J. DAVID WUEST
Executive Secretary

DEPARTMENT OF BUSINESS AND INDUSTRY
OFFICE OF NEVADA BOARDS, COMMISSIONS AND COUNCILS STANDARDS
STATE OF NEVADA BOARD OF PHARMACY

June 2, 2025

VIA U.S. MAIL & EMAIL
Andrew Romand, RPh
Certificate of Registration No. 18420
9050 W. Tropicana Ave. #1031
Las Vegas, NV 89147
Ajromand13@gmail.com

Re: Satisfaction of the Nevada State Board of Pharmacy's Citation and Fine – Case No. 24-089-RPH-S

To Whom it Concerns:

This letter serves to acknowledge your satisfaction of the payment terms of the ***Citation and Fine*** issued by the Nevada State Board of Pharmacy ("Board") in Case No. ***24-089-RPH-S*** and dated/filed on ***May 1, 2025.***

If you have questions, please do not hesitate to contact the Board's Coordination Office at 775-850-1440 or teambc@pharmacy.nv.gov.

Sincerely,

Board Coordination
Nevada State Board of Pharmacy

STATE OF NEVADA

JOE LOMBARDO
Governor

DR. KRISTOPHER SANCHEZ
Director

PERRY FAIGIN
NIKKI HAAG
MARCEL F. SCHAERER
Deputy Directors

J. DAVID WUEST
Executive Secretary

DEPARTMENT OF BUSINESS AND INDUSTRY
OFFICE OF NEVADA BOARDS, COMMISSIONS AND COUNCILS STANDARDS
STATE OF NEVADA BOARD OF PHARMACY

May 27, 2025

VIA U.S. MAIL & EMAIL
Walgreens Specialty Pharmacy #15312
License No. PH01378
901 S. Rancho Dr. Ste 20
Las Vegas, NV 89106
taxlicenserenewals@walgreens.com
bstilling@shhealthlawyers.com
michael.simko@walgreens.com

Re: ***Satisfaction of the Nevada State Board of Pharmacy's Citation and Fine – Case No. 24-089-PH-S***

To Whom it Concerns:

This letter serves to acknowledge your satisfaction of the payment terms of the ***Citation and Fine*** issued by the Nevada State Board of Pharmacy ("Board") in Case No. ***24-089-PH-S*** and dated/filed on ***May 1, 2025.***

If you have questions, please do not hesitate to contact the Board's Coordination Office at 775-850-1440 or teambc@pharmacy.nv.gov.

Sincerely,

Board Coordination
Nevada State Board of Pharmacy

Section 9: Statement of Responsibility - MUST BE COMPLETED by an Authorized Person (NAC 639.945)

Statement of Responsibility

1. I am the Vice President (title) for Walgreen Co. (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be responsible for any violations of pharmacy law that may occur in the Pharmacy owned by such owner(s), shareholder(s), member(s), or partner(s).
3. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against the Pharmacy.
4. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) cannot require or permit the pharmacist(s) in said Pharmacy to violate any provision of local, state, or federal laws or regulations pertaining to the practice of pharmacy.
5. I further understand and acknowledge that Nevada law requires that each pharmacy located inside the State of Nevada employ only pharmacists, intern pharmacists, pharmaceutical technicians, and technicians in training that are licensed by the Nevada State Board of Pharmacy. (NRS 639.100).
6. I further understand and acknowledge that Nevada law requires that each pharmacy located outside the State of Nevada engaged in providing pharmacy services into Nevada employs at least one pharmacist licensed by the Nevada State Board of Pharmacy who will be responsible for any prescription dispensed to a patient located in Nevada and responsible for any acts or omissions of pharmacy personnel who are not registered with the Board. (NRS 639.2328).

Richard Gates

Print Name of Authorized Person

Richard Gates

Original signature of Authorized Person (copies or stamps not accepted)

08 / 26 / 2025

Date

Section 10: Affidavit for Pharmacies- MUST BE COMPLETED by pharmacies NOT CURRENTLY PERFORMING Sterile Compounding

Affidavit for Pharmacy License

I, Richard Gates hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

1. I am the Vice President (title) for Walgreen Co. (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I certify that upon licensure, the Pharmacy will not perform sterile compounding or ship sterile compounds into Nevada.
3. I understand and acknowledge that the Pharmacy and any of its staff members may be subject to discipline by the Board if the Pharmacy performs sterile compounding or ships any sterile compounds into Nevada without first obtaining written authorization from the Board to do so.
4. I certify that if the Pharmacy makes the decision to perform sterile compounding or to ship any sterile compounds into Nevada, the Pharmacy, through an authorized representative, will first notify the Board via a written request, and obtain written approval to perform sterile compounding or to ship any sterile compounds into Nevada.
5. I understand that if the Pharmacy seeks approval to perform sterile compounding or to ship any sterile compounds into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

FURTHER YOUR AFFIANT SAYETH NAUGHT.

Signature

SUBSCRIBED AND SWORN TO
Before me, a notary public this 20th day of August, 2025

Zeljka Borosa-Rajcevic
Notary Public

OFFICIAL SEAL
ZELJKA BOROSA RAJCEVIC
Notary Public, State of Illinois
Commission No. 977646
My Commission Expires September 8, 2027

File Number 1084-348-1

STATE OF ILLINOIS

OFFICE OF THE SECRETARY OF STATE

To all to whom these Presents Shall Come, Greeting:

I, **Alexi Giannoulias,** *Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that*

WALGREEN CO., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON FEBRUARY 15, 1909, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE BUSINESS CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.

In Testimony Whereof, *I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this* 15TH *day of* MAY *A.D.* 2025 .

Authentication #: 2513501622 verifiable until 05/15/2026
Authenticate at: https://www.ilsos.gov

Alexi Giannoulias
SECRETARY OF STATE

CONFIDENTIAL/EXEMPT FROM
FREEDOM OF INFORMATION ACT AND
SIMILAR STATE REQUESTS

Ownership Information

Ownership & Leadership of Applicant Entity

Applicant: **Walgreen Co.**
108 Wilmot Rd., Deerfield, IL 60015

Ownership: The Applicant entity is wholly owned (100%) by Walgreens Boots Alliance, Inc.

Officers of Walgreen Co.
Michael Motz - CEO
Richard Gates - Senior Vice President, Chief Pharmacy Officer
Cherita Thomas - Secretary
Matthew Spina - CFO
Michael Handal - Licensing and Provider Enrollment Officer

Ownership & Leadership of Walgreens Boots Alliance, Inc.

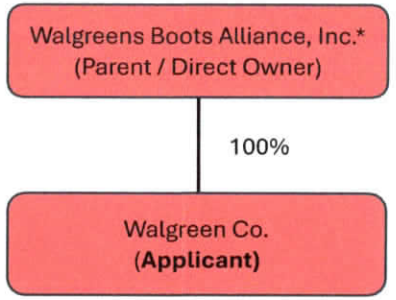
Ownership: Walgreens Boots Alliance, Inc. is wholly owned (100%) by Blazing Star Parent, LLC

Officers of Walgreens Boots Alliance, Inc.
Temporarily vacant - CEO
Mark Weisz - Sr VP, Global Tax
Manmohan Mahajan - Sr VP, Global Controller, CFO
Lanesha Minnix - Corporate Secretary

Please see the attached pre- and post-closing Corporate Organization chart for reference.

Proprietary and Confidential
Not a public record pursuant to
Section 7927.605 of the CPRA and
45 CFR Section 5.31

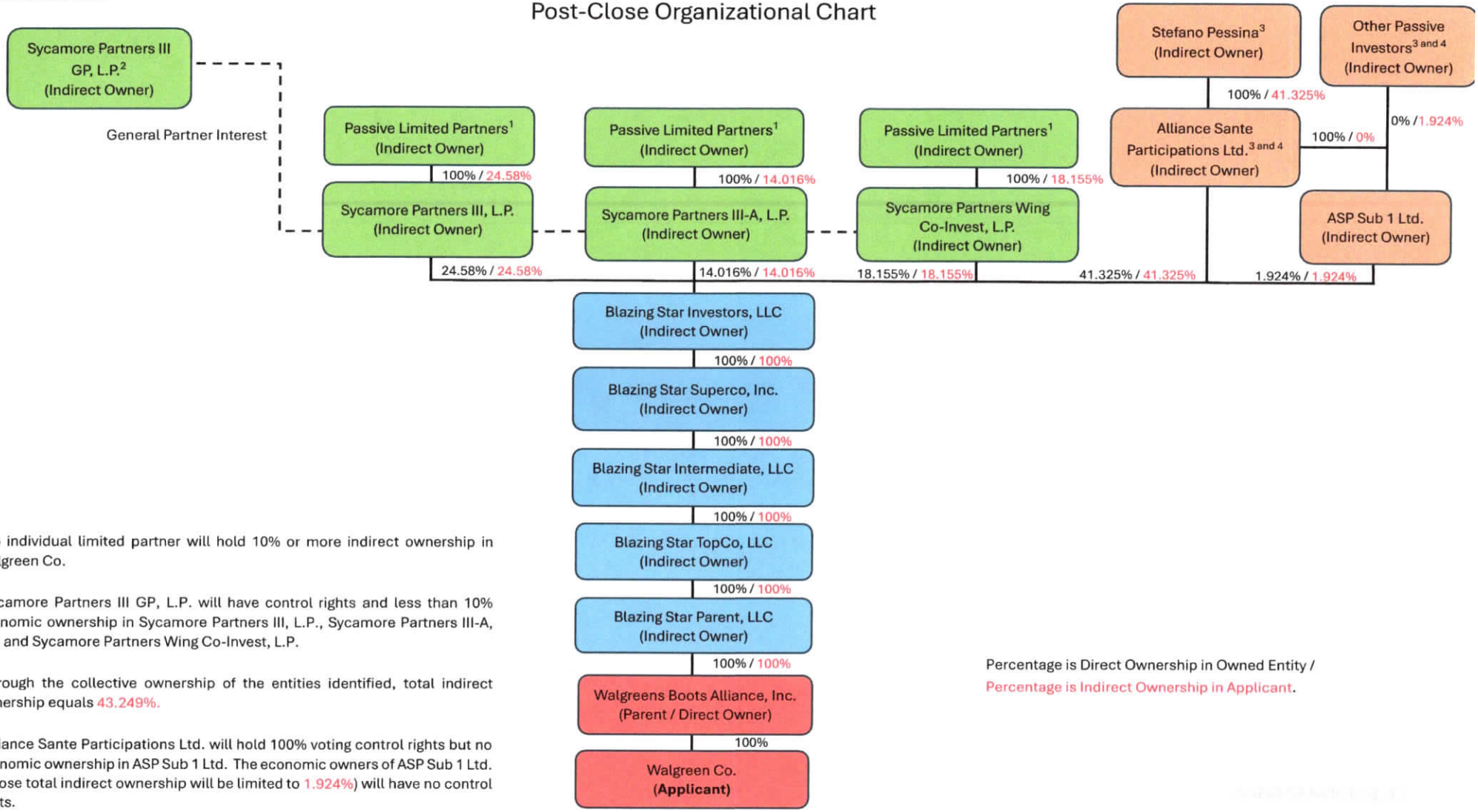
Walgreen Co.
Pre-Close Organizational Chart



Publicly Traded on Nasdaq Stock Market (WBA)

Proprietary and Confidential
Not a public record pursuant to
Section 7927.605 of the CPRA and
45 CFR Section 5.31

Walgreen Co.
Post-Close Organizational Chart



[1]No individual limited partner will hold 10% or more indirect ownership in Walgreen Co.

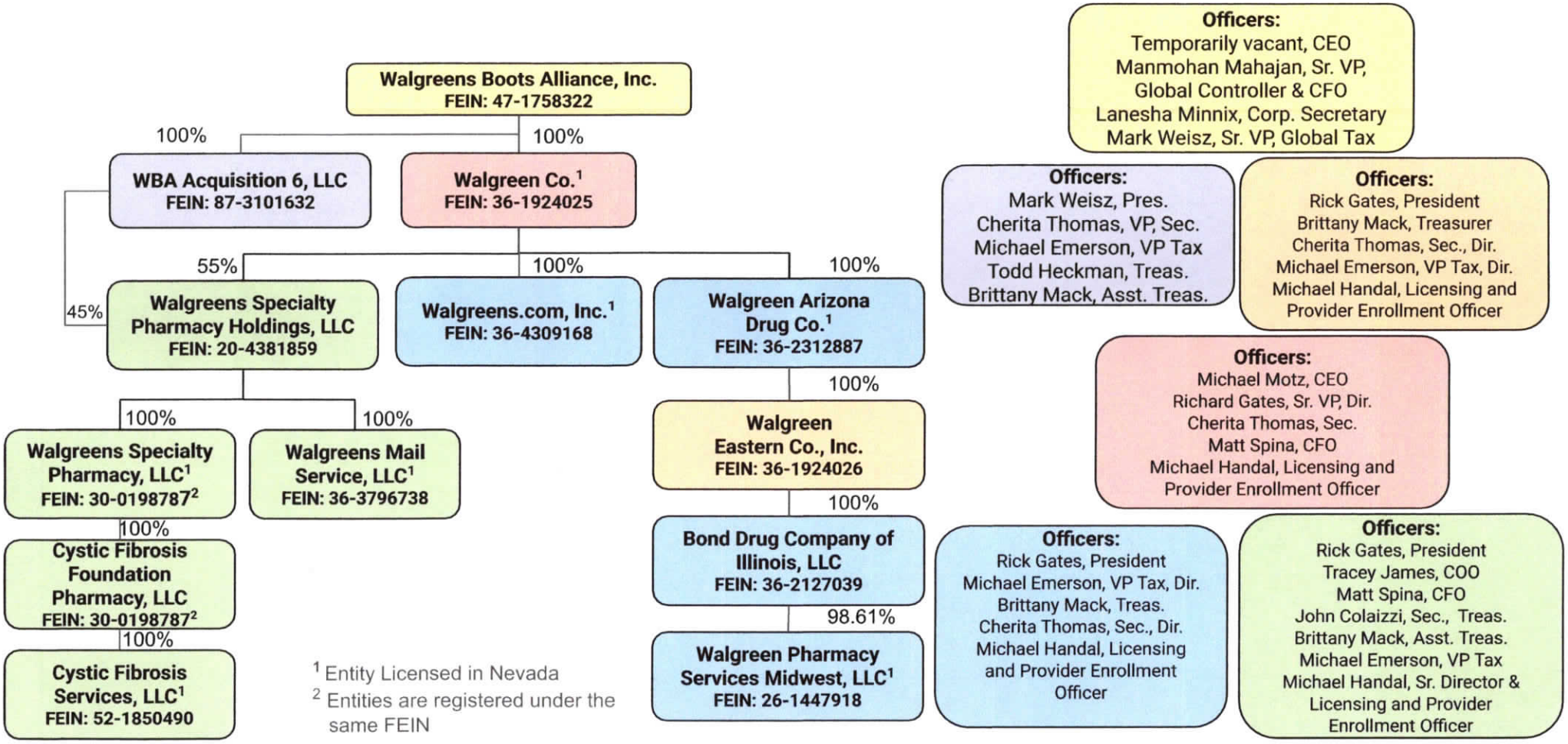
[2]Sycamore Partners III GP, L.P. will have control rights and less than 10% economic ownership in Sycamore Partners III, L.P., Sycamore Partners III-A, L.P. and Sycamore Partners Wing Co-Invest, L.P.

[3]Through the collective ownership of the entities identified, total indirect ownership equals 43.249%.

[4]Alliance Sante Participations Ltd. will hold 100% voting control rights but no economic ownership in ASP Sub 1 Ltd. The economic owners of ASP Sub 1 Ltd. (whose total indirect ownership will be limited to 1.924%) will have no control rights.

Percentage is Direct Ownership in Owned Entity /
Percentage is Indirect Ownership in Applicant.

Walgreen Co.
Post-Close Organizational Chart (cont.)



9NNN

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Pharmacy Application

Non-Refundable $500.00 Fee

Rev (6/11/2024)

Facility Location	Application Type (check all applicable)	Pharmacy Type (check all applicable)	Services the Pharmacy will Provide (check all applicable)
☑ Nevada ☐ Out-of-Nevada	☐ New Pharmacy ☑ Ownership Change* ☐ Location Change * ☐ Service Modification* ☐ Name Change* (if only a Name Change occurred, submit a $50.00 fee with the application.) * Current license #: PH PH04116	☑ Retail/Community ☐ Hospital (# beds _____) ☐ Internet ☐ Nuclear ☐ Other:	☑ Retail/Community ☑ Dangerous drugs ☑ Controlled substances DEA #: FW8755970 ☐ Non-sterile Compounding ☐ Sterile Compounding ☐ Mail-Order Service ☐ Off-site Cognitive Services ☐ Long Term Care ☐ Hospital ☐ Other:

Days of Operation		Ownership Type (check applicable box)
☑ Monday	☑ Friday	☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9, 10, 11, 12)
☑ Tuesday	☑ Saturday	☑ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9, 10, 11, 12)
☑ Wednesday	☐ Sunday	☐ Partnership (complete sections 1, 2, 3, 4, 7, 9, 10, 11, 12)
☑ Thursday	☐ Holidays	☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9, 10, 11, 12)

Section 1: General Information

Pharmacy Name: Walgreens #21159

Physical Address: 3821 W Flamingo Rd

City: Las Vegas State: NV Zip: 89103-4009

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: (702)854-2178 Toll Free # (NAC 639.708, NRS 639.23286): N/A

Fax: (702)854-2187 Contact Email: rxm.21159@store.walgreens.com

Website: https://www.walgreens.com

Nevada Business License # (if applicable) NV19951143510

Supervising/Managing Pharmacist Name (NRS 639.220): ORNELA KOLICCI

Supervising/Managing Pharmacist NV Pharmacist Registration # (if applicable): 19984

Section 2: List the name(s) of at least one NEVADA registered pharmacist who practices at the pharmacy, who may be the managing pharmacist or another pharmacist, who will be responsible for any prescriptions dispensed to a patient located in Nevada and responsible for any acts or omissions of pharmacy personnel who are not registered with the Board. NRS 639.2328. (Use a separate piece of paper if additional space is needed.)

Name: ORNELA KOLICCI	NV Pharmacist Registration #: 19984
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:

Section 3: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✔
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration from any jurisdiction?		✔
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been subject of an administrative action, board citation, cite fine, or proceeding relating to the pharmaceutical industry?		✔
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✔
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✔

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name(s) of the owner(s), their credentials and their percent ownership. Write NA if not applicable. NRS 639.232. (Use a separate piece of paper if additional space is needed.)

Name: N/A	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:

1. The Board shall not issue a license to conduct a pharmacy:
   a) To any practitioner; or
   b) To any partnership, corporation, or association in which a practitioner has a controlling interest or owns more than 10 percent of the available stock.
2. This section does not:
   a) Apply to a hospital pharmacy or a health maintenance organization which holds a certificate of authority under chapter 695C of NRS.
   b) Prohibit ownership by a practitioner of a building in which a pharmacy is located, if space for the pharmacy is rented at the prevailing rate.

Section 5: Publicly Traded Corporation

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Does the number of stockholders/shareholders of the corporation exceed four? NRS 639.231 ☐ Yes ☐ No

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: Delaware

Parent Company (if any): Walgreens Boots Alliance, Inc.

Corporation/Organization Name: Walgreen Co.

Mailing Address: 108 Wilmot Rd

City: Deerfield State: IL Zip: 60015

Telephone: 847-224-1348 Email: licenseadministration@walgreens.com

Contact Person Name: Kayla Lechner

Does the number of stockholders/shareholders of the corporation or members exceed four? NRS 639.231 ☐ Yes ☒ No

Section 7: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Please check type of partnership (NAC 639.214) ☐ General ☐ Limited

Does the number of partners or members of the partnership exceed four? NRS 639.231 ☐ Yes ☐ No

Section 8: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Richard Gates

Print Name of Authorized Person Submitting Application (If the applicant is a partnership or corporation, the application must be signed by a partner or by an officer of the corporation). NAC 639.215

Richard Gates

Original signature of Authorized Person (copies or stamps not accepted)

08 / 26 / 2025

Date

Board Use Only	Date Received: 9/12/25	Amount: $500 CK JP03-3000111129

Section 11: Managing Pharmacist Acknowledgement, Professional/Personal History – REQUIRED TO BE COMPLETED BY THE MANAGING PHARMACIST FOR NEVADA LOCATED PHARMACY APPLICANTS ONLY

Managing Pharmacist Name: ORNELA KOLICCI Pharmacist Registration #: 19984

Pharmacy Name: Walgreens #21159

Initial each statement below to indicate you have read and agree with the following:

O.K — I understand that as the managing pharmacist I am responsible for compliance by the pharmacy and its personnel with all state and federal laws and regulations relating to the operation of the pharmacy and the practice of pharmacy. I understand my license can be revoked or that I can be subject of disciplinary action if such laws or regulations are knowingly violated in the pharmacy in which I am the managing pharmacist.

O.K — I understand within 48 hours after I report for duty as the managing pharmacist, I shall complete an inventory of all controlled substances of the pharmacy pursuant to 21 CFR Part 1304 and maintain a copy of the inventory in the file at the pharmacy.

O.k — I understand that if I cease to be managing pharmacist of the above-named pharmacy, I will jointly, with the new managing pharmacist, take an inventory of all controlled substances.

O.k — I understand that as the managing pharmacist I must ensure that all loss or theft of controlled substances are reported on forms provided by the Nevada State Board of Pharmacy and Department of Public Safety within 10 days after the date of discovery of theft or loss. NRS 453.568. Federal regulations require that registrants notify the Field Division Office of the Administration in his area, in writing, of the theft or significant loss of any controlled substance, disposal receptacles or listed chemicals within one business day of discovery of such loss or theft. The registrant shall also complete and submit to the Field Division Office in his area, DEA Form 106 regarding the loss or theft (21 C.F.R. §1301.76(b) and 21 U.S.C. §830(b)(1)(C)).

O.k — I understand that as the managing pharmacist I must notify the Nevada State Board of Pharmacy of all employment changes of pharmacy staff within 10 days of the change. NAC 639.540

Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?	☐	☑
2. Have you been charged, arrested, or convicted of a felony or misdemeanor in any state?	☐	☑
3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state?	☐	☑
4. Has your license been subjected to any discipline for violation of pharmacy or drug laws in any state?	☐	☑

If you marked YES to any questions above, include the following information and provide a signed statement of explanation. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Board Administrative Action:	State:	Date:	Case #:

Criminal Action:	State:	Date:	Case #:	County:	Court:

I certify under penalty of perjury that the information I have provided on this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

ORNELA KOLICCI

Original signature of Managing Pharmacist (copies or stamps not accepted)

08 / 06 / 2025

Date

Section 9: Statement of Responsibility - MUST BE COMPLETED by an Authorized Person (NAC 639.945)

Statement of Responsibility

1. I am the Vice President (title) for Walgreen Co. (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be responsible for any violations of pharmacy law that may occur in the Pharmacy owned by such owner(s), shareholder(s), member(s), or partner(s).
3. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against the Pharmacy.
4. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) cannot require or permit the pharmacist(s) in said Pharmacy to violate any provision of local, state, or federal laws or regulations pertaining to the practice of pharmacy.
5. I further understand and acknowledge that Nevada law requires that each pharmacy located inside the State of Nevada employ only pharmacists, intern pharmacists, pharmaceutical technicians, and technicians in training that are licensed by the Nevada State Board of Pharmacy. (NRS 639.100).
6. I further understand and acknowledge that Nevada law requires that each pharmacy located outside the State of Nevada engaged in providing pharmacy services into Nevada employs at least one pharmacist licensed by the Nevada State Board of Pharmacy who will be responsible for any prescription dispensed to a patient located in Nevada and responsible for any acts or omissions of pharmacy personnel who are not registered with the Board. (NRS 639.2328).

Richard Gates

Print Name of Authorized Person

Richard Gates

Original signature of Authorized Person (copies or stamps not accepted)

08 / 26 / 2025

Date

Section 10: Affidavit for Pharmacies- MUST BE COMPLETED by pharmacies NOT CURRENTLY PERFORMING Sterile Compounding

Affidavit for Pharmacy License

I, Richard Gates hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

1. I am the Vice President (title) for Walgreen Co. (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I certify that upon licensure, the Pharmacy will not perform sterile compounding or ship sterile compounds into Nevada.
3. I understand and acknowledge that the Pharmacy and any of its staff members may be subject to discipline by the Board if the Pharmacy performs sterile compounding or ships any sterile compounds into Nevada without first obtaining written authorization from the Board to do so.
4. I certify that if the Pharmacy makes the decision to perform sterile compounding or to ship any sterile compounds into Nevada, the Pharmacy, through an authorized representative, will first notify the Board via a written request, and obtain written approval to perform sterile compounding or to ship any sterile compounds into Nevada.
5. I understand that if the Pharmacy seeks approval to perform sterile compounding or to ship any sterile compounds into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

FURTHER YOUR AFFIANT SAYETH NAUGHT.

Signature

SUBSCRIBED AND SWORN TO
Before me, a notary public this 20th day of August, 20 25

Zeljka Borosa-Rajcevic
Notary Public

OFFICIAL SEAL
ZELJKA BOROSA RAJCEVIC
Notary Public, State of Illinois
Commission No. 977646
My Commission Expires September 8, 2027

File Number 1084-348-1

STATE OF ILLINOIS

OFFICE OF THE SECRETARY OF STATE

To all to whom these Presents Shall Come, Greeting:

I, **Alexi Giannoulias,** *Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that*

WALGREEN CO., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON FEBRUARY 15, 1909, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE BUSINESS CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.

In Testimony Whereof, *I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this* 15TH *day of* MAY *A.D.* 2025 .

Authentication #: 2513501622 verifiable until 05/15/2026
Authenticate at: https://www.ilsos.gov

SECRETARY OF STATE

Ownership Information

Ownership & Leadership of Applicant Entity

Applicant: **Walgreen Co.**
108 Wilmot Rd., Deerfield, IL 60015

Ownership: The Applicant entity is wholly owned (100%) by Walgreens Boots Alliance, Inc.

Officers of Walgreen Co.
Michael Motz - CEO
Richard Gates - Senior Vice President, Chief Pharmacy Officer
Cherita Thomas - Secretary
Matthew Spina - CFO
Michael Handal - Licensing and Provider Enrollment Officer

Ownership & Leadership of Walgreens Boots Alliance, Inc.

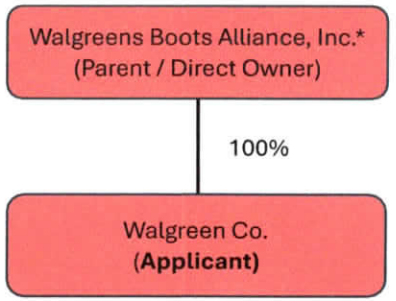
Ownership: Walgreens Boots Alliance, Inc. is wholly owned (100%) by Blazing Star Parent, LLC

Officers of Walgreens Boots Alliance, Inc.
Temporarily vacant - CEO
Mark Weisz - Sr VP, Global Tax
Manmohan Mahajan - Sr VP, Global Controller, CFO
Lanesha Minnix - Corporate Secretary

Please see the attached pre- and post-closing Corporate Organization chart for reference.

Proprietary and Confidential
Not a public record pursuant to
Section 7927.605 of the CPRA and
45 CFR Section 5.31

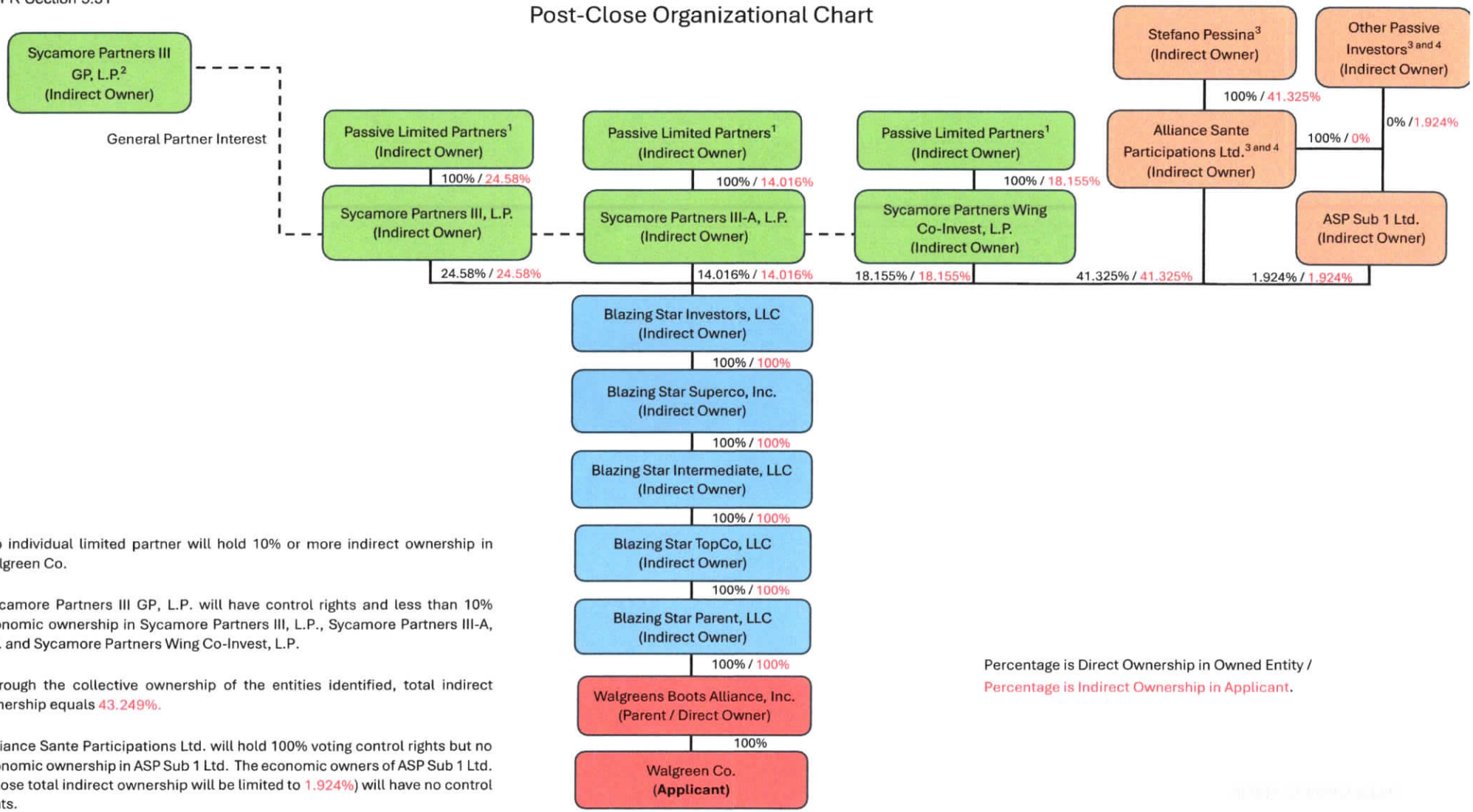
Walgreen Co.
Pre-Close Organizational Chart



Publicly Traded on Nasdaq Stock Market (WBA)

Proprietary and Confidential
Not a public record pursuant to
Section 7927.605 of the CPRA and
45 CFR Section 5.31

Walgreen Co.
Post-Close Organizational Chart



[1]No individual limited partner will hold 10% or more indirect ownership in Walgreen Co.

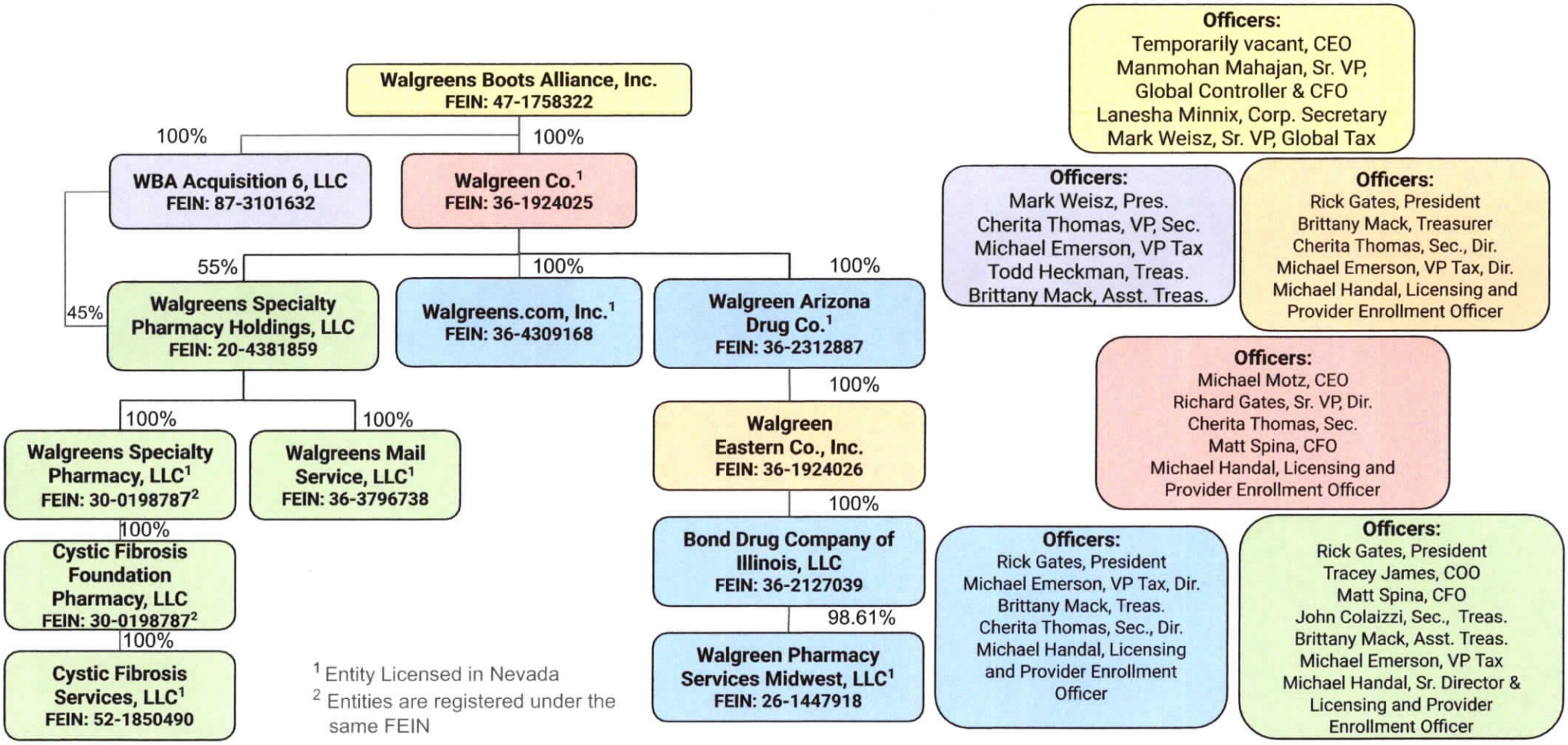
[2]Sycamore Partners III GP, L.P. will have control rights and less than 10% economic ownership in Sycamore Partners III, L.P., Sycamore Partners III-A, L.P. and Sycamore Partners Wing Co-Invest, L.P.

[3]Through the collective ownership of the entities identified, total indirect ownership equals 43.249%.

[4]Alliance Sante Participations Ltd. will hold 100% voting control rights but no economic ownership in ASP Sub 1 Ltd. The economic owners of ASP Sub 1 Ltd. (whose total indirect ownership will be limited to 1.924%) will have no control rights.

Percentage is Direct Ownership in Owned Entity /
Percentage is Indirect Ownership in Applicant.

Walgreen Co.
Post-Close Organizational Chart (cont.)



9000

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Pharmacy Application

Non-Refundable $500.00 Fee

Rev (6/11/2024)

4

Facility Location	Application Type (check all applicable)	Pharmacy Type (check all applicable)	Services the Pharmacy will Provide (check all applicable)
■ Nevada ☐ Out-of-Nevada	☐ New Pharmacy ■ Ownership Change* ☐ Location Change * ☐ Service Modification* ☐ Name Change* (if only a Name Change occurred, submit a $50.00 fee with the application.) * Current license #: PH PH02353	■ Retail/Community ☐ Hospital (# beds _____) ☐ Internet ☐ Nuclear ☐ Other:	■ Retail/Community ■ Dangerous drugs ■ Controlled substances DEA #: FW0823321 ☐ Non-sterile Compounding ☐ Sterile Compounding ☐ Mail-Order Service ☐ Off-site Cognitive Services ☐ Long Term Care ☐ Hospital ☐ Other:

Days of Operation		Ownership Type (check applicable box)
■ Monday	■ Friday	☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9, 10, 11, 12)
■ Tuesday	■ Saturday	■ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9, 10, 11, 12)
■ Wednesday	■ Sunday	☐ Partnership (complete sections 1, 2, 3, 4, 7, 9, 10, 11, 12)
■ Thursday	☐ Holidays	☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9, 10, 11, 12)

Section 1: General Information

Pharmacy Name: WALGREENS #12646

Physical Address: 329 Sandhill Blvd.

City: Mesquite State: NV Zip: 89027

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: (702)346-1416 Toll Free # (NAC 639.708, NRS 639.23286): N/A

Fax: (702)346-1434 Contact Email: rxm.12646@store.walgreens.com

Website: https://www.walgreens.com

Nevada Business License # (if applicable) NV19951143510

Supervising/Managing Pharmacist Name (NRS 639.220): KYLE HIGUCHI

Supervising/Managing Pharmacist NV Pharmacist Registration # (if applicable): 24102

Section 2: List the name(s) of at least one NEVADA registered pharmacist who practices at the pharmacy, who may be the managing pharmacist or another pharmacist, who will be responsible for any prescriptions dispensed to a patient located in Nevada and responsible for any acts or omissions of pharmacy personnel who are not registered with the Board. NRS 639.2328. (Use a separate piece of paper if additional space is needed.)

Name: KYLE HIGUCHI	NV Pharmacist Registration #: 24102
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:

Section 3: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✔
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration from any jurisdiction?		✔
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been subject of an administrative action, board citation, cite fine, or proceeding relating to the pharmaceutical industry?	✔	
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✔
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✔

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name(s) of the owner(s), their credentials and their percent ownership. Write NA if not applicable. NRS 639.232. (Use a separate piece of paper if additional space is needed.)

Name: N/A	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:

1. The Board shall not issue a license to conduct a pharmacy:
   a) To any practitioner; or
   b) To any partnership, corporation, or association in which a practitioner has a controlling interest or owns more than 10 percent of the available stock.
2. This section does not:
   a) Apply to a hospital pharmacy or a health maintenance organization which holds a certificate of authority under chapter 695C of NRS.
   b) Prohibit ownership by a practitioner of a building in which a pharmacy is located, if space for the pharmacy is rented at the prevailing rate.

Section 5: Publicly Traded Corporation

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Does the number of stockholders/shareholders of the corporation exceed four? NRS 639.231 ☐ Yes ☐ No

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: Delaware

Parent Company (if any): Walgreens Boots Alliance, Inc.

Corporation/Organization Name: Walgreen Co.

Mailing Address: 108 Wilmot Rd

City: Deerfield State: IL Zip: 60015

Telephone: 847-224-1348 Email: licenseadministration@walgreens.com

Contact Person Name: Kayla Lechner

Does the number of stockholders/shareholders of the corporation or members exceed four? NRS 639.231 ☐ Yes ☑ No

Section 7: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Please check type of partnership (NAC 639.214) ☐ General ☐ Limited

Does the number of partners or members of the partnership exceed four? NRS 639.231 ☐ Yes ☐ No

Section 8: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Richard Gates

Print Name of Authorized Person Submitting Application (If the applicant is a partnership or corporation, the application must be signed by a partner or by an officer of the corporation). NAC 639.215

Richard Gates

Original signature of Authorized Person (copies or stamps not accepted)

08 / 26 / 2025

Date

Board Use Only	Date Received: 9/18/25	Amount: $500 Ck. VP03-3000111129

Section 11: Managing Pharmacist Acknowledgement, Professional/Personal History – REQUIRED TO BE COMPLETED BY THE MANAGING PHARMACIST FOR NEVADA LOCATED PHARMACY APPLICANTS ONLY

Managing Pharmacist Name: KYLE HIGUCHI Pharmacist Registration #: 24102

Pharmacy Name: WALGREENS #12646

Initial each statement below to indicate you have read and agree with the following:

K.H. I understand that as the managing pharmacist I am responsible for compliance by the pharmacy and its personnel with all state and federal laws and regulations relating to the operation of the pharmacy and the practice of pharmacy. I understand my license can be revoked or that I can be subject of disciplinary action if such laws or regulations are knowingly violated in the pharmacy in which I am the managing pharmacist.

K.H. I understand within 48 hours after I report for duty as the managing pharmacist, I shall complete an inventory of all controlled substances of the pharmacy pursuant to 21 CFR Part 1304 and maintain a copy of the inventory in the file at the pharmacy.

K.H. I understand that if I cease to be managing pharmacist of the above-named pharmacy, I will jointly, with the new managing pharmacist, take an inventory of all controlled substances.

K.H. I understand that as the managing pharmacist I must ensure that all loss or theft of controlled substances are reported on forms provided by the Nevada State Board of Pharmacy and Department of Public Safety within 10 days after the date of discovery of theft or loss. NRS 453.568. Federal regulations require that registrants notify the Field Division Office of the Administration in his area, in writing, of the theft or significant loss of any controlled substance, disposal receptacles or listed chemicals within one business day of discovery of such loss or theft. The registrant shall also complete and submit to the Field Division Office in his area, DEA Form 106 regarding the loss or theft (21 C.F.R. §1301.76(b) and 21 U.S.C. §830(b)(1)(C)).

K.H. I understand that as the managing pharmacist I must notify the Nevada State Board of Pharmacy of all employment changes of pharmacy staff within 10 days of the change. NAC 639.540

Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?	☐	☑
2. Have you been charged, arrested, or convicted of a felony or misdemeanor in any state?	☐	☑
3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state?	☐	☑
4. Has your license been subjected to any discipline for violation of pharmacy or drug laws in any state?	☐	☑

If you marked YES to any questions above, include the following information and provide a signed statement of explanation. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Board Administrative Action:	State:	Date:	Case #:

Criminal Action:	State:	Date:	Case #:	County:	Court:

I certify under penalty of perjury that the information I have provided on this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

KYLE HIGUCHI
Original signature of Managing Pharmacist (copies or stamps not accepted)

08 / 05 / 2025
Date

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

FINDINGS OF FACT, CONCLUSIONS OF LAW, AND ORDER

LISA A. HEATHCOCK, PT,
Certificate of Registration No.: PT02628,

Case No. 10-007-PT-S

WALGREENS #12646,
Certificate of Registration No.: PH02353,

Case No. 10-007-PH-S

Respondents.

THIS MATTER was heard by the Nevada State Board of Pharmacy (hereinafter Board) at its regular meeting on July 14, 2010, in Las Vegas, Nevada. The Board was represented by Carolyn J. Cramer, General Counsel for the Board, and Ms. Heathcock was not present because of a family emergency and her matter was continued until the October, 2010 Board meeting. Walgreens #12646 (Walgreens) was represented by Robert Graham, Esq. Based on the presentations of the parties, the parties' admissions, and the public records in the possession and control of the Board, the Board issues the following Findings of Fact, Conclusions of Law, and Order:

FINDINGS OF FACT

1. At hearing, the parties agreed that the facts as plead in the Notice of Intended Action and Accusation were essentially true and correct regarding the issues related to Ms. Heathcock working for Walgreens for 205 days without having renewed her registration as a pharmaceutical technician with the Board. Mr. Graham advised that Walgreens did check to ensure all of their staff had renewed their licenses and that their computer system was working properly, however Walgreens staff was given false

information from Ms. Heathcock. Mr. Graham submitted an exhibit, a copy of license verification with part of the expiration date missing that Ms. Heathcock had written in "2011" and had submitted as her proof to Walgreens that she had renewed her registration. Ms. Heathcock claimed she had not received her registration. Mr. Graham admitted that the managing pharmacist did not following through to make sure that Ms. Heathcock was registered, but ultimately the responsibility was Ms. Heathcock's. Mr. Graham advised that Ms. Heathcock may have been experiencing financial problems because she was borrowing money from store personnel and even requested reimbursement from Walgreens for renewing her registration with the Board of Pharmacy when she had not done so. Based upon the stipulations of the parties and the testimony and evidence presented, the Board finds the following to be the facts of the matter.

2. Ms. Heathcock had worked 1,644 hours or approximately 205 days, between November 1, 2008 and December 14, 2009, the date of her termination of employment, without a valid registration.

CONCLUSIONS OF LAW

1. The Board has jurisdiction over this matter because Ms. Heathcock is a pharmaceutical technician registered by the Board and Walgreens #12646 is a pharmacy licensed with the Board.

2. In owning and operating the pharmacy in which Ms. Heathcock worked without a registration and in failing to verify that Ms. Heathcock had timely and validly renewed her registration, Walgreens #12646 violated NRS 639.210(4) and/or NAC 639.260, 639.945(1)(i) and/or (k) and/or (2).

ORDER

Based upon the foregoing, the Board hereby orders the following:

1. Walgreens #12646 shall pay a fine of $250.00 by cashier's or certified check or money order made payable to "State of Nevada, Office of the Treasurer" to be received by the Board's Reno office within 60 days of the effective date of this Order.

2. Walgreens #12646 shall pay the Board's administrative fee of $295.00, by cashier's or certified check or money order made payable to "Nevada State Board of Pharmacy" to be received by the Board's Reno office within 60 days of the effective date of this Order.

3. Walgreen's shall do a presentation to Board Staff of its computer system that tracks the licensure of employees to make sure the problem is corrected within 60 days of the signing of this Order.

4. Ms. Heathcock's appearance before the Board is continued until the October 2010 meeting in Las Vegas, Nevada.

Signed and effective this 9th day of August, 2010.

Candy Nalley for
Donald W. Fey, President
Nevada State Board of Pharmacy

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

LISA A. HEATHCOCK, PT
Certificate of Registration No.: PT02628

WALGREENS #12646
Certificate of Registration No.:PH02353

Respondents.

NOTICE OF INTENDED ACTION AND ACCUSATION

Case No. 10-007-PT-S

Case No. 10-007-PH-S

COMES NOW Larry L. Pinson, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, and makes the following that will serve as both a notice of intended action under Nevada Revised Statutes (NRS) 233B.127(3) and as an accusation under NRS 639.241.

I.

The Nevada State Board of Pharmacy has jurisdiction over this matter because Respondent Heathcock is a registered pharmaceutical technician with the Board and Respondent Walgreens #12646 is a registered pharmacy with the Board located at 329 North Sandhill Boulevard, Mesquite, Nevada.

II.

On or about December 21, 2009 it came to the Board's attention that Ms. Heathcock had not renewed her pharmaceutical technician registration. Board staff requested Ms. Heathcock's work hours from November 1, 2008 through December 11, 2009 from the district pharmacy supervisor for Walgreens #12646, the pharmacy at which Ms. Heathcock was employed. It was determined that Ms. Heathcock had worked for 1,644 hours, or approximately 205 days, between November 1, 2008 and December 14, 2009, the date of her termination of employment, without a valid registration.

FIRST CAUSE OF ACTION

III.

By working at Walgreens #12646 for approximately 205 days between November 1, 2008 to December 14, 2009 when she had not renewed her pharmaceutical technician registration, Ms. Heathcock violated NRS 639.210(4) and/or (13) and (NAC) 639.945 (1)(i) and/or (k).

SECOND CAUSE OF ACTION

IV.

In owning and operating the pharmacy in which Ms. Heathcock worked without a license and in failing to verify that Ms. Heathcock had timely and validly renewed her registration, Walgreens #12646 violated NRS 639.210(4) and/or NAC 639.260 and 639.945(1)(i) and/or (k) and/or (2).

WHEREFORE it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to the certificate of registration of the Respondent.

Signed this 4th day of February, 2010.

Larry L. Pinson, Executive Secretary
Nevada State Board of Pharmacy

NOTICE TO RESPONDENT

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements regarding your certificate of registration. To do so, you must mail to the Board within 15 days of your receipt of this Notice of Intended Action and Accusation a written statement showing your compliance.

Section 9: Statement of Responsibility - MUST BE COMPLETED by an Authorized Person (NAC 639.945)

Statement of Responsibility

1. I am the Vice President (title) for Walgreen Co. (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be responsible for any violations of pharmacy law that may occur in the Pharmacy owned by such owner(s), shareholder(s), member(s), or partner(s).
3. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against the Pharmacy.
4. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) cannot require or permit the pharmacist(s) in said Pharmacy to violate any provision of local, state, or federal laws or regulations pertaining to the practice of pharmacy.
5. I further understand and acknowledge that Nevada law requires that each pharmacy located inside the State of Nevada employ only pharmacists, intern pharmacists, pharmaceutical technicians, and technicians in training that are licensed by the Nevada State Board of Pharmacy. (NRS 639.100).
6. I further understand and acknowledge that Nevada law requires that each pharmacy located outside the State of Nevada engaged in providing pharmacy services into Nevada employs at least one pharmacist licensed by the Nevada State Board of Pharmacy who will be responsible for any prescription dispensed to a patient located in Nevada and responsible for any acts or omissions of pharmacy personnel who are not registered with the Board. (NRS 639.2328).

Richard Gates

Print Name of Authorized Person

Richard Gates

Original signature of Authorized Person (copies or stamps not accepted)

08 / 26 / 2025

Date

Section 10: Affidavit for Pharmacies- MUST BE COMPLETED by pharmacies NOT CURRENTLY PERFORMING Sterile Compounding

Affidavit for Pharmacy License

I, Richard Gates hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

1. I am the Vice President (title) for Walgreen Co. (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I certify that upon licensure, the Pharmacy will not perform sterile compounding or ship sterile compounds into Nevada.
3. I understand and acknowledge that the Pharmacy and any of its staff members may be subject to discipline by the Board if the Pharmacy performs sterile compounding or ships any sterile compounds into Nevada without first obtaining written authorization from the Board to do so.
4. I certify that if the Pharmacy makes the decision to perform sterile compounding or to ship any sterile compounds into Nevada, the Pharmacy, through an authorized representative, will first notify the Board via a written request, and obtain written approval to perform sterile compounding or to ship any sterile compounds into Nevada.
5. I understand that if the Pharmacy seeks approval to perform sterile compounding or to ship any sterile compounds into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

FURTHER YOUR AFFIANT SAYETH NAUGHT.

Signature

SUBSCRIBED AND SWORN TO
Before me, a notary public this 20th day of August, 2025

Zeljka Borosa-Rajcevic
Notary Public

OFFICIAL SEAL
ZELJKA BOROSA RAJCEVIC
Notary Public, State of Illinois
Commission No. 977646
My Commission Expires September 8, 2027

CONFIDENTIAL/EXEMPT FROM
FREEDOM OF INFORMATION ACT AND
SIMILAR STATE REQUESTS

Ownership Information

Ownership & Leadership of Applicant Entity

Applicant: **Walgreen Co.**
108 Wilmot Rd., Deerfield, IL 60015

Ownership: The Applicant entity is wholly owned (100%) by Walgreens Boots Alliance, Inc.

Officers of Walgreen Co.
Michael Motz - CEO
Richard Gates - Senior Vice President, Chief Pharmacy Officer
Cherita Thomas - Secretary
Matthew Spina - CFO
Michael Handal - Licensing and Provider Enrollment Officer

Ownership & Leadership of Walgreens Boots Alliance, Inc.

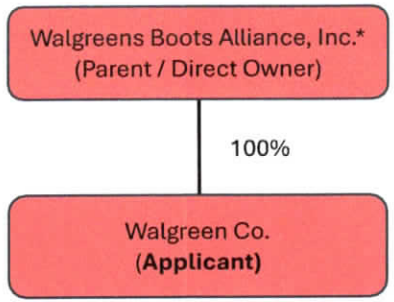
Ownership: Walgreens Boots Alliance, Inc. is wholly owned (100%) by Blazing Star Parent, LLC

Officers of Walgreens Boots Alliance, Inc.
Temporarily vacant - CEO
Mark Weisz - Sr VP, Global Tax
Manmohan Mahajan - Sr VP, Global Controller, CFO
Lanesha Minnix - Corporate Secretary

Please see the attached pre- and post-closing Corporate Organization chart for reference.

Proprietary and Confidential
Not a public record pursuant to
Section 7927.605 of the CPRA and
45 CFR Section 5.31

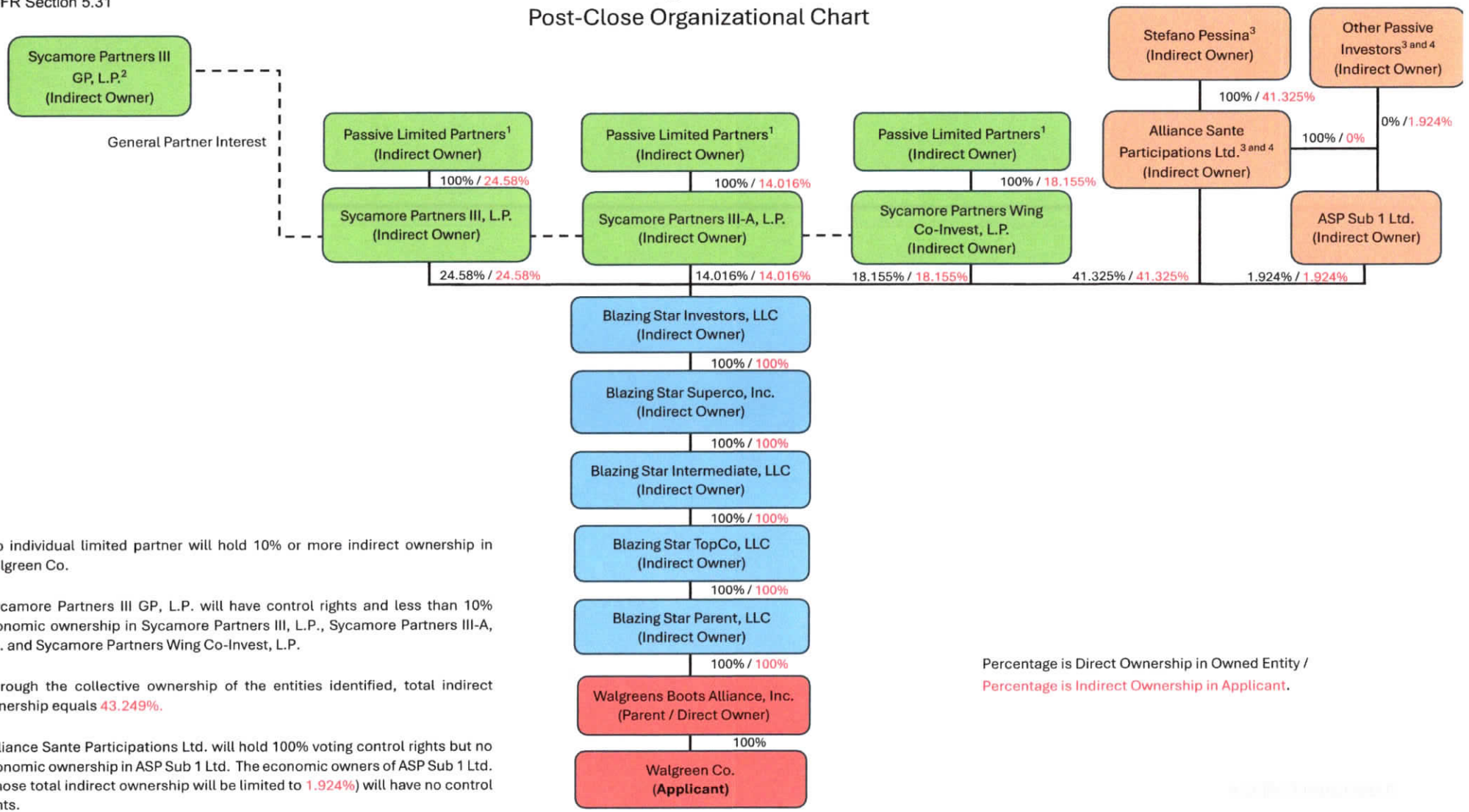
Walgreen Co.
Pre-Close Organizational Chart



Publicly Traded on Nasdaq Stock Market (WBA)

Proprietary and Confidential
Not a public record pursuant to
Section 7927.605 of the CPRA and
45 CFR Section 5.31

Walgreen Co.
Post-Close Organizational Chart



[1]No individual limited partner will hold 10% or more indirect ownership in Walgreen Co.

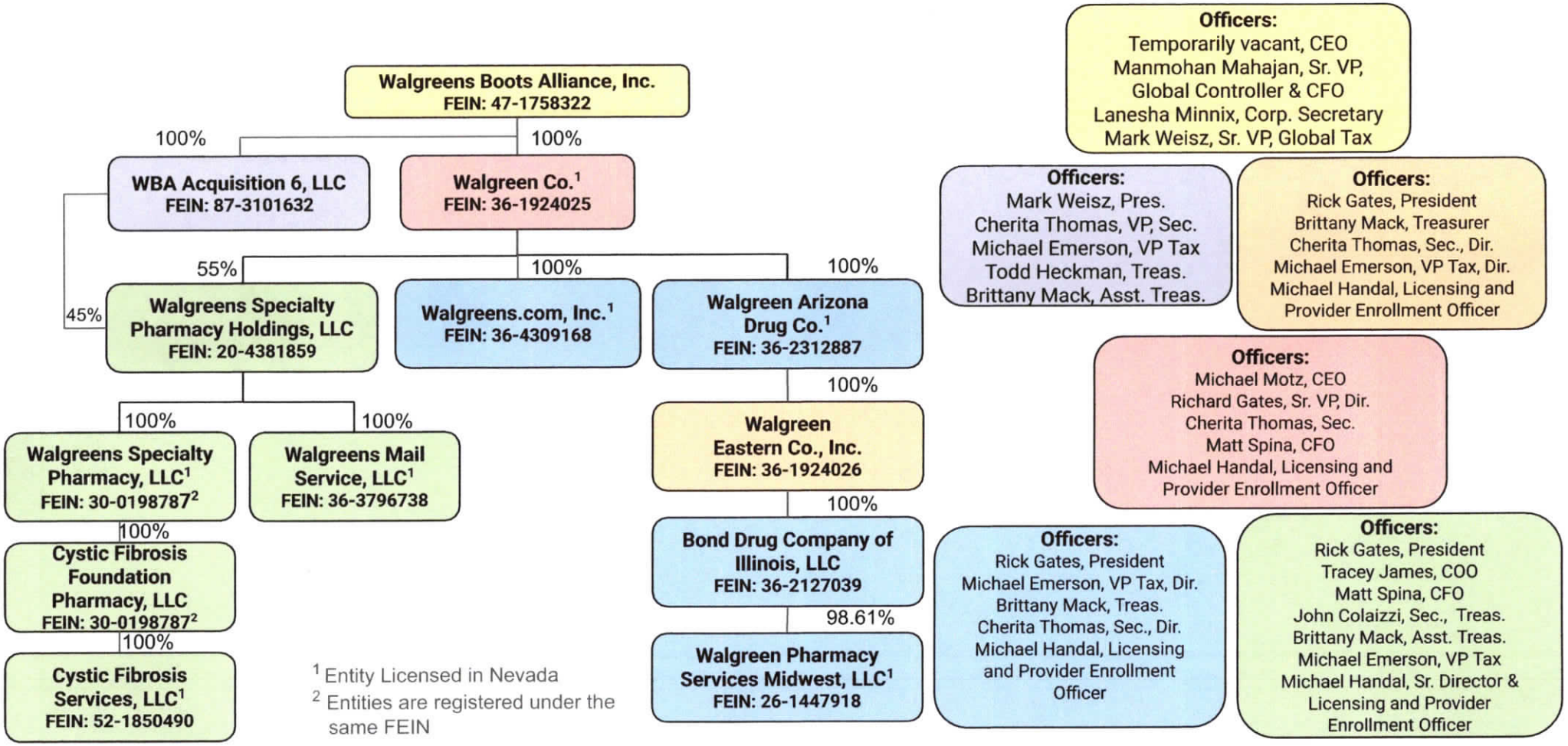
[2]Sycamore Partners III GP, L.P. will have control rights and less than 10% economic ownership in Sycamore Partners III, L.P., Sycamore Partners III-A, L.P. and Sycamore Partners Wing Co-Invest, L.P.

[3]Through the collective ownership of the entities identified, total indirect ownership equals 43.249%.

[4]Alliance Sante Participations Ltd. will hold 100% voting control rights but no economic ownership in ASP Sub 1 Ltd. The economic owners of ASP Sub 1 Ltd. (whose total indirect ownership will be limited to 1.924%) will have no control rights.

Percentage is Direct Ownership in Owned Entity /
Percentage is Indirect Ownership in Applicant.

Walgreen Co.
Post-Close Organizational Chart (cont.)



File Number 1084-348-1

STATE OF ILLINOIS

OFFICE OF THE SECRETARY OF STATE

To all to whom these Presents Shall Come, Greeting:

I, **Alexi Giannoulias,** *Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that*

WALGREEN CO., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON FEBRUARY 15, 1909, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE BUSINESS CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.

In Testimony Whereof, *I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this* 15TH *day of* MAY *A.D.* 2025 .

Authentication #: 2513501622 verifiable until 05/15/2026
Authenticate at: https://www.ilsos.gov

SECRETARY OF STATE

9PPP

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Pharmacy Application

Non-Refundable $500.00 Fee

Rev (6/11/2024)

Facility Location	Application Type (check all applicable)	Pharmacy Type (check all applicable)	Services the Pharmacy will Provide (check all applicable)
■ Nevada ☐ Out-of-Nevada	☐ New Pharmacy ■ Ownership Change* ☐ Location Change * ☐ Service Modification* ☐ Name Change* (if only a Name Change occurred, submit a $50.00 fee with the application.) * Current license #: PH PH02124	■ Retail/Community ☐ Hospital (# beds _____) ☐ Internet ☐ Nuclear ☐ Other:	■ Retail/Community ■ Dangerous drugs ■ Controlled substances DEA #: BW9717856 ☐ Non-sterile Compounding ☐ Sterile Compounding ☐ Mail-Order Service ☐ Off-site Cognitive Services ☐ Long Term Care ☐ Hospital ☐ Other:

Days of Operation		Ownership Type (check applicable box)
■ Monday	■ Friday	☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9, 10, 11, 12)
■ Tuesday	■ Saturday	■ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9, 10, 11, 12)
■ Wednesday	■ Sunday	☐ Partnership (complete sections 1, 2, 3, 4, 7, 9, 10, 11, 12)
■ Thursday	☐ Holidays	☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9, 10, 11, 12)

Section 1: General Information

Pharmacy Name: WALGREENS #02590

Physical Address: 6435 Aliante Pkwy

City: North Las Vegas State: NV Zip: 89084

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: (702)657-6508 Toll Free # (NAC 639.708, NRS 639.23286): N/A

Fax: (702)657-8466 Contact Email: rxm.02590@store.walgreens.com

Website: https://www.walgreens.com

Nevada Business License # (if applicable) NV19951143510

Supervising/Managing Pharmacist Name (NRS 639.220): REYSHELLE TUCKER

Supervising/Managing Pharmacist NV Pharmacist Registration # (if applicable): 18219

Section 2: List the name(s) of at least one NEVADA registered pharmacist who practices at the pharmacy, who may be the managing pharmacist or another pharmacist, who will be responsible for any prescriptions dispensed to a patient located in Nevada and responsible for any acts or omissions of pharmacy personnel who are not registered with the Board. NRS 639.2328. (Use a separate piece of paper if additional space is needed.)

Name: REYSHELLE TUCKER	NV Pharmacist Registration #: 18219
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:

Section 3: History of Company	**Yes**	**No**
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✔
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration from any jurisdiction?		✔
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been subject of an administrative action, board citation, cite fine, or proceeding relating to the pharmaceutical industry?		✔
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✔
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✔

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name(s) of the owner(s), their credentials and their percent ownership. Write NA if not applicable. NRS 639.232. (Use a separate piece of paper if additional space is needed.)

Name: N/A	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:

1. The Board shall not issue a license to conduct a pharmacy:
   a) To any practitioner; or
   b) To any partnership, corporation, or association in which a practitioner has a controlling interest or owns more than 10 percent of the available stock.
2. This section does not:
   a) Apply to a hospital pharmacy or a health maintenance organization which holds a certificate of authority under chapter 695C of NRS.
   b) Prohibit ownership by a practitioner of a building in which a pharmacy is located, if space for the pharmacy is rented at the prevailing rate.

Section 5: Publicly Traded Corporation

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Does the number of stockholders/shareholders of the corporation exceed four? NRS 639.231 ☐ Yes ☐ No

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: Delaware

Parent Company (if any): Walgreens Boots Alliance, Inc.

Corporation/Organization Name: Walgreen Co.

Mailing Address: 108 Wilmot Rd

City: Deerfield State: IL Zip: 60015

Telephone: 847-224-1348 Email: licenseadministration@walgreens.com

Contact Person Name: Kayla Lechner

Does the number of stockholders/shareholders of the corporation or members exceed four? NRS 639.231 ☐ Yes ☒ No

Section 7: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Please check type of partnership (NAC 639.214) ☐ General ☐ Limited

Does the number of partners or members of the partnership exceed four? NRS 639.231 ☐ Yes ☐ No

Section 8: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Richard Gates

Print Name of Authorized Person Submitting Application (If the applicant is a partnership or corporation, the application must be signed by a partner or by an officer of the corporation). NAC 639.215

Richard Gates

Original signature of Authorized Person (copies or stamps not accepted)

08 / 26 / 2025

Date

Board Use Only	Date Received: 9/22/25	Amount: $500 CK JPU3-300011112C9

Section 11: Managing Pharmacist Acknowledgement, Professional/Personal History – REQUIRED TO BE COMPLETED BY THE MANAGING PHARMACIST FOR NEVADA LOCATED PHARMACY APPLICANTS ONLY

Managing Pharmacist Name: REYSHELLE TUCKER Pharmacist Registration #: 18219

Pharmacy Name: WALGREENS #02590

Initial each statement below to indicate you have read and agree with the following:

R.T. I understand that as the managing pharmacist I am responsible for compliance by the pharmacy and its personnel with all state and federal laws and regulations relating to the operation of the pharmacy and the practice of pharmacy. I understand my license can be revoked or that I can be subject of disciplinary action if such laws or regulations are knowingly violated in the pharmacy in which I am the managing pharmacist.

R.T. I understand within 48 hours after I report for duty as the managing pharmacist, I shall complete an inventory of all controlled substances of the pharmacy pursuant to 21 CFR Part 1304 and maintain a copy of the inventory in the file at the pharmacy.

R.T. I understand that if I cease to be managing pharmacist of the above-named pharmacy, I will jointly, with the new managing pharmacist, take an inventory of all controlled substances.

R.T. I understand that as the managing pharmacist I must ensure that all loss or theft of controlled substances are reported on forms provided by the Nevada State Board of Pharmacy and Department of Public Safety within 10 days after the date of discovery of theft or loss. NRS 453.568. Federal regulations require that registrants notify the Field Division Office of the Administration in his area, in writing, of the theft or significant loss of any controlled substance, disposal receptacles or listed chemicals within one business day of discovery of such loss or theft. The registrant shall also complete and submit to the Field Division Office in his area, DEA Form 106 regarding the loss or theft (21 C.F.R. §1301.76(b) and 21 U.S.C. §830(b)(1)(C)).

R.T. I understand that as the managing pharmacist I must notify the Nevada State Board of Pharmacy of all employment changes of pharmacy staff within 10 days of the change. NAC 639.540

Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?	☐	☑
2. Have you been charged, arrested, or convicted of a felony or misdemeanor in any state?	☐	☑
3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state?	☐	☑
4. Has your license been subjected to any discipline for violation of pharmacy or drug laws in any state?	☐	☑

If you marked YES to any questions above, include the following information and provide a signed statement of explanation. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Board Administrative Action:	State:	Date:	Case #:

Criminal Action:	State:	Date:	Case #:	County:	Court:

I certify under penalty of perjury that the information I have provided on this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

REYSHELLE TUCKER

Original signature of Managing Pharmacist (copies or stamps not accepted)

08 / 04 / 2025

Date

Section 9: Statement of Responsibility - MUST BE COMPLETED by an Authorized Person (NAC 639.945)

Statement of Responsibility

1. I am the Vice President (title) for Walgreen Co. (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be responsible for any violations of pharmacy law that may occur in the Pharmacy owned by such owner(s), shareholder(s), member(s), or partner(s).
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4. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) cannot require or permit the pharmacist(s) in said Pharmacy to violate any provision of local, state, or federal laws or regulations pertaining to the practice of pharmacy.
5. I further understand and acknowledge that Nevada law requires that each pharmacy located inside the State of Nevada employ only pharmacists, intern pharmacists, pharmaceutical technicians, and technicians in training that are licensed by the Nevada State Board of Pharmacy. (NRS 639.100).
6. I further understand and acknowledge that Nevada law requires that each pharmacy located outside the State of Nevada engaged in providing pharmacy services into Nevada employs at least one pharmacist licensed by the Nevada State Board of Pharmacy who will be responsible for any prescription dispensed to a patient located in Nevada and responsible for any acts or omissions of pharmacy personnel who are not registered with the Board. (NRS 639.2328).

Richard Gates

Print Name of Authorized Person

Richard Gates

Original signature of Authorized Person (copies or stamps not accepted)

08 / 26 / 2025

Date

Section 10: Affidavit for Pharmacies- MUST BE COMPLETED by pharmacies NOT CURRENTLY PERFORMING Sterile Compounding

Affidavit for Pharmacy License

I, Richard Gates hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

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3. I understand and acknowledge that the Pharmacy and any of its staff members may be subject to discipline by the Board if the Pharmacy performs sterile compounding or ships any sterile compounds into Nevada without first obtaining written authorization from the Board to do so.
4. I certify that if the Pharmacy makes the decision to perform sterile compounding or to ship any sterile compounds into Nevada, the Pharmacy, through an authorized representative, will first notify the Board via a written request, and obtain written approval to perform sterile compounding or to ship any sterile compounds into Nevada.
5. I understand that if the Pharmacy seeks approval to perform sterile compounding or to ship any sterile compounds into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

FURTHER YOUR AFFIANT SAYETH NAUGHT.

Signature

SUBSCRIBED AND SWORN TO
Before me, a notary public this 20th day of August, 20 25

Zeljka Borosa-Rajcevic
Notary Public

OFFICIAL SEAL
ZELJKA BOROSA RAJCEVIC
Notary Public, State of Illinois
Commission No. 977646
My Commission Expires September 8, 2027

Ownership Information

Ownership & Leadership of Applicant Entity

Applicant: **Walgreen Co.**
108 Wilmot Rd., Deerfield, IL 60015

Ownership: The Applicant entity is wholly owned (100%) by Walgreens Boots Alliance, Inc.

Officers of Walgreen Co.
Michael Motz - CEO
Richard Gates - Senior Vice President, Chief Pharmacy Officer
Cherita Thomas - Secretary
Matthew Spina - CFO
Michael Handal - Licensing and Provider Enrollment Officer

Ownership & Leadership of Walgreens Boots Alliance, Inc.

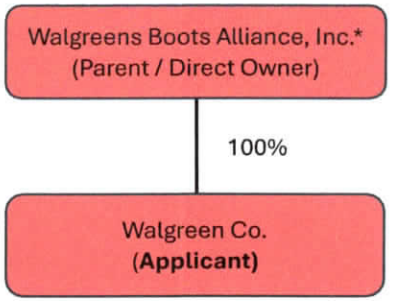
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Officers of Walgreens Boots Alliance, Inc.
Temporarily vacant - CEO
Mark Weisz - Sr VP, Global Tax
Manmohan Mahajan - Sr VP, Global Controller, CFO
Lanesha Minnix - Corporate Secretary

Please see the attached pre- and post-closing Corporate Organization chart for reference.

Proprietary and Confidential
Not a public record pursuant to
Section 7927.605 of the CPRA and
45 CFR Section 5.31

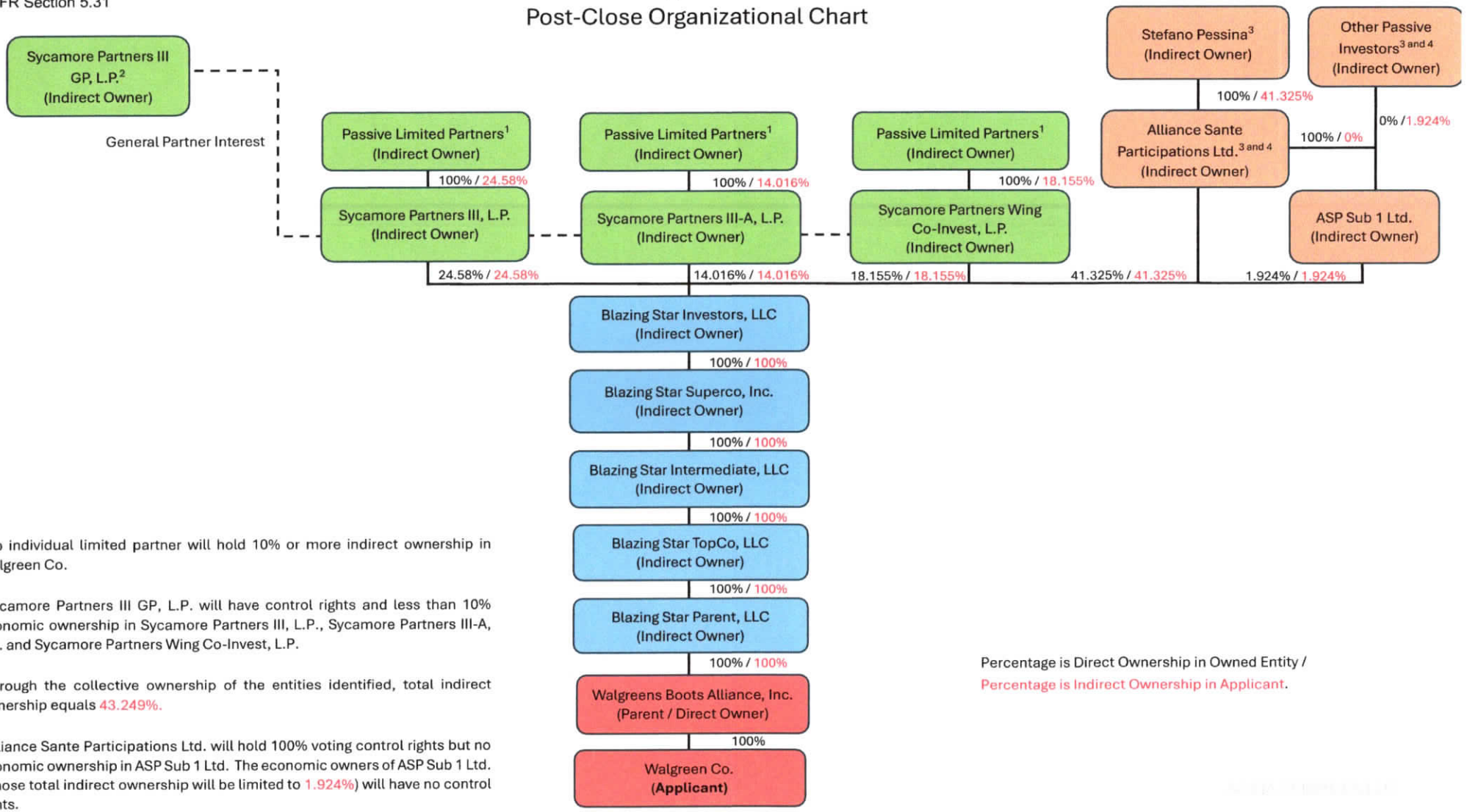
Walgreen Co.
Pre-Close Organizational Chart



Publicly Traded on Nasdaq Stock Market (WBA)

Proprietary and Confidential
Not a public record pursuant to
Section 7927.605 of the CPRA and
45 CFR Section 5.31

Walgreen Co.
Post-Close Organizational Chart



[1]No individual limited partner will hold 10% or more indirect ownership in Walgreen Co.

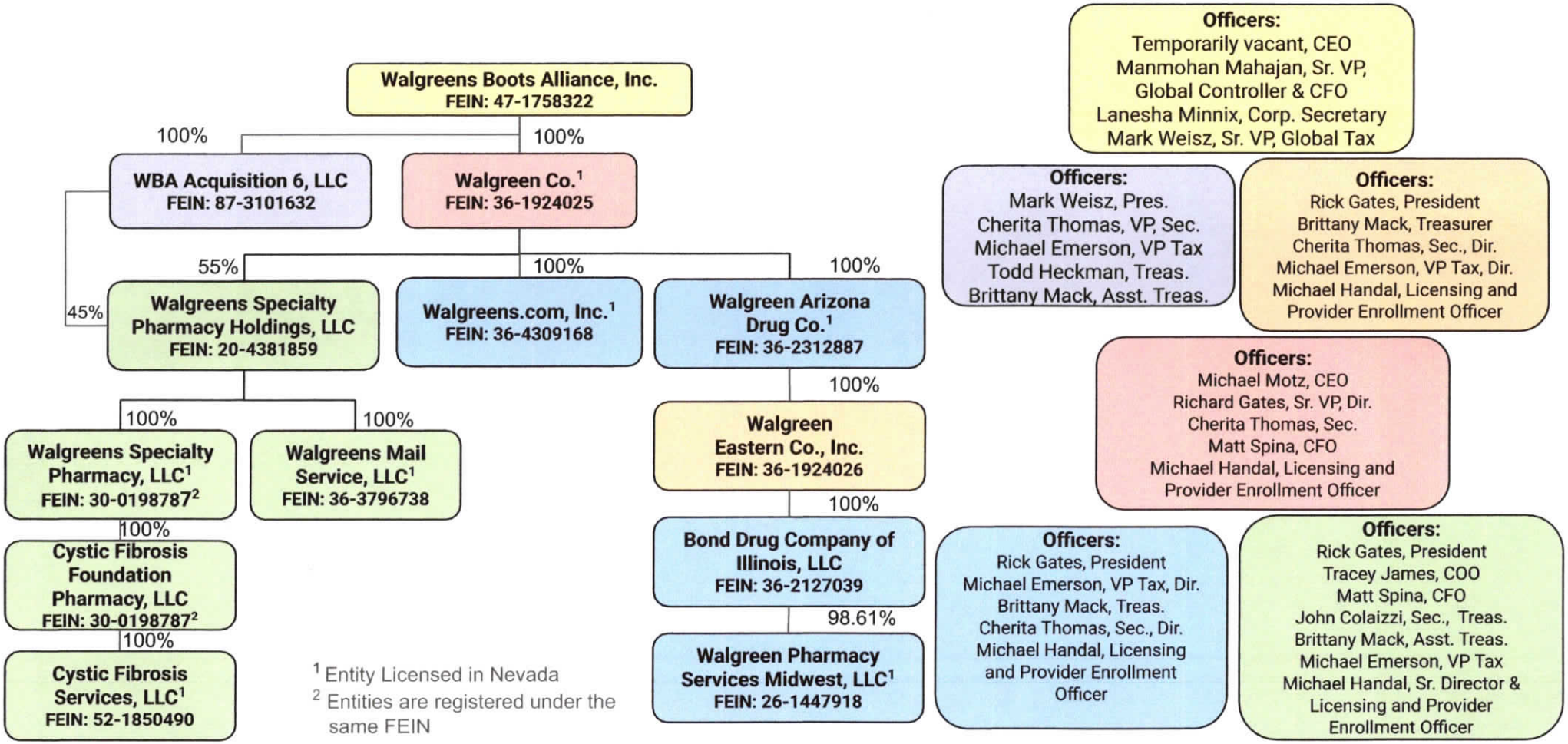
[2]Sycamore Partners III GP, L.P. will have control rights and less than 10% economic ownership in Sycamore Partners III, L.P., Sycamore Partners III-A, L.P. and Sycamore Partners Wing Co-Invest, L.P.

[3]Through the collective ownership of the entities identified, total indirect ownership equals 43.249%.

[4]Alliance Sante Participations Ltd. will hold 100% voting control rights but no economic ownership in ASP Sub 1 Ltd. The economic owners of ASP Sub 1 Ltd. (whose total indirect ownership will be limited to 1.924%) will have no control rights.

Percentage is Direct Ownership in Owned Entity /
Percentage is Indirect Ownership in Applicant.

Walgreen Co.
Post-Close Organizational Chart (cont.)



File Number 1084-348-1

STATE OF ILLINOIS

OFFICE OF THE SECRETARY OF STATE

To all to whom these Presents Shall Come, Greeting:

I, **Alexi Giannoulias,** *Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that*

WALGREEN CO., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON FEBRUARY 15, 1909, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE BUSINESS CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.

In Testimony Whereof, *I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this* 15TH *day of* MAY *A.D.* 2025 .

Authentication #: 2513501622 verifiable until 05/15/2026
Authenticate at: https://www.ilsos.gov

Alexi Giannoulias
SECRETARY OF STATE

9QQQ

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Pharmacy Application

Non-Refundable $500.00 Fee

Rev (6/11/2024)

Facility Location	Application Type (check all applicable)	Pharmacy Type (check all applicable)	Services the Pharmacy will Provide (check all applicable)
☑ Nevada ☐ Out-of-Nevada	☐ New Pharmacy ☑ Ownership Change* ☐ Location Change * ☐ Service Modification* ☐ Name Change* (if only a Name Change occurred, submit a $50.00 fee with the application.) * Current license #: PH PH01064	☑ Retail/Community ☐ Hospital (# beds _____) ☐ Internet ☐ Nuclear ☐ Other:	☑ Retail/Community ☑ Dangerous drugs ☑ Controlled substances DEA #: BW4963977 ☐ Non-sterile Compounding ☐ Sterile Compounding ☐ Mail-Order Service ☐ Off-site Cognitive Services ☐ Long Term Care ☐ Hospital ☐ Other:

Days of Operation		Ownership Type (check applicable box)
☑ Monday	☑ Friday	☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9, 10, 11, 12)
☑ Tuesday	☑ Saturday	☑ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9, 10, 11, 12)
☑ Wednesday	☑ Sunday	☐ Partnership (complete sections 1, 2, 3, 4, 7, 9, 10, 11, 12)
☑ Thursday	☐ Holidays	☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9, 10, 11, 12)

Section 1: General Information

Pharmacy Name: WALGREENS #03845

Physical Address: 2280 N LAS VEGAS BLVD

City: NORTH LAS VEGAS State: NV Zip: 89030-5803

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: (702)649-1415 Toll Free # (NAC 639.708, NRS 639.23286): N/A

Fax: (702)649-1447 Contact Email: rxm.03845@store.walgreens.com

Website: https://www.walgreens.com

Nevada Business License # (if applicable) NV19951143510

Supervising/Managing Pharmacist Name (NRS 639.220): MOKTHOONG CHONG

Supervising/Managing Pharmacist NV Pharmacist Registration # (if applicable): 24000

Section 2: List the name(s) of at least one NEVADA registered pharmacist who practices at the pharmacy, who may be the managing pharmacist or another pharmacist, who will be responsible for any prescriptions dispensed to a patient located in Nevada and responsible for any acts or omissions of pharmacy personnel who are not registered with the Board. NRS 639.2328. (Use a separate piece of paper if additional space is needed.)

Name: MOKTHOONG CHONG	NV Pharmacist Registration #: 24000
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:

Section 3: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✔
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration from any jurisdiction?		✔
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been subject of an administrative action, board citation, cite fine, or proceeding relating to the pharmaceutical industry?	✔	
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✔
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✔

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name(s) of the owner(s), their credentials and their percent ownership. Write NA if not applicable. NRS 639.232. (Use a separate piece of paper if additional space is needed.)

Name: N/A	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:

1. The Board shall not issue a license to conduct a pharmacy:
   a) To any practitioner; or
   b) To any partnership, corporation, or association in which a practitioner has a controlling interest or owns more than 10 percent of the available stock.
2. This section does not:
   a) Apply to a hospital pharmacy or a health maintenance organization which holds a certificate of authority under chapter 695C of NRS.
   b) Prohibit ownership by a practitioner of a building in which a pharmacy is located, if space for the pharmacy is rented at the prevailing rate.

Section 5: Publicly Traded Corporation

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Does the number of stockholders/shareholders of the corporation exceed four? NRS 639.231 ☐ Yes ☐ No

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: Delaware

Parent Company (if any): Walgreens Boots Alliance, Inc.

Corporation/Organization Name: Walgreen Co.

Mailing Address: 108 Wilmot Rd

City: Deerfield State: IL Zip: 60015

Telephone: 847-224-1348 Email: licenseadministration@walgreens.com

Contact Person Name: Kayla Lechner

Does the number of stockholders/shareholders of the corporation or members exceed four? NRS 639.231 ☐ Yes ☒ No

Section 7: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Please check type of partnership (NAC 639.214) ☐ General ☐ Limited

Does the number of partners or members of the partnership exceed four? NRS 639.231 ☐ Yes ☐ No

Section 8: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Richard Gates

Print Name of Authorized Person Submitting Application (If the applicant is a partnership or corporation, the application must be signed by a partner or by an officer of the corporation). NAC 639.215

Richard Gates

Original signature of Authorized Person (copies or stamps not accepted)

08 / 26 / 2025

Date

Board Use Only	Date Received: 9/22/25	Amount: $500 ck #JP03-30001111129

Section 11: Managing Pharmacist Acknowledgement, Professional/Personal History – REQUIRED TO BE COMPLETED BY THE MANAGING PHARMACIST FOR NEVADA LOCATED PHARMACY APPLICANTS ONLY

Managing Pharmacist Name: MOKTHOONG CHONG Pharmacist Registration #: 24000

Pharmacy Name: WALGREENS #03845

Initial each statement below to indicate you have read and agree with the following:

mok — I understand that as the managing pharmacist I am responsible for compliance by the pharmacy and its personnel with all state and federal laws and regulations relating to the operation of the pharmacy and the practice of pharmacy. I understand my license can be revoked or that I can be subject of disciplinary action if such laws or regulations are knowingly violated in the pharmacy in which I am the managing pharmacist.

mok — I understand within 48 hours after I report for duty as the managing pharmacist, I shall complete an inventory of all controlled substances of the pharmacy pursuant to 21 CFR Part 1304 and maintain a copy of the inventory in the file at the pharmacy.

mok — I understand that if I cease to be managing pharmacist of the above-named pharmacy, I will jointly, with the new managing pharmacist, take an inventory of all controlled substances.

mok — I understand that as the managing pharmacist I must ensure that all loss or theft of controlled substances are reported on forms provided by the Nevada State Board of Pharmacy and Department of Public Safety within 10 days after the date of discovery of theft or loss. NRS 453.568. Federal regulations require that registrants notify the Field Division Office of the Administration in his area, in writing, of the theft or significant loss of any controlled substance, disposal receptacles or listed chemicals within one business day of discovery of such loss or theft. The registrant shall also complete and submit to the Field Division Office in his area, DEA Form 106 regarding the loss or theft (21 C.F.R. §1301.76(b) and 21 U.S.C. §830(b)(1)(C)).

mok — I understand that as the managing pharmacist I must notify the Nevada State Board of Pharmacy of all employment changes of pharmacy staff within 10 days of the change. NAC 639.540

Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?	☐	☑
2. Have you been charged, arrested, or convicted of a felony or misdemeanor in any state?	☐	☑
3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state?	☐	☑
4. Has your license been subjected to any discipline for violation of pharmacy or drug laws in any state?	☐	☑

If you marked YES to any questions above, include the following information and provide a signed statement of explanation. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Board Administrative Action:	State:	Date:	Case #:

Criminal Action:	State:	Date:	Case #:	County:	Court:

I certify under penalty of perjury that the information I have provided on this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

MOKTHOONG CHONG

Original signature of Managing Pharmacist (copies or stamps not accepted)

08 / 04 / 2025

Date

FILED
JUL 30 2017
NEVADA STATE BOARD
OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,	)	**CASE NOS. 16-080-PTT- S**
	)	
Petitioner,	)	**16-080-RPH-A-S**
v.	)	**16-080-PH-A-S**
	)	
HAKEEM SANCHEZ-BRAVO, PTT	)	**16-080-RPH-B-S**
Certificate of Registration No. PT17763,	)	**16-080-PH-B-S**
	)	
SHELLEY VERMA, RPH	)	**16-080-RPH-C-S**
Certificate of Registration No. 17761,	)	**16-080-PH-C-S**
	)	
WALGREENS PHARMACY #03845	)	**16-080-PH-D-S**
Certificate of Registration No. PHN01064,	)	
	)	
RACHAEL MCDONALD, RPH	)	**FINDINGS OF FACT,**
Certificate of Registration No. 18416,	)	**CONCLUSIONS OF LAW,**
	)	**AND ORDER**
WALGREENS PHARMACY #04086	)	
Certificate of Registration No. PH01248,	)	**(Shelly Verma, Rachel McDonald,**
	)	**Suzette Jacobs, Walgreens**
SUZETTE JACOBS, RPH	)	**Pharmacy #03845, Walgreens**
Certificate of Registration No. 17642,	)	**Pharmacy #04086, Walgreens**
	)	**Pharmacy #15035 and Walgreens**
WALGREENS PHARMACY #15035	)	**Co.)**
Certificate of Registration No. PH02742, and	)	
	)	
WALGREENS CO., an Illinois Corporation,	)	
	)	
Respondents.	/	

The Nevada State Board of Pharmacy (Board) heard this matter at its regularly scheduled meeting on Wednesday, July 19, 2017, in Las Vegas, Nevada. S. Paul Edwards, Esq., prosecuted the case on behalf of Board Staff. William J. Stilling, Esq., of Kimball Legal, appeared on behalf of Respondents Shelley Verma (Ms. Verma), Certificate of Registration No. 17761; Rachael McDonald (Ms. McDonald), Certificate of Registration No. 18416; Suzette Jacobs (Ms. Jacobs), Certificate of Registration 17642; Walgreens Pharmacy #03845 (Walgreens #03845), Certificate of Registration No. PHN01064; Walgreens Pharmacy #04086 (Walgreens #04086),

Certificate of Registration PH01248; Walgreens Pharmacy #15035 (Walgreens #115035), Certificate of Registration PH02742 and Walgreen Co.

Based on the evidence presented during the hearing, including testimonial and documentary evidence, the Board finds that evidence exists to support each of the factual allegations in the Accusation and enters Findings of Fact, Conclusions of Law, and Orders as follows:

FINDINGS OF FACT

On July 19, 2017, Respondents, through their counsel, entered into a set of *Stipulated Facts*, a copy of which is attached hereto as **Exhibit 1** and incorporated herein by reference. The facts to which Respondents, and each of them, admitted in the *Stipulated Facts* are as follows:

1. The Board has jurisdiction over this matter because at the time of the events described herein Respondents Ms. Verma, Ms. McDonald and Ms. Jacobs were each registered as pharmacists with the Board.

2. Similarly, the Board has jurisdiction over this matter because at the time of the events described herein, Respondents Walgreens #03845, Walgreens #04086 and Walgreens #15035 (collectively the Walgreens Pharmacies) were each registered with the Board.

3. The Board has jurisdiction over Walgreen Co., an Illinois corporation, because it owns and operates each of the Walgreens Pharmacies in Nevada, which pharmacies employed each of the other Respondents at the time of the events described herein.

4. In January 2016, the Board issued Pharmaceutical Technician Trainee Certificate of Registration No. PT17763 to Respondent Hakeem Sanchez-Bravo.

5. Certificate of Registration No. PT17763 was registered to and valid only at Walgreens Pharmacy #4790.

6. Certificate of Registration No. PT17763 expired on October 31, 2016.

7. In November 2016, Mr. Sanchez-Bravo telephoned the Board Office regarding the renewal of his registration. During his discussion with Board Staff, Mr. Sanchez-Bravo disclosed that he had been working at Walgreens Pharmacy #03845.

8. Board Staff determined at that time that Mr. Sanchez-Bravo did not have a valid pharmaceutical technician in training registration at Walgreens Pharmacy #03845.

9. The Board Investigator requested Mr. Sanchez-Bravo's work schedule from April 2016, through October 2016, from Jaclyn Latteri, a Walgreens District Manager.

10. From the records Walgreens provided, Board Staff ascertained that Mr. Sanchez-Bravo had worked at the three Walgreens Pharmacies for a combined total of one-hundred and forty (140) days, from April 2016, through November 2016, without a valid pharmaceutical technician in training registration.

11. Board Staff ascertained that Mr. Sanchez-Bravo had worked:

- 1 day at Walgreens #15035 for pharmacist manager Ms. Jacobs without a valid registration,
- 4 days at Walgreens #04086 for pharmacist manager Ms. McDonald without a valid registration, and
- 135 days at Walgreens #03845 for pharmacist manager Ms. Verma without a valid registration.

12. Ms. Latteri confirmed in a written statement that Mr. Sanchez-Bravo worked unregistered as a pharmaceutical technician in training during the 140 day time period.

13. The records Walgreens provided also indicate that Mr. Sanchez-Bravo did not consistently record the hours that he worked at any of the Walgreens' locations.

14. Mr. Sanchez-Bravo failed to log his hours on duty during the 140 day period at issue in this matter as follows:

- Walgreens #15035 – 1 day
- Walgreens #04086 – 3 days
- Walgreens #03845 – 84 days

15. In a separate Order on file in this matter, the Board found that

> By working at Walgreens #03845, Walgreens #04086 and Walgreens #15035 for a combined total of approximately 140 days

between April 2016, and November 2016, when he did not have a current pharmaceutical technician in training registration at those locations, Hakeem Sanchez-Bravo violated Nevada Administrative Code (NAC) 639.240(1).

See Findings of Fact, Conclusions of Order and Order (Respondent Hakeem Sanchez Bravo), Case No. 16-080PPT-S (2017), attached hereto as **Exhibit 2**, and incorporated herein by reference.

16. Additionally, during the hearing the Board heard testimony and accepted into evidence Exhibit 1, along with certain written evidence, including the prosecution's Hearing Exhibits 1 through 4, Respondents' Hearing Exhibits A and B.

Based on the evidence presented during the hearing, the Board finds that evidence exists to support each of the factual allegations stated in the Accusation.

CONCLUSIONS OF LAW

From the forgoing findings of fact, the Board concludes as a matter of law:

17. The Board has jurisdiction over this matter and these respondents because at the time of the events alleged herein, Respondents Ms. Verma, Ms. McDonald, and Ms. Jacobs, were registered pharmacists with the Board.

18. Similarly, Respondents Walgreens Pharmacy #03845, Walgreens Pharmacy #04086, and Walgreens Pharmacy #15035, were pharmacies registered with the Board.

19. As the managing pharmacist during the period of April 2016, through November 2016, for the pharmacy in which Mr. Sanchez-Bravo worked without a PTT registration for one-hundred and thirty-five (135) days, and in failing to verify that Mr. Sanchez-Bravo had a valid registration for the pharmacy she managed during that time, Respondent Ms. Verma violated Nevada Revised Statute (NRS) 639.220(1) and Nevada Administrative Code (NAC) 639.945(1)(i), which violations are grounds for discipline pursuant to NRS 639.210(4), (12) and (15), or alternatively, under NRS 639.255.

20. As the managing pharmacist during the period of August 2016, through September 2016, for the pharmacy in which Mr. Sanchez-Bravo worked without a PTT

registration for four (4) days, and in failing to verify that Mr. Sanchez-Bravo had a valid registration for the pharmacy she managed during that time, Respondent Rachael McDonald violated NRS 639.220(1) and NAC 639.945(1)(i), which violations are grounds for discipline pursuant to NRS 639.210(4), (12) and (15), or alternatively, under NRS 639.255.

21. As the managing pharmacist during the period of October 2016, for the pharmacy in which Mr. Sanchez-Bravo worked without a PTT registration for one (1) day, and in failing to verify that Mr. Sanchez-Bravo had a valid registration for the pharmacy she managed at that time, Respondent Suzette Jacobs violated NRS 639.220(1) and NAC 639.945(1)(i), which violations are grounds for discipline pursuant to NRS 639.210(4), (12) and (15), or alternatively, under NRS 639.255.

22. By failing to keep and provide Board Staff with a written record showing the days and hours that Mr. Sanchez-Bravo was on duty as a pharmaceutical technician in training during the hours of business at each of their respective pharmacies, Respondents Ms. Verma, Ms. McDonald and Ms. Jacobs each violated NAC 639.245(1) and NAC 639.945(1)(i) and (m). Those violations are grounds for discipline pursuant to NRS 639.210(4) and (15), and under NRS 639.255.

23. NAC 639.945(2) states that "[t]he owner of any business or facility licensed, certified or registered by the Board is responsible for the acts of all personnel in his or her employ". At the time of the violations alleged herein, Respondents Ms. Verma, Ms. McDonald, and Ms. Jacobs were each employees of one of the Walgreens Pharmacies. As such, that Walgreens Pharmacies are responsible for each of the violations alleged herein.

ORDER

24. For the violations described in the Second[i] and Fifth Causes of Action, Respondent Ms. Verma shall (1) receive a *letter of reprimand* from the Board's Executive Secretary regarding her duties and obligations as a managing pharmacist, (2) *complete three extra hours of*

[i] The Board resolved the First Cause of Action in this matter through a separate Order. *See* Exhibit 2 (*Findings of Fact, Conclusions of Order and* Order (Respondent Hakeem Sanchez Bravo), Case No. 16-080PPT-S)(2017).

continuing education (CE) on the topics of *ethics, Nevada law* and *pharmacy manager/pharmacist in charge responsibilities*; and (3) *pay a fine of five hundred dollars* ($500.00).

25. For the violations described in the Third and Fifth Causes of Action, Respondent Ms. McDonald shall (1) receive a *letter of reprimand* from the Board's Executive Secretary regarding her duties and obligations as a managing pharmacist, (2) *complete three extra hours of continuing education* (CE) on the topics of *ethics, Nevada law* and *pharmacy manager/pharmacist in charge responsibilities*; and (3) *pay a fine of one hundred and sixty dollars* ($160.00).

26. For the violations described in the Fourth and Fifth Causes of Action, Respondent Ms. Jacob shall (1) receive a *letter of reprimand* from the Board's Executive Secretary regarding her duties and obligations as a managing pharmacist, (2) *complete three extra hours of continuing education* (CE) on the topics of *ethics, Nevada law* and *pharmacy manager/pharmacist in charge responsibilities*, and (3) *pay a fine of forty dollars* ($40.00).

27. As to Ms. Verma, Ms. McDonald and Ms. Jacob, the extra hours of CE ordered herein are in addition to any continuing education hours each must otherwise complete to maintain or renew her licensure.

28. For the Sixth Cause of Action, Respondents Walgreens Pharmacy #03845, Walgreens Pharmacy #04086, and Walgreens Pharmacy #15035 shall each (1) *pay a fine of five hundred dollars* ($500.00)(for a total of $1,500 between the three Walgreens Pharmacies), and (2) pay a combined administrative fee of *one thousand five hundred dollars* ($1,500.00).

29. The Prosecution withdraw the Seventh Cause of Action.

30. Respondents, and each of them, shall pay the fines ordered herein when due, and by *cashier's check* or *certified check* or *money order* made payable to "State of Nevada, Office of the Treasurer" to be received by the Board's Reno office located at 431 W. Plumb Lane, Reno, NV 89509, within thirty (30) days of the effective date of the Board's Order.

31. Respondents, and each of them, shall pay the administrative fees ordered herein by *cashier's check, certified check* or *money order* made payable to the "Nevada State Board of Pharmacy" to be received by the Board's Reno office located at 431 W. Plumb Lane, Reno, NV 89509, within thirty (30) days of the effective date of the Board's Order.

32. Any failure by any Respondent to satisfy the obligations stated herein may result in additional discipline, up to and including suspension or revocation of their respective license or registration.

33. This Order is effective on the date it is executed below.

IT IS SO ORDERED.

Signed and effective this 30 day of July, 2017.

Leo Basch, President
Nevada State Board of Pharmacy

Exhibit 1

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,	)	**CASE NOS. 16-080-PTT- S**
	)	
Petitioner,	)	**16-080-RPH-A-S**
v.	)	**16-080-PH-A-S**
	)	
HAKEEM SANCHEZ-BRAVO, PTT	)	**16-080-RPH-B-S**
Certificate of Registration No. PT17763,	)	**16-080-PH-B-S**
	)	
SHELLEY VERMA, RPH	)	**16-080-RPH-C-S**
Certificate of Registration No. 17761,	)	**16-080-PH-C-S**
	)	
WALGREENS PHARMACY #03845	)	**16-080-PH-D-S**
Certificate of Registration No. PHN01064,	)	
	)	
RACHAEL MCDONALD, RPH	)	**STIPULATED FACTS**
Certificate of Registration No. 18416,	)	**(All Respondents)**
	)	
WALGREENS PHARMACY #04086	)	
Certificate of Registration No. PH01248,	)	
	)	
SUZETTE JACOBS, RPH	)	
Certificate of Registration No. 17642,	)	
	)	
WALGREENS PHARMACY #15035	)	
Certificate of Registration No. PH02742, and	)	
	)	
WALGREENS CO., an Illinois Corporation,	)	
	)	
Respondents.	/	

S. Paul Edwards, Esq., General Counsel for Petitioner the Nevada State Board of Pharmacy (Board), and Respondents Shelley Verma (Ms. Verma), Certificate of Registration No. 17761; Rachael McDonald (Ms. McDonald), Certificate of Registration No. 18416; Suzette Jacobs (Ms. Jacobs), Certificate of Registration 17642; Walgreens Pharmacy #03845 (Walgreens #03845), Certificate of Registration No. PHN01064; Walgreens Pharmacy #04086 (Walgreens

#04086), Certificate of Registration PH01248; Walgreens Pharmacy #15035 (Walgreens #115035), Certificate of Registration PH02742 and Walgreen Co., by and through their counsel, William J. Stilling, Esq., of Kimball Legal,

HEREBY STIPULATE AND AGREE THAT:

1. The Board has jurisdiction over this matter because at the time of the events described herein Respondents Ms. Verma, Ms. McDonald and Ms. Jacobs were each registered as pharmacists with the Board.

2. Similarly, the Board has jurisdiction over this matter because at the time of the events described herein, Respondents Walgreens #03845, Walgreens #04086 and Walgreens #15035 (collectively the Walgreens Pharmacies) were each registered with the Board.

3. The Board has jurisdiction over Walgreen Co., an Illinois corporation, because it owns and operates each of the Walgreens Pharmacies in Nevada, which pharmacies employed each of the other Respondents at the time of the events described herein.

4. In January 2016, the Board issued Pharmaceutical Technician Trainee Certificate of Registration No. PT17763 to Respondent Hakeem Sanchez-Bravo.

5. Certificate of Registration No. PT17763 was registered to and valid only at Walgreens Pharmacy #4790.

6. Certificate of Registration No. PT17763 expired on October 31, 2016.

7. In November 2016, Mr. Sanchez-Bravo telephoned the Board Office regarding the renewal of his registration. During his discussion with Board Staff, Mr. Sanchez-Bravo disclosed that he had been working at Walgreens Pharmacy #03845.

8. Board Staff determined at that time that Mr. Sanchez-Bravo did not have a valid pharmaceutical technician in training registration at Walgreens Pharmacy #03845.

9. The Board Investigator requested Mr. Sanchez-Bravo's work schedule from April 2016 through October 2016, from Jaclyn Latteri, a Walgreens District Manager.

10. From the records the Walgreens Pharmacies provided, Board Staff ascertained that Mr. Sanchez-Bravo had worked at the three Walgreens Pharmacies for a combined total of one-hundred and forty (140) days, from April 2016, through November 2016, without a valid pharmaceutical technician in training registration.

11. Board Staff ascertained that Mr. Sanchez-Bravo had worked:

- 1 day at Walgreens #15035 for pharmacist manager Ms. Jacobs without a valid registration,
- 4 days at Walgreens #04086 for pharmacist manager Ms. McDonald without a valid registration, and
- 135 days at Walgreens #03845 for pharmacist manager Ms. Verma without a valid registration.

12. Ms. Latteri confirmed in a written statement that Mr. Sanchez-Bravo worked unlicensed as a pharmaceutical technician in training during the 140 day time period.

13. The records Walgreens provided also indicate that Mr. Sanchez-Bravo did not consistently record the hours that he worked at any of the Walgreens' locations.

14. Mr. Sanchez-Bravo failed to log his hours on duty during the 140 day period at issue in this matter as follows:

- Walgreens #15035 – 1 day

- Walgreens #04086 – 3 days
- Walgreens #03845 – 84 days

I, the undersigned, William J. Stilling, Esq., of and for the law firm Kimball Legal, have consulted with Respondents in this action, and each of them, regarding factual allegations contained in the Notice of Intended Action and Accusation in this matter, and the terms of this Stipulation. Each Respondent has freely and voluntarily agreed to the factual statements set forth herein, and each has authorized me to sign below on their individual behalf.

Signed this 17th day of July, 2017

William J Stilling, Esq.
Kimball Legal

Counsel for Respondents Shelly Verman, Suzette Jacobs, Rachael McDonald, Walgreens Pharmacy #03845, Walgreens Pharmacy #4086 Walgreens Pharmacy #15035, and Walgreens Co., an Illinois Corporation

FILED
JUL 30 2017
NEVADA STATE BOARD
OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,	)	**CASE NOS. 16-080-PTT- S**
	)	
Petitioner,	)	**16-080-RPH-A-S**
v.	)	**16-080-PH-A-S**
	)	
HAKEEM SANCHEZ-BRAVO, PTT	)	**16-080-RPH-B-S**
Certificate of Registration No. PT17763,	)	**16-080-PH-B-S**
	)	
SHELLEY VERMA, RPH	)	**16-080-RPH-C-S**
Certificate of Registration No. 17761,	)	**16-080-PH-C-S**
	)	
WALGREENS PHARMACY #03845	)	**16-080-PH-D-S**
Certificate of Registration No. PHN01064,	)	
	)	
RACHAEL MCDONALD, RPH	)	**FINDINGS OF FACT,**
Certificate of Registration No. 18416,	)	**CONCLUSIONS OF LAW,**
	)	**AND ORDER**
WALGREENS PHARMACY #04086	)	
Certificate of Registration No. PH01248,	)	**(Hakeem Sanchez-Bravo Only)**
	)	
SUZETTE JACOBS, RPH	)	
Certificate of Registration No. 17642,	)	
	)	
WALGREENS PHARMACY #15035	)	
Certificate of Registration No. PH02742, and	)	
	)	
WALGREENS CO., an Illinois Corporation,	)	
	)	
Respondents.	/	

The Nevada State Board of Pharmacy (Board) heard this matter at its regularly scheduled meeting on Wednesday, July 19, 2017, in Las Vegas, Nevada. S. Paul Edwards, Esq., prosecuted the case on behalf of Board Staff. Respondent Hakeem Sanchez-Bravo (Mr. Sanchez-Bravo), Certificate of Registration No. PT17763, a pharmaceutical technician in training (PTT) at the time of the events alleged in the *Notice of Intended Action and Accusation* (Accusation) on file herein, did not file an answer in response to the Accusation. He did not respond to the Accusation in any way, and failed to appear at the hearing.

Having received no pleading and no response from Mr. Sanchez-Bravo, the Board hereby enters default against him as follows:

FINDINGS OF FACT

The allegations in the Accusation and on which the Board enters default against Mr. Sanchez-Bravo are as follows:

1. In January 2016, the Board issued Pharmaceutical Technician Trainee Certificate of Registration No. PT17763 to Respondent Hakeem Sanchez-Bravo.

2. Certificate of Registration No. PT17763 was registered to and valid only at Walgreens Pharmacy #4790.

3. Certificate of Registration No. PT17763 expired on October 31, 2016.

4. In November 2016, Mr. Sanchez-Bravo telephoned the Board Office regarding the renewal of his registration. During his discussion with Board Staff, Mr. Sanchez-Bravo disclosed that he had been working at Walgreens Pharmacy #03845.

5. Board Staff determined at that time that Mr. Sanchez-Bravo did not have a valid pharmaceutical technician in training registration at Walgreens Pharmacy #03845.

6. A Board Investigator requested Mr. Sanchez-Bravo's work schedule from April 2016, through October 2016, from Jaclyn Latteri, a Walgreens District Manager.

7. From the records Walgreens provided, Board Staff ascertained that Mr. Sanchez-Bravo had worked at three Walgreens pharmacies for a combined total of one-hundred and forty (140) days, from April 2016, through November 2016, without a valid pharmaceutical technician in training registration.

8. Board Staff ascertained that Mr. Sanchez-Bravo had worked:

- 1 day at Walgreens #15035 for pharmacist manager Ms. Jacobs without a valid registration,
- 4 days at Walgreens #04086 for pharmacist manager Ms. McDonald without a valid registration, and

- 135 days at Walgreens #03845 for pharmacist manager Ms. Verma without a valid registration.

9. Ms. Latteri confirmed in a written statement that Mr. Sanchez-Bravo worked unregistered as a pharmaceutical technician in training during the 140 day time period.

10. The records Walgreens provided also indicate that Mr. Sanchez-Bravo did not consistently record the hours that he worked at any of the Walgreens' locations.

11. Mr. Sanchez-Bravo failed to log his hours on duty during the 140 day period at issue in this matter as follows:

- Walgreens #15035 – 1 day
- Walgreens #04086 – 3 days
- Walgreens #03845 – 84 days

12. During the hearing, the Board admitted into the record, among other evidence, the prosecution's Exhibit 4, which is a written statement from Mr. Sanchez-Bravo supporting the allegations that Board Staff eventually filed against him by way of the Accusation.

13. Additionally, on May 5, 2017, Board Staff served the Accusation in this matter on Mr. Sanchez-Bravo by certified mail, return receipt requested, using the address Mr. Sanchez-Bravo most recently provided to the Board.

14. Based on evidence and testimony presented during the hearing, the Board finds that Board Staff satisfied the service requirements of NRS 639.242.

CONCLUSIONS OF LAW

Based upon the forgoing findings of fact, the Board concludes as a matter of law:

15. The Board has jurisdiction over this matter because at the time of the events alleged herein, Respondent Mr. Sanchez-Bravo was a registered pharmaceutical technician in training with the Board.

16. A pharmaceutical technician in training may be employed at multiple pharmacies, but the trainee is required to register at each location. NAC 639.242(5).

17. Nevada Administrative Code (NAC) 639.242(3) states that "[u]pon receipt of an application and the required fee, the Executive Secretary shall, unless he or she has good cause to deny the registration, issue a registration certificate for a pharmaceutical technician in training to the managing pharmacist of the pharmacy where the trainee will be employed."

18. By working at Walgreens #03845, Walgreens #04086 and Walgreens #15035 for a combined total of approximately 140 days between April 2016, and November 2016, when he did not have a current pharmaceutical technician in training registration at those locations, Hakeem Sanchez-Bravo violated Nevada Administrative Code (NAC) 639.240(1).

19. Those violations are grounds for discipline pursuant to NRS 639.210(4), and (13), as well as NRS 639.255.

ORDER

20. For the violations described above, Respondent Mr. Sanchez-Bravo shall (1) receive a *letter of reprimand* from the Board's Executive Secretary regarding his obligations as a pharmaceutical technician in training, (2) *pay a fine of two hundred dollars* ($200.00), and (3), *complete 2 hours of continuing education* (CE) on the topics of *ethics* and *Nevada law*. Those extra hours of CE are in addition to any continuing education hours Mr. Sanchez-Bravo must otherwise complete to maintain or renew his registration.

21. Mr. Sanchez-Bravo shall pay the fine ordered herein by *cashier's check* or *certified check* or *money order* made payable to "State of Nevada, Office of the Treasurer" to be received by the Board's Reno office located at 431 W. Plumb Lane, Reno, NV 89509, within 30 days of the effective date of the Board's Order.

22. Any failure by Mr. Sanchez-Bravo to satisfy the obligations stated herein may result in additional discipline, up to and including suspension or revocation of his registration, or be grounds for the denial of any application by him for registration or licensure with the Board, until all terms have been satisfied.

23. Mr. Sanchez-Bravo may not work in any facility licensed by the Board, including a pharmacy, in any capacity unless and until he has a valid registration.

24. In the event Mr. Sanchez-Bravo applies for reinstatement, or for any other registration or certificate with the Board, he shall appear before the Board to answer questions and give testimony regarding his application, his compliance with this Order, and the facts and circumstances underlying this matter.

IT IS SO ORDERED.

Signed and effective this 30 day of July, 2017.

Leo Basch, President
Nevada State Board of Pharmacy

FILED
MAY 05 2017
NEVADA STATE BOARD OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, Petitioner, v. HAKEEM SANCHEZ-BRAVO, PTT Certificate of Registration No. PT17763, SHELLEY VERMA, RPH Certificate of Registration No. 17761, WALGREENS PHARMACY #03845 Certificate of Registration No. PHN01064, RACHAEL MCDONALD, RPH Certificate of Registration No. 18416, WALGREENS PHARMACY #04086 Certificate of Registration No. PH01248, SUZETTE JACOBS, RPH Certificate of Registration No. 17642, WALGREENS PHARMACY #15035 Certificate of Registration No. PH02742, and WALGREENS CO., an Illinois Corporation, Respondents.	CASE NOS. 16-080-PTT- S 16-080-RPH-A-S 16-080-PH-A-S 16-080-RPH-B-S 16-080-PH-B-S 16-080-RPH-C-S 16-080-PH-C-S 16-080-PH-D-S NOTICE OF INTENDED ACTION AND ACCUSATION

Larry L. Pinson, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, makes the following that will serve as both a notice of intended action under Nevada Revised Statutes (NRS) 233B.127(3) and as an accusation under NRS 639.241.

I.

The Nevada State Board of Pharmacy (Board) has jurisdiction over this matter because at the time of the events alleged herein, Respondent Hakeem Sanchez-Bravo (Mr. Sanchez-Bravo), Certificate of Registration PT17763, was a registered pharmaceutical technician in training with the Board; Respondents Shelley Verma (Ms. Verma), Certificate of Registration No. 17761; Rachael McDonald (Ms. McDonald), Certificate of Registration No. 18416; and Suzette Jacobs

(Ms. Jacobs), Certificate of Registration 17642, were registered pharmacists with the Board. Similarly, Respondent Walgreens Pharmacy #03845, Certificate of Registration No. PHN01064; Walgreens Pharmacy #04086, Certificate of Registration PH01248; and Walgreens Pharmacy #15035, Certificate of Registration PH02742, were pharmacies registered with the Board. Walgreen Co. is an Illinois corporation that is the owner of each of the individual Walgreens pharmacies named in this matter.

II.

Nevada Administrative Code (NAC) 639.242(3) states that "[u]pon receipt of an application and the required fee, the Executive Secretary shall, unless he or she has good cause to deny the registration, issue a registration certificate for a pharmaceutical technician in training to the managing pharmacist of the pharmacy where the trainee will be employed."

III.

Additionally, a trainee may be employed as a technician in training at multiple pharmacies, but the trainee is required to register at each location. NAC 639.242(5). If a pharmaceutical technician in training changes pharmacy locations (even within the same chain), the trainee must submit a new application and become registered for the new site. *Id.* Termination of employment at a pharmacy voids the trainee's registration and the trainee must reapply for registration before working at any other pharmacy.

FACTUAL ALLEGATIONS

IV.

On or about January 8, 2016, the Board issued Pharmaceutical Technician Trainee Certificate of Registration No. PT17763 to Hakeem Sanchez-Bravo (Mr. Sanchez-Bravo).

V.

Certificate of Registration No. PT17763 was valid at Walgreens Pharmacy #4790.

VI.

Certificate of Registration No. PT17763 expired on October 31, 2016.

VII.

On November 7, 2016, Mr. Sanchez-Bravo telephoned the Board Office regarding the renewal of his registration. During that discussion with Board Staff, Mr. Sanchez-Bravo indicated that he has been working at Walgreens Pharmacy #03845 for the prior four months.

VIII.

Board Staff learned that Mr. Sanchez-Bravo did not have a valid pharmaceutical technician in training registration at Walgreens Pharmacy #03845.

IX.

Records provided to the Board Investigator by Walgreens' District Manager Jaclyn Latteri show that from April 2016, through November 2016, Mr. Sanchez-Bravo worked as a technician in training at three separate Walgreens' where he did not have a registration. Those records show that he worked unregistered at those locations for a combined total of approximately one-hundred and forty (140) days.

X.

Table 1 below shows the number of hours and the pharmacy manager at each location where Mr. Sanchez-Bravo worked without a registration.

Walgreens Store #	Number of Days Sanchez-Bravo Worked Unregistered	Pharmacy Manager at Each Walgreens Location
03845	135	Shelley Verma
04086	4	Rachael McDonald
15035	1	Suzette Jacobs
Total	**140**	

XI.

Ms. Latteri, Walgreens' District Manager, confirmed in a written statement that Mr. Sanchez-Bravo worked unlicensed as a pharmaceutical technician in training during the 140 day time period.

XII.

The Board Investigator also requested Walgreens' records documenting the hours Mr. Sanchez-Bravo was on duty during the pharmacies' hours of business. The records Walgreens

provided indicate that Mr. Sanchez-Bravo did not consistently record the hours that he worked at any of the Walgreens' locations.

XIII.

The following summarizes the number of days Mr. Sanchez-Bravo worked but failed to log his hours on duty during the 140-day period:

- Walgreens #03845 – 84 days
- Walgreens #04086 – 3 days
- Walgreens #15035 – 1 day

XIV.

Walgreens Co. has a history of allowing employees to work unlicensed in its stores, as evidenced by a number of prior disciplinary actions taken by the Board against various Walgreens' pharmacies for unlicensed activity. Those cases include each of the following:

Prior Disciplinary Actions Taken Against Walgreen Respondents for Unlicensed Practice

A. *Board of Pharmacy v. Respondent Walgreens Pharmacy #05646,* Case No. 07-062-PH-S
Board of Pharmacy v. Respondent Walgreens Pharmacy #03844, Case No. 07-063-PH-S
Board of Pharmacy v. Respondent Walgreens Pharmacy #05646, Case No. 07-064-PH-S
B. *Board of Pharmacy v. Respondent Walgreens Pharmacy #06310,* Case No. 07-021-PH-S
C. *Board of Pharmacy v. Respondent Walgreens Pharmacy #12646,* Case No. 10-007-PH-S
D. *Board of Pharmacy v. Respondent Walgreens Pharmacy #04855,* Case No. 11-044-PH-S
E. *Board of Pharmacy v. Respondent Walgreens Pharmacy #12488,* Case No. 13-016-PH-S

XV.

A copy of the Findings of Fact, Conclusions of Law and Order and/or the Stipulation and Order for each of those cases are attached hereto as **Exhibits A through E,** respectively, the contents of which are incorporated herein by reference.

XVI.

FIRST CAUSE OF ACTION
(Respondent Hakeem Sanchez-Bravo)

A pharmaceutical technician in training may be employed at multiple pharmacies, but the trainee is required to register at each location. NAC 639.242(5).

By working at Walgreens #03845, Walgreens #04086 and Walgreens #15035 for a combined total of approximately 140 days between April 2016, and November 2016, when he

did not have a current pharmaceutical technician in training registration at those locations, Hakeem Sanchez-Bravo violated Nevada Administrative Code (NAC) 639.240(1), which violations are grounds for discipline pursuant to NRS 639.210(4), and/or (13), or alternatively, under NRS 639.255.

SECOND CAUSE OF ACTION

(Respondent Shelley Verma)

XVII.

As the managing pharmacist during the period of April 2016, through November 2016, for the pharmacy in which Mr. Sanchez-Bravo worked without a license for one-hundred and thirty-five (135) days, and in failing to verify that Mr. Sanchez-Bravo had a valid registration for the pharmacy she managed during that time, Respondent Ms. Verma violated Nevada Revised Statute (NRS) 639.220(1) and Nevada Administrative Code (NAC) 639.945(1)(i) and/or (j), which violations are grounds for discipline pursuant to NRS 639.210(4), (11), (12) and/or (15), or alternatively, under NRS 639.255.

THIRD CAUSE OF ACTION

(Respondent Rachael McDonald)

XVIII.

As the managing pharmacist during the period of August 2016, through September 2016, for the pharmacy in which Mr. Sanchez-Bravo worked without a license for four (4) days, and in failing to verify that Mr. Sanchez-Bravo had a valid registration for the pharmacy she managed during that time, Respondent Rachael McDonald violated NRS 639.220(1) and NAC 639.945(1)(i) and/or (j), which violations are grounds for discipline pursuant to NRS 639.210(4), (11), (12) and/or (15), or alternatively, under NRS 639.255.

FOURTH CAUSE OF ACTION

(Respondent Suzette Jacobs)

XIX.

As the managing pharmacist during the period of October 2016, for the pharmacy in which Mr. Sanchez-Bravo worked without a license for one (1) day, and in failing to verify that

Mr. Sanchez-Bravo had a valid registration for the pharmacy she managed at that time, Respondent Suzette Jacobs violated NRS 639.220(1) and NAC 639.945(1)(i) and/or (j), which violations are grounds for discipline pursuant to NRS 639.210(4), (11), (12) and/or (15), or alternatively, under NRS 639.255.

FIFTH CAUSE OF ACTION

(Respondents Ms. Verma, Ms. McDonald and Ms. Jacobs)

XX.

NAC 639.245(1) requires that "[a] written record must be kept available for inspection showing the pharmacists, pharmaceutical technicians and pharmaceutical technicians in training on duty during the hours of business." The record must be "[r]eadily retrievable" and "[r]etained for 2 years. *Id.* NAC 639.945(m) defines unprofessional conduct to include "failing to provide any document, data or information that is required to be made and maintained...to a member of the Board or member of the staff of the Board . . ." upon request.

By failing to keep and provide Board Staff with a written record showing the days and hours that Mr. Sanchez-Bravo was on duty as a pharmaceutical technician in training during the hours of business at each of their respective pharmacies, Respondents Ms. Verma, Ms. McDonald and Ms. Jacobs each violated NAC 639.245(1) and NAC 639.945(1)(i) and (m). Those violations are grounds for discipline pursuant to NRS 639.210(4) and/or (15), or alternatively, under NRS 639.255.

SIXTH CAUSE OF ACTION

(Respondents Walgreens #03845, Walgreens #04086, and Walgreens #15035)

XXI.

NAC 639.945(2) states that "[t]he owner of any business or facility licensed, certified or registered by the Board is responsible for the acts of all personnel in his or her employ". At the time of the violations alleged herein, Respondents Ms. Verma, Ms. McDonald, and Ms. Jacobs were each Walgreens' employees. As such, Walgreens is responsible for each of the violations alleged herein.

The violations alleged above, including in causes of action one through five, are grounds

for discipline against the licenses of Ms. Verma, Mr. McDonald, Ms. Jacobs, as well as Walgreens #03845, Walgreens #04086 and Walgreens #15035 pursuant to NRS 639.210(4), (11), (12), (15) and/or (17) as well as NRS 639.255.

SEVENTH CAUSE OF ACTION
(Respondent Walgreens Co.)

XXII.

In being repeatedly negligent in its registration verification process, as evidenced by the allegations in this action, and the outcome in Case Nos. 07-062-PH-S, 07-063-PH-S, 07-064-PH-S, 07-021-PH-S, 10-007-PH-S, 11-044-PH-S, and 13-016-PH-S, Walgreens Co., through its pharmacies, violated NRS 639.210(4), (12) and/or (16), as well as NAC 639.945(1)(i). Collectively they are responsible for those actions under NAC 639.945(2), and are subject to discipline pursuant to NRS 639.210(4), (11), (12), (15) and (17), as well as NRS 639.255.

WHEREFORE it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to the certificates of registration of these respondents.

Signed this 12 day of May, 2017.

Larry Pinson, Pharm.D., Executive Secretary
Nevada State Board of Pharmacy

NOTICE TO RESPONDENT

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements regarding your certificate of registration. To do so, you must mail to the Board within 15 days of your receipt of this Notice of Intended Action and Accusation a written statement showing your compliance.

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

FINDINGS OF FACT, CONCLUSIONS OF LAW, AND ORDER

LEHA M. DEROSIA, P.T. Certificate of Registration No. PT06209	Case No. 07-062-PT-S
WALGREENS PHARMACY #05646 Certificate of Registration No. PH01505,	Case No. 07-062-PH-S
CHRISTINA M. ROMERO, P.T. Certificate of Registration No. PT01314,	Case No. 07-063-PT-S
WALGREENS PHARMACY #03844 Certificate of Registration No. PH01123,	Case No. 07-063-PH-S
JESSICA L. McCULLOCH, P.T. Certificate of Registration No. PT07762,	Case No. 07-064-PTT-S
WALGREENS PHARMACY #05646 Certificate of Registration No. PH01505,	Case No. 07-064-PH-S

Respondents.

/

THIS MATTER was heard by the Nevada State Board of Pharmacy (hereinafter Board) at its regular meeting on October 24, 2007 in Las Vegas, Nevada. The Board was represented by Louis Ling, General Counsel to the Board. All Respondents were represented by Robert Graham of Rob Graham and Associates. The parties entered an oral stipulation which was presented to the Board at the hearing of the matter by Mr. Ling. Based upon the agreements and presentations of the parties, the Board finds the following to be the facts of the matter.

FINDINGS OF FACT

1. The parties orally stipulated to the presentation of this matter by Mr. Ling and that appearances would not be expected from any of the Respondents or Mr. Graham. Mr. Ling explained that the three individual Respondents had already attended a continuing education session regarding Nevada jurisprudence and that all Respondents were agreeable to the presentation made by Mr. Ling.

2. All registrations of pharmaceutical technicians and pharmaceutical technicians in training were required to be renewed by October 31, 2006, and any such registration that was not renewed by October 31, 2006 expired. No pharmaceutical technician or pharmaceutical technician in training may lawfully be employed as a pharmaceutical technician or pharmaceutical technician in training on an expired registration.

2. All of the Respondent pharmaceutical technicians and pharmaceutical technicians in training in this matter failed to renew their respective registrations by October 31, 2006, and all were employed by the various Respondent Walgreen pharmacies as pharmaceutical technicians or pharmaceutical technicians in training on expired registrations. Following is a table of the Respondents and the number of hours and estimated workdays (based upon an assumed eight-hour workday) worked by each Respondent on expired registrations:

Respondents	Hours Worked	Estimated Days Worked
McCulloch/Walgreens #05646	1,440	180
DeRosia/ Walgreens #05646	1,384	173
Romero/ Walgreens #03844	1,312	164
TOTALS	**4,136**	**517**

3. At hearing, Board Staff explained that Walgreens has had a good recent history regarding assuring that its employees have properly and timely renewed their

registrations. Two of the three matters in this case arose from one pharmacy, and the issues regarding that pharmacy have been addressed. Board Staff also explained that the Board's efforts to gain compliance with the renewal and registration laws have been largely successful and that the few instances, such as those in this case, are aberrations.

CONCLUSIONS OF LAW

1. The Nevada State Board of Pharmacy has jurisdiction over this matter because Respondents DeRosia, and Romero are pharmaceutical technicians registered by the Board, Respondent McCulloch is a pharmaceutical technician in training registered by the Board, and Respondents Walgreens ##05646 and 03844 are pharmacies licensed by the Board.

2. In working as a pharmaceutical technician or pharmaceutical technician in training on expired registrations, Respondents DeRosia, Romero, and McCulloch each violated NRS 639.210(4) and (13) and NAC 639.945(1)(k).

3. In employing the individual Respondents, Walgreens ##05646 and 03844 violated NRS 639.210(4) and (13) and NAC 639.945(1)(k) and (2).

ORDER

Based upon the foregoing, the Board hereby orders the following:

1. Each Respondent Walgreens pharmacy shall pay a fine of $250.00 for each of the pharmaceutical technicians or pharmaceutical technicians in training employed with expired registrations. Walgreens may choose to pay by a single cashier's or certified check or money order made payable to "State of Nevada, Office of the

Treasurer" in a total amount of $750.00 to be received by the Board's Reno office within 90 days of the effective date of this Order.

2. Each Respondent technician or technician in training shall pay a fine of $250.00 by a cashier's or certified check or money order made payable to "State of Nevada, Office of the Treasurer" to be received by the Board's Reno office within 90 days of the effective date of this Order.

3. Respondents DeRosia, Romero, and McCulloch shall each attend and successfully complete a Nevada jurisprudence continuing education course presented by Board Staff at such time and place as is set by Board Staff, which attendance may already have been completed before the effective date of this Order and shall be deemed compliance with this Order.

4. The failure by any individual Respondent to comply with any term in this Order shall result in the immediate suspension of her registration and will also result in further discipline, up to and including revocation of the registration. The failure by any Respondent Walgreens pharmacy to comply with any term in this Order shall result in a fine of $1,000 per day for every day that it has failed to comply with the Order until the Order is fully complied with, up to a total fine not to exceed $30,000, and will also result in further discipline, up to and including revocation of the its license.

Signed and effective this 20th day of November, 2007.

Barry Boudreaux, President
Nevada State Board of Pharmacy

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

FINDINGS OF FACT, CONCLUSIONS OF LAW, AND ORDER

AMANDA L. WEAVER, P.T.,
Certificate of Registration No. PT06996,

Case No. 07-021-PT-S

WALGREENS #06310,
Certificate of Registration No. PH01549,

Case No. 07-021-PH-S

Respondents.
_____/

THIS MATTER was heard by the Nevada State Board of Pharmacy (hereinafter Board) at its regular meeting on June 6, 2007 in Las Vegas, Nevada. The Board was represented by Louis Ling, General Counsel to the Board. Respondent Amanda L. Weaver appeared and represented herself. Mr. Ling represented to the Board that Board Staff had entered into an oral stipulation with Robert Graham, counsel for Walgreens #06310, pursuant to which the parties had agreed that Mr. Ling would present the terms of the oral stipulation and that Mr. Graham or representatives of Walgreens were excused from appearing in the matter. Based upon the agreements and presentations of the parties, the Board finds the following to be the facts of the matter.

FINDINGS OF FACT

1. At hearing, Ms. Weaver appeared, testified, and represented herself.

Because of the oral stipulation between Mr. Ling and Mr. Graham, Board Staff presented no witnesses or evidence. Instead, Board Staff represented the terms of the

oral stipulation between himself and Mr. Graham, namely that Walgreens #06310 admitted that it had employed Ms. Weaver for 16 days while Ms. Weaver's pharmaceutical technician's registration was expired and that Walgreens #06310 was willing to pay whatever fine and fees and costs as might be assessed by the Board up to but not to exceed the regulatorily established amount of $100.00 per day for each day that Ms. Weaver was employed on an expired registration. Board Staff further explained that Walgreens #06310's employment of Ms. Weaver appeared to be an isolated incident because other similar incidences were not noted after November 1, 2007 in any other Walgreens pharmacy. Based upon the presentations and testimony of the parties, the Board finds the following to be the facts in this matter.

2. All registrations of pharmaceutical technicians were required to be renewed by October 31, 2006, and any such registration that was not renewed by October 31, 2006 expired. No pharmaceutical technician may lawfully be employed as a pharmaceutical technician on an expired registration.

3. On March 9, 2007, Board Staff learned that Ms. Weaver had failed to renew her pharmaceutical technician's registration and that she had worked at Walgreens #06310 while her registration was expired. Subsequent investigation showed that Mr. Weaver had been employed as a pharmaceutical technician a total of 16 days between November 1, 2006 and March 7, 2007.

4. At hearing, Ms. Weaver explained that prior to November 1, 2006, she had accepted temporary employment as an intern at Walt Disney World in Orlando, Florida and that during her internship she had inadvertently forgotten to renew her registration. When she returned to Nevada, she recommenced employment at Walgreens #06310.

After working for a few weeks, Ms. Weaver and Walgreens #06310 discovered that she had failed to renew her registration. Ms. Weaver apologized to the Board for her actions.

CONCLUSIONS OF LAW

1. The Nevada State Board of Pharmacy has jurisdiction over this matter because Respondent Weaver is a pharmaceutical technician registered by the Board and Respondent Walgreens #06310 is a pharmacy licensed by the Board.

2. In working as a pharmaceutical technician on and expired registration, Respondents Weaver violated NRS 639.210(4) and (13) and NAC 639.945(1)(i) and (k).

3. In owning and operating the pharmacy that employed Ms. Weaver as a pharmaceutical technician while her registration was expired, Walgreens #06310 violated NRS 639.210(4) and NAC 639.260 and 639.945(1)(i) and (k) and (2).

ORDER

Based upon the foregoing, the Board hereby orders the following:

1. Respondent Walgreens #06310 shall pay a fine of $250.00 by cashier's or certified check or money order made payable to "State of Nevada, Office of the Treasurer" to be received by the Board's Reno office within 90 days of the effective date of this Order.

2. Respondent Walgreens #06310 shall pay the Board's costs and attorney's fees of $210.00 and the Board's administrative fee of $290.00, for a total of $500.00 by cashier's or certified check or money order made payable to "Nevada State Board of

Pharmacy" to be received by the Board's Reno office within 90 days of the effective date of this Order.

3. Respondent Weaver shall pay a fine of $125.00 by cashier's or certified check or money order made payable to "State of Nevada, Office of the Treasurer" to be received by the Board's Reno office within 90 days of the effective date of this Order.

4. Respondent Weaver shall attend and successfully complete a Nevada jurisprudence continuing education course presented by Board Staff at such time and place as is set by Board Staff. Additionally, Respondent Weaver shall complete three hours of continuing education regarding legal issues related to her practice as a pharmaceutical technician, which hours must be completed before October 31, 2008.

5. The failure by Respondent Weaver to comply with any term in this order shall result in the immediate suspension of her registration and will also result in further discipline, up to and including revocation of the registration. The failure by Respondent Walgreens #06310 to comply with any term in this order shall result in a fine of $1,000 per day for every day that it has failed to comply with the Order until the Order is fully complied with, up to a total fine not to exceed $30,000, and will also result in further discipline, up to and including revocation of the its license.

Signed and effective this 28th day of June, 2007.

J. David Wuest, President
Nevada State Board of Pharmacy

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

FINDINGS OF FACT, CONCLUSIONS OF LAW, AND ORDER

LISA A. HEATHCOCK, PT,
Certificate of Registration No.: PT02628,

Case No. 10-007-PT-S

WALGREENS #12646,
Certificate of Registration No.: PH02353,

Case No. 10-007-PH-S

Respondents.

THIS MATTER was heard by the Nevada State Board of Pharmacy (hereinafter Board) at its regular meeting on July 14, 2010, in Las Vegas, Nevada. The Board was represented by Carolyn J. Cramer, General Counsel for the Board, and Ms. Heathcock was not present because of a family emergency and her matter was continued until the October, 2010 Board meeting. Walgreens #12646 (Walgreens) was represented by Robert Graham, Esq. Based on the presentations of the parties, the parties' admissions, and the public records in the possession and control of the Board, the Board issues the following Findings of Fact, Conclusions of Law, and Order:

FINDINGS OF FACT

1. At hearing, the parties agreed that the facts as plead in the Notice of Intended Action and Accusation were essentially true and correct regarding the issues related to Ms. Heathcock working for Walgreens for 205 days without having renewed her registration as a pharmaceutical technician with the Board. Mr. Graham advised that Walgreens did check to ensure all of their staff had renewed their licenses and that their computer system was working properly, however Walgreens staff was given false

information from Ms. Heathcock. Mr. Graham submitted an exhibit, a copy of license verification with part of the expiration date missing that Ms. Heathcock had written in "2011" and had submitted as her proof to Walgreens that she had renewed her registration. Ms. Heathcock claimed she had not received her registration. Mr. Graham admitted that the managing pharmacist did not following through to make sure that Ms. Heathcock was registered, but ultimately the responsibility was Ms. Heathcock's. Mr. Graham advised that Ms. Heathcock may have been experiencing financial problems because she was borrowing money from store personnel and even requested reimbursement from Walgreens for renewing her registration with the Board of Pharmacy when she had not done so. Based upon the stipulations of the parties and the testimony and evidence presented, the Board finds the following to be the facts of the matter.

2. Ms. Heathcock had worked 1,644 hours or approximately 205 days, between November 1, 2008 and December 14, 2009, the date of her termination of employment, without a valid registration.

CONCLUSIONS OF LAW

1. The Board has jurisdiction over this matter because Ms. Heathcock is a pharmaceutical technician registered by the Board and Walgreens #12646 is a pharmacy licensed with the Board.

2. In owning and operating the pharmacy in which Ms. Heathcock worked without a registration and in failing to verify that Ms. Heathcock had timely and validly renewed her registration, Walgreens #12646 violated NRS 639.210(4) and/or NAC 639.260, 639.945(1)(i) and/or (k) and/or (2).

ORDER

Based upon the foregoing, the Board hereby orders the following:

1. Walgreens #12646 shall pay a fine of $250.00 by cashier's or certified check or money order made payable to "State of Nevada, Office of the Treasurer" to be received by the Board's Reno office within 60 days of the effective date of this Order.

2. Walgreens #12646 shall pay the Board's administrative fee of $295.00, by cashier's or certified check or money order made payable to "Nevada State Board of Pharmacy" to be received by the Board's Reno office within 60 days of the effective date of this Order.

3. Walgreen's shall do a presentation to Board Staff of its computer system that tracks the licensure of employees to make sure the problem is corrected within 60 days of the signing of this Order.

4. Ms. Heathcock's appearance before the Board is continued until the October 2010 meeting in Las Vegas, Nevada.

Signed and effective this 9th day of August, 2010.

Candy Nally for
Donald W. Fey, President
Nevada State Board of Pharmacy

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

STIPULATION AND ORDER

YVONNE JETT, PT
Certificate of Registration No.: PT09615

Case No. 11-044-PTT-S

WALGREENS #04855
Certificate of Registration No.: PH01307

Case No. 11-044-PH-S

WALGREENS CO.
An Illinois Corporation

Case No. 11-044-PH-S

Respondents.

Carolyn J. Cramer, General Counsel for the Nevada State Board of Pharmacy, and Respondents, Yvonne Jett, Walgreens #04855 and Walgreens Corporation, all represented by Rob Graham, Esq., of Rob Graham and Associates, stipulate and agree as follows:

1. The Respondents admit the factual allegations made in the First, Second and Third Causes of Action.

2. Respondents admit that although there are systems in place to prevent a licensed employee who has not renewed his or her license from working in Respondent's pharmacy, those systems did not work and additional steps must be taken to prevent this from happening again.

3. The parties shall present this Stipulation and Agreement to the Board at its meeting on July 13, 2011. The parties agree that the Board may ask questions of the parties' counsel, may discuss and deliberate regarding the presentations, and shall enter an Order that may impose discipline as recommended by the parties.

4. Board Staff and the Respondent Jett will recommend that the Board impose discipline for the First Cause of Action by suspending her pharmaceutical technician registration for 120 days during which time she cannot work in any facility that is licensed pursuant the Nevada Board of Pharmacy and pay a total fine of $2,500 by cashier's check or certified check or money order made payable to "State of Nevada, Office of the Treasurer" to be received by the Board's Reno office within 180 days after her suspension ends. The suspension of Respondent Jett's pharmaceutical technician registration will start with the effective date of this order and run through November 10, 2011.

5. Board Staff and Respondents Walgreens Corporation and Walgreens #04855 will recommend that the Board impose discipline on Respondents for the Second and Third Causes of Action by requiring that all Nevada Walgreens pharmacies be trained on and use the licensing computer program that is in place in Nevada. In addition, Walgreens pharmacies in Nevada will be required to implement a statewide policy requiring all managing pharmacists, or if none is present staff pharmacists, to personally verify that the personnel they are working with are properly licensed or registered before they work. If the managing pharmacist, or if no managing pharmacist is present the staff pharmacist, fails to personally verify that all registered personnel are properly licensed or registered and may lawfully work, the managing pharmacist or staff pharmacist will be disciplined by Walgreens and will be subject to disciplinary action by the Board.

6. If the Board rejects any part or all of this stipulation, the parties agree that a full hearing on the merits of this matter may be heard by the Board and that the Board would hear this matter at its meeting on October 12, 2011. The terms and admissions

in this stipulation may not be used or referred to in the full hearing on the merits of this matter.

7. The Board and the Respondents shall each agree to release the other from any and all claims, whether known or unknown, that might otherwise have existed on or before the effective date of the Board's Order in this matter.

Signed this 13th day of July, 2011.

Carolyn J. Cramer, General Counsel

Rob Graham, Esq.

Yvonne Jett, PT.

DECISION AND ORDER

The Nevada State Board of Pharmacy hereby adopts the foregoing Stipulation as its decision and hereby orders that the foregoing Stipulation be made effective. This decision and order shall be effective on the 13th day of July, 2011.

7/13/2011
DATED

Beth Foster, RPh
Beth Foster, President
Nevada State Board of Pharmacy

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, Petitioner, v. ANGELIQUE CHEYENNE STINSON, PT Certificate of Registration No. PT06175 LUDWIG JOSEPH, PTT Certificate of Registration No. PT14490 AMBER SHORE, RPH Certificate of Registration No. 17498 WALGREENS #12488 Certificate of Registration No. PH02741 Respondents.	CASE NOS. 13-016-PT-N 13-016-PTT-N 13-016-RPH-N 13-016-PH-N STIPULATION AND ORDER

S. Paul Edwards, General Counsel for Petitioner the Nevada State Board of Pharmacy (Board), and ANGELIQUE CHEYENNE STINSON, PT, Certificate of Registration No. PT06175; LUDWIG JOSEPH, PTT, Certificate of Registration No. PT14490; AMBER SHORE, RPH, Certificate of Registration No. 17498 and WALGREENS #12488, Certificate of Registration No. PH02741 (collectively Respondents), by and through their counsel, Williams J. Stilling of Parsons Behle & Latimer, **HEREBY STIPULATE AND AGREE AS FOLLOWS:**

1. Respondents, and each of them, admit to the factual allegations set forth in paragraphs I through III of the Accusation on file herein.

2. Respondent Ms. Stinson agrees that the facts she admits above subject her to fines under NRS 639.255 and NAC 639.955.

3. Respondent Mr. Joseph agrees that the facts he admits above subject him to fines under NRS 639.255 and NAC 639.955.

4. Respondent Ms. Shore agrees that the facts she admits above subject her to fines under NRS 639.255 and NAC 639.955.

5. Respondent Walgreens #12488 agrees that the facts it admits above subject it to fines under NRS 639.255 and NAC 639.955.

6. Based on Respondents' admissions, Board Staff and Respondents will recommend that the Board impose discipline as follows:

a. Ms. Stinson, PT, shall pay a fine of $480.00 ($20/day for each of the twenty-four (24) days she worked without a current registration).

b. Mr. Joseph, PTT, shall pay a fine of $100.00 ($20/day for each of the five (5) days he worked without a current registration).

c. Ms. Shore, RPh., shall pay a fine of $250.00 for allowing respondents Ms. Stinson and Mr. Joseph to each work under her supervision without a current registration.

d. Walgreens shall pay a fine of $500.00 and an administrative fee of $395.00 for allowing respondents Ms. Stinson and Mr. Joseph to each work in its store without a current registration.

e. Walgreens shall establish policies and procedures to prevent unlicensed and/or unregistered personnel from performing tasks that require a license or registration in any of its Nevada stores. Walgreens shall further demonstrate to Board Staff, within 30 days of entry of this Order, that all of its pharmacists, intern pharmacists, pharmaceutical technicians, and pharmaceutical technicians in training have read, and expressly agree to strictly comply with, those policies and procedures.

7. Board Counsel will present this Stipulation to the Board at its regular meeting on September 4, 2013.

8. Respondents will appear at the September 4, 2013, meeting to answer questions, if any, put to them by the Board. The Board may discuss and deliberate, and at its sole discretion, may enter a Decision and Order accepting this Stipulation and imposing discipline as recommended by the parties, but it is not obligated to do so.

9. If the Board adopts the recommendations set forth above, respondents shall pay the fine(s) set forth herein by cashier's check, certified check or money order made payable to

the "State of Nevada, Office of the Treasurer" to be received by the Board's Reno office located at 431 W. Plumb Lane, Reno, NV 89509, within 90 days of the effective date of this Order.

10. Respondents shall pay the administrative fees ordered herein by cashier's check, certified check or money order made payable to the "Nevada State Board of Pharmacy" to be received by the Board's Reno office located at 431 W. Plumb Lane, Reno, NV 89509, within 90 days of the effective date of this Order.

11. If the Board adopts the recommendations set forth above, the Board and Respondents, and each of them, each agree to release the other from any and all claims arising from the facts set forth in the Accusation on file herein, whether known or unknown, that might otherwise have existed on or before the effective date of the Board's Order in this matter.

12. If the Board rejects any part or all of this Stipulation, the parties agree that a full hearing on the merits of this matter may be heard by the Board, and that the hearing shall occur at the Board's December 4, 2013 meeting.

13. The terms and admissions in this Stipulation may not be used or referred to in a full hearing on the merits of this matter.

Signed this 4th day of September, 2013

S. Paul Edwards, General Counsel
Nevada State Board of Pharmacy

Signed this ___ day of September 2013

ANGELIQUE CHEYENNE STINSON, PT

LUDWIG JOSEPH, PTT

AMBER SHORE, RPH

AUTHORIZED REPRESENTATIVE OF
WALGREENS

LUDWIG JOSEPH, PTT

AMBER SHORE, RPH



AUTHORIZED REPRESENTATIVE OF
WALGREENS

DECISION AND ORDER

The Nevada State Board of Pharmacy hereby adopts the foregoing Stipulation in the matter of the Board versus ANGELIQUE CHEYENNE STINSON, PT; LUDWIG JOSEPH, PTT; AMBER SHORE, RPH and WALGREENS as its decision, and hereby orders that the foregoing Stipulation be made effective. This decision and order shall be effective upon execution.

Signed this ___ day of September, 2013.

Kamlesh Gandhi, President

Nevada State Board of Pharmacy

DECISION AND ORDER

The Nevada State Board of Pharmacy hereby adopts the foregoing Stipulation in the matter of the Board versus ANGELIQUE CHEYENNE STINSON, PT; LUDWIG JOSEPH, PTT; AMBER SHORE, RPH and WALGREENS as its decision, and hereby orders that the foregoing Stipulation be made effective. This decision and order shall be effective upon execution.

Signed this 4 day of September, 2013.

Kamlesh Gandhi, President
Nevada State Board of Pharmacy

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NEVADA STATE BOARD OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **WALGREENS #03845,** **Pharmacy License No. PH01064,** **-and-** **MICHAEL RHODE, PTT,** **Certificate of Registration No. PT28786,** **Respondents.**	**Case Nos. 24-228-PH-S** **24-228-PTT-S** **STIPULATION AND ORDER** **(Respondent Walgreens #03845 Only)**

J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, by and through counsel, Gregory L. Zunino, Esq., and Respondent Walgreens #03845 ("Respondent"), by and through counsel, William J. Stilling, Esq., hereby stipulate and agree as follows:

1. The Nevada State Board of Pharmacy ("Board") has jurisdiction over Respondent and this matter.

2. The Board's staff properly served Respondent with the Notice of Intended Action and Accusation ("Accusation") on file in this matter, together with the Statement to Respondent and Notice of Hearing.

3. Respondent acknowledges that its authorized representatives understand the terms of this Stipulation and Proposed Order ("Stipulation"), and that Respondent has executed it knowingly and voluntarily after consulting with counsel.

4. Respondent is aware of the right to a hearing on the matters alleged in the Accusation, the right to reconsideration of a Board determination in a contested case, the right to appeal a Board determination in a contested case, and all other rights afforded to Respondent under NRS Chapter 233B, the Nevada Administrative Procedure Act, NRS Chapter 622A, which governs administrative

procedure before the Board, NRS Chapter 639, the Nevada Pharmacy Act, and NRS Chapter 453, the Nevada Uniform Controlled Substances Act.

5. Conditioned on the acceptance of this Stipulation by the Board, and excluding the right to challenge any determination that Respondent has failed to comply with the provisions of this Stipulation, Respondent voluntarily waives the right to a hearing, reconsideration, appeal, and other rights related to this action as identified above.

6. Respondent does not contest the allegations in Count Two of the Accusation, and further admits that evidence exists, and that Board staff prosecuting this case could present such evidence at an administrative hearing, to establish a factual basis for the violation alleged in Count Two of the Accusation. Upon approval of this Stipulation by the Board, Count One of the Accusation shall be dismissed as it pertains to Respondent. With respect to Count Two of the Accusation, Respondent admits the following:

A. Respondent maintains personally identifiable information pertaining to its patients, including "protected health information" within the meaning of 45 C.F.R. § 160.103.

B. On or about May 20, 2024, while in Respondent's employ, Pharmaceutical Technician Trainee Michael Rhode (PTT Rhode) accessed patient L.G.'s name and personal contact information. PTT Rhode used this information to contact patient L.G. outside of the pharmacy.

C. Patient L.G. was alarmed by PTT Rhode's conduct and expressed concern that PTT Rhode had accessed her protected health information, including prescription drug information.

D. Respondent denies that PTT Rhode accessed patient L.G.'s health information for an improper purpose. However, Respondent acknowledges that PTT Rhode breached a reasonable expectation of patient privacy when he accessed patient L.G.'s name and personal contact information for personal reasons.

E. Respondent immediately terminated PTT Rhode's employment when it became aware that he had breached patient L.G.'s expectation of patient privacy.

F. Respondent acknowledges that PTT Rhode's conduct was deceitful and therefore unprofessional pursuant to NAC 639.945(1)(h).

G. Pursuant to NRS 639.945(3), Respondent is responsible for PTT Rhode's conduct.

7. Now, therefore, to resolve this matter without incurring any further costs or the expenses associated with a hearing, the Board and Respondent agrees to the imposition of the following penalties:

A. Respondent shall pay an adininistrative fine of **One Thousand and 00/100 Dollars ($1,000.00)**, payable by *cashier's check, certified check, Walgreens company check* or *money order* written to the **"State of Nevada, Office of the Treasurer."** Respondent shall remit payment in full to the Board's Reno office, located at 985 Damonte Ranch Parkway, Suite 206, Reno, Nevada 89521, on or before May 1, 2025.

B. Respondent shall pay the sum of **Five Hundred and 00/100 Dollars ($500.00)** to partially reimburse the Board for recoverable attorney's fees and costs incurred in investigating and prosecuting this matter. This sum shall be payable by *cashier's check, certified check, Walgreens company check* or *money order* written to the **"Nevada State Board of Pharmacy."** Respondent shall remit payment in full to the Board's Reno office, located at 985 Damonte Ranch Parkway, Suite 206, Reno, Nevada 89521, on or before May 1, 2025.

8. This Stipulation constitutes a full and final resolution of the Accusation in Case No. 24-228-PH-S. Respondent understands and acknowledges that his failure to comply with the terms stated herein may result in issuance by the Executive Secretary of an order to show cause, pursuant to NAC 639.965, directing Respondent to appear before the Board at the next regularly scheduled meeting for a show cause hearing. If such a hearing results in the finding of a violation by Respondent, the Board may impose additional discipline not inconsistent with the provisions of NRS Chapter 639.

9. The Board's Senior General Counsel will present this Stipulation to the Board for approval pursuant to NRS 622.330 at the Board's regularly scheduled public meeting on March 5, 2025, in Las Vegas, Nevada. The Board Members and Staff may discuss and deliberate regarding this Stipulation, even if Respondent fails to appear for the meeting.

10. The Board may accept this Stipulation, but it is not obligated to do so. If this Stipulation is approved by the Board, it shall be a public record pursuant to NRS 622.330 and shall be reported to the National Practitioner Data Bank pursuant to 42 U.S.C. § 1396r–2 and 45 CFR Part 60.

11. If the Board rejects any part or all this Stipulation, and unless the parties reach an alternative agreement on the record during the hearing, the parties agree that the Board may hear a full contested hearing on the merits of all alleged violations as stated in the Accusation. The terms and admissions herein may not be used, relied upon, or referred to by any party during any such hearing.

12. Subject to the approval of this Stipulation by the Board, the Board and Respondent agree to release each other from any or all additional claims arising from the facts set forth in the Accusation on file herein, whether known or unknown that might otherwise have been asserted by the Board on or before the effective date of this Order.

AGREED:

Signed this 4th **day of March 2025.**

WALGREENS #03845

By _____
Name: John L. Colaizzi
Title: GVP, Head of Enterprise Pharmacy Practice

Signed this ____ **day of March 2025.**

NEVADA STATE BOARD OF PHARMACY

By _____
GREGORY L. ZUNINO
Senior General Counsel

Signed this ____ **day of March 2025.**

Approved as to Form and Content:

_____
WILLIAM J. STILLING, ESQ.
Stilling and Harrison
Attorneys for Respondent Walgreens #03845

10. The Board may accept this Stipulation, but it is not obligated to do so. If this Stipulation is approved by the Board, it shall be a public record pursuant to NRS 622.330 and shall be reported to the National Practitioner Data Bank pursuant to 42 U.S.C. § 1396r-2 and 45 CFR Part 60.

11. If the Board rejects any part or all this Stipulation, and unless the parties reach an alternative agreement on the record during the hearing, the parties agree that the Board may hear a full contested hearing on the merits of all alleged violations as stated in the Accusation. The terms and admissions herein may not be used, relied upon, or referred to by any party during any such hearing.

12. Subject to the approval of this Stipulation by the Board, the Board and Respondent agree to release each other from any or all additional claims arising from the facts set forth in the Accusation on file herein, whether known or unknown that might otherwise have been asserted by the Board on or before the effective date of this Order.

AGREED:

Signed this ____ day of March 2025.

WALGREENS #03845

By_____
Name:_____
Title:_____

Signed this 4th day of March 2025.

NEVADA STATE BOARD OF PHARMACY

By_____
GREGORY L. ZUNINO
Senior General Counsel

Signed this 4th day of March 2025.

Approved as to Form and Content:

WILLIAM J. STILLING, ESQ.
Stilling and Harrison
Attorneys for Respondent Walgreens #03845

CamScanner

DECISION AND ORDER

As to Respondent Walgreens #03845, in Case No. 24-228-PH-S, the Nevada State Board of Pharmacy hereby adopts the foregoing Stipulation as its final decision in the matter and orders that its terms be made effective upon the date of entry set forth below.

IT IS SO ORDERED.

Entered this 5th day of March 2025.

Helen Park, President
Nevada State Board of Pharmacy

FILED
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NEVADA STATE BOARD
OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **WALGREENS #03845,** **Pharmacy License No. PH01064,** **-and-** **MICHAEL RHODE, PTT,** **Certificate of Registration No. PT28786,** **Respondents.**	**Case Nos. 24-228-PH-S** **24-228-PTT-S** **NOTICE OF INTENDED ACTION AND ACCUSATION**

J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, files the following document that will serve as both a notice of intended action under NRS 233B.127(3) and an accusation under NRS 622A.300(1) and NRS 639.241.

JURISDICTION

1. The Nevada State Board of Pharmacy ("Board") has personal jurisdiction over Respondent Walgreens #03845 ("Respondent Walgreens") because Respondent Walgreens is licensed by the Board to operate a pharmacy at 2280 North Las Vegas Boulevard in North Las Vegas, Nevada ("Walgreens Pharmacy").

2. The Board has personal jurisdiction over Respondent Michael Rhode ("Respondent Rhode") because Respondent Rhode is registered by the Board to work as a pharmaceutical technician trainee.

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3. The Board has jurisdiction over the subject matter of this accusation because it alleges violations pertaining to the misuse of confidential information relating to dangerous drugs and controlled substances.

FACTUAL ALLEGATIONS

4. At all times relevant to this accusation, Respondent Rhode was employed by Respondent Walgreens as a pharmaceutical technician trainee.

5. On or about May 20, 2024, patient L.G. picked up prescription medication from Walgreens Pharmacy.

6. Respondent Rhode conversed with patient L.G. as she picked up her prescription medication.

7. Respondent Walgreens maintains an IT system that contains comprehensive information regarding the dangerous drugs and controlled substances that it dispenses to its patients. Respondent Walgreens compiles this information using the prescriptions that are electronically transmitted to Respondent Walgreens by physicians and other prescribing practitioners.

8. As an employee of Respondent Walgreens, Respondent Rhode had access to the system described above, including access to patient L.G.'s prescription drug history and associated individually identifiable health information.

9. On or about May 20, 2024, Respondent Rhode accessed the system described above for the purpose of learning patient L.G.'s name, address, email address, telephone number, and/or other personal identifiers.

10. Respondent Rhode subsequently used the above information in an attempt to befriend patient L.G. on social media platforms. Respondent Rhode had done something similar on at least one prior occasion.

11. Patient L.G. did not consent to the use of her individually identifiable health information by Respondent Rhode in the manner described above.

APPLICABLE LAW

12. The Board may revoke or suspend the registration of a registrant who has violated any provision of state or federal law relating to prescription drugs or controlled substances. NRS 639.210(12).

13. The Board may revoke or suspend the registration of a registrant who has engaged in unprofessional conduct. NRS 639.210(4).

14. "Unprofessional conduct" includes performing or in any way being a party to any fraudulent or deceitful practice or transaction. NAC 639.945(1)(h).

15. "Unprofessional conduct" includes performing one's duties as the holder of a license, certificate or registration issued by the Board in an incompetent, unskillful or negligent manner.

16. The owner of any business or facility licensed, certified or registered by the Board is responsible for the conduct of its employees. NAC 639.945(3).

17. Prescriptions filled and on file in a pharmacy are not a public record. NRS 639.238. Accordingly, pharmacy employees have a legal duty to safeguard and appropriately use the prescription drug information to which they have access.

18. Federal law, specifically the Health Insurance Portability and Accountability Act ("HIPAA") and implementing regulations, generally protects against the unauthorized use and/or disclosure of protected health information. See Pub. L. 104-191, title II, §§ 261, 264(a)–(b), 110 Stat. 1936, 2021, 2033 (1996). *See also* Standards for Privacy of Individually Identifiable Health Information, 65 Fed. Reg. 82,462 (Dec. 28, 2000) (codified at 45 C.F.R. § 164.500 *et seq.*).

19. Because the information described in paragraph 7 above contains personal identifiers that correlate with the prescription drug histories of individual patients, those personal identifiers qualify as "individually identifiable health information" within the meaning of 45 C.F.R. § 160.103. For this reason, a person's prescription drug history as a whole qualifies as "protected health information" within the meaning of 45 C.F.R. § 160.103.

20. As an employee with access to protected health information, Respondent Rhode was a "business associate" of Respondent Walgreens within the meaning of 45 C.F.R. § 160.103.

21. Under federal law, it is unlawful for a business associate to access and use individually identifiable health information for purposes wholly unrelated to health care. *See* 45 C.F.R. § 164.500 *et seq.*

COUNT ONE
Violation of Federal Law—Unlawful Use of Protected Health Information
(Respondents Rhode and Walgreens)

22. On or about May 20, 2024, Respondent Rhode accessed patient L.G.'s protected health information for the purpose of learning personal information about patient L.G.

23. Respondent Rhode thereafter used patient L.G.'s individually identifiable health information in an attempt to befriend patient L.G. on social media platforms.

24. Respondent Rhode's conduct as described above violated federal law, specifically 45 C.F.R. §§ 164.500 and 164.502, because it was wholly unrelated to patient L.G.'s health care.

25. For the violations of federal law as alleged above, Respondent Rhode may be disciplined by the Board pursuant to NRS 639.210(12).

26. As Respondent Rhode's employer at the time of the violation, Respondent Walgreens may be disciplined by the Board pursuant to NAC 639.945(3).

COUNT TWO
Unprofessional Conduct (Respondents Rhode and Walgreens)

27. On or about May 20, 2024, Respondent Rhode accessed patient L.G.'s protected health information for the purpose of learning personal information about patient L.G.

28. Respondent Rhode thereafter used patient L.G.'s individually identifiable health information in an attempt to befriend patient L.G. on social media platforms.

29. Pursuant to NRS 639.238, Respondent Rhode had a legal duty to appropriately safeguard patient L.G.'s individually identifiable health information and/or to refrain from using the information for purposes wholly unrelated to health care.

30. Respondent Rhode's conduct as alleged above was deceitful because it was done without the consent of patient L.G. and for purposes wholly unrelated to patient L.G.'s health care.

31. Respondent Rhode's conduct as alleged above was incompetent because it compromised protected health information and undermined patient L.G.'s trust in her health care provider.

32. For the unprofessional conduct as alleged above, Respondent Rhode may be disciplined by the Board pursuant to NRS 639.210(4).

33. As Respondent Rhode's employer at the time of the unprofessional conduct alleged above, Respondent Walgreens may be disciplined by the Board pursuant to NAC 639.945(3).

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WHEREFORE it is requested that the Nevada State Board of Pharmacy impose appropriate discipline with respect to Respondent Rhode's Certificate of Registration No. PT28786 and Respondent Walgreen's License No. PH01064.

DATED this 11th day of January 2025.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

FILED
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NEVADA STATE BOARD OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **WALGREENS PHARMACY #03845, Pharmacy License No. PH01064, and** **YOOJIN JEONG, RPH, Certificate of Registration No. 18030,** **Respondents.**	**CASE NOS. 22-366-PH-S** **22-366-RPH-S** **STIPULATION AND ORDER**

J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy (Board), by and through Brett Kandt, General Counsel, and Respondent Walgreens Pharmacy #03845, Pharmacy License No. PH01064, and Respondent Yoojin Jeong, RPh (Jeong), Certificate of Registration No. 18030, jointly by and through counsel, William Stilling, Esq. of Stilling & Harrison, **HEREBY STIPULATE AND AGREE THAT**:

1. On or about February 27, 2024, Board Staff served Respondents with the Notice of Intended Action and Accusation (Accusation) on file in this matter together with the Statement to Respondents and Notice of Hearing. Respondents are entering this Stipulation in lieu of filing an Answer and Notice of Defense to the Accusation.

2. Respondents are aware of the right to seek the advice of counsel in this matter and obtained the advice of counsel prior to entering this Stipulation.

3. Respondents are aware of the right to a hearing on the matters alleged in the Accusation, their right to reconsideration, their right to appeal, and any and all other rights which may be accorded pursuant to NRS Chapter 233B, Nevada Administrative Procedure Act, NRS

Chapter 622A, Administrative Procedure Before Certain Regulatory Bodies, and NRS Chapter 639, Nevada Pharmacy Act.

4. Conditioned on the acceptance of this Stipulation by the Board, and with the exception of the right to challenge any determination that Respondents, or any of them, have failed to comply with the provisions of this Stipulation, Respondents hereby knowingly and voluntarily waive their rights to a hearing, reconsideration, appeal and any and all other rights related to this action that may be accorded to them by NRS Chapter 233B, Nevada Administrative Procedure Act, NRS Chapter 622A, Administrative Procedure Before Certain Regulatory Bodies, and NRS Chapter 639, Nevada Pharmacy Act.

5. Respondents admit that evidence exists, and that Board's staff prosecuting this case could present such evidence at an administrative hearing, to establish a factual basis for the violations alleged in the Accusation, to wit, that:

A. Respondent Jeong engaged in unprofessional conduct as defined in NAC 639.945(1)(d) and (i) when he erroneously dispensed prescription no. 4147239 to P.C., resulting in patient harm, and is therefore subject to discipline pursuant to NRS 639.210(4); and

B. As the pharmacy/pharmacy owner at which the violations of law alleged herein occurred, Respondent Walgreens Pharmacy #03845 is responsible for those violations, including all errors and omissions of Jeong, pursuant to NRS 639.230(5), NAC 639.702 and/or NAC 639.945(3).

7. Those violations are plead with particularity in the Accusation and are grounds for action pursuant to NRS 639.210 and NRS 639.255.

8. To resolve this matter without incurring any further costs or the expense associated with a hearing, the Board and Respondent Yoojin Jeong, RPh, Certificate of Registration No. 18030, stipulate to the following penalties:

A. Pursuant to NRS 639.255(1)(f) and NAC 639.955(5), Respondent Jeong shall pay a fine of One Thousand Dollars ($1,000.00) for the violations; and

B. Pursuant to NRS 622.400, Respondent Jeong shall pay Five Hundred Dollars ($500.00) to partially reimburse the Board for recoverable attorney's fees and investigative costs.

9. To resolve this matter without incurring any further costs or the expense associated with a hearing, the Board and Respondent Walgreens Pharmacy #03845, Pharmacy License No. PH01064, stipulate to the following penalties:

A. Pursuant to NRS 639.255(1)(f) and NAC 639.955(5), Respondent Walgreens Pharmacy #03845 shall pay a fine of Two Thousand Dollars ($2,000.00) for the violations; and

B. Pursuant to NRS 622.400, Respondent Walgreens Pharmacy #03845 shall pay One Thousand Dollars ($1,000.00) to partially reimburse the Board for recoverable attorney's fees and investigative costs.

10. Any failure by any Respondent to comply with the terms of this Order may result in issuance by the Executive Secretary of an order to show cause pursuant to NAC 639.965 directing the non-compliant Respondent(s) to appear before the Board at the next regularly scheduled meeting for a show cause hearing. If such a hearing results in a finding of a violation of this Order by any Respondent, the Board may impose additional discipline upon the non-compliant Respondent(s) consistent with the provisions of NRS Chapter 639.

11. General Counsel will present this Stipulation to the Board for approval pursuant to NRS 622.330 at the Board's regularly scheduled public meeting on September 4, 2024. Respondents will appear in person at the meeting to answer questions from the Board Members and/or Board Staff. The Board Members and Staff may discuss and deliberate regarding this Stipulation, even if Respondents or counsel are not present at the meeting.

12. The Board has discretion to accept this Stipulation, but it is not obligated to do so. If this Stipulation is approved by the Board, it shall be a public record pursuant to NRS 622.330 and shall be reported to the National Practitioner Data Bank pursuant to 42 USC § 1396r–2 and 45 CFR Part 60.

13. If the Board rejects any part or all of this Stipulation, and unless they reach an alternative agreement on the record during the hearing, the parties agree that a full hearing on the merits of this matter may be heard by the Board at a later date. The terms and admissions herein may not be used or referred to in a full hearing on the merits of this matter.

14. Upon approval of this Stipulation by the Board, Respondents shall pay the fines agreed to herein by personal, business, certified or cashier's check or money order made payable to "State of Nevada, Office of the Treasurer," to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, due and payable by December 1, 2024.

15. Upon approval of this Stipulation by the Board, Respondents shall pay the attorney's fees and investigative costs agreed to herein by personal, business, certified or cashier's check or money order made payable to the "Nevada State Board of Pharmacy" to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, due and payable by December 1, 2024.

16. Subject to the approval of this Stipulation by the Board, the Board and Respondents agree to release one another from any and all additional claims arising from the facts set forth in the Accusation on file herein, whether known or unknown that might otherwise have existed on or before the effective date of this Order.

Respondents have fully considered the charges and allegations contained in the *Notice of Intended Action and Accusation* in this matter, and the terms of this Stipulation, and have knowingly and voluntarily agreed to the terms set forth herein, and waived certain rights, as stated herein.

AGREED:

Signed this 16th day of August 2024

WALGREENS PHARMACY #03845
Pharmacy License No. PH01064

Signed this ___ day of _____ 2024

YOOJIN JEONG, RPH
Certificate of Registration No. 18030

APPROVED AS TO FORM AND CONTENT
this ___ day of _____ 2024

WILLIAM J. STILLING, ESQ.
Counsel for Respondents

Signed this ___ day of _____ 2024

BRETT KANDT
General Counsel
Nevada State Board of Pharmacy

ORDER

The Nevada State Board of Pharmacy hereby adopts the foregoing Stipulation as to Respondent Walgreens Pharmacy #03845, Pharmacy License No. PH01064, and Respondent Yoojin Jeong, RPh, Certificate of Registration No. 18030, in Case Nos. 22-366-PH-S and 22-366-RPH-S, and hereby orders that the terms of the foregoing Stipulation be made immediately effective upon execution below.

IT IS SO ORDERED.

Entered this 4th day of September 2024.

Helen Park, Pharm.D.
President
Nevada State Board of Pharmacy

Respondents have fully considered the charges and allegations contained in the *Notice of Intended Action and Accusation* in this matter, and the terms of this Stipulation, and have knowingly and voluntarily agreed to the terms set forth herein, and waived certain rights, as stated herein.

AGREED:

Signed this ___ day of _____ 2024

WALGREENS PHARMACY #03845
Pharmacy License No. PH01064

Signed this 23 day of August 2024

YOOJIN JEONG, RPH
Certificate of Registration No. 18030

APPROVED AS TO FORM AND CONTENT
this ___ day of _____ 2024

/s/ William J. Stilling

WILLIAM J. STILLING, ESQ. Counsel for Respondents

Signed this ___ day of _____ 2024

BRETT KANDT
General Counsel
Nevada State Board of Pharmacy

ORDER

The Nevada State Board of Pharmacy hereby adopts the foregoing Stipulation as to Respondent Walgreens Pharmacy #03845, Pharmacy License No. PH01064, and Respondent Yoojin Jeong, RPh, Certificate of Registration No. 18030, in Case Nos. 22-366-PH-S and 22-366-RPH-S, and hereby orders that the terms of the foregoing Stipulation be made immediately effective upon execution below.

IT IS SO ORDERED.

Entered this 4th day of September 2024.

Helen Park, Pharm.D.
President
Nevada State Board of Pharmacy

Respondents have fully considered the charges and allegations contained in the *Notice of Intended Action and Accusation* in this matter, and the terms of this Stipulation, and have knowingly and voluntarily agreed to the terms set forth herein, and waived certain rights, as stated herein.

AGREED:

Signed this ___ day of _____ 2024

WALGREENS PHARMACY #03845
Pharmacy License No. PH01064

Signed this 23 day of August 2024

YOOJIN JEONG, RPH
Certificate of Registration No. 18030

APPROVED AS TO FORM AND CONTENT
this ___ day of _____ 2024

/s/ William J. Stilling

WILLIAM J. STILLING, ESQ. Counsel for Respondents

Signed this 3 day of SEPTEMBER 2024

BRETT KANDT
General Counsel
Nevada State Board of Pharmacy

ORDER

The Nevada State Board of Pharmacy hereby adopts the foregoing Stipulation as to Respondent Walgreens Pharmacy #03845, Pharmacy License No. PH01064, and Respondent Yoojin Jeong, RPh, Certificate of Registration No. 18030, in Case Nos. 22-366-PH-S and 22-366-RPH-S, and hereby orders that the terms of the foregoing Stipulation be made immediately effective upon execution below.

IT IS SO ORDERED.

Entered this 4th day of September 2024.

Helen Park, Pharm.D.
President
Nevada State Board of Pharmacy

Respondents have fully considered the charges and allegations contained in the *Notice of Intended Action and Accusation* in this matter, and the terms of this Stipulation, and have knowingly and voluntarily agreed to the terms set forth herein, and waived certain rights, as stated herein.

AGREED:

Signed this 16th day of August 2024

WALGREENS PHARMACY #03845
Pharmacy License No. PH01064

Signed this ___ day of _____ 2024

YOOJIN JEONG, RPH
Certificate of Registration No. 18030

APPROVED AS TO FORM AND CONTENT
this ___ day of _____ 2024

WILLIAM J. STILLING, ESQ.
Counsel for Respondents

Signed this ___ day of _____ 2024

BRETT KANDT
General Counsel
Nevada State Board of Pharmacy

ORDER

The Nevada State Board of Pharmacy hereby adopts the foregoing Stipulation as to Respondent Walgreens Pharmacy #03845, Pharmacy License No. PH01064, and Respondent Yoojin Jeong, RPh, Certificate of Registration No. 18030, in Case Nos. 22-366-PH-S and 22-366-RPH-S, and hereby orders that the terms of the foregoing Stipulation be made immediately effective upon execution below.

IT IS SO ORDERED.

Entered this 4th day of September 2024.

Helen Park, Pharm.D.
President
Nevada State Board of Pharmacy

FILED
FEB 27 2024
NEVADA STATE BOARD
OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **WALGREENS PHARMACY #03845, Pharmacy License No. PH01064, and** **YOOJIN JEONG, RPH, Certificate of Registration No. 18030,** **Respondents.**	**CASE NOS. 22-366-PH-S** **22-366-RPH-S** **NOTICE OF INTENDED ACTION AND ACCUSATION**

J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, makes the following that will serve as both a notice of intended action under NRS 233B.127(3) and as an accusation under NRS 622A.300(1) and NRS 639.241.

JURISDICTION

1. The Nevada State Board of Pharmacy (Board) has jurisdiction over this matter because at the time of the events alleged herein, Respondent Yoojin Jeong, RPh (Jeong), Certificate of Registration No. 18030, was a pharmacist registered with the Board, and Respondent Walgreens Pharmacy #03845, Pharmacy License No. PH01064, was a pharmacy licensed by the Board.

FACTUAL ALLEGATIONS

2. Jeong was employed as pharmacist by Walgreens Pharmacy #03845 at the time of the events alleged herein.

3. On or about June 16, 2022, in the course of dispensing prescription no. 4180718 for Doxycycline Monohydrate and prescription no. 4180719 for Clindamycin 1% topical solution to patient P.C. at Walgreens Pharmacy #03845, Jeong also dispensed prescription no. 4147239

for Valsartan/HCTZ 320 mg/12.5m tablets, intended for patient D.C., a patient with the same last name as patient P.C.

4. P.C. ingested the erroneously dispensed medication for 18 days, and experienced negative medical outcomes including severe headaches.

COUNT ONE

Error in Dispensing Prescription/Unprofessional Conduct/ Pharmacy Responsibility
(Respondents Jeong and Walgreens Pharmacy #03845)

5. Unprofessional conduct includes the failure by a registrant to follow strictly the instructions of a practitioner when filling, labeling, and dispensing a prescription. NAC 639.945(1)(d). Unprofessional conduct also includes a licensee performing his or her duties in an "incompetent, unskillful, or negligent manner." NAC 639.945(1)(i).

6. Respondent Jeong engaged in unprofessional conduct as defined in NAC 639.945(1)(d) and (i) when he erroneously dispensed prescription no. 4147239 to P.C., resulting in patient harm, and is therefore subject to discipline pursuant to NRS 639.210(4).

7. Any violation of any of the provisions of NRS Chapter 639 by a managing pharmacist or by personnel of the pharmacy is cause for the suspension or revocation of the license of the pharmacy by the Board. NRS 639.230(5); NAC 639.702. Further, the owner of any business or facility licensed, certified or registered by the Board is responsible for the acts of all personnel in his or her employ. NAC 639.945(2).

8. As the pharmacy/pharmacy owner at which the violations of law alleged herein occurred, Respondent Walgreens Pharmacy #03845 is responsible for those violations, including all errors and omissions of Jeong, pursuant to NRS 639.230(5), NAC 639.702 and/or NAC 639.945(2).

WHEREFORE, it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to the licenses and certificates of registrations of these Respondents.

Signed this 22nd day of FEBRUARY 2024.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

FINDINGS OF FACT, CONCLUSIONS OF LAW, AND ORDER

DALE E. HAWKINS, R.Ph.,
Certificate of Registration #15891,

Case No. 05-042-RPH-S

WALGREENS #03845,
Certificate of Registration #PH01064,

Case No. 05-042-PH-S

WALGREENS CO.,
An Illinois Corporation,

Case No. 05-042-PH-S

Respondents.

THIS MATTER was heard by the Nevada State Board of Pharmacy (hereinafter Board) at its regular meeting on January 11, 2006 in Las Vegas, Nevada. The Board was represented by Louis Ling, General Counsel to the Board. All Respondents were represented by Robert C. Graham. Based on the presentations of the parties and the public records in the possession and control of the Board, the Board issues the following Findings of Fact, Conclusions of Law, and Order:

FINDINGS OF FACT

1. At hearing, the parties agreed that Respondents would not contest the facts as stated in the Notice of Intended Action and Accusation in this matter. Based upon this agreement, Board Staff presented no testimony or evidence. Respondents presented the testimony of Mr. Hawkins and Holly Prievo. Based on the presentations of the parties and the public records in the possession and control of the Board, the Board finds the following to be the facts of this matter.

2. On August 19, 2005, Patient T, a two-year-old girl with a hypothyroid condition, saw her physician, Dr. Alan Rice. Dr. Rice prescribed Levoxyl 125 mcg. tablets with directions for use, "Take ½ tablet by mouth every day."

3. Patient T's prescription had eleven refills. Patient T's parents had the new prescription filled and had two refills filled before Patient T saw Dr. Rice again. It was discovered at Patient T's appointment with Dr. Rice that her prescription had been filled and refilled twice with Levoxyl 25 mcg. tablets rather than the 125 mcg. tablets ordered. Thus, Patient T was receiving only 125 mcg. of Levoxyl per day instead of the 625 mcg. prescribed by Dr. Rice, resulting in a five-times underdosage. Fortunately, Dr. Rice did not believe that Patient T would suffer any long term consequences due to the error.

4. Mr. Hawkins was the pharmacist responsible for verification of the prescription information that had been entered into the pharmacy's computer system by a pharmaceutical technician while both were employed at Walgreens #3845. At hearing, Mr. Hawkins could not explain how or why he did not catch the pharmaceutical technician's erroneous entry of the strength of Patient T's Levoxyl prescription.

5. The Board's records of which the Board took administrative notice show that Walgreens #3845 has two previous disciplinary actions against it (Case Nos. 05-020-S and 04-029-S), making it the most disciplined of Walgreens' pharmacies in Nevada. Mr. Hawkins and Ms. Prievo testified that the Walgreens #3845 pharmacy is unique in Walgreens' Nevada operations because of its patient load and location, making it a store that might be prone to more errors and difficulties because of its volume and the types of prescriptions that make up the volume. Mr. Hawkins and Ms. Prievo explained that Walgreens has discussed and implemented several managerial remediations to attempt to address the special needs of Walgreens #3845. Nonetheless, Ms. Prievo

acknowledged that it is possible that Walgreens #3845 may continue to experience more errors and problems that other Walgreens pharmacies into the foreseeable future.

CONCLUSIONS OF LAW

1. The Nevada State Board of Pharmacy has jurisdiction over this matter because Respondent Hawkins is a pharmacist licensed by the Board and Walgreens #03845 is a pharmacy licensed by the Board.

2. By filling and dispensing a prescription for Patient T that was the wrong strength, namely Levoxyl 25 mcg. rather than the Levoxyl 125 mcg. prescribed by Dr. Rice, Mr. Hawkins violated NRS 639.210(4) and NAC 639.945(1)(d) and (i).

3. In being repeatedly negligent, as is evidenced by the Board's order in Case No 05-020-S, Mr. Hawkins violated NRS 639.210(4) and (16) and NAC 639.945(1)(i).

4. In being repeatedly negligent, as evidenced by the Board's orders in Case Nos. 05-020-S and 04-029-S, Walgreens #03845 violated NRS 639.210(4) and (16) and NAC 639.945(1)(i) and (2).

5. In being repeatedly negligent as the owner of Walgreens #03845, as evidenced by the Board's orders in Case Nos. 05-020-S and 04-029-S, Walgreens Co. violated NRS 639.210(4) and (16) and NAC 639.945(1)(i) and (2).

ORDER

Based upon the foregoing, the Board hereby orders the following:

1. Mr. Hawkins shall pay a fine of $250.00 by cashier's or certified check or money order made payable to "State of Nevada, Office of the Treasurer" to be received by the Board's Reno office within 90 days of the effective date of this Order.

2. Mr. Hawkins shall pay one-half of the Board's costs and attorney's fees of $405.00 and the Board's administrative fee of $250.00, for a total of $327.50 ($405.00

+ $250.00 / 2 = $327.50) by cashier's or certified check or money order made payable to "Nevada State Board of Pharmacy" to be received by the Board's Reno office within 90 days of the effective date of this Order.

3. Mr. Hawkins shall be on probation for the period of time necessary to complete the following terms and conditions:

a. Mr. Hawkins shall participate in the Your Success Rx pharmacist's remedial program (hereinafter "the program") according to the terms and conditions imposed by the program. Mr. Hawkins shall contact the program within ten days of the effective date of this Order to arrange for his participation in the program.

b. Mr. Hawkins shall cooperate fully and genuinely with the needs, demands, and requirements of the program.

c. Mr. Hawkins shall inform and assure that his employing pharmacy is made aware of his participation in the program and that his employing pharmacy accommodates the program's needs regarding Mr. Hawkins's time needed to participate in the program and the program's potential need to be present in the employing pharmacy.

d. Mr. Hawkins shall pay one-half of the cost of his participation in the program by cashier's or certified check or money order made payable to "Nevada State Board of Pharmacy" to be received by the Board's Reno office within 30 days after being notified by Board Staff what those costs are at the conclusion of the program.

e. When Mr. Hawkins has completed the program, the program shall submit to Board Staff a final report regarding Mr. Hawkins's participation in the program. Board Staff may set an item on the Board's subsequent agenda regarding the report to discuss the report with the Board. If Board Staff determines to set an item on the

Board's agenda, Mr. Hawkins may be required by Board Staff to be present for the Board's discussion, which may be held in open or closed session at the discretion of the Board.

4. Walgreens #3845 shall pay one-half the Board's costs and attorney's fees of $405.00 and the Board's administrative fee of $250.00, for a total of $327.50 ($405.00 + $250.00 / 2 = $327.50) by cashier's or certified check or money order made payable to "Nevada State Board of Pharmacy" to be received by the Board's Reno office within 90 days of the effective date of this Order.

5. The probation presently imposed upon Walgreens #3845 in Case Nos. 04-029-PH-S and 05-020-S shall be extended for an additional year, meaning that it shall not expire until February 3, 2008. All of the conditions contained in the probation as ordered in Case Nos. 04-029-PH-S and 05-020-S shall remain in effect as if set forth herein.

6. The failure by Mr. Hawkins to comply with any term in this order shall result in the immediate suspension of his license and will also result in further discipline, up to and including revocation of his license. The failure by Walgreens #3845 or Walgreen Co. to comply with any term in this order shall result in a fine of $1,000 per day for every day that it has failed to comply with the Order until the Order is fully complied with, up to a total fine not to exceed $30,000, and will also result in further discipline, up to and including revocation of the its license.

Signed this 8th day of February, 2006.

Joseph R. Kellogg, President
Nevada State Board of Pharmacy

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

DALE E. HAWKINS, RPH
Certificate of Registration No. 15891

WALGREENS #03845
Certificate of Registration No. PH01064,

WALGREEN CO.
An Illinois Corporation

Respondents.

NOTICE OF INTENDED ACTION AND ACCUSATION

Case No. 05-042-RPH-S

Case No. 05-042-PH-S

Case No. 05-042-PH-S

COMES NOW Larry L. Pinson, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, and makes the following that will serve as both a notice of intended action under Nevada Revised Statutes (NRS) 233B.127(3) and as an accusation under NRS 639.241.

I.

The Nevada State Board of Pharmacy has jurisdiction over this matter because Respondent Dale E. Hawkins is a pharmacist licensed by the Board, Walgreens #03845 is a pharmacy licensed by the Board, located at 2280 North Las Vegas Boulevard, North Las Vegas, Nevada, and Walgreen Co. is the corporate owner of Walgreens #03845.

II.

On or about August 19, 2005, Patient T, a two-year old child, saw her physician Dr. Alan Rice. Patient T is being treated for a hypo thyroid condition in which it is imperative that the patient's medication therapy be carefully followed. Patient T was

prescribed Levoxyl 125 mcg. tablets with directions to take ½ tablet by mouth every day.

III.

Patient T's prescription had eleven refills. Patient T's parents had the new prescription filled and had two refills filled before Patient T saw Dr. Rice again. It was discovered at Patient T's appointment with Dr. Rice that her prescription was filled with Levoxyl 25 mcg. tablets. Patient T was only receiving 12.5 mcg. of Levoxyl per day rather than the 62.5 mcg. prescribed by Dr. Rice. Fortunately, Dr. Rice did not think Patient T would suffer any long-term harm due to this error.

IV.

Mr. Hawkins was the pharmacist responsible for verification of the prescription that had been entered into the computer by a pharmaceutical technician while both were employed at Walgreens #03845.

FIRST CAUSE OF ACTION

V.

By filling and dispensing a prescription for Patient T that was the wrong strength, namely Levoxyl 25 mcg. tablets rather than the Levoxyl 125 mcg. tablets prescribed by Dr. Rice, Respondent Hawkins violated NRS 639.210(4) and NAC 639.945(1)(d), and (i).

SECOND CAUSE OF ACTION

VI.

On August 18, 2005, the Board entered Findings of Fact, Conclusions of Law, and Order in a case entitled *Nevada State Board of Pharmacy v. Dale E. Hawkins, Vy L. Tran, Walgreens #03845 and Walgreen Co.* (Case No. 05-020-S). The facts of that

case as found by the Board involved Ms. Elsa Mensah's receiving a prescription that was not hers. Ms. Mensah's physician had ordered three prescriptions for Ms. Mensah, one of which was Atenolol 100 mg. tablets. The prescriptions were faxed to Walgreens #03845. At the same time the physician transmitted Ms. Mensah's three prescriptions to Walgreens #03845, he also transmitted a fourth prescription for a different patient for Diltiazem HCL 90 mg. tablets. A pharmaceutical technician processed all four of the prescriptions and did not notice that one of the prescriptions was not for Ms. Mensah. Mr. Hawkins reviewed the four prescriptions and failed to notice that the Diltiazem HCL 90 mg. prescription was not for Ms. Mensah. Ms. Mensah picked up her prescriptions including the Diltiazem HCL 90 mg. prescription that was not actually hers. Mr. Tran was the pharmacist on duty at the time Ms. Mensah picked up the prescriptions. Ms. Mensah claimed she was not counseled and the counseling log made and maintained at Walgreens #03845 contained no record of Ms. Mensah's prescriptions. Ms. Mensah began her medication therapy as directed on her medications. Ms. Mensah began experiencing weakness and spontaneous fainting episodes that resulted in bruising, pain, and some embarrassment resulting from her fainting episodes.

VII.

In being repeatedly negligent, as is evidenced by the Board's Order in Case No. 05-020-S, Mr. Hawkins violated NRS 639.210(4) and (16) and NAC 639.945(1)(i).

THIRD CAUSE OF ACTION

VIII.

On February 3, 2005, the Board entered Findings of Fact, Conclusions of Law, and Order in a case entitled *Nevada State Board of Pharmacy v. Walgreens #03845*

and Walgreen Co. (Case No. 04-029-PH-S). The facts of that case as found by the Board were that Ms. Griego lacerated her index finger while working. Ms. Griego was directed to Walgreens #03845 to handle her industrial accident prescription needs. Ms. Griego was allergic to penicillin. The physician's assistant that treated her for her cut finger wrote a prescription for a product written as "Amox." Walgreen's #03845 did not take any information from Ms. Griego nor was she asked if she had allergies. The prescription was filled and dispensed at the drive-up window at Walgreens #03845, and Ms. Griego did not receive any counseling from a pharmacist, nor was there any record or entry on Walgreens #03845's counseling log regarding Ms. Griego's prescription. The Board found that Walgreens #03845 had failed to counsel the patient and had failed to document the counseling. The Board placed Walgreens #03845 on probation for a period of one year while Walgreens studied how to improve its counseling at its Nevada pharmacies.

IX.

In being repeatedly negligent, as evidenced by the Board's Order in Case Nos. 05-020-S and 04-029-S, Walgreens #03845 has violated NRS 639.210(4) and (16) and 639.945(1)(i) and (2).

X.

In being repeatedly negligent as the common owner of Walgreens #03845, in which repeated disciplinary actions have occurred as evidenced by the Board's Orders in Case Nos. 05-020-S and 04-029-S, Walgreens Company has violated NRS 639.210(4) and (16) and 639.945(1)(i) and (2).

WHEREFORE it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to the certificates of registration of the Respondents.

Signed this 30th day of November, 2005.

Larry L. Pinson, Executive Secretary
Nevada State Board of Pharmacy

NOTICE TO RESPONDENT

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements regarding your certificate of registration. To do so, you must mail to the Board within 15 days of your receipt of this Notice of Intended Action and Accusation a written statement showing your compliance.

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

DALE E. HAWKINS, RPH
Certificate of Registration No. 15891

VY L. TRAN, RPH
Certificate of Registration No. 15600

WALGREENS #03845
Certificate of Registration No. PH01064,

WALGREEN CO.
An Illinois Corporation

Respondents.

NOTICE OF INTENDED ACTION AND ACCUSATION

Case No. 05-020A-RPH-S

Case No. 04-020B-RPH-S

Case No. 05-020-PH-S

Case No. 05-020-PH-S

COMES NOW Keith W. Macdonald, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, and makes the following that will serve as both a notice of intended action under Nevada Revised Statutes (NRS) 233B.127(3) and as an accusation under NRS 639.241.

I.

The Nevada State Board of Pharmacy has jurisdiction over this matter because Respondent Dale E. Hawkins and Respondent Vy L. Tran are pharmacists licensed by the Board, Walgreens #03845 is a pharmacy licensed by the Board, located at 2280 North Las Vegas Boulevard, North Las Vegas, Nevada, and Walgreen Co. is the corporate owner of Walgreens #03845.

II.

On or about November 29, 2004, Patient M saw her physician Dr. J. Talley. She was prescribed several new prescriptions that were faxed to Walgreens #03845. One of the prescriptions was for Atenolol 100 mg. tablets. Dr. Talley also faxed prescriptions for another patient (Patient X) to Walgreens #03845 at the same time.

III.

Patient X was prescribed Diltiazem HCL 90 mg. #90 with three refills. Respondent Hawkins filled Patient X's Diltiazem HCL prescription with a label that incorrectly indicated that the prescription was for Patient M. Patient M picked up her prescriptions, including prescription #0955004 on or about December 2, 2004. The Board's investigation showed that Patient M was not counseled regarding her new prescriptions and that there was no record or entry on Walgreens #03845's counseling log at all regarding Patient M's prescriptions.

IV.

Patient M began ingesting her medications, including the incorrect Diltiazem 90 mg., according to the instructions on the labels. Patient M refilled the prescription for Diltiazem on or about January 31, 2005 at Walgreens #03845. Patient M began having tingling sensations in her arms and they would often feel limp. Patient M began having frequent blackouts and would faint. Patient M also fell down several times, but fortunately, she did not seriously injure herself. Patient M went to see Dr. Talley on February 16, 2005 and brought her medications with her for him to review with her. Dr. Talley found the prescription for Diltiazem and immediately understood the reasons for

her symptoms, namely that Patient M should not have been taking Diltiazem since she was already taking Atenolol 100 mg. tablets and Lovastatin 20 mg. tablets for her blood pressure.

V.

After discovering the problem, Dr. Talley contacted Walgreens #03845 and it was determined that Patient M received another patient's prescription for Diltiazem.

VI.

In a statement by Respondent Hawkins, it was determined that a pharmaceutical technician pulled four prescriptions off the fax machine from Dr. Talley and processed them. The pharmaceutical technician did not notice that one of the prescriptions was not for Patient M. Respondent Hawkins reviewed the filled prescriptions and approved them. When Patient M picked up her prescriptions three days later, Patient M picked up her prescriptions at approximately 8:00 p.m. At that time, Respondent Tran was the only pharmacist on duty. After examining the counseling log at Walgreens #03845, it was determined that none of Patient M's prescription numbers appeared on the counseling long and that Patient M had not been counseled by Respondent Tran.

FIRST CAUSE OF ACTION

VII.

By filling and dispensing a prescription for Patient M that was not prescribed for her, namely Diltiazem 90 mg. prescription, Respondent Hawkins violated NRS 639.210(4) and NAC 639.945(1)(b), (d), and (i).

SECOND CAUSE OF ACTION

VIII.

In failing to counsel Patient M on her new prescriptions and in failing to provide any record regarding the prescriptions in the pharmacy's counseling log, Respondent Tran violated NRS 639.210(4) and 639.266(1) and NAC 639.707(1) and (6) and 639.945(1)(i).

THIRD CAUSE OF ACTION

IX.

In failing to counsel Patient M on her new prescriptions and in failing to have any record regarding the prescriptions in the pharmacy's' counseling log, Walgreens #03845 violated NRS 639.210(4) and 639.266(1) and NAC 639.707(1) and (6) and 639.945(1)(i) and (2).

FOURTH CAUSE OF ACTION

X.

On May 23, 2003, the Board entered Findings of Fact, Conclusions of Law and Order in a case entitled *Nevada State Board of Pharmacy v. Peter S. Trinh and Walgreens #04197* (Case No. 03-011-S). The facts of this case involved a prescription for morphine sulfate for an elderly patient on which the directions for use were in teaspoons rather than cc's, resulting in a five-times overdose. One of the conclusions of law was that Mr. Trinh and Walgreens #04197 had failed to counsel the patient as required by Nevada law.

XI.

On July 21, 2004, Board President Larry L. Pinson accepted and signed a

stipulated agreement that was offered and accepted by Walgreens #4755 (*Nevada State Board of Pharmacy v. Walgreens #4755*, Case No. 04-006-S). Walgreens #4755 was charged in case number 04-006-PH-S with failing to counsel on a new prescription for Mexiletine and failing to have any record regarding the prescription in the pharmacy's counseling log.

XII.

On November 2, 2004, the Board entered Findings of Fact, Conclusions of Law and Order in a case entitled *Nevada State Board of Pharmacy v. George E. Moore and Walgreens #04197* (Case No. 04-049-S). The facts of this case involved two prescriptions. One was written for Halcion 0.125 mg. tablets #40 with directions to take one tablet every night at bedtime, however he could take two tablets if needed for sleep. The second prescription was for DDAVP 0.2 mg. tablets #30 with directions to take two tablets every night at bedtime. The pharmacy only had three bottles of #10 Halcion in stock and would have to order a fourth bottle. Inadvertently the label for the DDAVP was placed on one of the stock bottles of Halcion. Patient Z's prescriptions were dispensed at the drive through window of Walgreens #04197 and neither the patient nor his daughter spoke to a pharmacist during the transaction. One of the conclusions of law was that Mr. Moore and Walgreens #04197 failed to counsel the patient at the drive through window as required by Nevada law.

XIII.

On December 21, 2004, the Board entered Findings of Fact, Conclusions of Law, and Order in a case entitled *Nevada State Board of Pharmacy v. Zachary W. Bergan and Walgreens #4788* (Case No. 04-063-N). The facts of that case involved a

twelve-year-old boy who received a prescription for Prednisolone 5mg/5ml liquid from his physician after a tonsillectomy. Mr. Bergen mistakenly filled the prescription with Prednisolone 15mg/5ml. One of the conclusions of law was that Patient B's father picked up the prescription for his son at the drive through window and was not counseled on this new prescription.

XIV.

On February 3, 2005, the Board entered Findings of Fact, Conclusions of Law, and Order in a case entitled *Nevada State Board of Pharmacy v. Walgreens #03845 and Walgreen Co.* (Case No. 04-029-PH-S). The facts of that case were that Ms. Griego lacerated her index finger while working. Ms. Griego was directed to Walgreens #03845 to handle her industrial accident prescription needs. Ms. Griego was allergic to penicillin. The physician's assistant that treated her for her cut finger wrote a prescription for a product written as "Amox." Walgreen's #03845 did not take any information from Ms. Griego nor was she asked if she had allergies. The prescription was filled and dispensed at the drive-up window and Ms. Griego did not receive any counseling from a pharmacist, nor was there any record or entry on Walgreens #03845's counseling log regarding Ms. Griego's prescription. The Board found that Walgreens #03845 had failed to counsel the patient and had failed to document the counseling. The Board placed Walgreens #03845 on probation for a period of one year while Walgreens studied how to improve its counseling at its Nevada pharmacies.

XV.

In being repeatedly negligent as the common owner of Walgreens #04197,

04755, 03845, and 04788 in which repeated failures to counsel and to document counseling occurred, Walgreens Company has violated NRS 639.210(4) and (16) and 639.266(1) and NAC 639.707 and 639.945(1)(i) and (2).

FIFTH CAUSE OF ACTION

XVI.

In being repeatedly negligent as evidenced by the Board's Order in Case No. 04-029-PH-S by failing to provide counseling and to document counseling occurred, Walgreens #03845 violated NRS 639.210(4) and (16) and 639.266(1) and NAC 639.707 and 639.945(1)(i) and (2).

WHEREFORE it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to the certificates of registration of the Respondents.

Signed this 9 day of June, 2004.

Keith W. Macdonald, Executive Secretary
Nevada State Board of Pharmacy

NOTICE TO RESPONDENT

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements regarding your certificate of registration. To do so, you must mail to the Board within 15 days of your receipt of this Notice of Intended Action and Accusation a written statement showing your compliance.

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

FINDINGS OF FACT, CONCLUSIONS OF LAW, AND ORDER

DALE E. HAWKINS, R.Ph., Certificate of Registration #15891, — **Case No. 05-020A-RPH-S**

VY L. TRAN, R.Ph., Certificate of Registration #15600, — **Case No. 05-020B-RPH-S**

WALGREENS #03845, Certificate of Registration #PH01064, — **Case No. 05-020-PH-S**

WALGREENS CO., An Illinois Corporation, — **Case No. 05-020-PH-S**

Respondents.

THIS MATTER was heard by the Nevada State Board of Pharmacy (hereinafter Board) at its regular meeting on July 20, 2005 in Las Vegas, Nevada. The Board was represented by Louis Ling, General Counsel to the Board. All Respondents were represented by Robert C. Graham. Based on the presentations of the parties and the public records in the possession and control of the Board, the Board issues the following Findings of Fact, Conclusions of Law, and Order:

FINDINGS OF FACT

1. At hearing, Board staff presented the testimony of Elsa Mensah and Jeri Walter, and Respondents presented the testimony of Dale Hawkins, Vy Tran, Matt Forster, and Tasha Polster. The parties stipulated to and jointly introduced 18 documents that were accepted into evidence. Based on the presentations of the

parties and the public records in the possession and control of the Board, the Board finds the following to be the facts of this matter.

2. On November 29, 2004, Ms. Mensah visited her doctor, Dr. Talley. Ms. Mensah had suffered a stroke several years earlier and was on various medications to address her medical conditions. On November 29, 2004, Dr. Talley ordered three prescriptions for Ms. Mensah, one of which was for Atenolol 100 mg. tablets. The prescriptions were transmitted by fax by Dr. Talley to Walgreens #3845.

3. At the same time that Dr. Talley transmitted Ms. Mensah's three prescriptions to Walgreens #3845, Dr. Talley also transmitted a fourth prescription for a different patient for Diltiazem HCL 90 mg. #90.

4. At hearing, Mr. Hawkins explained that the four prescriptions from Dr. Talley were all processed at the same time by a pharmaceutical technician at Walgreens #3845. When Mr. Hawkins reviewed the four prescriptions filled by the pharmaceutical technician, he failed to notice that the Diltiazem HCL 90 mg. prescription was not for Ms. Mensah and was, instead, intended for a different patient. Because Mr. Hawkins failed to notice the pharmaceutical technician's error, the Diltiazem HCL 90 mg. prescription was dispensed with a label on which Mr. Mensah's name appeared as the patient.

5. On December 2, 2004, Ms. Mensah picked up her prescriptions, including the Diltiazem HCL 90 mg. prescription that was not actually hers. Mr. Tran was the only pharmacist on duty at the time Ms. Mensah picked up the prescriptions on December 2, 2004. Ms. Mensah testified that she was not counseled regarding any of the

prescriptions when she picked them up. The counseling log made and maintained at Walgreens #3845 contained no record of Ms. Mensah's prescriptions.

6. After picking up her prescriptions, Ms. Mensah began taking the prescriptions according to the directions for use, including taking the Diltiazem HCL 90 mg. prescription. Ms. Mensah testified that after she began taking the Diltiazem HCL 90 mg. prescriptions along with her other prescriptions, she experienced weakness and spontaneous fainting episodes which Ms. Mensah described as being as if "somebody turned off a switch." The weakness and fainting episodes continued after Ms. Mensah refilled her prescriptions, including the errant Diltiazem CHL 90 mg. prescription, on January 31, 2005. Ms. Mensah expressed that she suffered bruising, pain, and some embarrassment resultant from her fainting episodes.

7. After one fainting episode, on February 16, 2005, Ms. Mensah visited Dr. Talley. At this visit, Dr. Talley discovered that Ms. Mensah had been taking in error the Diltiazem HCL 90 mg. prescription. Dr. Talley brought his discovery to the attention of Walgreens #3845.

8. At hearing, Ms. Mensah described Walgreens #3845 as being a very busy pharmacy, and she expressed sympathy with the pharmacy's employees who seemed to be working very hard to keep up. Ms. Mensah also testified that when the prescription error had been discovered, she contacted Walgreens #3845 and received an unsatisfying response from the person she spoke with.

9. At hearing, Ms. Walter, the Board Coordinator, testified that the Board's investigative and disciplinary process regarding pharmacists and pharmacies commences upon the filing of a complaint by a patient. Ms. Walter explained that she

was the person assigned to receive complaints, to assign those complaints to investigators, and to otherwise deal with disciplinary matters. Ms. Walter explained that the Board's staff could not, in any way, influence or control who the subjects of complaints and investigations were, since the complaints were made by patients and were not generated by the Board's staff.

10. Ms. Walter testified that one of her duties was to make and maintain the Board's records regarding complaints made and discipline imposed. Ms. Walter explained the source of various data that was contained in two of the Board's exhibits. One of the exhibits contained listings of all complaints made in the years 1999 through 2005 showing the disposition of each of the complaints. The compilation of Ms. Walter's records showed that Walgreens had 23 actions in which discipline was imposed upon them and that the next nearest of Walgreens' competitors in terms of discipline imposed were Rite Aid and Albertson/Savon which each had 11 discipline actions during the same time. The compilation also showed that in the Las Vegas market Walgreens had 50 pharmacies, whereas Albertsons/Savon had 57 pharmacies, and that statewide Walgreens had 55 pharmacies, whereas Albertsons/Savon had 72 pharmacies.

11. At hearing, neither Mr. Hawkins nor Mr. Tran could explain why Ms. Mensah had not been counseled and why her prescriptions did not appear on Walgreens #3845's log. Mr. Forster, Regional Manager for Walgreens, explained that language barriers may account for the poor counseling performance at Walgreens #3845. Mr. Hawkins, Mr. Tran, and Mr. Forster all admitted that Walgreens #3845 is a very busy

pharmacy, and Mr. Forster testified that Walgreens #3845 is the chain's highest volume pharmacy in Nevada.

12. At hearing, Ms. Polster provided information regarding Walgreens' new computer system that will provide a "lock-out" for further processing of all prescriptions for which counseling is legally mandated until the pharmacist has provided the counseling.

13. Included in the Board's record were copies of the Board's Orders in five previous cases in which Walgreens Co. was the pharmacies' owners in which the Board found facts, concluded that laws had been violated, and had imposed discipline as the result of the various Walgreens pharmacies' failures to provide legally mandated counseling or to document the counseling as required by law.

CONCLUSIONS OF LAW

1. The Nevada State Board of Pharmacy has jurisdiction over this matter because Respondents Hawkins and Tran are pharmacists licensed by the Board and Walgreens #03845 is a pharmacy licensed by the Board.

2. By filling and dispensing to Ms. Mensah the Diltiazem HCL 90 mg. prescription that was not actually for her, Mr. Hawkins violated NRS 639.210(4) and 639.945(1)(b), (d), and (i).

3. In failing to counsel Ms. Mensah regarding her new prescriptions and in failing to make any record regarding her prescription in the pharmacy's counseling log, Mr. Tran violated NRS 639.210(4) and 639.266(1) and NAC 639.707(1) and (6) and 639.945(1)(i).

4. In failing to counsel Ms. Mensah on her new prescriptions and in failing to have any record regarding the prescriptions in the pharmacy's counseling log, Walgreens #3845 violated NRS 639.210(4) and 639.266(1) and NAC 639.707(1) and (6) and 639.945(1)(i) and (2).

5. In being repeatedly negligent as the common owner of Walgreens #3845, 04755, 03845, and 04788 in which repeated failures to counsel and to document counseling occurred, Walgreens Company violated NRS 639.210(4) and (16) and 639.266(1) and NAC 639.707 and 639.945(1)(i) and (2).

6. In being repeatedly negligent as evidenced by the Board's Order in Case No 04-029-PH-S by failing to provide counseling and to document counseling occurred, Walgreens #03845 violated NRS 639.210(4) and (16) and 639.266(1) and NAC 639.707 and 639.945(1)(i) and (2).

ORDER

Based upon the foregoing, the Board hereby orders the following:

1. Mr. Hawkins shall pay a fine of $250.00 by cashier's or certified check or money order made payable to "State of Nevada, Office of the Treasurer" to be received by the Board's Reno office within 90 days of the effective date of this Order.

2. Mr. Hawkins shall take three hours of continuing education regarding error prevention. The continuing education credits to satisfy this paragraph must be submitted to the Board's Reno office by September 7, 2005 and will be in addition to and will not be counted toward the 30 hours of continuing education required to be verified by the time Mr. Hawkins submits his renewal application. Board staff shall review the continuing education submitted to satisfy this paragraph. If the continuing

education is appropriate to satisfy this paragraph and is from an ACPE-approved provider, it will immediately be counted toward satisfying the requirements of this paragraph. If the continuing education is appropriate to satisfy this paragraph and is not from an ACPE-approved provider, then Board staff will submit the continuing education to the Board's continuing education committee, and if the continuing education committee approves the continuing education, then it will be counted toward satisfying the requirements of this paragraph.

3. Mr. Tran shall pay a fine of $750.00 by cashier's or certified check or money order made payable to "State of Nevada, Office of the Treasurer" to be received by the Board's Reno office within 90 days of the effective date of this Order.

2. Mr. Tran shall take three hours of continuing education regarding patient counseling. The continuing education credits to satisfy this paragraph must be submitted to the Board's Reno office by September 7, 2005 and will be in addition to and will not be counted toward the 30 hours of continuing education required to be verified by the time Mr. Tran submits his renewal application. Board staff shall review the continuing education submitted to satisfy this paragraph. If the continuing education is appropriate to satisfy this paragraph and is from an ACPE-approved provider, it will immediately be counted toward satisfying the requirements of this paragraph. If the continuing education is appropriate to satisfy this paragraph and is not from an ACPE-approved provider, then Board staff will submit the continuing education to the Board's continuing education committee, and if the continuing education committee approves the continuing education, then it will be counted toward satisfying the requirements of this paragraph.

3. Walgreens #3845 shall pay a fine of $5,000.00 ($2,500 each for the Third and Fifth Causes of Action) in cash, cashier's or certified check, or money order made payable to "State of Nevada, Office of the Treasurer" to be received by the Board's Reno office within 90 days of the effective date of this Order.

4. Walgreens #3845 shall pay the Board's costs and attorney's fees of $3,210.00 and the Board's administrative fee of $250.00, for a total of $3,460.00 by cashier's or certified check or money order made payable to "Nevada State Board of Pharmacy" to be received by the Board's Reno office within 90 days of the effective date of this Order.

5. The probation presently imposed upon Walgreens #3845 in Case No. 04-029-PH-S shall be extended for an additional year, meaning that it shall not expire until February 3, 2007. All of the conditions contained in the probation as ordered in Case No. 04-029-PH-S shall remain in effect. In addition to the terms of probation ordered in Case No. 04-029-PH-S, the Board imposes the following terms and conditions:

a. Staff for Walgreens #3845 shall obtain and complete the ISMP Medication Safety Self Assessment for Community/Ambulatory Pharmacy (ISMP Self Assessment) available from the Institution on Safe Medication Practices at www.ismp.org under the "Self Assessment" tab. After completing the ISMP Self Assessment, the managing pharmacist for Walgreens #3845 shall submit the information from the ISMP Self Assessment to ISMP through the process available on ISMP's website. The managing pharmacist shall obtain and print from the ISMP's website the preliminary aggregate results available only after the ISMP Self Assessment information has been submitted to ISMP.

b. The managing pharmacist shall provide the preliminary aggregate results to the Board's Reno office and Walgreens' district management no later than October 10, 2005. The Board's staff shall assure that the preliminary aggregate results are included in the Board's materials provided in advance of the Board's meeting scheduled for October 26 and 27, 2005.

c. The staff of Walgreens #3845 shall obtain, prepare, and complete the tasks in the preceding subparagraphs 4(a) and 4(b) without any the assistance, oversight, interference, or other involvement of Walgreens' regional, district, or national management. The Board intends that the information provided by the staff of Walgreens #3845 to be honest, truthful, accurate, complete, and free from any real or perceived concern about adverse employment consequences because the ISMP process can only work to the pharmacy's, the Board's, and the public's benefit if the information used in the process is trustworthy and accurate. The Board may provide oversight of the completion of the ISMP Self Assessment process if requested by the staff of Walgreens #3845 or if the Board's staff deems such oversight necessary to maintain the integrity of the process.

d. The Board will review the results of the ISMP process, including the preliminary aggregate results provided under subparagraph 4(b) above, at the Board meeting on October 26 and 27, 2005. Walgreens #3845 shall assure that the managing pharmacist and other management personnel shall be available when the ISMP results are discussed.

e. Walgreens #3845's operations shall conform with all applicable laws, whether federal or state and whether statutory or regulatory.

6. For a period of one year from the effective date of this Order, Walgreens Co. shall:

a. Assure that all of its pharmaceutical technicians receive three hours of continuing education or in-service training of which two hours must be directed towards the pharmaceutical technicians' role in patient counseling and one hour must be directed towards error prevention.

b. The Board Staff shall retain the services of an auditing firm to audit Walgreens #04197, #04755, #04788, and #03845 for those pharmacies' compliance with all Nevada laws related to patient counseling and the documentation of patient counseling. Walgreens Co. shall assure that all of its employees comply with the requests of Board Staff or the auditors it retains. All costs of the audit shall be paid by Walgreens Co. with 30 days of the presentation of an invoice or accounting by the auditing firm of its charges. Board Staff shall present the results of the audit to the Board at the Board's regularly scheduled meeting in October 2006.

6. The failure by Mr. Hawkins or Mr. Tran to comply with any term in this order shall result in the immediate suspension of his license and will also result in further discipline, up to and including revocation of the his license. The failure by Walgreens #3845 or Walgreen Co. to comply with any term in this order shall result in a fine of $1,000 per day for every day that it has failed to comply with the Order until the Order is

fully complied with, up to a total fine not to exceed $30,000, and will also result in further discipline, up to and including revocation of the its license.

Signed this 18th day of August, 2005.

Joseph R. Kellogg, President
Nevada State Board of Pharmacy

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

NOTICE OF INTENDED ACTION AND ACCUSATION

WALGREENS #03845,
Certificate of Registration No. PH01064

Case No. 04-029-PH-S

WALGREEN CO.,
An Illinois Corporation,

Respondent.

/

COMES NOW Keith W. Macdonald, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, and makes the following that will serve as both a notice of intended action under Nevada Revised Statutes (NRS) 233B.127(3) and as an accusation under NRS 639.241.

I.

The Nevada State Board of Pharmacy has jurisdiction over this matter because Walgreens #03845 is a pharmacy licensed by the Board, located at 2280 North Las Vegas Boulevard, North Las Vegas, Nevada. Walgreen Co. owns a number of pharmacies licensed by the Board throughout the State of Nevada.

II.

On or about April 11, 2004, Patient G saw physician assistant C. Deiuto for a follow-up check of a laceration to Patient G's left index finger. Patient G was advised by physician assistant Deiuto that she would be given a prescription for an antibiotic, however she was not told it was a prescription for Amoxicillin. Patient G was given a

prescription, for Amoxicillin 500 mg. capsules #30. Patient G took her prescription to Walgreens #03845 to be filled on April 14, 2004 (Rx #0877479-03845). The prescription was a new prescription for Patient G at Walgreens #03845.

III.

When Patient G picked up her Amoxicillin prescription at the drive through window, she was not counseled by a pharmacist at Walgreens #03845. The Board's investigation showed that there was no record or entry on Walgreens #03845's counseling log at all regarding Patient G's Amoxicillin prescription.

IV.

Patient G is allergic to penicillin and codeine. At Walgreens #03845, the pharmacy technician who spoke with Patient G and who entered the prescription information into the computer or system at Walgreens #03845 failed to query Patient G regarding her allergies and, thus, did not enter any allergy information into the computer. The pharmacist who reviewed and verified Patient G's prescription found no indicators of allergies to penicillin and filled the prescription.

V.

When Patient G got home, she opened the bag she was given at the drive through window and she discovered that the medication was Amoxicillin, a form of penicillin, and did not take any of the medication. Patient G claimed that if she had been counseled when she picked up her medication, she would not have accepted it for her drug therapy.

FIRST CAUSE OF ACTION

VI.

In failing to obtain Patient G's allergy information, in failing to counsel Patient G on her new prescription for Amoxicillin, and in failing to have any record regarding the prescription in the pharmacy's counseling log, Walgreens #03845 violated NRS 639.210(4) and 639.266(1) and NAC 639.707(1) and (6), NAC 639..708(2)(d) and 639.945(1)(i) and (2).

SECOND CAUSE OF ACTION

VII.

On May 23, 2003, the board entered Findings of Fact, Conclusions of Law and Order in a case entitled *Nevada State Board of Pharmacy v. Peter S. Trinh and Walgreens #04197* (Case No. 03-011-S). The facts of this case involved a prescription for morphine sulfate for an elderly patient on which the directions for use were in teaspoons rather than cc's, resulting in a five-times overdose. One of the conclusions of law was that Mr. Trinh and Walgreens #04197 had failed to counsel the patient as required by Nevada law.

VIII.

On July 21, 2004, Board President Larry L. Pinson accepted and signed a stipulated agreement that was offered and accepted by Walgreens #4755 (*Nevada State Board of Pharmacy v. Walgreens #4755*, Case No. 04-006-S). Walgreens #4755 was charged in case number 04-006-PH-S with failing to counsel on a new prescription for Mexiletine and failing to have any record regarding the prescription in the pharmacy's counseling log.

IX.

On November 2, 2004, the Board entered findings of Fact, Conclusions of Law and Order in a case entitled *Nevada State Board of Pharmacy v. George E. Moore and Walgreens #04197* (Case No. 04-049-S). The facts of this case involved two prescriptions. One was written for Halcion 0.125 mg. tablets #40 with directions to take one tablet every night at bedtime, however he could take two tablets if needed for sleep. The second prescription was for DDAVP 0.2 mg. tablets #30 with directions to take two tablets every night at bedtime. The pharmacy only had three bottles of #10 Halcion in stock and would have to order a fourth bottle. Inadvertently the label for the DDAVP was placed on one of the stock bottles of Halcion. Patient Z's prescriptions were dispensed at the drive through window of Walgreens #04197 and neither the patient nor his daughter spoke to a pharmacist during the transaction. One of the conclusions of law was that Mr. Moore and Walgreens #04197 failed to counsel the patient at the drive through window as required by Nevada law.

X.

On December 1, 2004, the Board heard a case entitled *Nevada State Board of Pharmacy v. Zachary W. Bergan and Walgreens #4788* (Case No. 04/063-N). The facts of that case involved a twelve-year-old boy who received a prescription for prednisolone 5mg/5ml liquid from his physician after a tonsillectomy. Mr. Bergen mistakenly filled the prescription with prednisolone 15mg/5ml. Patient B's father picked up the prescription for his son at the drive through window and was not counseled on this new prescription.

XI.

In being repeatedly negligent as the common owner of Walgreens #04197, 04755, 03845, and 04788 in which repeated failures to counsel and to document counseling occurred, Walgreens Company has violated NRS 639.210(4) and (16) and 639.266(1) and NAC 639.707 and 639.945(1)(i).

WHEREFORE it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to the certificates of registration of the Respondents.

Signed this 13th day of December, 2004.

Keith W. Macdonald

Keith W. Macdonald, Executive Secretary
Nevada State Board of Pharmacy

NOTICE TO RESPONDENT

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements regarding your certificate of registration. To do so, you must mail to the Board within 15 days of your receipt of this Notice of Intended Action and Accusation a written statement showing your compliance.

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

WALGREENS PHARMACY #03845,
Certificate of Registration #PH01306,

WALGREEN CO.,
An Illinois Corporation,

Respondents.

FINDINGS OF FACT, CONCLUSIONS OF LAW, AND ORDER

Case No. 04-029-PH-S

THIS MATTER was heard by the Nevada State Board of Pharmacy (hereinafter Board) at its regular meeting on January 12, 2005, in Las Vegas, Nevada. The Board was represented by Louis Ling, General Counsel for the Board, and Walgreens Pharmacy #03845 (Walgreens #3845) and Walgreen Co. were represented by Robert Graham. Based on the presentations of the parties, the parties' admissions, and the public records in the possession and control of the Board, the Board issues the following Findings of Fact, Conclusions of Law, and Order:

FINDINGS OF FACT

1. At hearing, Board Staff presented the testimony of Diana Griego, the complainant in the matter, and the Respondents presented the testimony of Dwayne Pinon and Jim Schmitt. Based upon the testimony and evidence presented, the Board finds the following to be the facts in this matter.

2. On April 11, 2004, Ms. Griego lacerated her left index finger while working. Because this was an industrial accident, Ms. Griego was sent to a specific practice to

have her injury evaluated and treated. Ms. Griego was seen by C. Deiuto, a Physician's Assistant (PA) who treated the laceration and prescribed an antibiotic for Ms. Griego. Though Ms. Griego had informed PA Deiuto that she was allergic to penicillin, PA Deiuto nonetheless prescribed amoxicillin for Ms. Griego. Ms. Griego testified that she was unaware that PA Deiuto's prescription called for a product containing penicillin because the prescription was written by PA Deiuto for "Amox."

3. Ms. Griego was directed to take her prescription to a Walgreens pharmacy because Walgreens had the contract for patients treating their industrial injuries for her employer.

4. On April 14, 2004, Ms. Griego took her prescription to Walgreens #3845 to be filled. The prescription (Rx #0877479-03845) was a new prescription for Ms. Griego at this Walgreens and, actually, at any Walgreens because Ms. Griego normally used another pharmacy to obtain her prescriptions and pharmaceutical services.

5. When Ms. Griego dropped off the prescription, the woman at the counter did not take any information from Ms. Griego, including her allergy data. At no time in her transaction was Ms. Griego ever asked about her allergies.

6. Ms. Griego picked up the prescription at Walgreens #3845's drive-up window. Though this was a new prescription for Ms. Griego and she was a new patient at Walgreens #3845, Ms. Griego did not receive any counseling from a pharmacist. In fact, the Board's investigation showed, and Walgreens confirmed at hearing, that there was no record or entry on Walgreens #3845's counseling log regarding Ms. Griego's prescription of any type.

7. Ms. Griego testified that she was allergic to penicillin and that the last time she had taken a product containing penicillin, she had been hospitalized for several days as a result of her reaction to the penicillin. Ms. Griego also testified that she takes several medications and that, because of her allergies, she is very careful about what she takes. When Ms. Griego arrived home, she discovered that the medication she had been provided by Walgreens #3845 was amoxicillin, a form of penicillin, so she did not take any of the tablets. Ms. Griego explained that had she been counseled, she would not have accepted the amoxicillin since she would have discovered that it was a penicillin product to which she was allergic.

8. On May 23, 2003, the Board entered Findings of Fact, Conclusions of Law and Order in a case entitled *Nevada State Board of Pharmacy v. Peter S. Trinh and Walgreens #04197* (Case No. 03-011-S). The facts of this case involved a prescription for morphine sulfate for an elderly patient on which the directions for use were in teaspoons rather than cc's, resulting in a five-times overdose. One of the conclusions of law was that Mr. Trinh and Walgreens #04197 had failed to counsel the patient as required by Nevada law.

9. On July 21, 2004, the Board accepted a Stipulated Agreement in a case entitled *Nevada State Board of Pharmacy v. Walgreens #4755* (Case No. 04-006-S). In the Stipulated Agreement, Walgreens #4755 admitted to failing to counsel a patient regarding a new prescription for Mexiletine and to failing to have any record regarding the prescription in the pharmacy's counseling log.

10. On November 2, 2004, the Board entered Findings of Fact, Conclusions of Law and Order in a case entitled *Nevada State Board of Pharmacy v. George E. Moore*

and Walgreens #04197 (Case No. 04-049-S). The facts of this case involved two prescriptions. One prescription was written for Halcion 0.125 mg. tablets #40 with directions to take one (or two) tablet every night at bedtime as needed for sleep. The second prescription was for DDAVP 0.2 mg. tablets #30 with directions to take two tablets every night at bedtime. The label printed by the pharmacy for the DDAVP was placed upon one of the stock bottles of Halcion 0.125 mg. #10. The prescriptions, including the improperly labeled Halcion bottle, were new prescriptions to the patient at Walgreens #04197, but even so, neither the patient nor his adult daughter was counseled by a pharmacist when they picked up the prescriptions at the drive-up window. One of the conclusions of law was that Mr. Moore and Walgreens #04197 failed to counsel the patient at the drive-up window as required by Nevada law.

11. On December 21, 2004, the Board entered Findings of Fact, Conclusions of Law and Order in a case entitled *Nevada State Board of Pharmacy v. Zachary W. Bergan and Walgreens #4788* (Case No. 04-063-N). The facts of that case involved a twelve-year-old boy who received a prescription for prednisolone 5 mg./5 ml. liquid from his physician after a tonsillectomy. Mr. Bergan mistakenly filled the prescription with prednisolone 15 mg./5 ml. When the patient's father picked up the prescription at the drive-up window, none of the pharmacists at Walgreens #4788 counseled the father even though this was a new prescription for the son at the pharmacy. One of the conclusions of law was that Walgreens #4788 had failed to counsel the father at the drive-up window as required by Nevada law.

12. At hearing, the Respondents essentially admitted that Ms. Griego had not been counseled and that they had no record on the counseling log at all regarding her

amoxicillin prescription. The Respondents explained that the pharmaceutical technician who received Ms. Griego's prescription was supposed to obtain the requisite personal history and information, including allergy information, but that the pharmaceutical technician inexplicably did not obtain this information from Ms. Griego regarding her amoxicillin prescription. The Respondents also explained that the pharmacist was supposed to provide counseling to Ms. Griego regarding the amoxicillin prescription, and they could not explain why the requisite counseling had not occurred and that the requisite record had not been made. The Respondents described upcoming upgrades to their pharmacy computer system that will disallow further processing of a prescription record until allergy information and other required personal health and history information is put into the system.

13. The Respondents argued that because Walgreens had a large number of pharmacies in the Las Vegas area, that they should be expected to have more complaints made against them, especially because Walgreens is publicly identified as a "drug store" rather than as a grocery store or variety store that contains a pharmacy. The Respondent also attempted to distinguish between the present case and the four previous cases in which other Walgreens pharmacies had been found to have failed to provide legally required counseling.

CONCLUSIONS OF LAW

1. The Board has jurisdiction over this matter because Walgreens #03845 is a pharmacy licensed with the Board and Walgreens Co. is the corporate owner of all of the Walgreens pharmacies licensed in Nevada.

2. In failing to obtain Ms. Griego's allergy information, in failing to counsel Ms. Griego on her new prescription for amoxicillin, and in failing to have any record regarding Ms. Griego's prescription in the pharmacy's counseling log, Walgreens #03845 violated NRS 639.210(4) and 639.266(1) and NAC 639.707(1) and (6), 639.708(2)(d), and 639.945(1)(i) and (2).

3. In being repeatedly negligent as the common owner of Walgreens ##04197, 04755, 03845, and 04788 in which repeated failures to counsel and to document counseling occurred, Walgreens Co. violated NRS 639.210(4) and (16) and 639.266(1) and NAC 639.707 and 639.945(1)(i).

ORDER

Based upon the foregoing, the Board hereby orders the following:

1. Walgreens #03845 shall be on probation for one year according to the following terms and conditions of probation:

a. The computer system upgrade described by the Respondents at the hearing shall be installed and operable in all Walgreens pharmacies statewide within six months of the effective date of this Order.

b. The Respondents shall study the operations of Walgreens ## 03845, 04788, 04197, and 04755 to determine why these four pharmacies were not providing counseling as required by Nevada law. The intent of the study is to determine what changes in policy and procedure or internal monitoring and enforcement will assure that each of these four pharmacies provide counseling as required by Nevada law for each and every prescription for which counseling is legally required and regardless of whether the prescription is picked up at the pharmacy counter or through the

pharmacy's drive-up window. The precise means and mechanisms to accomplish the end of 100% counseling shall be left to the Respondents.

c. As part of its study, the Respondents shall select four other pharmacies with similar prescription volume, staffing, and work flow to Walgreens ## 03845, 04788, 04197, and 04755 but which have not been subject to disciplinary action by the Board for counseling violations and which are regularly providing legally mandated counseling. Respondents shall compare the operations of Walgreens ## 03845, 04788, 04197, and 04755 with the four comparator pharmacies to ascertain and improve the counseling at Walgreens ## 03845, 04788, 04197, and 04755.

d. In order to verify that Walgreens ## 03845, 04788, 04197, and 04755 are in compliance with the Order and are improving their counseling, the Respondents shall submit four quarterly reports to the Board's Reno office due every three months commencing with the effective date of this Order. The quarterly reports shall describe those changes, measures, and activities performed to assure compliance with this Order. The quarterly reports shall also show data that will evidence compliance with this Order, which should include the base counseling rate at the time of this Order for each of the eight pharmacies included in the study and shall show the counseling rates on a monthly basis for the three months in that quarter for each of the eight pharmacies included in the study. Included at a minimum in the reports shall be information regarding the total prescription volume, the number of prescriptions for which counseling was legally mandated, the number of prescriptions in that class that actually received counseling, and the number of patients counseled for which counseling was not legally mandated.

e. Throughout the period of probation, Board Staff shall inspect and audit Walgreens ## 03845,04788, 04197, and 04755 at such times and in such manner as Board Staff deems necessary and appropriate to ascertain and verify the pharmacies' compliance with this Order and the counseling and recordkeeping being made by each of the four pharmacies.

f. At the end of the probationary period, the Respondents shall appear before the Board and present a final report to the Board regarding its compliance with this Order.

g. The Respondents shall bear all of the costs of compliance with this Order including the actual costs incurred by the Board in inspecting and auditing Walgreens ## 03845, 04788, 04197, and 04755. Board Staff shall provide the Respondents an accounting for its incurred costs on a quarterly basis, and the Respondents shall pay those costs within 15 days of the date on which Board Staff provided the accounting to the Respondents.

2. The failure by Walgreens #03845 to comply with any term in this order shall result in a fine of $1,000 per day for every day that Walgreens #03845 has failed to comply with the Order until the Order is fully complied with, up to a total fine not to exceed $30,000, and will also result in further discipline, up to and including revocation of the its license.

Signed and effective this 2nd day of February, 2005.

Joseph R. Kellogg, President
Nevada State Board of Pharmacy

Section 9: Statement of Responsibility - MUST BE COMPLETED by an Authorized Person (NAC 639.945)

Statement of Responsibility

1. I am the Vice President (title) for Walgreen Co. (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be responsible for any violations of pharmacy law that may occur in the Pharmacy owned by such owner(s), shareholder(s), member(s), or partner(s).
3. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against the Pharmacy.
4. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) cannot require or permit the pharmacist(s) in said Pharmacy to violate any provision of local, state, or federal laws or regulations pertaining to the practice of pharmacy.
5. I further understand and acknowledge that Nevada law requires that each pharmacy located inside the State of Nevada employ only pharmacists, intern pharmacists, pharmaceutical technicians, and technicians in training that are licensed by the Nevada State Board of Pharmacy. (NRS 639.100).
6. I further understand and acknowledge that Nevada law requires that each pharmacy located outside the State of Nevada engaged in providing pharmacy services into Nevada employs at least one pharmacist licensed by the Nevada State Board of Pharmacy who will be responsible for any prescription dispensed to a patient located in Nevada and responsible for any acts or omissions of pharmacy personnel who are not registered with the Board. (NRS 639.2328).

Richard Gates

Print Name of Authorized Person

Richard Gates

Original signature of Authorized Person (copies or stamps not accepted)

08 / 26 / 2025

Date

Section 10: Affidavit for Pharmacies- MUST BE COMPLETED by pharmacies NOT CURRENTLY PERFORMING Sterile Compounding

Affidavit for Pharmacy License

I, Richard Gates hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

1. I am the Vice President (title) for Walgreen Co. (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I certify that upon licensure, the Pharmacy will not perform sterile compounding or ship sterile compounds into Nevada.
3. I understand and acknowledge that the Pharmacy and any of its staff members may be subject to discipline by the Board if the Pharmacy performs sterile compounding or ships any sterile compounds into Nevada without first obtaining written authorization from the Board to do so.
4. I certify that if the Pharmacy makes the decision to perform sterile compounding or to ship any sterile compounds into Nevada, the Pharmacy, through an authorized representative, will first notify the Board via a written request, and obtain written approval to perform sterile compounding or to ship any sterile compounds into Nevada.
5. I understand that if the Pharmacy seeks approval to perform sterile compounding or to ship any sterile compounds into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

FURTHER YOUR AFFIANT SAYETH NAUGHT.

Signature

SUBSCRIBED AND SWORN TO
Before me, a notary public this 20th day of August, 2025

Zeljka Borosa-Rajcevic
Notary Public

OFFICIAL SEAL
ZELJKA BOROSA RAJCEVIC
Notary Public, State of Illinois
Commission No. 977646
My Commission Expires September 8, 2027

CONFIDENTIAL/EXEMPT FROM FREEDOM OF INFORMATION ACT AND SIMILAR STATE REQUESTS

Ownership Information

Ownership & Leadership of Applicant Entity

Applicant: **Walgreen Co.**
108 Wilmot Rd., Deerfield, IL 60015

Ownership: The Applicant entity is wholly owned (100%) by Walgreens Boots Alliance, Inc.

Officers of Walgreen Co.
Michael Motz - CEO
Richard Gates - Senior Vice President, Chief Pharmacy Officer
Cherita Thomas - Secretary
Matthew Spina - CFO
Michael Handal - Licensing and Provider Enrollment Officer

Ownership & Leadership of Walgreens Boots Alliance, Inc.

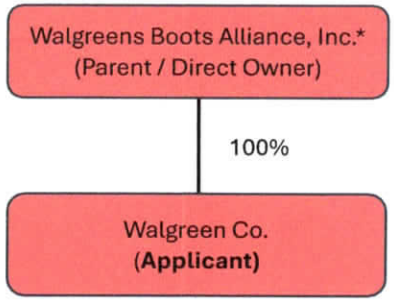
Ownership: Walgreens Boots Alliance, Inc. is wholly owned (100%) by Blazing Star Parent, LLC

Officers of Walgreens Boots Alliance, Inc.
Temporarily vacant - CEO
Mark Weisz - Sr VP, Global Tax
Manmohan Mahajan - Sr VP, Global Controller, CFO
Lanesha Minnix - Corporate Secretary

Please see the attached pre- and post-closing Corporate Organization chart for reference.

Proprietary and Confidential
Not a public record pursuant to
Section 7927.605 of the CPRA and
45 CFR Section 5.31

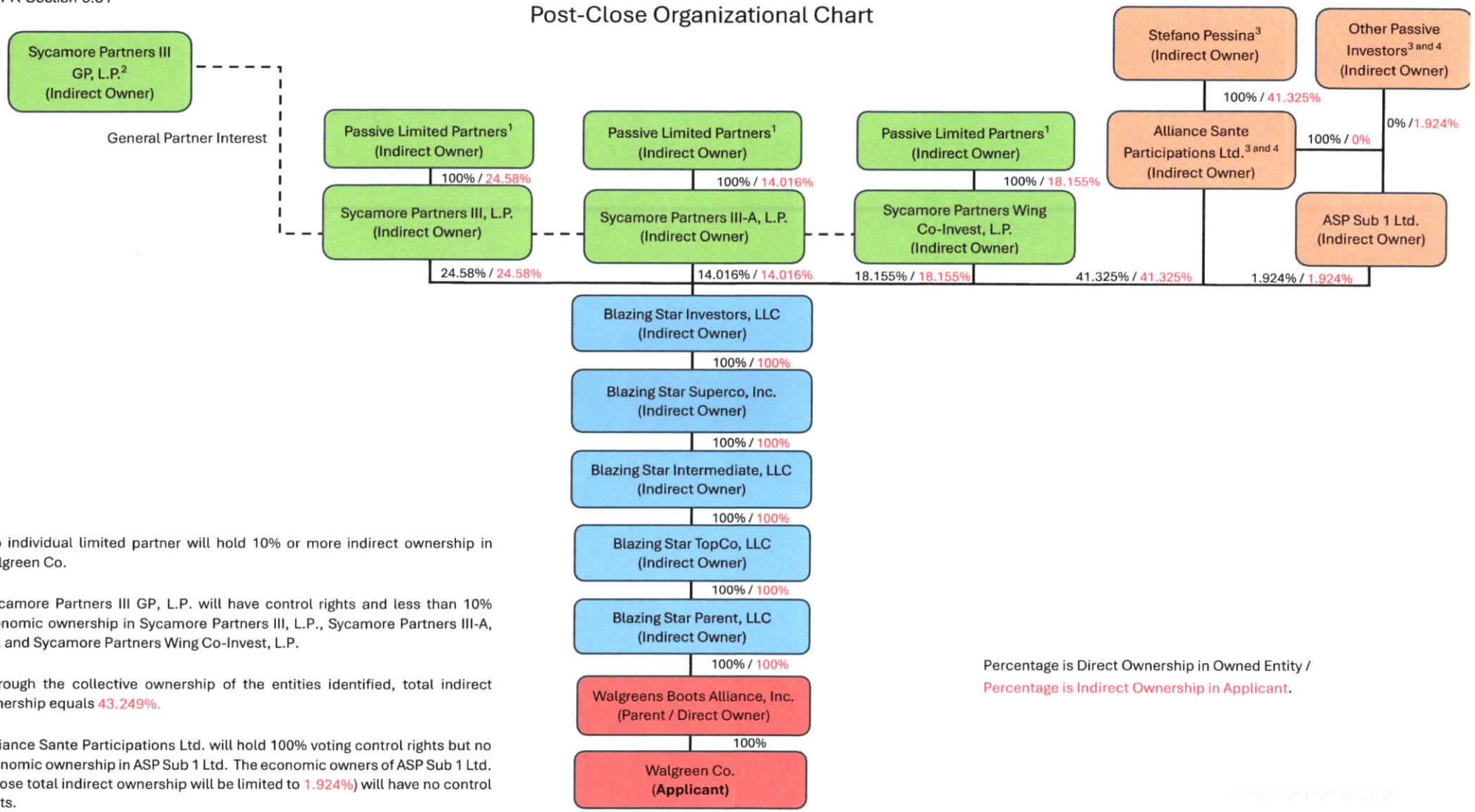
Walgreen Co.
Pre-Close Organizational Chart



Publicly Traded on Nasdaq Stock Market (WBA)

Proprietary and Confidential
Not a public record pursuant to
Section 7927.605 of the CPRA and
45 CFR Section 5.31

Walgreen Co.
Post-Close Organizational Chart



[1]No individual limited partner will hold 10% or more indirect ownership in Walgreen Co.

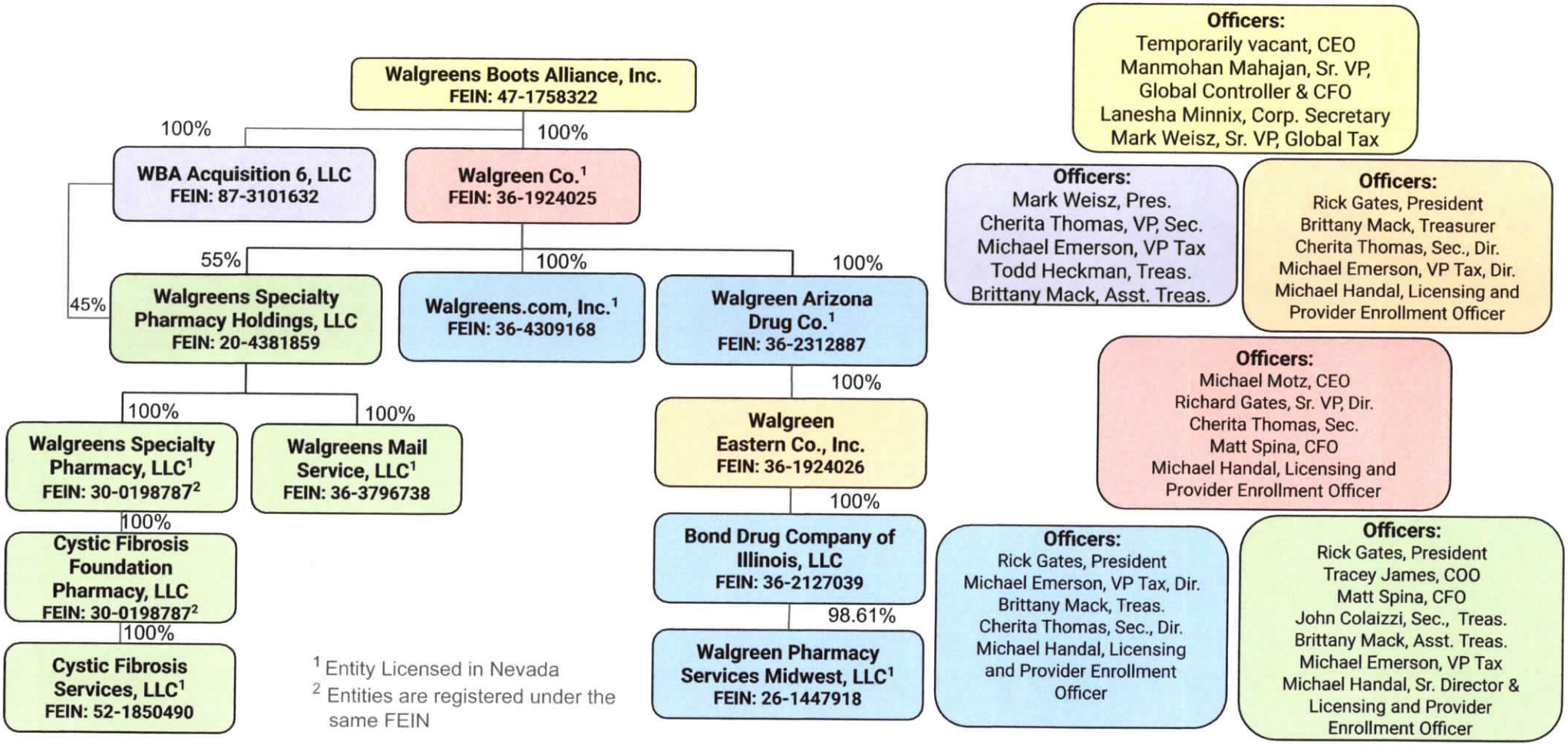
[2]Sycamore Partners III GP, L.P. will have control rights and less than 10% economic ownership in Sycamore Partners III, L.P., Sycamore Partners III-A, L.P. and Sycamore Partners Wing Co-Invest, L.P.

[3]Through the collective ownership of the entities identified, total indirect ownership equals 43.249%.

[4]Alliance Sante Participations Ltd. will hold 100% voting control rights but no economic ownership in ASP Sub 1 Ltd. The economic owners of ASP Sub 1 Ltd. (whose total indirect ownership will be limited to 1.924%) will have no control rights.

Percentage is Direct Ownership in Owned Entity /
Percentage is Indirect Ownership in Applicant.

Walgreen Co.
Post-Close Organizational Chart (cont.)



File Number 1084-348-1

STATE OF ILLINOIS

OFFICE OF THE SECRETARY OF STATE

To all to whom these Presents Shall Come, Greeting:

I, **Alexi Giannoulias,** *Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that*

WALGREEN CO., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON FEBRUARY 15, 1909, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE BUSINESS CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.

In Testimony Whereof, *I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this* 15TH *day of* MAY *A.D.* 2025 .

Authentication #: 2513501622 verifiable until 05/15/2026
Authenticate at: https://www.ilsos.gov

Alexi Giannoulias
SECRETARY OF STATE

9RRR

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Pharmacy Application

Non-Refundable $500.00 Fee

Rev (6/11/2024)

Facility Location	Application Type (check all applicable)	Pharmacy Type (check all applicable)	Services the Pharmacy will Provide (check all applicable)
■ Nevada	☐ New Pharmacy	■ Retail/Community	■ Retail/Community
☐ Out-of-Nevada	■ Ownership Change*	☐ Hospital (# beds _____)	■ Dangerous drugs
	☐ Location Change *	☐ Internet	■ Controlled substances
	☐ Service Modification*	☐ Nuclear	DEA #: BW6094041
	☐ Name Change* (if only a Name Change occurred, submit a $50.00 fee with the application.)	☐ Other:	☐ Non-sterile Compounding
			☐ Sterile Compounding
			☐ Mail-Order Service
			☐ Off-site Cognitive Services
			☐ Long Term Care
	* Current license #: PH PH01293		☐ Hospital
			☐ Other:

Days of Operation		Ownership Type (check applicable box)
■ Monday	■ Friday	☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9, 10, 11, 12)
■ Tuesday	■ Saturday	■ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9, 10, 11, 12)
■ Wednesday	■ Sunday	☐ Partnership (complete sections 1, 2, 3, 4, 7, 9, 10, 11, 12)
■ Thursday	☐ Holidays	☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9, 10, 11, 12)

Section 1: General Information

Pharmacy Name: WALGREENS #04854

Physical Address: 4771 W CRAIG RD

City: NORTH LAS VEGAS State: NV Zip: 89032-2501

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: (702)656-1221 Toll Free # (NAC 639.708, NRS 639.23286): N/A

Fax: (702)656-0924 Contact Email: rxm.04854@store.walgreens.com

Website: https://www.walgreens.com

Nevada Business License # (if applicable) NV19951143510

Supervising/Managing Pharmacist Name (NRS 639.220): DEBORAH NAMBI

Supervising/Managing Pharmacist NV Pharmacist Registration # (if applicable): 20639

Section 2: List the name(s) of at least one NEVADA registered pharmacist who practices at the pharmacy, who may be the managing pharmacist or another pharmacist, who will be responsible for any prescriptions dispensed to a patient located in Nevada and responsible for any acts or omissions of pharmacy personnel who are not registered with the Board. NRS 639.2328. (Use a separate piece of paper if additional space is needed.)

Name: DEBORAH NAMBI	NV Pharmacist Registration #: 20639
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:

Section 3: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✓
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration from any jurisdiction?		✓
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been subject of an administrative action, board citation, cite fine, or proceeding relating to the pharmaceutical industry?	✓	
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✓
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✓

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name(s) of the owner(s), their credentials and their percent ownership. Write NA if not applicable. NRS 639.232. (Use a separate piece of paper if additional space is needed.)

Name: N/A	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:

1. The Board shall not issue a license to conduct a pharmacy:
   a) To any practitioner; or
   b) To any partnership, corporation, or association in which a practitioner has a controlling interest or owns more than 10 percent of the available stock.
2. This section does not:
   a) Apply to a hospital pharmacy or a health maintenance organization which holds a certificate of authority under chapter 695C of NRS.
   b) Prohibit ownership by a practitioner of a building in which a pharmacy is located, if space for the pharmacy is rented at the prevailing rate.

Section 5: Publicly Traded Corporation

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Does the number of stockholders/shareholders of the corporation exceed four? NRS 639.231 ☐ Yes ☐ No

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: Delaware

Parent Company (if any): Walgreens Boots Alliance, Inc.

Corporation/Organization Name: Walgreen Co.

Mailing Address: 108 Wilmot Rd

City: Deerfield State: IL Zip: 60015

Telephone: 847-224-1348 Email: licenseadministration@walgreens.com

Contact Person Name: Kayla Lechner

Does the number of stockholders/shareholders of the corporation or members exceed four? NRS 639.231 ☐ Yes ☒ No

Section 7: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Please check type of partnership (NAC 639.214) ☐ General ☐ Limited

Does the number of partners or members of the partnership exceed four? NRS 639.231 ☐ Yes ☐ No

Section 8: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Richard Gates

Print Name of Authorized Person Submitting Application (If the applicant is a partnership or corporation, the application must be signed by a partner or by an officer of the corporation). NAC 639.215

Richard Gates

Original signature of Authorized Person (copies or stamps not accepted)

08 / 26 / 2025

Date

Board Use Only	Date Received: 9/22/25	Amount: $500 CK UP03-3000111129

Section 11: Managing Pharmacist Acknowledgement, Professional/Personal History – REQUIRED TO BE COMPLETED BY THE MANAGING PHARMACIST FOR NEVADA LOCATED PHARMACY APPLICANTS ONLY

Managing Pharmacist Name: DEBORAH NAMBI Pharmacist Registration #: 20639

Pharmacy Name: WALGREENS #04854

Initial each statement below to indicate you have read and agree with the following:

D.E. I understand that as the managing pharmacist I am responsible for compliance by the pharmacy and its personnel with all state and federal laws and regulations relating to the operation of the pharmacy and the practice of pharmacy. I understand my license can be revoked or that I can be subject of disciplinary action if such laws or regulations are knowingly violated in the pharmacy in which I am the managing pharmacist.

D.E. I understand within 48 hours after I report for duty as the managing pharmacist, I shall complete an inventory of all controlled substances of the pharmacy pursuant to 21 CFR Part 1304 and maintain a copy of the inventory in the file at the pharmacy.

D.E. I understand that if I cease to be managing pharmacist of the above-named pharmacy, I will jointly, with the new managing pharmacist, take an inventory of all controlled substances.

D.E. I understand that as the managing pharmacist I must ensure that all loss or theft of controlled substances are reported on forms provided by the Nevada State Board of Pharmacy and Department of Public Safety within 10 days after the date of discovery of theft or loss. NRS 453.568. Federal regulations require that registrants notify the Field Division Office of the Administration in his area, in writing, of the theft or significant loss of any controlled substance, disposal receptacles or listed chemicals within one business day of discovery of such loss or theft. The registrant shall also complete and submit to the Field Division Office in his area, DEA Form 106 regarding the loss or theft (21 C.F.R. §1301.76(b) and 21 U.S.C. §830(b)(1)(C)).

D.E. I understand that as the managing pharmacist I must notify the Nevada State Board of Pharmacy of all employment changes of pharmacy staff within 10 days of the change. NAC 639.540

Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?	☐	☑
2. Have you been charged, arrested, or convicted of a felony or misdemeanor in any state?	☐	☑
3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state?	☐	☑
4. Has your license been subjected to any discipline for violation of pharmacy or drug laws in any state?	☐	☑

If you marked YES to any questions above, include the following information and provide a signed statement of explanation. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Board Administrative Action:	State:	Date:	Case #:

Criminal Action:	State:	Date:	Case #:	County:	Court:

I certify under penalty of perjury that the information I have provided on this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

DEBORAH NAMBI

Original signature of Managing Pharmacist (copies or stamps not accepted)

08 / 04 / 2025

Date

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,	)	
	)	**CASE NOS. 11-070-RPH-A-S**
Petitioner,	)	**11-070-RPH-B-S**
v.	)	**11-070-PH-S**
	)	
MAREE KILEDJIAN, RPH	)	
Certificate of Registration No. 17585	)	**STIPULATION AND ORDER**
	)	
JENNIFER KAY, RPH	)	
Certificate of Registration No. 16539	)	
	)	
WALGREENS #04854	)	
Certificate of Registration No. PH01293	)	
	)	
Respondents.	/	

S. Paul Edwards, General Counsel for Petitioner the Nevada State Board of Pharmacy (Board), and Respondents Maree Kiledjian, RPh., Certificate of Registration #17585, Jennifer Kay, RPh., Certificate of Registration #16539, and Walgreens Pharmacy #04854, Certificate of Registration #PH01293 (collectively "Respondents"), by and through their counsel, William J. Stilling, of the law firm Parsons Behle & Latimer,

HEREBY STIPULATE AND AGREE THAT:

1. The Board has jurisdiction over these matters.

2. The Board served a Notice of Intended Action and Accusation (Accusation) on each of the Respondents on or about December 11, 2013.

3. Respondents filed a joint written Answer and Notice of Defense with the Board on January 15, 2014.

4. Respondent Jennifer Kay, RPh., Certificate of Registration #16539, is hereby dismissed from this action, and all allegations against Ms. Kay in the Accusation are hereby dismissed with prejudice.

5. The remaining Respondents (Ms. Kiledjian and Walgreens), and each of them, are fully aware of their right to a hearing on the matters alleged in the Accusation, their right to reconsideration, their right to appeal and any and all other rights which may be accorded to them pursuant to the Nevada Administrative Procedure Act and the Nevada Pharmacy Act.

6. The remaining Respondents, and each of them, hereby freely and voluntarily waive their rights to a hearing, reconsideration, appeal, and any and all other rights that may be accorded to them by the Nevada Administrative Procedure Act and the Nevada Pharmacy Act.

7. The remaining Respondents, and each of them, admit that evidence exists, and could be presented at a hearing, to establish a factual basis for the violations alleged in the Accusation, including:

a. That Walgreens #04854 and Ms. Kiledjian failed to strictly follow the instructions of patient A.A.'s physician by dispensing clomipramine 50 mg. capsules, rather than the clomiphene 50 mg. tablets A.A.'s physician prescribed, and

b. That A.A. did not receive counseling at Walgreens #04854 related to her new prescription.

8. Based on the remaining Respondents' admissions, cause for disciplinary action against Ms. Kiledjian and Walgreens #04854 exists under Nevada Administrative Code (NAC) 639.945(1)(d) and (i), and NAC 639.945(2) respectively, for dispensing to A.A. clomipramine, rather than the prescribed clomiphene.

9. Based on the remaining Respondents' admissions, cause for disciplinary action against Walgreens #04854 exists under NAC 639.945(2) for the failure to provide counseling to A.A.

10. The violations to which the remaining Respondents admit are grounds for discipline against their respective licenses pursuant to NRS 639.255.

11. The foregoing admissions are for the purposes of this proceeding only, and shall have no force or effect in any other case or proceeding before the Board.

12. Based upon the Accusation and the foregoing admissions, the remaining Respondents, and each of them, stipulate to the following penalties, which will become binding and enforceable upon the signature of the Board President:

a. That Walgreens and Ms. Kiledjian, jointly, pay a fine of $2,000.00, and an administrative fee of $295.00, as a penalty for dispensing the incorrect medication to A.A.

b. That Walgreens pay a fine of $750.00, and an administrative fee of $295.00, as a penalty for failing to provide counselling to A.A.

13. Walgreens will determine the cause for its computer system not blocking A.A.'s prescription from being dispensed prior to counseling, as alleged in paragraphs XI and XII of the Accusation, and will report to Board Staff, within a reasonable time not to exceed sixty (60) days after the effective date of the Board's order, explaining the cause of the computer system not blocking the prescription, and the actions taken by Walgreens to address that condition and to prevent future similar reoccurrences.

14. Board Counsel presented a stipulation to the Board for approval at its meeting on January 22, 2014, in Las Vegas, Nevada. Respondents, and each of them, appeared at that

meeting to answer questions put to them by members of the Board and Board Staff. The Board discussed and deliberated regarding that stipulation, declined to accept it, but accepted the revised terms stated herein.

15. Respondents shall pay the fines agreed to herein by *cashier's check* or *certified check* or *money order* made payable to "State of Nevada, Office of the Treasurer" to be received by the Board's Reno office located at 431 W. Plumb Lane, Reno, NV 89509, within 90 days of the effective date of the Board's Order.

16. Respondents shall pay the administrative fees agreed to herein by *cashier's check, certified check* or *money order* made payable to the "Nevada State Board of Pharmacy" to be received by the Board's Reno office located at 431 W. Plumb Lane, Reno, NV 89509, within 90 days of the effective date of the Board's Order.

17. Any failure by any Respondent to satisfy the obligations stated herein may result in additional discipline, up to and including suspension or revocation of each Respondent's respective registration/license, until all terms have been complied with.

18. The Board and the remaining Respondents agree to release each other from any and all additional claims arising from the facts set forth in the Accusation on file herein, whether known or unknown, that might otherwise have existed on or before the effective date of the

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Board's Order in this matter.

I have fully considered the charges and allegations contained in the Notice of Intended Action and Accusation in this matter. I understand the rights to a hearing, reconsideration, appeal and any and all other rights accorded by the Nevada Administrative Procedure Act and the Nevada Pharmacy Act, including, if applicable, my right to be represented individually by counsel at my own expense.

Signed this 2 day of February, 2014

Maree Kiledjian, RPh.
Registration No. 17585

Signed this ___ day of February, 2014

(See attached)
Authorized Representative for Certificate of
Walgreens #04854
Certificate of Registration No. 16539

Signed this 19th day of February, 2014

S. Paul Edwards, Esq.
General Counsel
Nevada State Board of Pharmacy

DECISION AND ORDER

The Nevada State Board of Pharmacy hereby adopts the foregoing Stipulation as its decision as to Respondents Maree Kiledjian, RPh., Certificate of Registration #17585, Jennifer Kay, RPh., Certificate of Registration #16539, and Walgreens Pharmacy #04854, Certificate of Registration #PH01293, and hereby orders that the terms of the foregoing Stipulation be made effective. This decision and order shall be effective upon execution.

DATED

Kamlesh Gandhi, President
Nevada State Board of Pharmacy

Section 11: Managing Pharmacist Acknowledgement, Professional/Personal History – REQUIRED TO BE COMPLETED BY THE MANAGING PHARMACIST FOR NEVADA LOCATED PHARMACY APPLICANTS ONLY

Managing Pharmacist Name: DEBORAH NAMBI Pharmacist Registration #: 20639

Pharmacy Name: WALGREENS #04854

Initial each statement below to indicate you have read and agree with the following:

D.E. I understand that as the managing pharmacist I am responsible for compliance by the pharmacy and its personnel with all state and federal laws and regulations relating to the operation of the pharmacy and the practice of pharmacy. I understand my license can be revoked or that I can be subject of disciplinary action if such laws or regulations are knowingly violated in the pharmacy in which I am the managing pharmacist.

D.E. I understand within 48 hours after I report for duty as the managing pharmacist, I shall complete an inventory of all controlled substances of the pharmacy pursuant to 21 CFR Part 1304 and maintain a copy of the inventory in the file at the pharmacy.

D.E. I understand that if I cease to be managing pharmacist of the above-named pharmacy, I will jointly, with the new managing pharmacist, take an inventory of all controlled substances.

D.E. I understand that as the managing pharmacist I must ensure that all loss or theft of controlled substances are reported on forms provided by the Nevada State Board of Pharmacy and Department of Public Safety within 10 days after the date of discovery of theft or loss. NRS 453.568. Federal regulations require that registrants notify the Field Division Office of the Administration in his area, in writing, of the theft or significant loss of any controlled substance, disposal receptacles or listed chemicals within one business day of discovery of such loss or theft. The registrant shall also complete and submit to the Field Division Office in his area, DEA Form 106 regarding the loss or theft (21 C.F.R. §1301.76(b) and 21 U.S.C. §830(b)(1)(C)).

D.E. I understand that as the managing pharmacist I must notify the Nevada State Board of Pharmacy of all employment changes of pharmacy staff within 10 days of the change. NAC 639.540

Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?	☐	☑
2. Have you been charged, arrested, or convicted of a felony or misdemeanor in any state?	☐	☑
3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state?	☐	☑
4. Has your license been subjected to any discipline for violation of pharmacy or drug laws in any state?	☐	☑

If you marked YES to any questions above, include the following information and provide a signed statement of explanation. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Board Administrative Action:	State:	Date:	Case #:

Criminal Action:	State:	Date:	Case #:	County:	Court:

I certify under penalty of perjury that the information I have provided on this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

DEBORAH NAMBI

Original signature of Managing Pharmacist (copies or stamps not accepted)

08 / 04 / 2025

Date

Document Ref: AJHRQ-AFR5L-YEVBA-VTQPK

Board's Order in this matter.

I have fully considered the charges and allegations contained in the Notice of Intended Action and Accusation in this matter. I understand the rights to a hearing, reconsideration, appeal and any and all other rights accorded by the Nevada Administrative Procedure Act and the Nevada Pharmacy Act, including, if applicable, my right to be represented individually by counsel at my own expense.

Signed this ___ day of February, 2014

Marce Khedjian, RPh.
Registration No. 17585.

Signed this 10th day of February, 2014

Authorized Representative for Certificate of
Walgreens #0-1854
Certificate of Registration No. 16539

Signed this ___ day of February, 2014

S. Paul Edwards, Esq.
General Counsel
Nevada State Board of Pharmacy

DECISION AND ORDER

The Nevada State Board of Pharmacy hereby adopts the foregoing Stipulation as its decision as to Respondents Marce Khedjian, RPh.; Certificate of Registration #17585, Jennifer Kay, RPh.; Certificate of Registration #16539, and Walgreens Pharmacy #0-1854, Certificate of Registration #PH01293, and hereby orders that the terms of the foregoing Stipulation be made effective. This decision and order shall be effective upon execution.

3/1/2014
DATED

Ramesh Gandhi, President
Nevada State Board of Pharmacy

Board's Order in this matter.

I have fully considered the charges and allegations contained in the Notice of Intended Action and Accusation in this matter. I understand the rights to a hearing, reconsideration, appeal and any and all other rights accorded by the Nevada Administrative Procedure Act and the Nevada Pharmacy Act, including, if applicable, my right to be represented individually by counsel at my own expense.

Signed this ___ day of February, 2014

Maree Kiledjian, RPh.
Registration No. 17585

Signed this 10th day of February, 2014

Authorized Representative for Certificate of
Walgreens #0185-1
Certificate of Registration No. 16539

Signed this ___ day of February, 2014

S. Paul Edwards, Esq.
General Counsel
Nevada State Board of Pharmacy

DECISION AND ORDER

The Nevada State Board of Pharmacy hereby adopts the foregoing Stipulation as its decision as to Respondents Maree Kiledjian, RPh., Certificate of Registration #17585, Jennifer Kay, RPh., Certificate of Registration #16539, and Walgreens Pharmacy #0185-1, Certificate of Registration #PH01293, and hereby orders that the terms of the foregoing Stipulation be made effective. This decision and order shall be effective upon execution.

DATED

Kamlesh Gandhi, President
Nevada State Board of Pharmacy

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,	
Petitioner,	**CASE NO. 11-070-RPH-A-S**
v.	**CASE NO. 11-070-RPH-B-S**
	CASE NO. 11-070-PH-S
MAREE KILEDJIAN, RPH **Certificate of Registration No. 17585,**	**NOTICE OF INTENDED ACTION AND ACCUSATION**
JENNIFER KAY, RPH **Certificate of Registration No. 16539,**	
WALGREENS #04854 **Certificate of Registration No. PH01293,**	
Respondents. /	

NEVADA STATE BOARD OF PHARMACY
DEC 11 2013
FILED

Larry L. Pinson, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, makes the following that will serve as both a notice of intended action under Nevada Revised Statutes (NRS) 233B.127(3), and as an accusation under NRS 639.241.

I.

The Nevada State Board of Pharmacy (Board) has jurisdiction over this matter because at the time of the events alleged herein, respondent Maree Kiledjian was a registered pharmacist with the Board, respondent Jennifer Kay was a registered pharmacist with the Board, and respondent Walgreens Pharmacy #04854 (Walgreens) was a pharmacy registered with the Board.

II.

On or about July 12, 2011, patient AA tendered a prescription to Walgreens for clomiphene 50 mg. tablets, with instructions to take one tablet twice a day. AA purchased and picked up her medication on July 13, 2013, at Walgreens' drive-thru window. Walgreens did not provide AA counseling regarding the medication.

III.

On July 14, 2013, AA ingested the medication Walgreens dispensed, as instructed by her physician. After taking a second dose, AA began to experience nausea, dizziness, blurred vision and difficulty breathing.

IV.

AA contacted her physician's office. The physician's representative verified the medication the physician prescribed as clomiphene 50 mg. tablets. AA then spelled the name of the medication that Walgreens dispensed (clomipramine 50 mg.), as it read on the Walgreens' label on the prescription bottle. The physician's representative informed AA that Walgreens had dispensed the wrong medication.

V.

Due to the physical symptoms AA was experiencing, she presented to Centennial Hills Hospital's Emergency Department, where she received treatment for an allergic reaction to clomipramine 50 mg.

VI.

On the evening of July 14, 2013, AA contacted Walgreens and spoke with the pharmacist on duty, Alexandra Guru. Ms. Guru confirmed that Walgreens had misfilled the prescription for clomiphene 50 mg. tablets (female fertility medication) with clomipramine 50 mg. capsules (an antidepressant).

VII.

Respondent Maree Kiledjian was the verifying pharmacist at Walgreens for AA's misfilled prescription. In a written statement, Ms. Kiledjian indicated that she input the initial prescription data in the Walgreens' computer system.

VIII.

Walgreens filled AA's prescription through its central fill facility in Arizona, as Walgreens #4854 did not have clomipramine 50 mg. tablets in stock when AA tendered her prescription. Walgreens' central fill facility delivered the medication to Walgreens #4854 the next day.

IX.

Walgreens' pharmacist, respondent Ms. Kiledjian, conducted the data review and verification of AA's medication. Ms. Kiledjian was not on duty at the pharmacy when AA picked up her medication.

X.

Walgreens' records contain no documentation of counseling related to AA's prescription.

XI.

Walgreens pharmacist, respondent Jennifer Kay, was the pharmacist on duty when Walgreens sold the prescription to AA. Ms. Kay indicates in a written statement that in Walgreens' computer system, "certain updates to a prescription may result in the hard-block not activating at the point of sale." Two changes to the prescription are documented in the pharmacy computer system. Per her written statement, Ms. Kay assumes that those changes in Walgreens' system are why "this prescription was never brought" to her for patient counseling.

XII.

The Board Investigator interviewed Matt Forster, Walgreens' District Pharmacy Supervisor regarding this case. Mr. Forster explained that in some Walgreens' pharmacies, the pharmacy software will not allow the "CAPS" system to capture certain information if updates are made to a prescription. In this case, Walgreens' software did not capture the information allowing the system to show that AA's prescription was new and required counseling.

XIII.

Walgreens' error delayed, by approximately one month, AA's treatment of the condition for which her physician originally prescribed clomiphene.

FIRST CAUSE OF ACTION

XIV.

In failing to strictly follow the instructions of AA's physician by verifying and dispensing clomipramine 50 mg. capsules, rather than the clomiphene 50 mg. tablets AA's physician

prescribed, respondent Walgreens and its employee, respondent Maree Kiledjian, violated Nevada Administrative Code (NAC) 639.945(1)(d) and/or (i), which violations are grounds for action pursuant to NRS 639.210(4) and/or (12), or alternatively under NRS 639.255.

SECOND CAUSE OF ACTION

XV.

In failing to provide counseling for AA's new prescription, respondent Walgreens and its employee, respondent Jennifer Kay, violated NAC 639.707(1) (a), NAC 639.945(1)(i) and/or NRS 639.266(1), which violations are grounds for action pursuant to NRS 639.210(4) and/or (12), or alternatively, under NRS 639.255.

THEREFORE it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to the certificates of registration of these respondents.

Signed this 11th day of December, 2013.

Larry L. Pinson, Pharm.D., Executive Secretary
Nevada State Board of Pharmacy

NOTICE TO RESPONDENT

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements regarding your certificate of registration. To do so, you must mail to the Board within 15 days of your receipt of this Notice of Intended Action and Accusation a written statement showing your compliance.

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

STIPULATION AND ORDER

WALGREENS #04854,
Certificate of Registration #PH01293,

Case No. 10-073-PH-S

Respondents.

_____/

Carolyn J. Cramer, General Counsel for the Nevada State Board of Pharmacy, and Respondent, Walgreens #04854 and Rob Graham, Esq. of Rob Graham & Associates., stipulate and agree as follows:

1. Respondent Walgreens #04854 admits the factual allegations made in the First, Second and Third Causes of Action.

2. The Board Staff concluded after investigation that the error in this case was made because the Walgreen's computer system can be overridden to allow a new prescription to be entered into the computer system as counseled and then sold to the patient before the pharmacist has actually counseled the patient. Preventive measures need to be implemented to ensure this does not happen again.

3. Respondent Walgreens #04854 fully recognizes the error that was made and understands that it must take corrective action to avoid such an error in the future.

4. The parties shall present this Stipulation and Agreement to the Board at its meeting on July 13, 2011. The parties agree that the Board may ask questions of the

parties' counsel, may discuss and deliberate regarding the presentations, and shall enter an Order that may impose discipline as recommended by the parties.

5. Board Staff and Respondent Walgreens #04854 will recommend that the Board impose discipline for the First Cause of Action by requiring all Nevada pharmacies to adopt and implement a policy that pharmacists who clear the counseling hard-stop screen are responsible and accountable for any and all processes, procedures and work flow between the clearing of the hard-stop screen up to and including the counseling of a patient from the pharmacist. Such policy must include language that it is the pharmacist's responsibility to evaluate all circumstances that may exist in the pharmacy that may inadvertently interfere with the offering of counseling, including the presence of untrained personnel who may not know or understand the requirements of counseling.

6. Board Staff and Respondent Walgreens #04854 will recommend that the Board impose discipline for the Second Cause of Action by imposing a fine in the amount of $750.00, by cashier's or certified check or money order made payable to "State of Nevada, Office of the Treasurer" to be received by the Board's Reno office within 90 days of the effective date of this Order.

7. Board Staff and Respondent Walgreens #04854 will recommend that the Board impose discipline for the Third Cause of Action that it receive a letter of reprimand issued by the Executive Secretary.

8. If the Board rejects any part or all of this stipulation, the parties agree that a full hearing on the merits of this matter may be heard by the Board and that the Board would hear this matter at its meeting on October 12, 2011. The terms and admissions

in this stipulation may not be used or referred to in the full hearing on the merits of this matter.

9. The Board and the Respondent shall each agree to release the other from any and all claims, whether known or unknown, that might otherwise have existed on or before the effective date of the Board's Order in this matter.

Signed this 13th day of July, 2011.

OFFICE OF THE GENERAL COUNSEL
Nevada State Board of Pharmacy

Carolyn J. Cramer, General Counsel

Rob Graham, Esq.

DECISION AND ORDER

The Nevada State Board of Pharmacy hereby adopts the foregoing Stipulation as its decision and hereby orders that the foregoing Stipulation be made effective. This decision and order shall be effective on the 13th day of July, 2011.

7-13-2011
DATED

Beth Foster, RPh
Beth Foster, President
Nevada State Board of Pharmacy

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

NOTICE OF INTENDED ACTION AND ACCUSATION

WALGREENS #04854,
Certificate of Registration #PH01293,
Respondent.

Case No. 10-073-PH-S

COMES NOW Larry L. Pinson, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, and makes the following that will serve as both a notice of intended action under Nevada Revised Statutes (NRS) 233B.127(3) and as an accusation under NRS 639.241.

I.

The Nevada State Board of Pharmacy has jurisdiction over this matter because Respondent Walgreens #04854 is a pharmacy licensed by the Board located at 4771 West Craig Road, North Las Vegas, Nevada.

II.

On or about September 21, 2010 Kelcie Markle went to Walgreens #04854 to have two prescriptions filled for her son. One of the prescriptions was for Amoxicillin 400 mg./5 ml. Ms. Markle paid for the two prescriptions and left the pharmacy. When she arrived home she noticed that the Amoxicillin had not been reconstituted as it usually is. Ms. Markle telephoned the pharmacy to find out why the Amoxicillin was still in powder form and was told to return to the pharmacy and they would correct the problem. Ms. Markle declined and asked how much water she would need to reconstitute the powder

herself. Ms. Markle claims that she was told two different amounts and found that she needed to use 51.0 ml. to obtain the correct dosage for her son.

III.

Ms. Markle claimed that she was not counseled when she picked up the two new prescriptions for her son. During the investigation of this matter the counseling log Interaction Status showed counseling was "Accepted" for both of the new prescriptions. Maree Kiledjian, the managing pharmacist for Walgreens #04854, indicated that the pharmacy was busy that day and that a clerk from the front of the store was brought back to the pharmacy to assist at the cash register. Ms. Kiledjian explained that they have a "ring and bring" system in place – meaning that the verifying pharmacist clears the counseling screen so the cashier can tender the sale and then the cashier is supposed to bring the prescription to the counseling window for the pharmacist to counsel the patient. Ms. Kiledjian also explained that she would have reconstituted the Amoxicillin had the cashier brought Ms. Markle to the counseling window.

FIRST CAUSE OF ACTION

IV.

In failing to counsel Ms. Markle regarding her son's new Amoxicillin prescription because an untrained cashier sold the prescription before advising the pharmacist that counseling was necessary, Walgreens #04854 violated NRS 639.210(4) and/or NAC 639.707 and/or 639.945(1)(i).

SECOND CAUSE OF ACTION

V.

In failing to maintain accurate counseling records, specifically Ms. Markle's sons Amoxicillin prescription that showed it was counseled when it was dispensed when it was not, Walgreens #04854 violated NRS 639.210(4) and/or NAC 639.708(1)(a) and/or (b) and/or 639.945(1)(i).

THIRD CAUSE OF ACTION

VI.

In owning and operating the pharmacy in which the violations occurred, Walgreens #04854 violated NRS 639.210(4) and/or NAC 639.945(1)(i) and/or (2).

WHEREFORE it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to the certificates of registration of the Respondents.

Signed this 28th day of April, 2011.

Larry L. Pinson, Executive Secretary
Nevada State Board of Pharmacy

FILED
JUN 15 2023
NEVADA STATE BOARD
OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **WALGREENS PHARMACY #4854, Pharmacy License No. PH01293, and** **MINHQUANG D. NGUYEN, RPH, Certificate of Registration No. 15913,** **Respondents.**	**CASE NOS. 19-100-PH-S** **19-100-RPH-S** **18-021-RPH-A-S** **STIPULATION AND ORDER [RESPONDENTS WALGREENS PHARMACY #4854 & NGUYEN ONLY]**

Brett Kandt, General Counsel for Petitioner the Nevada State Board of Pharmacy (Board), and Respondent Walgreens Pharmacy #4854, Pharmacy License No. PH01293, and Respondent Minhquang D. Nguyen, RPh (Nguyen), Certificate of Registration No. 15913, jointly by and through counsel, William Stilling, Esq. of Stilling & Harrison, **HEREBY STIPULATE AND AGREE THAT**:

1. The Board has jurisdiction over Respondents and these matters.

2. Respondent Nguyen entered into two (2) prior stipulations for discipline before the Board. In April 2013, Respondent Nguyen, as the managing pharmacist of Kmart Pharmacy #3719, stipulated in case no. 13-006-RPH, to a public reprimand and a $500.00 fine for failing to verify the registration status of each pharmacy employee in his charge. On October 12, 2022, Respondent Nguyen, as the managing pharmacist of Walgreens Pharmacy #7864, stipulated in case no. 18-055-RPH, to pay a $1,000.00 fine, attorney's fees and costs of $500.00, and to complete two additional hours of continuing education for failing to accurately verify medication at data entry review, overriding a DUR and dispensing a duplicated and mislabeled prescription.

3. On or about October 14, 2022, Board Staff served Respondents with the Notice of Intended Action and Accusation (Accusation) on file in this matter together with the Statement to Respondents and Notice of Hearing in Case Nos. 19-100-PH-S and 19-100-RPH-S.

4. On or about February 6, 2023, Board Staff served Respondents with the First Amended Notice of Intended Action and Accusation (First Amended Accusation) on file in this matter together with the Statement to Respondents and Notice of Hearing in Case Nos. 18-021-PH-S and 18-021-RPH-A-S.

5. Respondents jointly filed an Answer and Notice of Defense to each Accusation.

6. Respondent Walgreens Pharmacy #4854 has entered into a separate stipulation resolving Case No. 18-021-PH-S.

7. Respondents are aware of the right to seek the advice of counsel in this matter and obtained the advice of counsel prior to entering this Stipulation.

8. Respondents are aware of the right to a hearing on the matters alleged in each Accusation, their right to reconsideration, their right to appeal, and any and all other rights which may be accorded pursuant to NRS Chapter 233B, Nevada Administrative Procedure Act, NRS Chapter 622A, Administrative Procedure Before Certain Regulatory Bodies, and NRS Chapter 639, Nevada Pharmacy Act.

9. Conditioned on the acceptance of this Stipulation by the Board, and with the exception of the right to challenge any determination that Respondents, or any of them, have failed to comply with the provisions of this Stipulation, Respondents hereby knowingly and voluntarily waive their rights to a hearing, reconsideration, appeal and any and all other rights related to this action that may be accorded to them by NRS Chapter 233B, Nevada Administrative Procedure Act, NRS Chapter 622A, Administrative Procedure Before Certain Regulatory Bodies, and NRS Chapter 639, Nevada Pharmacy Act.

10. Respondents admit that evidence exists, and that Board's staff prosecuting this case could present such evidence at an administrative hearing, to establish a factual basis for the violations alleged in the First Amended Accusation filed in Case No. 18-021-RPH-A-S, *to wit,* that:

A. By failing to place a fill sticker on the back of the original hard copy of the prescription when filling prescription no. 1886042, Nguyen violated NRS 639.236(2) and is subject to discipline pursuant to NRS 639.210(12);

B. Nguyen engaged in unprofessional conduct as defined in NAC 639.945(1)(d) and (i) when he performed data entry review and final verification on prescription no. 1886042 and failed to identify that patient L.S. had already received the three fills prescribed on her patient profile, and is therefore subject to discipline pursuant to NRS 639.210(4); and

C. As the managing pharmacist of Walgreens Pharmacy #4854 at the time of the violations alleged in Case No. 18-021-RPH-A-S, including the failure to note the prescription number on the original hard copy of prescriptions, in violation of NRS 639.236, NAC 639.706 and/or NAC 639.910, resulting in the duplicate prescriptions, Nguyen is responsible for those violations and subject to discipline pursuant to NRS 639.210(12) and (15), NRS 639.220(1) and/or NAC 639.702.

11. Respondents admit that evidence exists, and that Board's staff prosecuting this case could present such evidence at an administrative hearing, to establish a factual basis for the violations alleged in the Accusation filed in Case Nos. 19-100-PH-S and 19-100-RPH-S, *to wit,* that:

A. Nguyen violated NRS 585.370 and NAC 639.601(1) and engaged in unprofessional conduct as defined in NAC 639.945(1)(i) he failed to segregate and/or dispose of adulterated and/or expired drugs in the pharmacy's inventory and is subject to discipline pursuant to NRS 639.210(4) and (12);

B. Nguyen engaged in unprofessional conduct as defined in NAC 639.945(1)(h) when he misrepresented to the Board inspector that all adulterated and/or expired drugs in the pharmacy's inventory had been segregated and/or dispose of and is subject to discipline pursuant to NRS 639.210(4) and (9); and

C. As the pharmacy/pharmacy owner at which the violations of law alleged Case Nos. 19-100-PH-S and 19-100-RPH-S occurred, Walgreens Pharmacy #4854 is responsible for those violations pursuant to NRS 639.230(5), NAC 639.702 and/or NAC 639.945(2).

12. Those violations are plead with particularity in each Accusation and are grounds for action pursuant to NRS 639.210 and NRS 639.255.

13. To resolve this matter without incurring any further costs or the expense associated with a hearing, the Board and Respondent Minhquang D. Nguyen, RPh, Certificate of Registration No. 15913, stipulate to the following penalties. Nguyen's Certificate of Registration No. 15913 is hereby revoked pursuant to NRS 639.255(1)(d). The revocation is stayed, and Nguyen is placed a probation for two (2) years pursuant to NRS 639.255(1)(b) subject to the following conditions:

A. Nguyen currently owns and serves as managing pharmacist of ICARE Pharmacy, License No. PH04402, which shall be subject to quarterly unannounced inspections by Board staff at Nguyen's expense pursuant to NRS 639.090, NRS 639.289, NAC 639.482 and/or NAC 639.935;

B. Pursuant to NRS 639.255(1)(e), Nguyen shall accept this Stipulation and Order as a public reprimand regarding his duties and responsibilities as a managing pharmacist;

C. Pursuant to NRS 639.255(1)(f) and NAC 639.955(5), Nguyen shall pay a fine of Five-Thousand Dollars ($5,000.00) for the violations;

D. Pursuant to NRS 622.400, Nguyen shall pay One Thousand Dollars ($1,000.00) to partially reimburse the Board for recoverable attorney's fees and investigative costs; and

E. Nguyen shall comply with all federal and state statutes and regulations regarding controlled substances and dangerous drugs, and have no additional charges filed against him while on probation.

Upon the successful completion of probation, Nguyen's Certificate of Registration No. 15913 will be fully restored.

14. To resolve this matter without incurring any further costs or the expense associated with a hearing, the Board and Respondent Walgreens Pharmacy #4854, Pharmacy License No. PH01293, stipulate to the following penalties:

A. Pursuant to NRS 639.255(1)(f) and NAC 639.955(5), Respondent Walgreens Pharmacy #4854 shall pay a fine of Two-Thousand Dollars ($2,000.00) for the violations; and

B. Pursuant to NRS 622.400, Respondent Walgreens Pharmacy #4854 shall pay One-Thousand Dollars ($1,000.00) to partially reimburse the Board for recoverable attorney's fees and investigative costs.

15. Any failure by any Respondent to comply with the terms of this Order may result in issuance by the Executive Secretary of an order to show cause pursuant to NAC 639.965 directing the non-compliant Respondent(s) to appear before the Board at the next regularly scheduled meeting for a show cause hearing. If such a hearing results in a finding of a violation of this Order by any Respondent, the Board may impose additional discipline upon the non-compliant Respondent(s) consistent with the provisions of NRS Chapter 639. If such a hearing results in a finding of a violation of this Order by Nguyen, the Board may lift the stay and immediately revoke Certificate of Registration No. 15913.

16. General Counsel will present this Stipulation to the Board for approval pursuant to NRS 622.330 at the Board's regularly scheduled public meeting on June 14, 2023. Respondents will appear in person at the meeting to answer questions from the Board Members and/or Board Staff. The Board Members and Staff may discuss and deliberate regarding this Stipulation, even if Respondents or counsel are not present at the meeting.

17. The Board has discretion to accept this Stipulation, but it is not obligated to do so. If this Stipulation is approved by the Board, it shall be a public record pursuant to NRS 622.330 and shall be reported to the National Practitioner Data Bank pursuant to 42 USC § 1396r–2 and 45 CFR Part 60.

18. If the Board rejects any part or all of this Stipulation, and unless they reach an alternative agreement on the record during the hearing, the parties agree that a full hearing on the merits of this matter may be heard by the Board at a later date. The terms and admissions herein may not be used or referred to in a full hearing on the merits of this matter.

19. Upon approval of this Stipulation by the Board, Respondents shall pay the fines agreed to herein by personal, business, certified or cashier's check or money order made payable to "State of Nevada, Office of the Treasurer," to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within thirty (30) days of entry of this Order.

20. Upon approval of this Stipulation by the Board, Respondents shall pay the attorney's fees and investigative costs agreed to herein by personal, business, certified or cashier's check or money order made payable to the "Nevada State Board of Pharmacy" to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within thirty (30) days of entry of this Order.

21. Subject to the approval of this Stipulation by the Board, the Board and Respondents agree to release one another from any and all additional claims arising from the

facts set forth in the Accusation on file herein, whether known or unknown that might otherwise have existed on or before the effective date of this Order.

Respondents have fully considered the charges and allegations contained in the *First Amended Notice of Intended Action and Accusation* in this matter, and the terms of this Stipulation, and have knowingly and voluntarily agreed to the terms set forth herein, and waived certain rights, as stated herein.

AGREED:

Signed this 30 day of May 2023

MINHQUANG D. NGUYEN, RPH
Certificate of Registration No. 15913

Signed this 8th day of June 2023

WALGREENS PHARMACY #4854
Pharmacy License No. PH01293

APPROVED AS TO FORM AND CONTENT
this 7th day of June 2023

WILLIAM J. STILLING, ESQ.
Counsel for Respondents

Signed this 14th day of June 2023

BRETT KANDT, ESQ.
General Counsel
Nevada State Board of Pharmacy

ORDER

The Nevada State Board of Pharmacy hereby adopts the foregoing Stipulation as to Respondent Walgreens Pharmacy #4854, Pharmacy License No. PH01293, and Respondent Minhquang D. Nguyen, RPh, Certificate of Registration No. 15913, in Case Nos. 19-100-PH-S, 19-100-RPH-S and 18-021-RPH-A-S, and hereby orders that the terms of the foregoing Stipulation be made immediately effective upon execution below.

IT IS SO ORDERED.

Entered this 15th day of June 2023.

Helen Park, Pharm.D.
President
Nevada State Board of Pharmacy

FILED
OCT 14 2022
NEVADA STATE BOARD OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **WALGREENS PHARMACY #4854, Pharmacy License No. PH01293, and** **MINHQUANG D. NGUYEN, RPH, Certificate of Registration No. 15913,** **Respondents.**	**CASE NOS. 19-100-PH-S** **19-100-RPH-S** **NOTICE OF INTENDED ACTION AND ACCUSATION**

J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, makes the following that will serve as both a notice of intended action under NRS 233B.127(3) and as an accusation under NRS 622A.300(1) and NRS 639.241.

JURISDICTION

1. The Nevada State Board of Pharmacy ("Board") has jurisdiction over this matter because at the time of the events alleged herein, Respondent Walgreens Pharmacy #4854 ("Walgreens") held a Nevada Pharmacy License No. PH01293, Respondent Minhquang D. Nguyen, RPh, ("M. Nguyen") held a Nevada Pharmacist Certificate of Registration No. 15913, all issued by the Board.

FACTUAL ALLEGATIONS

2. Respondent Walgreens is located at 4771 W. Craig Road in North Las Vegas, Nevada.

3. Respondent Nguyen was employed as the pharmacy manager of Walgreens during the alleged and relevant timeframes.

4. On April 15, 2019, Board Inspector Leo Basch ("Basch") found certain violations, or expired drugs/medications.

Probiotic – expiration date 2/2019

Humalog mix 50/50 vial – expiration date 7/2018

Promethazine suppositories – expiration date 12/2018

5. In addition, there was a manufacturer's box of promethazine suppositories with an expiration date of 12/2018, which contained a partial quantity.

6. Eight (8) boxes of Protofoam were in the refrigerator, when the packaging specifically state "do not refrigerate".

7. MMR vaccine, expiration date 5/18/2018, and diluent, expiration date 4/21/2019 were found in the freezer. Even though the MMR box had the letters "EXP" written on it, the MMR was still in the pharmacy's active inventory.

8. In room temperature storage, numerous expired drugs were discovered. Some were in manufacturers' original bottles and some with Walgreens amber vials with patient labels that had apparently been returned to stock.

9. Inspector Basch notified Respondent Nguyen that corrective actions included removing expired refrigerated products within three (3) days and removing expired non-refrigerated products within fourteen (14) days. Further, staff was instructed to review all active inventory to remove expired medications/drugs.

10. On or about April 26, 2019, Respondent Nguyen sent an email to the Board inspector stating that the tasks to review expired drugs in refrigeration and active inventory was completed.

11. However, on May 1, 2019, when Board inspectors returned to re-inspect Walgreens, Board inspectors discovered six (6) expired medications in Walgreens' amber vials, and found an additional violation of unlabeled liquid in an amber bottle on a shelf of active

inventory. Further, it appeared that the same expired medications noted on the original inspection were still on the pharmacy shelves in active inventory.

APPLICABLE LAW

12. A pharmacy must be managed by a registered pharmacist who is responsible for compliance by the pharmacy and personnel with all state, and federal laws and regulations regarding the operation of the pharmacy. NRS 639.220(1).

13. Unprofessional conduct includes a licensee performing his or her duties in an "incompetent, unskillful, or negligent manner." NAC 639.945(1)(i).

14. Drugs are deemed adulterated if they consist in whole or in part any filthy or decomposed substance. NRS 585.370.

15. A prescription drug that is outdated, damaged, or deteriorated must be separated from other prescription drugs until it is destroyed or returned to the supplier. NAC 639.601.

16. False statements to the Board or its representatives are grounds for the suspension or revocation of a license/registration. NRS 629.210(9).

17. A managing pharmacist is responsible for overseeing and verifying the work of employees. A managing pharmacist is also responsible for violations committed by the pharmacy's employees. NAC 639.702.

18. A pharmacy owner is responsible for violations committed by the pharmacy's employees. NRS 639.230; NAC 639.702; NAC 639.945.

19. Respondents are subject to discipline for violations pursuant to NRS 639.210 and/or NRS 639.255.

FIRST COUNT

Unprofessional Conduct – Failure to Separate and Remove Expired Drug Stock (Respondent Nguyen)

20. Respondent Nguyen engaged in unprofessional conduct and conduct contrary to the public interest in violation of NAC 639.945(1)(i) and performed his duties in an incompetent, unskillful or negligent manner when he failed to separate, and clear inventory of expired medications or adulterated drugs in violation of NRS 585.370, NAC 639.601, and is therefore subject to discipline pursuant to NRS 639.210(4) and/or NRS 639.255.

SECOND COUNT

Unprofessional Conduct – Providing False Statement to Board's Representative (Respondent Nguyen)

21. Respondent Nguyen engaged in unprofessional conduct and conduct contrary to the public interest in violation of NAC 639.945(1) when he misrepresented to the Board's inspector that the expired medications were properly disposed when they were not, and is therefore subject to discipline pursuant to NRS 639.210(9) and/or NRS 639.255.

THIRD COUNT

Pharmacy/Pharmacy Owner Responsibility (Respondent Walgreens)

22. As the pharmacy/pharmacy owner at which the violations of law alleged herein occurred, Walgreens is responsible for those violations, including those of the pharmacy's employees, pursuant to NAC 639.945(2) and is therefore subject to discipline pursuant to NRS 639.210 and/or NRS 639.255.

WHEREFORE it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to the certificates of license/registration of these Respondents.

Signed this 14th day of OCTOBER 2022.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

FILED
OCT 12 2022
NEVADA STATE BOARD OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **WALGREENS PHARMACY #4854, Pharmacy License No. PH01293, and** **SOYOUNG EOM, RPH, Certificate of Registration No. 18126,** **Respondents.**	**CASE NOS. 18-067-PH-S** **18-067-RPH-S** **STIPULATION AND ORDER**

Courtney K. Lee, General Counsel for Petitioner, the Nevada State Board of Pharmacy ("Board"), and Respondent Walgreens Pharmacy #4854 ("Walgreens"), Pharmacy License No. PH01293, and Respondent Soyoung Eom, RPh ("Eom"), Certificate of Registration No. 18126, jointly by and through counsel, William Stilling, Esq. of Stilling & Harrison, **HEREBY STIPULATE AND AGREE THAT**:

1. The Board has jurisdiction over Respondents and these matters.

2. On or about August 31, 2022, Board's staff served Respondents Walgreens and Eom with the Notice of Intended Action and Accusation ("Accusation") on file in this matter together with the Statement to Respondents and Notice of Hearing.

3. In lieu of filing an Answer through commonly retained counsel, William Stilling, Esq., this Stipulation and Order is being submitted for the Board's consideration.

4. Respondents are aware of the right to seek the advice of counsel in this matter and obtained the advice of counsel prior to entering this Stipulation.

5. Respondents are aware of the right to a hearing on the matters alleged in the Accusation, their right to reconsideration, their right to appeal, and any and all other rights which may be accorded pursuant to NRS Chapter 233B, Nevada Administrative Procedure Act, NRS Chapter 622A, Administrative Procedure Before Certain Regulatory Bodies, and NRS Chapter 639, Nevada Pharmacy Act.

6. Conditioned on the acceptance of this Stipulation by the Board, and with the exception of the right to challenge any determination that Respondents, or any of them, have

failed to comply with the provisions of this Stipulation, Respondents hereby freely and voluntarily waive their rights to a hearing, reconsideration, appeal and any and all other rights related to this action that may be accorded to them by NRS Chapter 233B, Nevada Administrative Procedure Act, NRS Chapter 622A, Administrative Procedure Before Certain Regulatory Bodies, and NRS Chapter 639, Nevada Pharmacy Act.

7. Respondents admit that evidence exists, and that Board's staff prosecuting this case could present such evidence at an administrative hearing, to establish a factual basis for certain of the violations alleged in the Accusation, that:

A. Respondent Eom violated NAC 639.252(2) and engaged in unprofessional conduct in violation of NAC 639.945(1)(d) and (i) when she failed to strictly follow the practitioner's order and filled the prescription for montelukast 10 mg with the wrong prescription drug, sildenafil. Respondent further violated NAC 639.252(2) and engaged in unprofessional conduct in violation of NAC 639.945(1)(d) and (i) when she verified data entry as accurate and the final product on prescription # 1923276 as accurate when it was not, which resulted in Walgreens dispensing ***sildenafil*** 20 mg tablets instead of the ***montelukast*** 10 mg tablets as prescribed.

B. Respondent Walgreens is responsible for the violations as the pharmacy where the violations alleged herein occurred pursuant to NAC 639.945(2).

8. These violations are plead with particularity in the Accusation, and are grounds for disciplinary action pursuant to NRS 639.210 and/or NRS 639.255.

9. In order to resolve this matter without incurring any further costs or the expense associated with a hearing, the Board and Respondent Eom, Certificate of Registration No. 18126, stipulate to the following penalties and/or conditions:

A. Respondent Eom shall pay a fine of One-Thousand Dollars ($1,000.00) for the violations; and

B. Respondent Eom shall pay Five-Hundred Dollars ($500.00) to partially reimburse the Board for recoverable attorney's fees and investigative costs.

10. In order to resolve this matter without incurring any further costs or the expense associated with a hearing, the Board and Respondent Walgreens, Pharmacy License No. PH01293 stipulate to the following penalties and/or conditions:

A. Respondent Walgreens shall pay a fine of Two-Thousand Dollars ($2,000.00) for the violations; and

B. Respondent Walgreens shall pay One-Thousand Dollars ($1,000.00) to partially reimburse the Board for recoverable attorney's fees and investigative costs.

11. Any failure by any Respondent to comply with the terms of this Order may result in issuance by the Executive Secretary of an order to show cause pursuant to NAC 639.965 directing the non-compliant Respondent(s) to appear before the Board at the next regularly-scheduled meeting for a show cause hearing. If such a hearing results in a finding of a violation of this Order by any Respondent, the Board may impose additional discipline upon the non-compliant Respondent(s) consistent with the provisions of NRS Chapter 639.

12. General Counsel will present this Stipulation to the Board for approval pursuant to NRS 622.330 at the Board's regularly scheduled public meeting on October 12, 2022. Respondents will appear in person at the meeting to answer questions from the Board Members and/or Board Staff. The Board Members and Staff may discuss and deliberate regarding this Stipulation, even if Respondents or counsel are not present at the meeting.

13. The Board has discretion to accept this Stipulation, but it is not obligated to do so. If this Stipulation is approved by the Board, it shall be a public record pursuant to NRS 622.330 and shall be reported to the National Practitioner Data Bank pursuant to 42 USC § 1396r–2 and 45 CFR Part 60.

14. If the Board rejects any part or all of this Stipulation, and unless they reach an alternative agreement on the record during the hearing, the parties agree that a full hearing on the merits of this matter may be heard by the Board on the same day or at a later date. The terms and admissions herein may not be used or referred to in a full hearing on the merits of this matter.

15. Upon approval of this Stipulation by the Board, Respondents shall pay the fines agreed to herein by *personal check, business check, cashier's check* or *certified check* or *money*

order made payable to **"State of Nevada, Office of the Treasurer,"** to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within thirty (30) days of entry of this Order.

16. Upon approval of this Stipulation by the Board, Respondents shall pay the attorney's fees and investigative costs agreed to herein by *personal check, business check, cashier's check* or *certified check* or *money order* made payable to **"Nevada State Board of Pharmacy,"** to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within thirty (30) days of entry of this Order.

17. Subject to the approval of this Stipulation by the Board, the Board and Respondents agree to release one another from any and all additional claims arising from the facts set forth in the Accusation on file herein, whether known or unknown that might otherwise have existed on or before the effective date of this Order.

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Respondents have fully considered the charges and allegations contained in the *Notice of Intended Action and Accusation* in this matter, and the terms of this Stipulation, and have freely and voluntarily agreed to the terms set forth herein, and waived certain rights, as stated herein.

AGREED:

Signed this 7th day of October, 2022

WALGREENS PHARMACY #4854,
Pharmacy License No. PH01293

Signed this ___ day of October, 2022

SOYOUNG EOM, RPH,
Certificate of Registration No. 18126

APPROVED AS TO FORM AND CONTENT
this ___ day of October, 2022

WILLIAM STILLING, ESQ.
Counsel for Respondents

Signed this ___ day of October, 2022

COURTNEY K. LEE, ESQ.
General Counsel
Nevada State Board of Pharmacy

Respondents have fully considered the charges and allegations contained in the *Notice of Intended Action and Accusation* in this matter, and the terms of this Stipulation, and have freely and voluntarily agreed to the terms set forth herein, and waived certain rights, as stated herein.

AGREED:

Signed this 6 day of October, 2022

WALGREENS PHARMACY #4854,
Pharmacy License No. PH01293

Signed this 6 day of October, 2022

SOYOUNG EOM, RPH,
Certificate of Registration No. 18126

APPROVED AS TO FORM AND CONTENT
this ___ day of October, 2022

WILLIAM STILLING, ESQ.
Counsel for Respondents

Signed this ___ day of October, 2022

COURTNEY K. LEE, ESQ.
General Counsel
Nevada State Board of Pharmacy

Respondents have fully considered the charges and allegations contained in the *Notice of Intended Action and Accusation* in this matter, and the terms of this Stipulation, and have freely and voluntarily agreed to the terms set forth herein, and waived certain rights, as stated herein.

AGREED:

Signed this ___ day of October, 2022

WALGREENS PHARMACY #4854,
Pharmacy License No. PH01293

Signed this ___ day of October, 2022

SOYOUNG EOM, RPH,
Certificate of Registration No. 18126

APPROVED AS TO FORM AND CONTENT
this 6th day of October, 2022

WILLIAM STILLING, ESQ.
Counsel for Respondents

Signed this 10th day of October, 2022

COURTNEY K. LEE, ESQ.
General Counsel
Nevada State Board of Pharmacy

ORDER

The Nevada State Board of Pharmacy hereby adopts the foregoing Stipulation as to Respondent Walgreens Pharmacy #4854, Pharmacy License No. PH01293, and Respondent Soyoung Eom, RPH, Certificate of Registration No. 18126, in Case Nos. 18-067-PH-S, and 18-067-RPH-S, and hereby orders that the terms of the foregoing Stipulation be made immediately effective upon execution below.

IT IS SO ORDERED.

Entered this 12th day of October, 2022.

Helen Park, President
Nevada State Board of Pharmacy

FILED
AUG 31 2022
NEVADA STATE BOARD OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **WALGREENS PHARMACY #4854, Pharmacy License No. PH01293, and** **SOYOUNG EOM, RPH, Certificate of Registration No. 18126,** **Respondents.**	**CASE NOS. 18-067-PH-S** **18-067-RPH-S** **NOTICE OF INTENDED ACTION AND ACCUSATION**

J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, makes the following that will serve as both a notice of intended action under NRS 233B.127(3) and as an accusation under NRS 622A.300(1) and NRS 639.241.

JURISDICTION

1. The Nevada State Board of Pharmacy ("Board") has jurisdiction over this matter because at the time of the events alleged herein, Respondent Walgreens Pharmacy #4854 ("Walgreens") held a Nevada Pharmacy License No. PH01293, and Respondent Soyoung Eom, RPh, ("Eom"), last name also known as Cho, held a Nevada Pharmacist Certificate of Registration No. 18126, both issued by the Board.

FACTUAL ALLEGATIONS

2. Respondent Walgreens is located at 4771 West Craig Road in North Las Vegas, Nevada.

3. Respondent Eom was employed as a staff pharmacist of Walgreens during the alleged and relevant timeframes.

4. On or about May 31, 2016, practitioner Dr. A.D. prescribed for patient Z.B., Singulair 10mg tablets, quantity ninety (90) with directions to take one tablet per day, with one refill. The prescription was presented to Walgreens on May 31, 2016.

5. On July 12, 2017, Walgreens system sent an electronic request for refill authorization/renewed prescription for Singulair 10 mg (generic name is montelukast), quantity ninety (90) with three (3) refills, designated prescription number 1824608. Singulair is a drug used to improve symptoms of asthma and inflammation of the lining of the nose.

6. A refill was generated on May 22, 2018, designated prescription number 1923276. Respondent Eom performed the data entry review.

7. PTT J.H. filled the prescription. During the filling process, PTT J.H. retrieved three (3) bottles of what she thought was montelukast 10 mg, quantity thirty (30). PTT J.H. retrieved two (2) bottles of montelukast 10 mg and accidentally grabbed one (1) bottle of sildenafil 20 mg (generic of Viagra). Sildenafil is used to treat erectile dysfunction. The size and label on the bottle of sildenafil is similar to the bottle of montelukast. According to policy and procedure, PTT J.H. should have scanned each of the bottles prior to labeling, but she appeared to scan one bottle of the montelukast three times.

8. The bottles were presented to Respondent Eom for final verification with the lids off so the pharmacist could verify the sealed bottles. Respondent Eom performed the final product review, but failed to discover the error.

9. Prescription number 1923276 was sold with counseling marked as completed by RPh M.C.

10. Patient Z.B. took the medication as directed. She ingested approximately twenty-seven (27) tablets of sildenafil 20 mg (1 per day) before the mistake was discovered by her practitioner.

11. Patient Z.B. reported nerve pain, edema, pneumonia, and asthma due to ingestion of sildenafil.

APPLICABLE LAW

12. A licensee/registrant commits unprofessional conduct when he or she fails to follow strictly the instructions of a practitioner when filling, labeling, and dispensing a prescription. NAC 639.945(1)(d).

13. Unprofessional conduct also includes a licensee performing his or her duties in an "incompetent, unskillful, or negligent manner." NAC 639.945(1)(i).

14. A pharmacy owner is responsible for violations committed by the pharmacy's employees. NAC 639.945(2).

15. Respondents are subject to discipline for violations pursuant to NRS 639.210 and/or NRS 639.255.

FIRST COUNT

Unprofessional Conduct - Failure to Strictly Follow the Prescriber's Instructions (Respondent Eom)

16. Respondent Eom violated NAC 639.252(2) and engaged in unprofessional conduct in violation of NAC 639.945(1)(d) and (i) when she failed to strictly follow the practitioner's order and filled the prescription for montelukast 10 mg with the wrong prescription drug, sildenafil. Respondent further violated NAC 639.252(2) and engaged in unprofessional conduct in violation of NAC 639.945(1)(d) and (i) when she verified data entry as accurate and the final product on prescription # 1923276 as accurate when it was not, which resulted in Walgreens dispensing ***sildenafil*** 20 mg tablets instead of the ***montelukast*** 10 mg tablets as

prescribed. Eom is therefore subject to discipline pursuant to NRS 639.210(4), (11), (15) and/or NRS 639.255.

SECOND COUNT
Pharmacy/Pharmacy Owner Responsibility
(Respondent Walgreens)

17. As the pharmacy/pharmacy owner at which the violations of law alleged herein occurred, Walgreens is responsible for those violations, including those of the pharmacy's employees, pursuant NAC 639.945(2) and is therefore subject to discipline pursuant to NRS 639.210(4) and/or NRS 639.255.

WHEREFORE it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to the certificates of license(s)/registration(s) of these Respondents.

Signed this 31st day of August 2022.

Yenh Long, Pharm.D., Deputy Executive Secretary of the Nevada State Board of Pharmacy, for and on behalf of J. David Wuest, R.Ph., Executive Secretary of the Nevada State Board of Pharmacy

NOTICE TO RESPONDENTS

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241. To do so, you must complete and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Notice of Intended Action and Accusation. NRS 622A.320; NRS 639.243. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **WALGREENS PHARMACY #4854,** **License No. PH01293,** **Respondent.**	**CASE NO. 18-067-PH-S** **STATEMENT TO THE RESPONDENT AND NOTICE OF HEARING**

TO THE RESPONDENT ABOVE-NAMED: PLEASE TAKE NOTICE THAT:

1. Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy (Board) by NRS 639.241 to NRS 639.2576, inclusive, and NRS chapter 233B and 622A, a Notice of Intended Action and Accusation has been filed with the Board by the Petitioner, J. David Wuest, Executive Secretary for the Board, alleging grounds for imposition of disciplinary action by the Board against you, as is more fully explained and set forth in the Notice of Intended Action and Accusation served herewith and hereby incorporated reference herein.

2. You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241. To do so, you must complete and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Statement and Notice, and of the Notice of Intended Action and Accusation served within. NRS 622A.320; NRS 639.243.

3. **The Board has scheduled your hearing on this matter for Wednesday, October 12, 2022, at 9:00 AM PST or soon thereafter at the following location:**

Hilton Garden Inn Las Vegas Strip South
7830 S. Las Vegas Blvd
Las Vegas, NV 89123

4. Pursuant to NRS 241.033 and 241.034, please be advised that the hearing is a public meeting, and the Board may, without further notice, take administrative action against you if the Board determines that such administrative action is warranted after considering your character, alleged misconduct, professional competence, or physical or mental health. The Board at its discretion may go into closed session to consider your character, alleged misconduct, professional competence, or physical or mental health. You may attend any closed session, have an attorney or other representative of your choosing present during any closed session, and present written evidence, provide testimony, and present witnesses relating to your character, alleged misconduct, professional competence, or physical or mental health during any closed session.

5. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

DATED this 31st day of August 2022.

Yenh Long, Pharm.D., Deputy Executive Secretary of the Nevada State Board of Pharmacy, for and on behalf of J. David Wuest, R.Ph., Executive Secretary of the Nevada State Board of Pharmacy

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **WALGREENS PHARMACY #4854,** **License No. PH01293,** **Respondent.**	**CASE NO. 18-067-PH-S** **ANSWER AND NOTICE OF DEFENSE**

Respondent above named, in answer to the Notice of Intended Action and Accusation filed in the above-entitled matter before the Nevada State Board of Pharmacy, declares:

1. That his/her objection to the Notice of Intended Action and Accusation as being incomplete or failing to state clearly the charges against him/her, is hereby interposed on the following grounds: (State specific objections or insert "none").

2. That, in answer to the Notice of Intended Action and Accusation, he/she admits, denies and alleges as follows:

I hereby declare, under penalty of perjury, that the foregoing Answer and Notice of Defense, and all facts therein stated, are true and correct to the best of my knowledge.

DATED this _____ day of _____, 2022.

_____

TYPE OR PRINT NAME

_____

AUTHORIZED REPRESENTATIVE FOR WALGREENS PHARMACY #4854

FILED
OCT 12 2022
NEVADA STATE BOARD
OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **WALGREENS PHARMACY #4854** **Pharmacy License No. PH01293,** **WALGREENS PHARMACY #7864** **Pharmacy License No. PH01977,** **MINHQUANG NGUYEN, RPH** **Certificate of Registration No. 15913,** **MARIA CRUZ, RPH** **Certificate of Registration No. 18166, and** **TINA RIZZOLO, RPH** **Certificate of Registration No. 17665,** **Respondents.**	**Case Nos.** **18-055-PH-A-S** **18-055-PH-B-S** **18-055-RPH-A-S** **18-055-RPH-B-S** **18-055-RPH-C-S** **STIPULATION AND ORDER**

Courtney K. Lee, General Counsel for Petitioner, the Nevada State Board of Pharmacy ("Board"), and Respondent Walgreens Pharmacy #4854 ("Walgreens #4854"), Pharmacy License No. PH01293, Respondent Walgreens Pharmacy #7864 ("Walgreens #7864"), Pharmacy License No. PH01977, Respondent Minhquang D. Nguyen, RPh ("Nguyen"), Certificate of Registration No. 15913, Respondent Maria Cruz, RPh ("Cruz"), Certificate of Registration No. 18166, and Respondent Tina Rizzolo, RPh ("Rizzolo"), Certificate of Registration No. 17665, jointly by and through counsel, William Stilling, Esq. of Stilling & Harrison, **HEREBY STIPULATE AND AGREE THAT**:

1. The Board has jurisdiction over Respondents and these matters.

2. On or about September 1, 2022, Board's staff served Respondents Walgreens #4854, Walgreens #7864, Nguyen, Cruz, and Rizzolo with the Notice of Intended Action and

Accusation ("Accusation") on file in this matter together with the Statement to Respondents and Notice of Hearing.

3. In lieu of filing an Answer through commonly retained counsel, William Stilling, Esq., this Stipulation and Order is being submitted for the Board's consideration.

4. Respondents are aware of the right to seek the advice of counsel in this matter and obtained the advice of counsel prior to entering this Stipulation.

5. Respondents are aware of the right to a hearing on the matters alleged in the Accusation, their right to reconsideration, their right to appeal, and any and all other rights which may be accorded pursuant to NRS Chapter 233B, Nevada Administrative Procedure Act, NRS Chapter 622A, Administrative Procedure Before Certain Regulatory Bodies, and NRS Chapter 639, Nevada Pharmacy Act.

6. Conditioned on the acceptance of this Stipulation by the Board, and with the exception of the right to challenge any determination that Respondents, or any of them, have failed to comply with the provisions of this Stipulation, Respondents hereby freely and voluntarily waive their rights to a hearing, reconsideration, appeal and any and all other rights related to this action that may be accorded to them by NRS Chapter 233B, Nevada Administrative Procedure Act, NRS Chapter 622A, Administrative Procedure Before Certain Regulatory Bodies, and NRS Chapter 639, Nevada Pharmacy Act.

7. Respondents admit that evidence exists, and that Board's staff prosecuting this case could present such evidence at an administrative hearing, to establish a factual basis for certain of the violations alleged in the Accusation, that:

A. Respondent Nguyen performed his duties in an incompetent, unskillful or negligent manner when he failed to accurately verify medication at data entry review, overrode the DUR for duplicate therapy for prescription no. 1929979, duplicated prescription no. 1929979 to another prescription no. 1930079, and failed to strictly follow

the instructions of a practitioner by dispensing a duplicate and mislabeled prescription and engaged in unprofessional conduct as defined in NAC 639.945(1)(d) and (i).

B. Respondent Rizzolo performed her duties in an incompetent, unskillful or negligent manner when she conducted the initial data entry for prescription no. 1929979, failed to strictly follow the instructions of a practitioner by failing to enter the correct patient's name and prescriber information, and engaged in unprofessional conduct as defined in NAC 639.945(1)(d) and (i).

C. Respondent Walgreens #4854 is responsible for the violations as the pharmacy where the violations alleged herein occurred pursuant to NRS 639.230(5) and NAC 639.945(2).

D. Respondent Walgreens #7864 is responsible for the violations as the pharmacy where the violations alleged herein occurred pursuant to NAC 639.945(2).

8. These violations are plead with particularity in the Accusation, and are grounds for disciplinary action pursuant to NRS 639.210 and/or NRS 639.255.

9. In order to resolve this matter without incurring any further costs or the expense associated with a hearing, the Board and Respondent Nguyen, Certificate of Registration No. 15913, stipulate to the following penalties and/or conditions:

A. Respondent Nguyen shall pay a fine of One-Thousand Dollars ($1,000.00) for the violations;

B. Respondent Nguyen shall pay Five-Hundred Dollars ($500.00) to partially reimburse the Board for recoverable attorney's fees and investigative costs; and

C. Respondent Nguyen shall complete an additional two (2) hours of continuing education regarding proper dispensing practices and/or medication review which shall be forwarded to Board's staff within ninety (90) days of this Order.

10. The disciplinary action against Respondent Cruz, Certificate of Registration No. 18166, case no. 18-055-RPH-B-S, shall be dismissed.

11. In order to resolve this matter without incurring any further costs or the expense associated with a hearing, the Board and Respondent Rizzolo, Certificate of Registration No. 17665, stipulate to the following penalties and/or conditions:

A. Respondent Rizzolo shall pay a fine of One-Thousand Dollars ($1,000.00) for the violations; and

B. Respondent Rizzolo shall pay Five-Hundred Dollars ($500.00) to partially reimburse the Board for recoverable attorney's fees and investigative costs.

12. In order to resolve this matter without incurring any further costs or the expense associated with a hearing, the Board and Respondent Walgreens #4854, Pharmacy License No. PH01293 stipulate to the following penalties and/or conditions:

A. Respondent Walgreens #4854 shall pay a fine of Two-Thousand Dollars ($2,000.00) for the violations; and

B. Respondent Walgreens #4854 shall pay One-Thousand Dollars ($1,000.00) to partially reimburse the Board for recoverable attorney's fees and investigative costs.

13. In order to resolve this matter without incurring any further costs or the expense associated with a hearing, the Board and Respondent Walgreens #7864, Pharmacy License No. PH01977 stipulate to the following penalties and/or conditions:

C. Respondent Walgreens #7864 shall pay a fine of Two-Thousand Dollars ($2,000.00) for the violations; and

D. Respondent Walgreens #7864 shall pay One-Thousand Dollars ($1,000.00) to partially reimburse the Board for recoverable attorney's fees and investigative costs.

14. Any failure by any Respondent to comply with the terms of this Order may result in issuance by the Executive Secretary of an order to show cause pursuant to NAC 639.965 directing the non-compliant Respondent(s) to appear before the Board at the next regularly-scheduled meeting for a show cause hearing. If such a hearing results in a finding of a violation of this Order by any Respondent, the Board may impose additional discipline upon the non-compliant Respondent(s) consistent with the provisions of NRS Chapter 639.

15. General Counsel will present this Stipulation to the Board for approval pursuant to NRS 622.330 at the Board's regularly scheduled public meeting on October 12, 2022. Respondents will appear in person at the meeting to answer questions from the Board Members and/or Board Staff. The Board Members and Staff may discuss and deliberate regarding this Stipulation, even if Respondents or counsel are not present at the meeting.

16. The Board has discretion to accept this Stipulation, but it is not obligated to do so. If this Stipulation is approved by the Board, it shall be a public record pursuant to NRS 622.330 and shall be reported to the National Practitioner Data Bank pursuant to 42 USC § 1396r–2 and 45 CFR Part 60.

17. If the Board rejects any part or all of this Stipulation, and unless they reach an alternative agreement on the record during the hearing, the parties agree that a full hearing on the merits of this matter may be heard by the Board on the same day or at a later date. The terms and admissions herein may not be used or referred to in a full hearing on the merits of this matter.

18. Upon approval of this Stipulation by the Board, Respondents shall pay the fines agreed to herein by *personal check, business check, cashier's check* or *certified check* or *money order* made payable to **"State of Nevada, Office of the Treasurer,"** to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within thirty (30) days of entry of this Order.

19. Upon approval of this Stipulation by the Board, Respondents shall pay the attorney's fees and investigative costs agreed to herein by *personal check, business check, cashier's check* or *certified check* or *money order* made payable to **"Nevada State Board of Pharmacy,"** to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within thirty (30) days of entry of this Order.

20. Subject to the approval of this Stipulation by the Board, the Board and Respondents agree to release one another from any and all additional claims arising from the facts set forth in the Accusation on file herein, whether known or unknown that might otherwise have existed on or before the effective date of this Order.

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Respondents have fully considered the charges and allegations contained in the *Notice of Intended Action and Accusation* in this matter, and the terms of this Stipulation, and have freely and voluntarily agreed to the terms set forth herein, and waived certain rights, as stated herein.

AGREED:

Signed this 7th day of October, 2022

WALGREENS PHARMACY #4854,
Pharmacy License No. PH01293

Signed this ___ day of October, 2022

MINHQUANG D. NGUYEN, RPH,
Certificate of Registration No. 15913

APPROVED AS TO FORM AND CONTENT
this ___ day of October, 2022

WILLIAM STILLING, ESQ.
Counsel for Respondents

WALGREENS PHARMACY #7864,
Pharmacy License No. PH01977

Signed this ___ day of October, 2022

TINA RIZZOLO, RPH,
Certificate of Registration No. 17665

Signed this ___ day of October, 2022

COURTNEY K. LEE, ESQ.
General Counsel
Nevada State Board of Pharmacy

Respondents have fully considered the charges and allegations contained in the *Notice of Intended Action and Accusation* in this matter, and the terms of this Stipulation, and have freely and voluntarily agreed to the terms set forth herein, and waived certain rights, as stated herein.

AGREED:

Signed this ___ day of October, 2022

WALGREENS PHARMACY #4854,
Pharmacy License No. PH01293

Signed this 6 day of October, 2022

MINHQUANG D. NGUYEN, RPH,
Certificate of Registration No. 15913

APPROVED AS TO FORM AND CONTENT
this ___ day of October, 2022

WILLIAM STILLING, ESQ.
Counsel for Respondents

WALGREENS PHARMACY #7864,
Pharmacy License No. PH01977

Signed this ___ day of October, 2022

TINA RIZZOLO, RPH,
Certificate of Registration No. 17665

Signed this ___ day of October, 2022

COURTNEY K. LEE, ESQ.
General Counsel
Nevada State Board of Pharmacy

Respondents have fully considered the charges and allegations contained in the *Notice of Intended Action and Accusation* in this matter, and the terms of this Stipulation, and have freely and voluntarily agreed to the terms set forth herein, and waived certain rights, as stated herein.

AGREED:

Signed this ___ day of October, 2022

WALGREENS PHARMACY #4854,
Pharmacy License No. PH01293

Signed this ___ day of October, 2022

MINHQUANG D. NGUYEN, RPH,
Certificate of Registration No. 15913

APPROVED AS TO FORM AND CONTENT
this ___ day of October, 2022

WILLIAM STILLING, ESQ.
Counsel for Respondents

WALGREENS PHARMACY #7864,
Pharmacy License No. PH01977

Signed this ___ day of October, 2022

Tina Rizzolo

TINA RIZZOLO, RPH,
Certificate of Registration No. 17665

Signed this ___ day of October, 2022

COURTNEY K. LEE, ESQ.
General Counsel
Nevada State Board of Pharmacy

Respondents have fully considered the charges and allegations contained in the *Notice of Intended Action and Accusation* in this matter, and the terms of this Stipulation, and have freely and voluntarily agreed to the terms set forth herein, and waived certain rights, as stated herein.

AGREED:

Signed this ___ day of October, 2022

WALGREENS PHARMACY #4854,
Pharmacy License No. PH01293

Signed this ___ day of October, 2022

MINHQUANG D. NGUYEN, RPH,
Certificate of Registration No. 15913

APPROVED AS TO FORM AND CONTENT
this 6th day of October, 2022

WILLIAM STILLING, ESQ.
Counsel for Respondents

WALGREENS PHARMACY #7864,
Pharmacy License No. PH01977

Signed this ___ day of October, 2022

TINA RIZZOLO, RPH,
Certificate of Registration No. 17665

Signed this 10th day of October, 2022

COURTNEY K. LEE, ESQ.
General Counsel
Nevada State Board of Pharmacy

ORDER

The Nevada State Board of Pharmacy hereby adopts the foregoing Stipulation as to Respondent Walgreens Pharmacy #4854, Pharmacy License No. PH01293, Respondent Walgreens Pharmacy #7864, Pharmacy License No. PH01977, Respondent Minhquang D. Nguyen, RPH, Certificate of Registration No. 15913, and Respondent Tina Rizzolo, RPH, Certificate of Registration No. 17665, in Case Nos. 18-055-PH-A-S, 18-055-PH-B-S, 18-055-RPH-A-S, 18-055-RPH-B-S, and 18-055-RPH-C-S, and hereby orders that the terms of the foregoing Stipulation be made immediately effective upon execution below.

IT IS SO ORDERED.

Entered this 12th day of October, 2022.

Helen Park, President
Nevada State Board of Pharmacy

FILED
SEP 01 2022
NEVADA STATE BOARD
OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **WALGREENS PHARMACY #4854** **Pharmacy License No. PH01293,** **WALGREENS PHARMACY #7864** **Pharmacy License No. PH01977,** **MINQUANG NGUYEN, RPH** **Certificate of Registration No. 15913,** **MARIA CRUZ, RPH** **Certificate of Registration No. 18166, and** **TINA RIZZOLO, RPH** **Certificate of Registration No. 17665,** **Respondents.**	**CASE NOS. 18-055-PH-A-S** **18-055-PH-B-S** **18-055-RPH-A-S** **18-055-RPH-B-S** **18-055-RPH-C-S** **NOTICE OF INTENDED ACTION AND ACCUSATION**

J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, makes the following that will serve as both a notice of intended action under NRS 233B.127(3) and as an accusation under NRS 622A.300(1) and/or NRS 639.241.

JURISDICTION

The Nevada State Board of Pharmacy ("Board") has jurisdiction over this matter because, at the time of the events alleged herein, Respondent Walgreens Pharmacy #4854 ("Walgreens #4854"), Pharmacy License No. PH01293, Respondent Walgreens Pharmacy #7864 ("Walgreens #7864"), Pharmacy License No. PH01977, Respondent Minquang Nguyen, RPH ("Nguyen"), Certificate of Registration No. 15913, Maria Cruz, RPH ("Cruz"), Certificate of Registration No. 18166, and Respondent Tina Rizzolo, RPH ("Rizzolo"), Certificate of Registration No. 17665, were licensed/registered with the Board.

FACTUAL ALLEGATIONS

1. Respondent Walgreens #4854 is located at 4771 W. Craig Road, North Las Vegas, Nevada.

2. Respondent Walgreens #7864 is located at 7755 N. Durango Drive, Las Vegas, Nevada.

3. Respondent Nguyen was the managing pharmacist at Walgreens #4854 at the time of the events alleged herein.

4. Respondent Cruz was employed by Walgreens #4854 as a staff pharmacist at the time of the events alleged herein.

5. Respondent Rizzolo was employed by Walgreens #7864 as a staff pharmacist at the time of the events alleged herein.

6. Respondent Nguyen had past discipline in case no. 13-006-RPH-S where he stipulated to receive a public letter of reprimand for his failure to verify the status of a pharmaceutical technician in training. The pharmaceutical technician in training application was not on file with the Board and Respondent Nguyen allowed pharmaceutical technician in training to work ninety-three (93) days without a license.

7. Respondent Rizzolo had past discipline in case no. 15-028-RPH-A-S where she documented patient counseling but failed to detect a medication error during counseling.

8. On or about June 14, 2018, patient T.C. dropped off three (3) prescriptions to Walgreens #4854, one (1) prescription for himself and two (2) prescriptions for his mother, patient G.S.

9. T.C.'s prescription was for hydrocodone-acetaminophen 7.5/325, quantity 150, from Dr. A.A, and designated prescription no. 1929977. This prescription no. 1929977 was filled and dispensed for patient T.C. with no errors. Patient G.S.'s first prescription was for triamcinolone 0.1% cream from Dr. K.K., and designated prescription no. 1929983. This prescription no.

1929983 was filled and dispensed for patient G.S. with no errors. The second prescription for G.S. was for **tramadol HCl 50 mg**, quantity 90, from Dr. A.A., designated prescription no. **1929979.** This prescription no. 1929979 was filled and dispensed for wrong patient T.C. and with the wrong prescriber information, Dr. K.K. instead of Dr. A.A. The tramadol prescription was later duplicated and rescanned by Respondent Nguyen for reasons unknown, and designated prescription no. 1930079. Prescription no. 1930079 was filled and dispensed for patient G.S. correctly.

10. The misfilled tramadol prescription was scanned by pharmaceutical technician A.M. at 9:31 a.m. on June 14, 2018, and designated prescription no. 1929979 by Walgreen's system.

11. The initial data entry for the prescription no. 1929979 was performed by Respondent Rizzolo at Walgreens Pharmacy #7864 (a different location) at 2:14 p.m. on June 14, 2018.

12. The patient's name for prescription no. 1929979 was incorrectly entered or changed to reflect T.C. instead of the correct patient, T.C.'s mother – patient G.S. In addition, the incorrect prescriber information was entered as Dr. K.K. when the correct prescriber was Dr. A.A.

13. Respondent Nguyen performed a data entry review of prescription no. 1929979 at 2:16 p.m. and performed a DUR override for duplicate therapy because patient T.C. was already prescribed a pain medication hydrocodone-acetaminophen, and the tramadol is also used to treat pain.

14. Respondent Nguyen filled prescription no. 1929979 at 2:20 p.m.

15. Respondent Cruz performed the final product verification for prescription no. 1929979 at 2:25 p.m., which was misfilled.

16. Patient T.C. received four (4) total prescription medications instead of three (3), which included the misfilled and duplicate prescription of **tramadol**, prescription no. **1929979** for himself (which was prescribed for his mother, patient G.S., and filled by prescription no. 1930079).

Patient T.C. did not ingest any of the tramadol and the entire contents of the prescription were returned to Walgreens.

APPLICABLE LAW

17. A licensee/registrant commits unprofessional conduct when he or she fails to follow strictly the instructions of a practitioner when filling, labeling, and dispensing a prescription. NAC 639.945(1)(d).

18. Unprofessional conduct also includes a licensee performing his or her duties in an "incompetent, unskillful, or negligent manner." NAC 639.945(1)(i).

19. NAC 639.252(2) states in relevant part: "If a pharmaceutical technician performs one or more of the functions necessary to prepare a prescription, the pharmacist supervising the pharmaceutical technician is responsible for the filled prescription."

20. "Any violation of any of the provisions of this chapter [NRS Chapter 639] by a managing pharmacist or by personnel of the pharmacy under the supervision of the managing pharmacist is cause for the suspension or revocation of the license of the pharmacy by the Board." NRS 639.230(5).

21. "The owner of a pharmacy, the managing pharmacist of the pharmacy and the registered pharmacist on duty at the pharmacy are responsible for the acts and omissions of pharmaceutical technicians and other personnel who are not pharmacists working in or for the pharmacy, including, but not limited to, any errors committed or unauthorized work performed by such personnel, if the owner, managing pharmacist or registered pharmacist knew or reasonably should have known of the act or omission." NRS 639.220; NAC 639.702.

22. A pharmacy owner is responsible for violations committed by the pharmacy's employees. NAC 639.945(2).

23. Respondents are subject to discipline for violations pursuant to NRS 639.210 and/or NRS 639.255.

FIRST COUNT

Unprofessional Conduct – Failure to Strictly Follow Instructions of Prescriber(s)
(Respondents Nguyen, Cruz, Rizzolo)

24. Respondent Nguyen performed his duties in an incompetent, unskillful or negligent manner when he failed to accurately verify medication at data entry review, overrode the DUR for duplicate therapy for prescription no. 1929979, duplicated prescription no. 1929979 to another prescription no. 1930079, and failed to strictly follow the instructions of a practitioner by dispensing a duplicate and mislabeled prescription and engaged in unprofessional conduct as defined in NAC 639.945(1)(d) and (i), and is subject to discipline pursuant to NRS 639.210(4) and/or NRS 639.255.

25. Respondent Cruz performed her duties in an incompetent, unskillful or negligent manner when she performed the final product verification for prescription no. 1929979, failed to accurately verify the medication, and failed to strictly follow the instructions of a practitioner by dispensing a duplicate and mislabeled prescription and engaged in unprofessional conduct as defined in NAC 639.945(1)(d) and (i), and is subject to discipline pursuant to NRS 639.210(4) and/or NRS 639.255.

26. Respondent Rizzolo performed her duties in an incompetent, unskillful or negligent manner when she conducted the initial data entry for prescription no. 1929979, failed to strictly follow the instructions of a practitioner by failing to enter the correct patient's name and prescriber information, and engaged in unprofessional conduct as defined in NAC 639.945(1)(d) and (i), and is subject to discipline pursuant to NRS 639.210(4) and/or NRS 639.255.

SECOND COUNT

Pharmacy/Pharmacy Owner Responsibility
(Respondents Walgreens #4854 and Walgreens #7864)

27. As the pharmacy where Respondents Nguyen, Cruz, and PT A.M. violated the laws as alleged herein, Walgreens #4854 is responsible for those violations pursuant to NAC 639.702, and NAC 639.945(2). Respondent Walgreens is therefore subject to discipline pursuant to NRS 639.210 and/or NRS 639.255.

28. As the pharmacy where Respondent Rizzolo violated the laws as alleged herein, Walgreens #4854 is responsible for those violations pursuant to NAC 639.945(2). Respondent Walgreens #7864 is therefore subject to discipline pursuant to NRS 639.210 and/or NRS 639.255.

WHEREFORE, it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to the pharmacy licenses or certificates of registrations of these Respondents.

Signed this 14 day of September, 2022.

Yenh Long, Pharm.D., Deputy Executive Secretary of the Nevada State Board of Pharmacy, for and on behalf of J. David Wuest, R.Ph., Executive Secretary of the Nevada State Board of Pharmacy

NOTICE TO RESPONDENTS

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241. To do so, you must complete, and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Notice of Intended Action and Accusation. NRS 622A.320; NRS 639.243. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **WALGREENS PHARMACY #7864** **Pharmacy License No. PH01977,** **Respondent.**	**CASE NO. 18-055-PH-B-S** **STATEMENT TO THE RESPONDENT AND NOTICE OF HEARING**

TO THE RESPONDENT ABOVE-NAMED: PLEASE TAKE NOTICE THAT:

1. Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy (Board) by NRS 639.241 to NRS 639.2576, inclusive, and NRS chapter 233B and 622A, a Notice of Intended Action and Accusation has been filed with the Board by the Petitioner, J. David Wuest, Executive Secretary for the Board, alleging grounds for imposition of disciplinary action by the Board against you, as is more fully explained and set forth in the Notice of Intended Action and Accusation served herewith and hereby incorporated reference herein.

2. You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241. To do so, you must complete and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Statement and Notice, and of the Notice of Intended Action and Accusation served within. NRS 622A.320; NRS 639.243.

3. **The Board has scheduled your hearing on this matter for Wednesday, October 12, 2022, at 9:00 AM PST or soon thereafter at the following location:**

Hilton Garden Inn Las Vegas Strip South
7830 S. Las Vegas Blvd
Las Vegas, NV 89123

4. Pursuant to NRS 241.033 and 241.034, please be advised that the hearing is a public meeting, and the Board may, without further notice, take administrative action against you if the Board determines that such administrative action is warranted after considering your character, alleged misconduct, professional competence, or physical or mental health. The Board at its discretion may go into closed session to consider your character, alleged misconduct, professional competence, or physical or mental health. You may attend any closed session, have an attorney or other representative of your choosing present during any closed session, and present written evidence, provide testimony, and present witnesses relating to your character, alleged misconduct, professional competence, or physical or mental health during any closed session.

5. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

DATED this 14 day of September, 2022.

Yenh Long, Pharm.D., Deputy Executive Secretary of the Nevada State Board of Pharmacy, for and on behalf of J. David Wuest, R.Ph., Executive Secretary of the Nevada State Board of Pharmacy

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **WALGREENS PHARMACY #7864** **Pharmacy License No. PH01977,** **Respondent.**	**CASE NO. 18-055-PH-B-S** **ANSWER AND NOTICE OF DEFENSE**

Respondent above named, in answer to the Notice of Intended Action and Accusation filed in the above-entitled matter before the Nevada State Board of Pharmacy, declares:

1. That his/her objection to the Notice of Intended Action and Accusation as being incomplete or failing to state clearly the charges against him/her, is hereby interposed on the following grounds: (State specific objections or insert "none").

2. That, in answer to the Notice of Intended Action and Accusation, he/she admits, denies and alleges as follows:

I hereby declare, under penalty of perjury, that the foregoing Answer and Notice of Defense, and all facts therein stated, are true and correct to the best of my knowledge.

DATED this _____ day of _____, 2022.

_____

TYPE OR PRINT NAME

_____

AUTHORIZED REPRESENTATIVE FOR WALGREENS PHARMACY #7864

FILED
JUN 15 2023
NEVADA STATE BOARD OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **WALGREENS PHARMACY #4854, Pharmacy License No. PH01293,** **MINHQUANG D. NGUYEN, RPH, Certificate of Registration No. 15913,** **DIMITRIS EFSTATHIOU, RPH, Certificate of Registration No. 17277, and** **MARIA CRUZ, RPH, Certificate of Registration No. 18166,** **Respondents.**	**CASE NOS. 18-021-PH-S** **18-021-RPH-C-S** **STIPULATION AND ORDER [RESPONDENTS WALGREENS PHARMACY #4854 & EFSTATHIOU ONLY]**

Brett Kandt, General Counsel for Petitioner the Nevada State Board of Pharmacy (Board), and Respondent Walgreens Pharmacy #4854, Pharmacy License No. PH01293, and Respondent Dimitris Efstathiou, RPh (Efstathiou), Certificate of Registration No. 17277, jointly by and through counsel, William Stilling, Esq. of Stilling & Harrison, **HEREBY STIPULATE AND AGREE THAT**:

1. The Board has jurisdiction over Respondents and these matters.

2. On or about February 6, 2023, Board Staff served Respondents with the First Amended Notice of Intended Action and Accusation (Accusation) on file in this matter together with the Statement to Respondents and Notice of Hearing.

3. Respondents jointly filed an Answer and Notice of Defense to the Accusation.

4. Respondents are aware of the right to seek the advice of counsel in this matter and obtained the advice of counsel prior to entering this Stipulation.

5. Respondents are aware of the right to a hearing on the matters alleged in the Accusation, their right to reconsideration, their right to appeal, and any and all other rights which may be accorded pursuant to NRS Chapter 233B, Nevada Administrative Procedure Act, NRS Chapter 622A, Administrative Procedure Before Certain Regulatory Bodies, and NRS Chapter 639, Nevada Pharmacy Act.

6. Conditioned on the acceptance of this Stipulation by the Board, and with the exception of the right to challenge any determination that Respondents, or any of them, have failed to comply with the provisions of this Stipulation, Respondents hereby knowingly and voluntarily waive their rights to a hearing, reconsideration, appeal and any and all other rights related to this action that may be accorded to them by NRS Chapter 233B, Nevada Administrative Procedure Act, NRS Chapter 622A, Administrative Procedure Before Certain Regulatory Bodies, and NRS Chapter 639, Nevada Pharmacy Act.

7. Respondents admit that evidence exists, and that Board's staff prosecuting this case could present such evidence at an administrative hearing, to establish a factual basis for the violations alleged in the Accusation, *to wit,* that:

A. By failing to place a fill sticker on the back of the original hard copy of the prescription when filling prescription no. 1893870, Efstathiou violated NRS 639.236(2) and is subject to discipline pursuant to NRS 639.210(12); and

B. As the pharmacy/pharmacy owner at which the violations of law alleged herein occurred, Walgreens Pharmacy #4854 is responsible for those violations pursuant to NRS 639.230(5), NAC 639.702 and/or NAC 639.945(2).

7. Those violations are plead with particularity in the Accusation and are grounds for action pursuant to NRS 639.210 and NRS 639.255.

8. To resolve this matter without incurring any further costs or the expense associated with a hearing, the Board and Respondent Dimitris Efstathiou, Certificate of Registration No. 17277, stipulate to the following penalties:

A. Pursuant to NRS 639.255(1)(f) and NAC 639.955(5), Respondent Efstathiou shall pay a fine of One-Thousand Dollars ($1,000.00) for the violations; and

B. Pursuant to NRS 622.400, Respondent Efstathiou shall pay Five-Hundred Dollars ($500.00) to partially reimburse the Board for recoverable attorney's fees and investigative costs.

9. To resolve this matter without incurring any further costs or the expense associated with a hearing, the Board and Respondent Walgreens Pharmacy #4854, Pharmacy License No. PH01293, stipulate to the following penalties:

A. Pursuant to NRS 639.255(1)(f) and NAC 639.955(5), Respondent Walgreens Pharmacy #4854 shall pay a fine of Two-Thousand Dollars ($2,000.00) for the violations; and

B. Pursuant to NRS 622.400, Respondent Walgreens Pharmacy #4854 shall pay One-Thousand Dollars ($1,000.00) to partially reimburse the Board for recoverable attorney's fees and investigative costs.

10. Any failure by any Respondent to comply with the terms of this Order may result in issuance by the Executive Secretary of an order to show cause pursuant to NAC 639.965 directing the non-compliant Respondent(s) to appear before the Board at the next regularly scheduled meeting for a show cause hearing. If such a hearing results in a finding of a violation of this Order by any Respondent, the Board may impose additional discipline upon the non-compliant Respondent(s) consistent with the provisions of NRS Chapter 639.

11. General Counsel will present this Stipulation to the Board for approval pursuant to NRS 622.330 at the Board's regularly scheduled public meeting on June 14, 2023.

Respondents will appear in person at the meeting to answer questions from the Board Members and/or Board Staff. The Board Members and Staff may discuss and deliberate regarding this Stipulation, even if Respondents or counsel are not present at the meeting.

12. The Board has discretion to accept this Stipulation, but it is not obligated to do so. If this Stipulation is approved by the Board, it shall be a public record pursuant to NRS 622.330 and shall be reported to the National Practitioner Data Bank pursuant to 42 USC § 1396r–2 and 45 CFR Part 60.

13. If the Board rejects any part or all of this Stipulation, and unless they reach an alternative agreement on the record during the hearing, the parties agree that a full hearing on the merits of this matter may be heard by the Board at a later date. The terms and admissions herein may not be used or referred to in a full hearing on the merits of this matter.

14. Upon approval of this Stipulation by the Board, Respondents shall pay the fines agreed to herein by personal, business, certified or cashier's check or money order made payable to "State of Nevada, Office of the Treasurer," to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within thirty (30) days of entry of this Order.

15. Upon approval of this Stipulation by the Board, Respondents shall pay the attorney's fees and investigative costs agreed to herein by personal, business, certified or cashier's check or money order made payable to the "Nevada State Board of Pharmacy" to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within thirty (30) days of entry of this Order.

16. Subject to the approval of this Stipulation by the Board, the Board and Respondents agree to release one another from any and all additional claims arising from the facts set forth in the Accusation on file herein, whether known or unknown that might otherwise have existed on or before the effective date of this Order.

Respondents have fully considered the charges and allegations contained in the *First Amended Notice of Intended Action and Accusation* in this matter, and the terms of this Stipulation, and have knowingly and voluntarily agreed to the terms set forth herein, and waived certain rights, as stated herein.

AGREED:

Signed this 8th day of June 2023

WALGREENS PHARMACY #4854
Pharmacy License No. PH01293

Signed this 3 day of June 2023

DIMITRIS EFSTATHIOU, RPH
Certificate of Registration No. 17277

APPROVED AS TO FORM AND CONTENT
this 7th day of June 2023

WILLIAM J. STILLING, ESQ.
Counsel for Respondents

Signed this 14 day of June 2023

BRETT KANDT, ESQ.
General Counsel
Nevada State Board of Pharmacy

ORDER

The Nevada State Board of Pharmacy hereby adopts the foregoing Stipulation as to Respondent Walgreens Pharmacy #4854, Pharmacy License No. PH01293, and Respondent Dimitris Efstathiou, RPh, Certificate of Registration No. 17277, in Case Nos. 18-021-PH-S and 18-021-RPH-C-S, and hereby orders that the terms of the foregoing Stipulation be made immediately effective upon execution below.

IT IS SO ORDERED.

Entered this 15th day of June 2023.

Helen Park, Pharm.D.
President
Nevada State Board of Pharmacy

FILED
FEB 06 2023
NEVADA STATE BOARD
OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **WALGREENS PHARMACY #4854,** **Pharmacy License No. PH01293,** **MINHQUANG D. NGUYEN, RPH,** **Certificate of Registration No. 15913,** **DIMITRIS EFSTATHIOU, RPH,** **Certificate of Registration No. 17277, and** **MARIA CRUZ, RPH,** **Certificate of Registration No. 18166,** **Respondents.**	**CASE NOS. 18-021-PH-S** **18-021-RPH-A-S** **18-021-RPH-C-S** **18-021-RPH-D-S** **FIRST AMENDED** **NOTICE OF INTENDED ACTION** **AND ACCUSATION**

J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, makes the following that will serve as both a notice of intended action under NRS 233B.127(3) and as an accusation under NRS 622A.300(1) and NRS 639.241.

JURISDICTION

1. The Nevada State Board of Pharmacy (Board) has jurisdiction over this matter because at the time of the events alleged herein, Respondent Minhquang D. Nguyen, RPh (Nguyen), Certificate of Registration No. 15913, Respondent Dimitris Efstathiou, RPh (Efstathiou), Certificate of Registration No. 17277, and Respondent Maria Cruz, RPh (Cruz), Certificate of Registration No. 18166, were pharmacists registered with the Board, and Respondent Walgreens Pharmacy #4854, Pharmacy License No. PH01293, was a pharmacy licensed by the Board.

2. Nguyen was previously subject to discipline in case nos. 13-006-RPH-S and18-055-RPH-A-S, and currently a named respondent in case no. 19-100-RPH-S.

FACTUAL ALLEGATIONS

3. Nguyen was employed as managing pharmacist and Efstathiou and Cruz were employed as staff pharmacists by Walgreens Pharmacy #4854 at the time of the events alleged herein.

4. On or about October 7, 2017, Dr. C.C. wrote three (3) separate prescriptions for patient L.S. for Adderall, 30 mg tablets, quantity 90 tablets, with instructions to take 1 tablet three times per day. The first prescription was for immediate fill, the second prescription stated, "Do not fill before 11/7/2017", and the third prescription stated, "Do not fill before 12/7/2017".

5. On or about October 9, 2017, all three prescriptions were presented by patient L.S. to Walgreens Pharmacy #4854 and scanned into the computer system.

6. The first prescription was designated prescription no. 1850877 and subsequently processed, filled, and dispensed to patient L.S. on or about October 11, 2017.

7. The prescription post-dated 11/07/2017 was designated prescription no. 1863870 and placed on hold; however, the prescription number was not written on the original hard copy of the prescription.

8. The prescription post-dated 12/07/2017 was designated prescription no. 1896898 and placed on hold; however, the prescription number was not written on the original hard copy of the prescription.

9. On or about October 14, 2017, the original hard copy of the prescription post-dated 11/07/2017 was erroneously re-scanned and designated a second prescription no. 1874629, and the original hard copy of the prescription post-dated 12/07/2017 was erroneously re-scanned and designated a second prescription no. 1886042.

10. On or about November 18, 2017, prescription no. 1893870, post-dated 11/07/2017, was processed, filled and dispensed. Data entry review and final verification were

performed by Efstathiou, who failed to place a fill sticker on the back of the original hard copy of the prescription.

11. On or about December 24, 2017, prescription no. 1874629, post-dated 11/07/2017, was processed, filled and dispensed. Data entry review was performed by Cruz, who failed to identify the duplication with prescription no. 1863870.

12. On or about January 29, 2018, prescription no. 1886042, post-dated 12/07/2017, was processed, filled and dispensed. Data entry review and final verification were performed by Nguyen, who failed to place a fill sticker on the back of the original hard copy of the prescription and failed to identify that patient L.S. had already received the three fills prescribed on her patient profile.

13. On or about February 28, 2018, prescription no. 1896898, post-dated 12/07/2017, was processed, filled and dispensed. Data entry review was performed by Cruz, who failed to identify the duplication with prescription no. 1886042.

COUNT ONE
Recordkeeping Violations
(Respondents Nguyen and Efstathiou)

14. Prescription records must be maintained in pertinent part in conformance with NRS 639.236, NAC 639.706 and/or NAC 639.910.

15. By failing to place a fill sticker on the back of the original hard copy of the prescription when filling prescription no. 1893870, Efstathiou violated NRS 639.236(2) and is subject to discipline pursuant to NRS 639.210(12). By failing to place a fill sticker on the back of the original hard copy of the prescription when filling prescription no. 1886042, Nguyen violated NRS 639.236(2) and is subject to discipline pursuant to NRS 639.210(12).

COUNT TWO

Failure to Identify Duplicate Dispensed Medication/Unprofessional Conduct
(Respondents Nguyen and Cruz)

16. Unprofessional conduct includes the failure by a licensee to follow strictly the instructions of a practitioner when filling, labeling, and dispensing a prescription. NAC 639.945(1)(d). It also includes a licensee performing his or her duties in an "incompetent, unskillful, or negligent manner." NAC 639.945(1)(i).

17. Nguyen engaged in unprofessional conduct as defined in NAC 639.945(1)(d) and (i) when she performed data entry review and final verification on prescription no. 1886042 and failed to identify that patient L.S. had already received the three fills prescribed on her patient profile. Nguyen is therefore subject to discipline pursuant to NRS 639.210(4).

18. Cruz engaged in unprofessional conduct as defined in NAC 639.945(1)(d) and (i) when she performed data entry review on prescription no. 1874629 and failed to identify the duplication with prescription no. 1863870, and again when she performed data entry review on prescription no. 1896898 and failed to identify the duplication with prescription no. 1886042. Cruz is therefore subject to discipline pursuant to NRS 639.210(4).

COUNT THREE

Managing Pharmacist Responsibility
(Respondent Nguyen)

19. As the managing pharmacist of Walgreens Pharmacy #4854 at the time of the violations alleged herein, including the failure to note the prescription number on the original hard copy of prescriptions, in violation of NRS 639.236, NAC 639.706 and/or NAC 639.910, resulting in the duplicate prescriptions, Nguyen is responsible for those violations and subject to discipline pursuant to NRS 639.210(12) and (15), NRS 639.220(1) and/or NAC 639.702.

COUNT FOUR
Pharmacy/Pharmacy Owner Responsibility
(Respondent Walgreens Pharmacy #4854)

20. Any violation of any of the provisions of NRS Chapter 639 by a managing pharmacist or by personnel of the pharmacy is cause for the suspension or revocation of the license of the pharmacy by the Board. NRS 639.230(5); NAC 639.702. Further, the owner of any business or facility licensed, certified or registered by the Board is responsible for the acts of all personnel in his or her employ. NAC 639.945(2).

21. As the pharmacy/pharmacy owner at which the violations of law alleged herein occurred, Walgreens Pharmacy #4854 is responsible for those violations, including all errors and omissions of Nguyen, Efstathiou and Cruz, pursuant to NRS 639.230(5), NAC 639.702 and/or NAC 639.945(2).

WHEREFORE, it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to the pharmacy license, and certificates of registrations of these Respondents.

Signed this 6th day of February 2023.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

Section 9: Statement of Responsibility - MUST BE COMPLETED by an Authorized Person (NAC 639.945)

Statement of Responsibility

1. I am the Vice President (title) for Walgreen Co. (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be responsible for any violations of pharmacy law that may occur in the Pharmacy owned by such owner(s), shareholder(s), member(s), or partner(s).
3. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against the Pharmacy.
4. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) cannot require or permit the pharmacist(s) in said Pharmacy to violate any provision of local, state, or federal laws or regulations pertaining to the practice of pharmacy.
5. I further understand and acknowledge that Nevada law requires that each pharmacy located inside the State of Nevada employ only pharmacists, intern pharmacists, pharmaceutical technicians, and technicians in training that are licensed by the Nevada State Board of Pharmacy. (NRS 639.100).
6. I further understand and acknowledge that Nevada law requires that each pharmacy located outside the State of Nevada engaged in providing pharmacy services into Nevada employs at least one pharmacist licensed by the Nevada State Board of Pharmacy who will be responsible for any prescription dispensed to a patient located in Nevada and responsible for any acts or omissions of pharmacy personnel who are not registered with the Board. (NRS 639.2328).

Richard Gates

Print Name of Authorized Person

Richard Gates

Original signature of Authorized Person (copies or stamps not accepted)

08 / 26 / 2025

Date

Section 10: Affidavit for Pharmacies- MUST BE COMPLETED by pharmacies NOT CURRENTLY PERFORMING Sterile Compounding

Affidavit for Pharmacy License

I, Richard Gates hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

1. I am the Vice President (title) for Walgreen Co. (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I certify that upon licensure, the Pharmacy will not perform sterile compounding or ship sterile compounds into Nevada.
3. I understand and acknowledge that the Pharmacy and any of its staff members may be subject to discipline by the Board if the Pharmacy performs sterile compounding or ships any sterile compounds into Nevada without first obtaining written authorization from the Board to do so.
4. I certify that if the Pharmacy makes the decision to perform sterile compounding or to ship any sterile compounds into Nevada, the Pharmacy, through an authorized representative, will first notify the Board via a written request, and obtain written approval to perform sterile compounding or to ship any sterile compounds into Nevada.
5. I understand that if the Pharmacy seeks approval to perform sterile compounding or to ship any sterile compounds into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

FURTHER YOUR AFFIANT SAYETH NAUGHT.

Signature

SUBSCRIBED AND SWORN TO
Before me, a notary public this 20th day of August, 2025

Zeljka Borosa-Rajcevic
Notary Public

OFFICIAL SEAL
ZELJKA BOROSA RAJCEVIC
Notary Public, State of Illinois
Commission No. 977646
My Commission Expires September 8, 2027

CONFIDENTIAL/EXEMPT FROM FREEDOM OF INFORMATION ACT AND SIMILAR STATE REQUESTS

Ownership Information

Ownership & Leadership of Applicant Entity

Applicant: **Walgreen Co.**
108 Wilmot Rd., Deerfield, IL 60015

Ownership: The Applicant entity is wholly owned (100%) by Walgreens Boots Alliance, Inc.

Officers of Walgreen Co.
Michael Motz - CEO
Richard Gates - Senior Vice President, Chief Pharmacy Officer
Cherita Thomas - Secretary
Matthew Spina - CFO
Michael Handal - Licensing and Provider Enrollment Officer

Ownership & Leadership of Walgreens Boots Alliance, Inc.

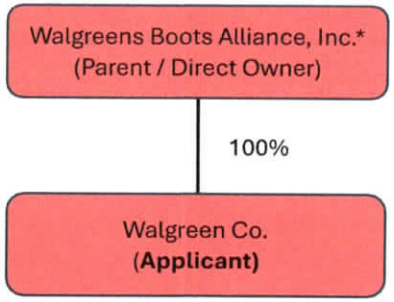
Ownership: Walgreens Boots Alliance, Inc. is wholly owned (100%) by Blazing Star Parent, LLC

Officers of Walgreens Boots Alliance, Inc.
Temporarily vacant - CEO
Mark Weisz - Sr VP, Global Tax
Manmohan Mahajan - Sr VP, Global Controller, CFO
Lanesha Minnix - Corporate Secretary

Please see the attached pre- and post-closing Corporate Organization chart for reference.

Proprietary and Confidential
Not a public record pursuant to
Section 7927.605 of the CPRA and
45 CFR Section 5.31

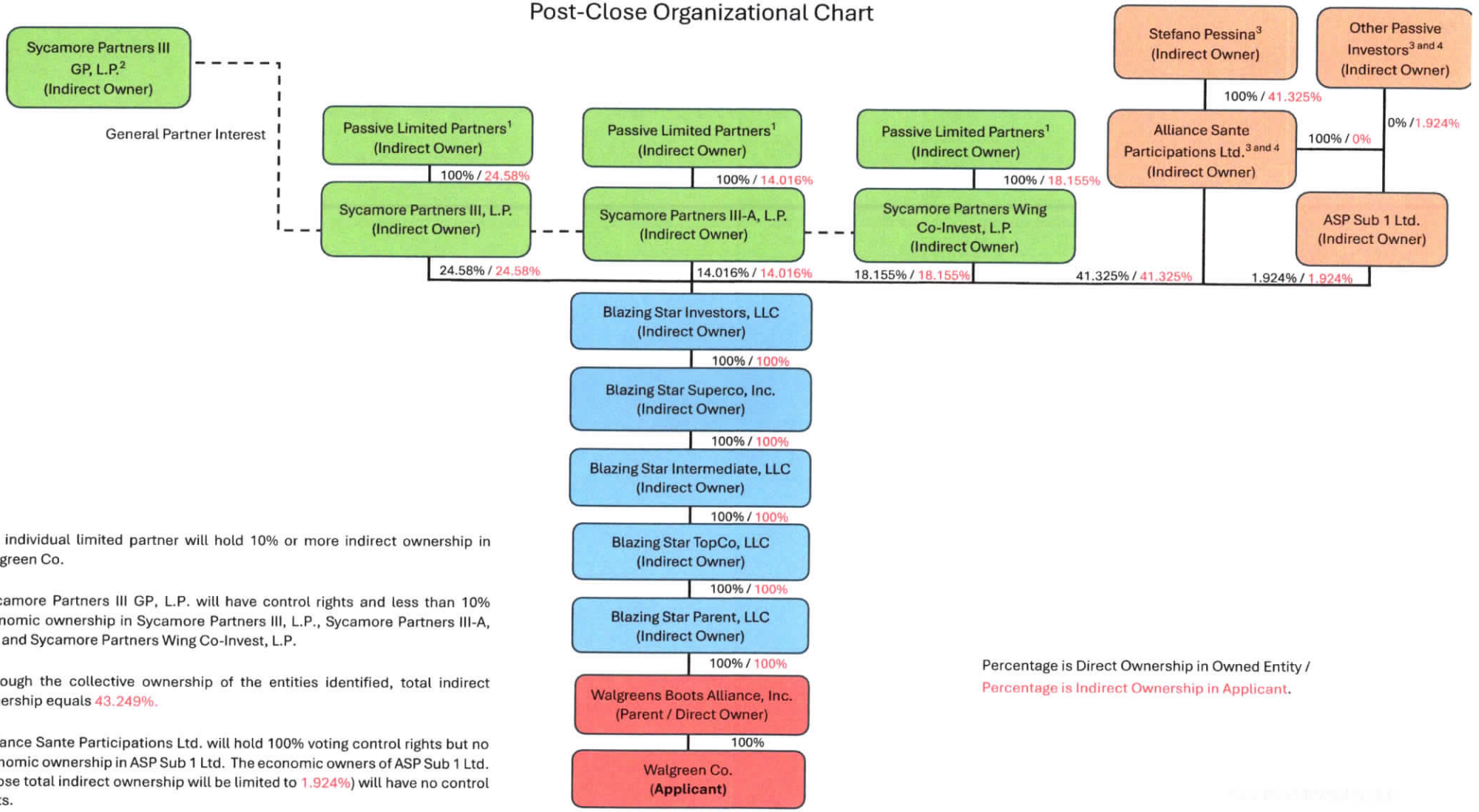
Walgreen Co.
Pre-Close Organizational Chart



Publicly Traded on Nasdaq Stock Market (WBA)

Proprietary and Confidential
Not a public record pursuant to
Section 7927.605 of the CPRA and
45 CFR Section 5.31

Walgreen Co.
Post-Close Organizational Chart



[1]No individual limited partner will hold 10% or more indirect ownership in Walgreen Co.

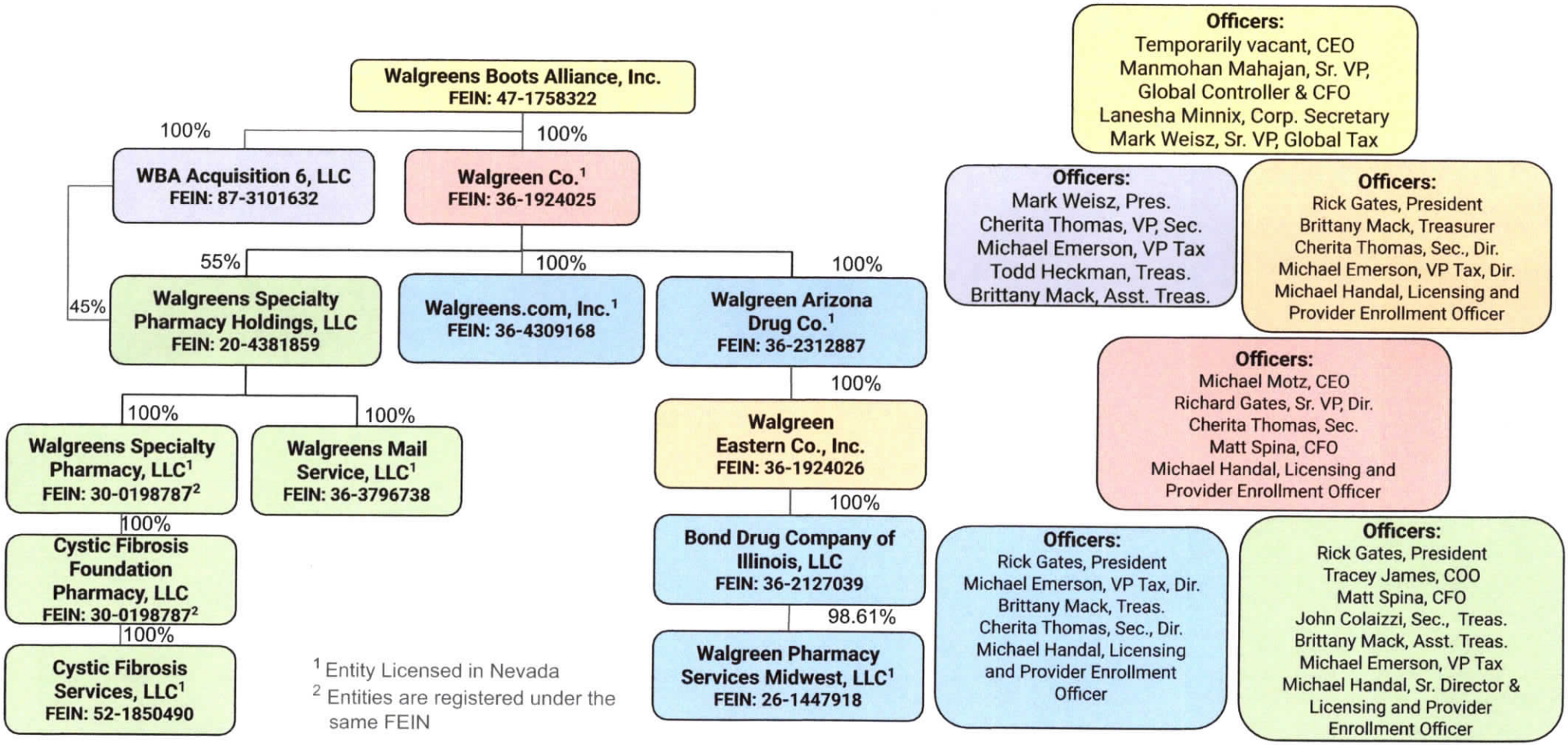
[2]Sycamore Partners III GP, L.P. will have control rights and less than 10% economic ownership in Sycamore Partners III, L.P., Sycamore Partners III-A, L.P. and Sycamore Partners Wing Co-Invest, L.P.

[3]Through the collective ownership of the entities identified, total indirect ownership equals 43.249%.

[4]Alliance Sante Participations Ltd. will hold 100% voting control rights but no economic ownership in ASP Sub 1 Ltd. The economic owners of ASP Sub 1 Ltd. (whose total indirect ownership will be limited to 1.924%) will have no control rights.

Percentage is Direct Ownership in Owned Entity /
Percentage is Indirect Ownership in Applicant.

Walgreen Co.
Post-Close Organizational Chart (cont.)



File Number 1084-348-1

STATE OF ILLINOIS

OFFICE OF THE SECRETARY OF STATE

To all to whom these Presents Shall Come, Greeting:

I, **Alexi Giannoulias,** *Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that*

WALGREEN CO., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON FEBRUARY 15, 1909, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE BUSINESS CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.

In Testimony Whereof, *I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this* 15TH *day of* MAY *A.D.* 2025 .

Authentication #: 2513501622 verifiable until 05/15/2026
Authenticate at: https://www.ilsos.gov

SECRETARY OF STATE

9SSS

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Pharmacy Application

Non-Refundable $500.00 Fee

Rev (6/11/2024)

Facility Location	Application Type (check all applicable)	Pharmacy Type (check all applicable)	Services the Pharmacy will Provide (check all applicable)
■ Nevada ☐ Out-of-Nevada	☐ New Pharmacy ■ Ownership Change* ☐ Location Change * ☐ Service Modification* ☐ Name Change* (if only a Name Change occurred, submit a $50.00 fee with the application.) * Current license #: PH PH01520	■ Retail/Community ☐ Hospital (# beds _____) ☐ Internet ☐ Nuclear ☐ Other:	■ Retail/Community ■ Dangerous drugs ■ Controlled substances DEA #: BW7266631 ☐ Non-sterile Compounding ☐ Sterile Compounding ☐ Mail-Order Service ☐ Off-site Cognitive Services ☐ Long Term Care ☐ Hospital ☐ Other:

Days of Operation		Ownership Type (check applicable box)
■ Monday	■ Friday	☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9, 10, 11, 12)
■ Tuesday	■ Saturday	■ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9, 10, 11, 12)
■ Wednesday	■ Sunday	☐ Partnership (complete sections 1, 2, 3, 4, 7, 9, 10, 11, 12)
■ Thursday	☐ Holidays	☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9, 10, 11, 12)

Section 1: General Information

Pharmacy Name: WALGREENS #05619

Physical Address: 3030 LAS VEGAS BLVD N

City: NORTH LAS VEGAS State: NV Zip: 89030-5756

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: (702)642-5318 Toll Free # (NAC 639.708, NRS 639.23286): N/A

Fax: (702)657-6985 Contact Email: rxm.05619@store.walgreens.com

Website: https://www.walgreens.com

Nevada Business License # (if applicable) NV19951143510

Supervising/Managing Pharmacist Name (NRS 639.220): IRENE CORPUZ

Supervising/Managing Pharmacist NV Pharmacist Registration # (if applicable): 17262

Section 2: List the name(s) of at least one NEVADA registered pharmacist who practices at the pharmacy, who may be the managing pharmacist or another pharmacist, who will be responsible for any prescriptions dispensed to a patient located in Nevada and responsible for any acts or omissions of pharmacy personnel who are not registered with the Board. NRS 639.2328. (Use a separate piece of paper if additional space is needed.)

Name: IRENE CORPUZ	NV Pharmacist Registration #: 17262
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:

Section 3: History of Company	**Yes**	**No**
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✓
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration from any jurisdiction?		✓
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been subject of an administrative action, board citation, cite fine, or proceeding relating to the pharmaceutical industry?		✓
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✓
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✓

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name(s) of the owner(s), their credentials and their percent ownership. Write NA if not applicable. NRS 639.232. (Use a separate piece of paper if additional space is needed.)

Name: N/A	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:

1. The Board shall not issue a license to conduct a pharmacy:
   a) To any practitioner; or
   b) To any partnership, corporation, or association in which a practitioner has a controlling interest or owns more than 10 percent of the available stock.
2. This section does not:
   a) Apply to a hospital pharmacy or a health maintenance organization which holds a certificate of authority under chapter 695C of NRS.
   b) Prohibit ownership by a practitioner of a building in which a pharmacy is located, if space for the pharmacy is rented at the prevailing rate.

Section 5: Publicly Traded Corporation

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Does the number of stockholders/shareholders of the corporation exceed four? NRS 639.231 ☐ Yes ☐ No

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: Delaware

Parent Company (if any): Walgreens Boots Alliance, Inc.

Corporation/Organization Name: Walgreen Co.

Mailing Address: 108 Wilmot Rd

City: Deerfield State: IL Zip: 60015

Telephone: 847-224-1348 Email: licenseadministration@walgreens.com

Contact Person Name: Kayla Lechner

Does the number of stockholders/shareholders of the corporation or members exceed four? NRS 639.231 ☐ Yes ☒ No

Section 7: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Please check type of partnership (NAC 639.214) ☐ General ☐ Limited

Does the number of partners or members of the partnership exceed four? NRS 639.231 ☐ Yes ☐ No

Section 8: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Richard Gates

Print Name of Authorized Person Submitting Application (If the applicant is a partnership or corporation, the application must be signed by a partner or by an officer of the corporation). NAC 639.215

Richard Gates

Original signature of Authorized Person (copies or stamps not accepted)

08 / 26 / 2025

Date

Board Use Only	Date Received: 9/22/25	Amount: $500 ck JP03-3000111129

Section 11: Managing Pharmacist Acknowledgement, Professional/Personal History – REQUIRED TO BE COMPLETED BY THE MANAGING PHARMACIST FOR NEVADA LOCATED PHARMACY APPLICANTS ONLY

Managing Pharmacist Name: IRENE CORPUZ Pharmacist Registration #: 17262

Pharmacy Name: WALGREENS #05619

Initial each statement below to indicate you have read and agree with the following:

I.R. I understand that as the managing pharmacist I am responsible for compliance by the pharmacy and its personnel with all state and federal laws and regulations relating to the operation of the pharmacy and the practice of pharmacy. I understand my license can be revoked or that I can be subject of disciplinary action if such laws or regulations are knowingly violated in the pharmacy in which I am the managing pharmacist.

I.R. I understand within 48 hours after I report for duty as the managing pharmacist, I shall complete an inventory of all controlled substances of the pharmacy pursuant to 21 CFR Part 1304 and maintain a copy of the inventory in the file at the pharmacy.

I.R. I understand that if I cease to be managing pharmacist of the above-named pharmacy, I will jointly, with the new managing pharmacist, take an inventory of all controlled substances.

I.R. I understand that as the managing pharmacist I must ensure that all loss or theft of controlled substances are reported on forms provided by the Nevada State Board of Pharmacy and Department of Public Safety within 10 days after the date of discovery of theft or loss. NRS 453.568. Federal regulations require that registrants notify the Field Division Office of the Administration in his area, in writing, of the theft or significant loss of any controlled substance, disposal receptacles or listed chemicals within one business day of discovery of such loss or theft. The registrant shall also complete and submit to the Field Division Office in his area, DEA Form 106 regarding the loss or theft (21 C.F.R. §1301.76(b) and 21 U.S.C. §830(b)(1)(C)).

I.R. I understand that as the managing pharmacist I must notify the Nevada State Board of Pharmacy of all employment changes of pharmacy staff within 10 days of the change. NAC 639.540

Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?	☐	☑
2. Have you been charged, arrested, or convicted of a felony or misdemeanor in any state?	☐	☑
3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state?	☐	☑
4. Has your license been subjected to any discipline for violation of pharmacy or drug laws in any state?	☐	☑

If you marked YES to any questions above, include the following information and provide a signed statement of explanation. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Board Administrative Action:	State:	Date:	Case #:

Criminal Action:	State:	Date:	Case #:	County:	Court:

I certify under penalty of perjury that the information I have provided on this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

IRENE CORPUZ

Original signature of Managing Pharmacist (copies or stamps not accepted)

08 / 01 / 2025

Date

Section 9: Statement of Responsibility - MUST BE COMPLETED by an Authorized Person (NAC 639.945)

Statement of Responsibility

1. I am the Vice President (title) for Walgreen Co. (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be responsible for any violations of pharmacy law that may occur in the Pharmacy owned by such owner(s), shareholder(s), member(s), or partner(s).
3. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against the Pharmacy.
4. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) cannot require or permit the pharmacist(s) in said Pharmacy to violate any provision of local, state, or federal laws or regulations pertaining to the practice of pharmacy.
5. I further understand and acknowledge that Nevada law requires that each pharmacy located inside the State of Nevada employ only pharmacists, intern pharmacists, pharmaceutical technicians, and technicians in training that are licensed by the Nevada State Board of Pharmacy. (NRS 639.100).
6. I further understand and acknowledge that Nevada law requires that each pharmacy located outside the State of Nevada engaged in providing pharmacy services into Nevada employs at least one pharmacist licensed by the Nevada State Board of Pharmacy who will be responsible for any prescription dispensed to a patient located in Nevada and responsible for any acts or omissions of pharmacy personnel who are not registered with the Board. (NRS 639.2328).

Richard Gates

Print Name of Authorized Person

Richard Gates

Original signature of Authorized Person (copies or stamps not accepted)

08 / 26 / 2025

Date

Section 10: Affidavit for Pharmacies- MUST BE COMPLETED by pharmacies NOT CURRENTLY PERFORMING Sterile Compounding

Affidavit for Pharmacy License

I, Richard Gates hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

1. I am the Vice President (title) for Walgreen Co. (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I certify that upon licensure, the Pharmacy will not perform sterile compounding or ship sterile compounds into Nevada.
3. I understand and acknowledge that the Pharmacy and any of its staff members may be subject to discipline by the Board if the Pharmacy performs sterile compounding or ships any sterile compounds into Nevada without first obtaining written authorization from the Board to do so.
4. I certify that if the Pharmacy makes the decision to perform sterile compounding or to ship any sterile compounds into Nevada, the Pharmacy, through an authorized representative, will first notify the Board via a written request, and obtain written approval to perform sterile compounding or to ship any sterile compounds into Nevada.
5. I understand that if the Pharmacy seeks approval to perform sterile compounding or to ship any sterile compounds into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

FURTHER YOUR AFFIANT SAYETH NAUGHT.

Signature

SUBSCRIBED AND SWORN TO
Before me, a notary public this 20th day of August, 2025

Zeljka Borosa-Rajcevic
Notary Public

OFFICIAL SEAL
ZELJKA BOROSA RAJCEVIC
Notary Public, State of Illinois
Commission No. 977646
My Commission Expires September 8, 2027

CONFIDENTIAL/EXEMPT FROM
FREEDOM OF INFORMATION ACT AND
SIMILAR STATE REQUESTS

Ownership Information

Ownership & Leadership of Applicant Entity

Applicant: **Walgreen Co.**
108 Wilmot Rd., Deerfield, IL 60015

Ownership: The Applicant entity is wholly owned (100%) by Walgreens Boots Alliance, Inc.

Officers of Walgreen Co.
Michael Motz - CEO
Richard Gates - Senior Vice President, Chief Pharmacy Officer
Cherita Thomas - Secretary
Matthew Spina - CFO
Michael Handal - Licensing and Provider Enrollment Officer

Ownership & Leadership of Walgreens Boots Alliance, Inc.

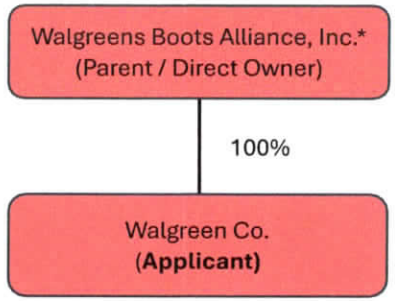
Ownership: Walgreens Boots Alliance, Inc. is wholly owned (100%) by Blazing Star Parent, LLC

Officers of Walgreens Boots Alliance, Inc.
Temporarily vacant - CEO
Mark Weisz - Sr VP, Global Tax
Manmohan Mahajan - Sr VP, Global Controller, CFO
Lanesha Minnix - Corporate Secretary

Please see the attached pre- and post-closing Corporate Organization chart for reference.

Proprietary and Confidential
Not a public record pursuant to
Section 7927.605 of the CPRA and
45 CFR Section 5.31

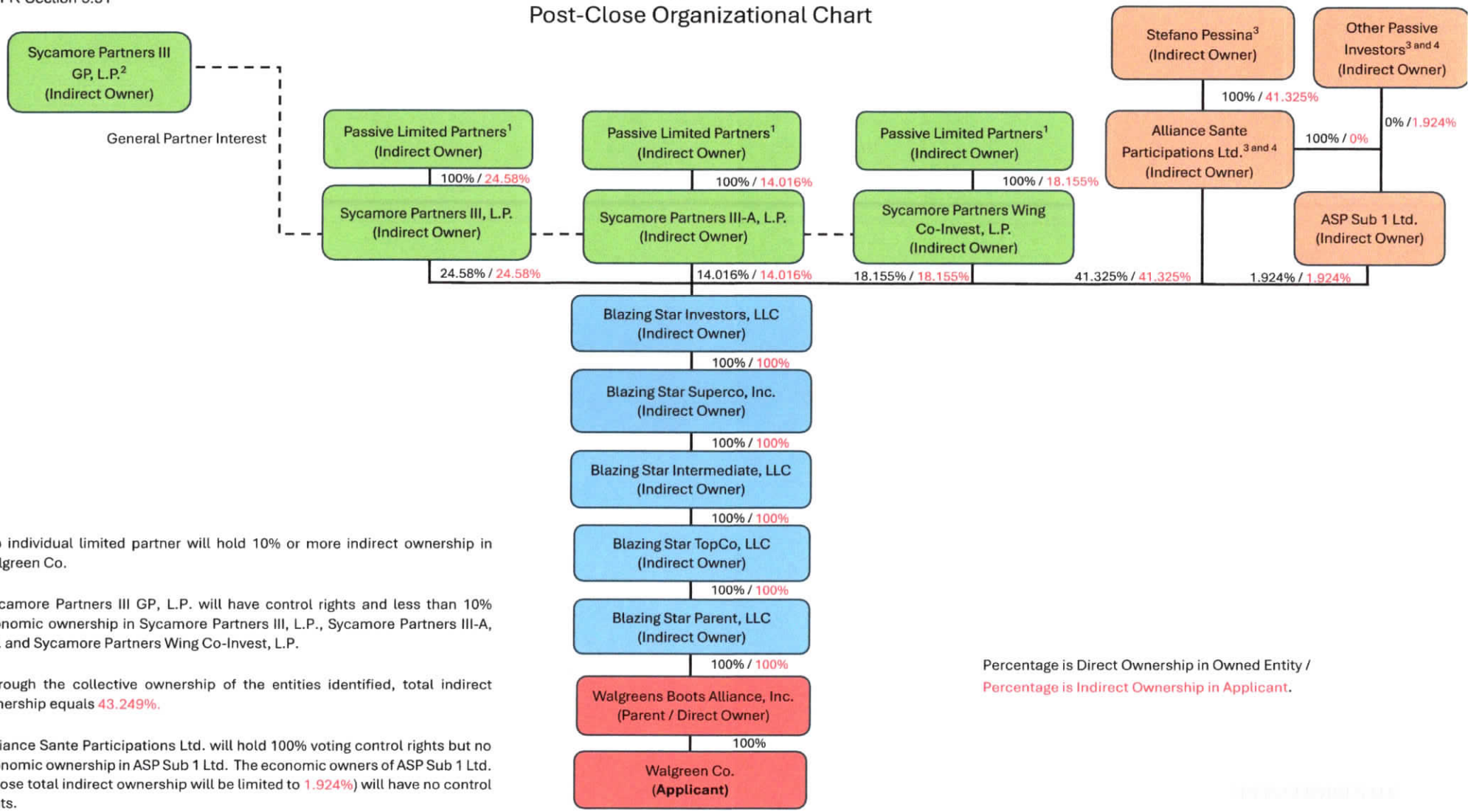
Walgreen Co.
Pre-Close Organizational Chart



Publicly Traded on Nasdaq Stock Market (WBA)

Proprietary and Confidential
Not a public record pursuant to
Section 7927.605 of the CPRA and
45 CFR Section 5.31

Walgreen Co.
Post-Close Organizational Chart



[1]No individual limited partner will hold 10% or more indirect ownership in Walgreen Co.

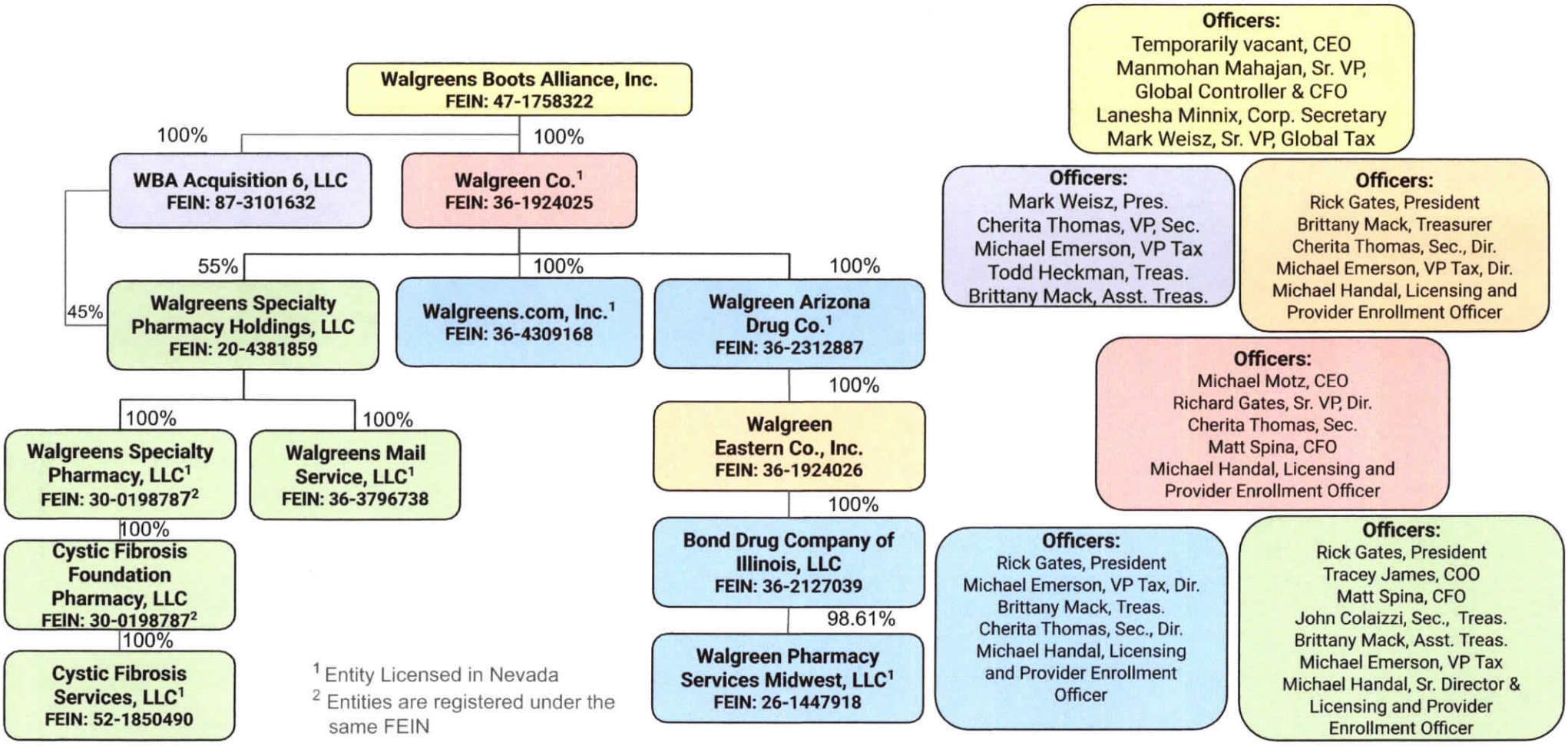
[2]Sycamore Partners III GP, L.P. will have control rights and less than 10% economic ownership in Sycamore Partners III, L.P., Sycamore Partners III-A, L.P. and Sycamore Partners Wing Co-Invest, L.P.

[3]Through the collective ownership of the entities identified, total indirect ownership equals 43.249%.

[4]Alliance Sante Participations Ltd. will hold 100% voting control rights but no economic ownership in ASP Sub 1 Ltd. The economic owners of ASP Sub 1 Ltd. (whose total indirect ownership will be limited to 1.924%) will have no control rights.

Percentage is Direct Ownership in Owned Entity /
Percentage is Indirect Ownership in Applicant.

Walgreen Co.
Post-Close Organizational Chart (cont.)



File Number 1084-348-1

STATE OF ILLINOIS

OFFICE OF THE SECRETARY OF STATE

To all to whom these Presents Shall Come, Greeting:

I, **Alexi Giannoulias,** *Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that*

WALGREEN CO., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON FEBRUARY 15, 1909, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE BUSINESS CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.

In Testimony Whereof, *I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this* 15TH *day of* MAY *A.D.* 2025 .

Authentication #: 2513501622 verifiable until 05/15/2026
Authenticate at: https://www.ilsos.gov

Alexi Giannoulias
SECRETARY OF STATE

9TTT

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Pharmacy Application

Non-Refundable $500.00 Fee

Rev (6/11/2024)

Facility Location	Application Type (check all applicable)	Pharmacy Type (check all applicable)	Services the Pharmacy will Provide (check all applicable)
☑ Nevada ☐ Out-of-Nevada	☐ New Pharmacy ☑ Ownership Change* ☐ Location Change * ☐ Service Modification* ☐ Name Change* (if only a Name Change occurred, submit a $50.00 fee with the application.) * Current license #: PH PH01519	☑ Retail/Community ☐ Hospital (# beds _____) ☐ Internet ☐ Nuclear ☐ Other:	☑ Retail/Community ☑ Dangerous drugs ☑ Controlled substances DEA #: BW6917972 ☐ Non-sterile Compounding ☐ Sterile Compounding ☐ Mail-Order Service ☐ Off-site Cognitive Services ☐ Long Term Care ☐ Hospital ☐ Other:

Days of Operation		Ownership Type (check applicable box)
☑ Monday	☑ Friday	☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9, 10, 11, 12)
☑ Tuesday	☑ Saturday	☑ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9, 10, 11, 12)
☑ Wednesday	☑ Sunday	☐ Partnership (complete sections 1, 2, 3, 4, 7, 9, 10, 11, 12)
☑ Thursday	☐ Holidays	☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9, 10, 11, 12)

Section 1: General Information

Pharmacy Name: WALGREENS #05814

Physical Address: 1445 W CRAIG ROAD STE 100

City: NORTH LAS VEGAS State: NV Zip: 89032-0211

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: (702)649-3113 Toll Free # (NAC 639.708, NRS 639.23286): N/A

Fax: (702)649-3780 Contact Email: rxm.05814@store.walgreens.com

Website: https://www.walgreens.com

Nevada Business License # (if applicable) NV19951143510

Supervising/Managing Pharmacist Name (NRS 639.220): REBECCA RICHARDS

Supervising/Managing Pharmacist NV Pharmacist Registration # (if applicable): 14377

Section 2: List the name(s) of at least one NEVADA registered pharmacist who practices at the pharmacy, who may be the managing pharmacist or another pharmacist, who will be responsible for any prescriptions dispensed to a patient located in Nevada and responsible for any acts or omissions of pharmacy personnel who are not registered with the Board. NRS 639.2328. (Use a separate piece of paper if additional space is needed.)

Name: REBECCA RICHARDS	NV Pharmacist Registration #: 14377
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:

Section 3: History of Company	**Yes**	**No**
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✔
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration from any jurisdiction?		✔
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been subject of an administrative action, board citation, cite fine, or proceeding relating to the pharmaceutical industry?		✔
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✔
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✔

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name(s) of the owner(s), their credentials and their percent ownership. Write NA if not applicable. NRS 639.232. (Use a separate piece of paper if additional space is needed.)

Name: N/A	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:

1. The Board shall not issue a license to conduct a pharmacy:
   a) To any practitioner; or
   b) To any partnership, corporation, or association in which a practitioner has a controlling interest or owns more than 10 percent of the available stock.
2. This section does not:
   a) Apply to a hospital pharmacy or a health maintenance organization which holds a certificate of authority under chapter 695C of NRS.
   b) Prohibit ownership by a practitioner of a building in which a pharmacy is located, if space for the pharmacy is rented at the prevailing rate.

Section 5: Publicly Traded Corporation

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Does the number of stockholders/shareholders of the corporation exceed four? NRS 639.231 ☐ Yes ☐ No

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: Delaware

Parent Company (if any): Walgreens Boots Alliance, Inc.

Corporation/Organization Name: Walgreen Co.

Mailing Address: 108 Wilmot Rd

City: Deerfield State: IL Zip: 60015

Telephone: 847-224-1348 Email: licenseadministration@walgreens.com

Contact Person Name: Kayla Lechner

Does the number of stockholders/shareholders of the corporation or members exceed four? NRS 639.231 ☐ Yes ☑ No

Section 7: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Please check type of partnership (NAC 639.214) ☐ General ☐ Limited

Does the number of partners or members of the partnership exceed four? NRS 639.231 ☐ Yes ☐ No

Section 8: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Richard Gates

Print Name of Authorized Person Submitting Application (If the applicant is a partnership or corporation, the application must be signed by a partner or by an officer of the corporation). NAC 639.215

Richard Gates

Original signature of Authorized Person (copies or stamps not accepted)

08 / 26 / 2025

Date

Board Use Only	Date Received: 9/22/25	Amount: $500 ch UP03-3000111179

Section 11: Managing Pharmacist Acknowledgement, Professional/Personal History – REQUIRED TO BE COMPLETED BY THE MANAGING PHARMACIST FOR NEVADA LOCATED PHARMACY APPLICANTS ONLY

Managing Pharmacist Name: REBECCA RICHARDS Pharmacist Registration #: 14377

Pharmacy Name: WALGREENS #05814

Initial each statement below to indicate you have read and agree with the following:

R.R. I understand that as the managing pharmacist I am responsible for compliance by the pharmacy and its personnel with all state and federal laws and regulations relating to the operation of the pharmacy and the practice of pharmacy. I understand my license can be revoked or that I can be subject of disciplinary action if such laws or regulations are knowingly violated in the pharmacy in which I am the managing pharmacist.

R.R. I understand within 48 hours after I report for duty as the managing pharmacist, I shall complete an inventory of all controlled substances of the pharmacy pursuant to 21 CFR Part 1304 and maintain a copy of the inventory in the file at the pharmacy.

R.R. I understand that if I cease to be managing pharmacist of the above-named pharmacy, I will jointly, with the new managing pharmacist, take an inventory of all controlled substances.

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R.R. I understand that as the managing pharmacist I must notify the Nevada State Board of Pharmacy of all employment changes of pharmacy staff within 10 days of the change. NAC 639.540

Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?	☐	☑
2. Have you been charged, arrested, or convicted of a felony or misdemeanor in any state?	☐	☑
3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state?	☐	☑
4. Has your license been subjected to any discipline for violation of pharmacy or drug laws in any state?	☐	☑

If you marked YES to any questions above, include the following information and provide a signed statement of explanation. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

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REBECCA RICHARDS

Original signature of Managing Pharmacist (copies or stamps not accepted)

08 / 04 / 2025

Date

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Statement of Responsibility

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Richard Gates

Print Name of Authorized Person

Richard Gates

Original signature of Authorized Person (copies or stamps not accepted)

08 / 26 / 2025

Date

Section 10: Affidavit for Pharmacies- MUST BE COMPLETED by pharmacies NOT CURRENTLY PERFORMING Sterile Compounding

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FURTHER YOUR AFFIANT SAYETH NAUGHT.

Signature

SUBSCRIBED AND SWORN TO
Before me, a notary public this 20th day of August, 2025

Zeljka Borosa-Rajcevic
Notary Public

OFFICIAL SEAL
ZELJKA BOROSA RAJCEVIC
Notary Public, State of Illinois
Commission No. 977646
My Commission Expires September 8, 2027

CONFIDENTIAL/EXEMPT FROM
FREEDOM OF INFORMATION ACT AND
SIMILAR STATE REQUESTS

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Ownership & Leadership of Applicant Entity

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Michael Handal - Licensing and Provider Enrollment Officer

Ownership & Leadership of Walgreens Boots Alliance, Inc.

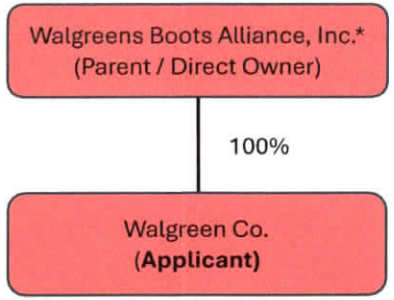
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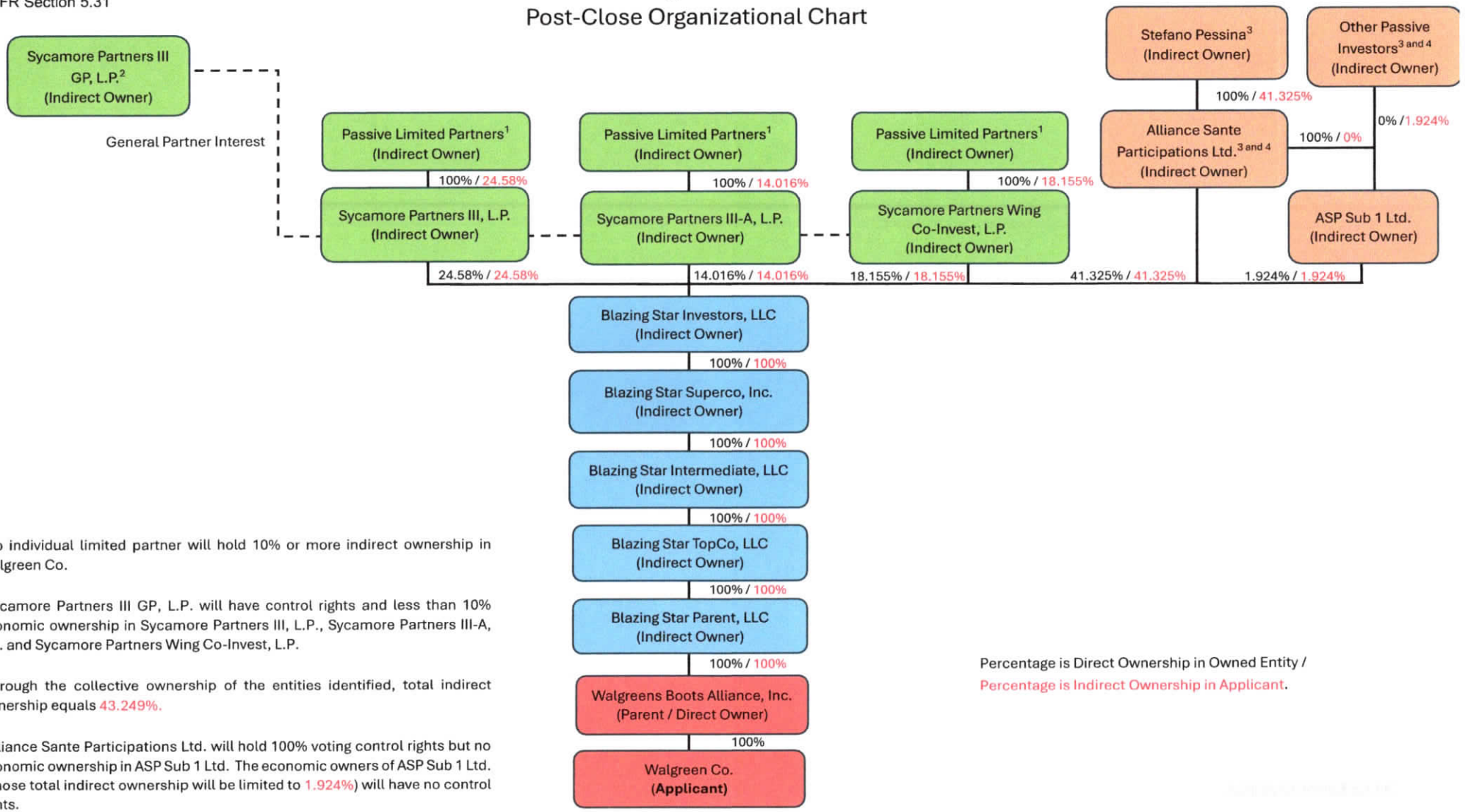
Walgreen Co.
Pre-Close Organizational Chart



Publicly Traded on Nasdaq Stock Market (WBA)

Proprietary and Confidential
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Walgreen Co.
Post-Close Organizational Chart



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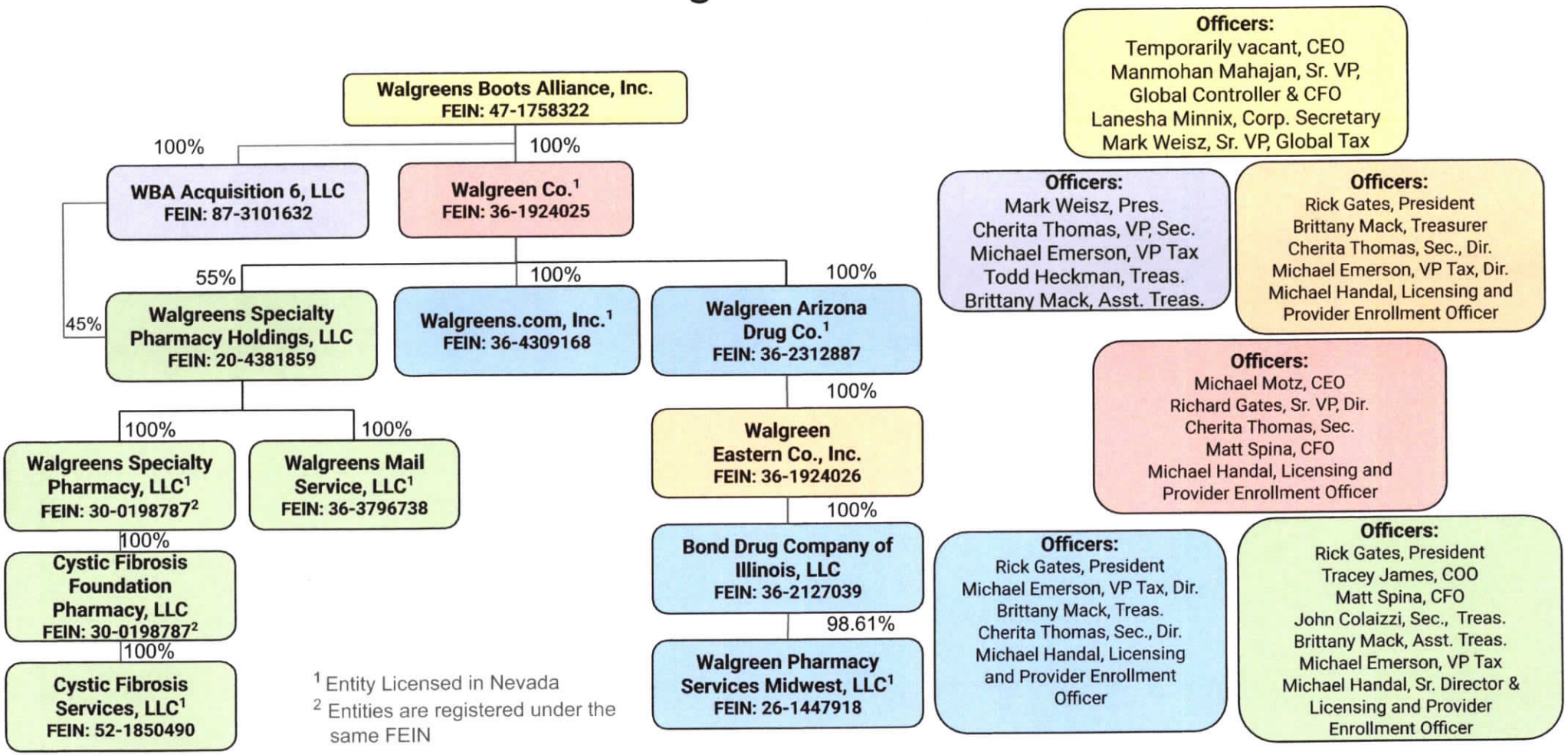
[2]Sycamore Partners III GP, L.P. will have control rights and less than 10% economic ownership in Sycamore Partners III, L.P., Sycamore Partners III-A, L.P. and Sycamore Partners Wing Co-Invest, L.P.

[3]Through the collective ownership of the entities identified, total indirect ownership equals 43.249%.

[4]Alliance Sante Participations Ltd. will hold 100% voting control rights but no economic ownership in ASP Sub 1 Ltd. The economic owners of ASP Sub 1 Ltd. (whose total indirect ownership will be limited to 1.924%) will have no control rights.

Percentage is Direct Ownership in Owned Entity /
Percentage is Indirect Ownership in Applicant.

Walgreen Co.
Post-Close Organizational Chart (cont.)



File Number 1084-348-1

STATE OF ILLINOIS

OFFICE OF THE SECRETARY OF STATE

To all to whom these Presents Shall Come, Greeting:

I, **Alexi Giannoulias,** *Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that*

WALGREEN CO., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON FEBRUARY 15, 1909, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE BUSINESS CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.

In Testimony Whereof, *I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this* 15TH *day of* MAY *A.D.* 2025 .

Authentication #: 2513501622 verifiable until 05/15/2026
Authenticate at: https://www.ilsos.gov

SECRETARY OF STATE

9UUU

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Pharmacy Application

Non-Refundable $500.00 Fee

Rev (6/11/2024)

Facility Location	Application Type (check all applicable)	Pharmacy Type (check all applicable)	Services the Pharmacy will Provide (check all applicable)
☑ Nevada ☐ Out-of-Nevada	☐ New Pharmacy ☑ Ownership Change* ☐ Location Change * ☐ Service Modification* ☐ Name Change* (if only a Name Change occurred, submit a $50.00 fee with the application.) * Current license #: PH PH02348	☑ Retail/Community ☐ Hospital (# beds _____) ☐ Internet ☐ Nuclear ☐ Other:	☑ Retail/Community ☑ Dangerous drugs ☑ Controlled substances DEA #: FW0987707 ☐ Non-sterile Compounding ☐ Sterile Compounding ☐ Mail-Order Service ☐ Off-site Cognitive Services ☐ Long Term Care ☐ Hospital ☐ Other:

Days of Operation		Ownership Type (check applicable box)
☑ Monday	☑ Friday	☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9, 10, 11, 12)
☑ Tuesday	☑ Saturday	☑ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9, 10, 11, 12)
☑ Wednesday	☑ Sunday	☐ Partnership (complete sections 1, 2, 3, 4, 7, 9, 10, 11, 12)
☑ Thursday	☐ Holidays	☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9, 10, 11, 12)

Section 1: General Information

Pharmacy Name: WALGREENS #10190

Physical Address: 565 E CENTENNIAL PKWY

City: NORTH LAS VEGAS State: NV Zip: 89081-5633

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: (702)399-3405 Toll Free # (NAC 639.708, NRS 639.23286): N/A

Fax: (702)399-9206 Contact Email: rxm.10190@store.walgreens.com

Website: https://www.walgreens.com

Nevada Business License # (if applicable) NV19951143510

Supervising/Managing Pharmacist Name (NRS 639.220): REXEQUIEL NER

Supervising/Managing Pharmacist NV Pharmacist Registration # (if applicable): 18472

Section 2: List the name(s) of at least one NEVADA registered pharmacist who practices at the pharmacy, who may be the managing pharmacist or another pharmacist, who will be responsible for any prescriptions dispensed to a patient located in Nevada and responsible for any acts or omissions of pharmacy personnel who are not registered with the Board. NRS 639.2328. (Use a separate piece of paper if additional space is needed.)

Name: REXEQUIEL NER	NV Pharmacist Registration #: 18472
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:

Section 3: History of Company	**Yes**	**No**
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✔
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration from any jurisdiction?		✔
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been subject of an administrative action, board citation, cite fine, or proceeding relating to the pharmaceutical industry?		✔
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✔
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✔

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name(s) of the owner(s), their credentials and their percent ownership. Write NA if not applicable. NRS 639.232. (Use a separate piece of paper if additional space is needed.)

Name: N/A	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:

1. The Board shall not issue a license to conduct a pharmacy:
   a) To any practitioner; or
   b) To any partnership, corporation, or association in which a practitioner has a controlling interest or owns more than 10 percent of the available stock.
2. This section does not:
   a) Apply to a hospital pharmacy or a health maintenance organization which holds a certificate of authority under chapter 695C of NRS.
   b) Prohibit ownership by a practitioner of a building in which a pharmacy is located, if space for the pharmacy is rented at the prevailing rate.

Section 5: Publicly Traded Corporation

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Does the number of stockholders/shareholders of the corporation exceed four? NRS 639.231 ☐ Yes ☐ No

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: Delaware

Parent Company (if any): Walgreens Boots Alliance, Inc.

Corporation/Organization Name: Walgreen Co.

Mailing Address: 108 Wilmot Rd

City: Deerfield State: IL Zip: 60015

Telephone: 847-224-1348 Email: licenseadministration@walgreens.com

Contact Person Name: Kayla Lechner

Does the number of stockholders/shareholders of the corporation or members exceed four? NRS 639.231 ☐ Yes ☒ No

Section 7: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Please check type of partnership (NAC 639.214) ☐ General ☐ Limited

Does the number of partners or members of the partnership exceed four? NRS 639.231 ☐ Yes ☐ No

Section 8: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Richard Gates

Print Name of Authorized Person Submitting Application (If the applicant is a partnership or corporation, the application must be signed by a partner or by an officer of the corporation). NAC 639.215

Richard Gates

Original signature of Authorized Person (copies or stamps not accepted)

08 / 26 / 2025

Date

Board Use Only	Date Received: 9/18/25	Amount: $500 CK # JP03-300011129

Section 11: Managing Pharmacist Acknowledgement, Professional/Personal History – REQUIRED TO BE COMPLETED BY THE MANAGING PHARMACIST FOR NEVADA LOCATED PHARMACY APPLICANTS ONLY

Managing Pharmacist Name: REXEQUIEL NER Pharmacist Registration #: 18472

Pharmacy Name: WALGREENS #10190

Initial each statement below to indicate you have read and agree with the following:

RN I understand that as the managing pharmacist I am responsible for compliance by the pharmacy and its personnel with all state and federal laws and regulations relating to the operation of the pharmacy and the practice of pharmacy. I understand my license can be revoked or that I can be subject of disciplinary action if such laws or regulations are knowingly violated in the pharmacy in which I am the managing pharmacist.

RN I understand within 48 hours after I report for duty as the managing pharmacist, I shall complete an inventory of all controlled substances of the pharmacy pursuant to 21 CFR Part 1304 and maintain a copy of the inventory in the file at the pharmacy.

RN I understand that if I cease to be managing pharmacist of the above-named pharmacy, I will jointly, with the new managing pharmacist, take an inventory of all controlled substances.

RN I understand that as the managing pharmacist I must ensure that all loss or theft of controlled substances are reported on forms provided by the Nevada State Board of Pharmacy and Department of Public Safety within 10 days after the date of discovery of theft or loss. NRS 453.568. Federal regulations require that registrants notify the Field Division Office of the Administration in his area, in writing, of the theft or significant loss of any controlled substance, disposal receptacles or listed chemicals within one business day of discovery of such loss or theft. The registrant shall also complete and submit to the Field Division Office in his area, DEA Form 106 regarding the loss or theft (21 C.F.R. §1301.76(b) and 21 U.S.C. §830(b)(1)(C)).

RN I understand that as the managing pharmacist I must notify the Nevada State Board of Pharmacy of all employment changes of pharmacy staff within 10 days of the change. NAC 639.540

Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?	☐	☑
2. Have you been charged, arrested, or convicted of a felony or misdemeanor in any state?	☐	☑
3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state?	☐	☑
4. Has your license been subjected to any discipline for violation of pharmacy or drug laws in any state?	☑	☐

If you marked YES to any questions above, include the following information and provide a signed statement of explanation. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Board Administrative Action:	State:	Date:	Case #:

Criminal Action:	State:	Date:	Case #:	County:	Court:

I certify under penalty of perjury that the information I have provided on this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

REXEQUIEL NER

Original signature of Managing Pharmacist (copies or stamps not accepted)

08 / 06 / 2025

Date

FILED
SEP 01 2021
NEVADA STATE BOARD OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, Petitioner, v. **WALGREENS PHARMACY #5814, License No. PHN01519,** **SHANELA BLAS-CATACUTAN, RPH, Certification of Registration No. 17360, and** **REXEQUIEL NER, RPH, Certificate of Registration No. 18472,** **Respondents.**	Case Nos. 18-117-PHN-S 18-117-RPH-A-S 18-117-RPH-B-S **STIPULATION AND ORDER**

Courtney K. Lee, General Counsel for Petitioner, the Nevada State Board of Pharmacy ("Board"), and Respondent Walgreens Pharmacy #5814 ("Walgreens 5814"), Pharmacy License No. PHN01519, Respondent Shanela Blas-Catacutan, RPh ("Blas-Catacutan"), Certificate of Registration No. 17360, Respondent Rexequiel Ner, RPh ("Ner"), Certificate of Registration No. 18472, by and through counsel, William Stilling, Esq. of Stilling & Harrison, **HEREBY STIPULATE AND AGREE THAT**:

1. The Board has jurisdiction over Respondents and this matter.

2. On or about April 1, 2021, Board Staff served Respondents Walgreens 5814, Blas-Catacutan, and Ner with the Notice of Intended Action and Accusation ("Accusation") on file in this matter together with the Statement to Respondents and Notice of Hearing.

3. On or about June 18, 2021, Respondents Walgreens 5814, Blas-Catacutan, and Ner filed their joint Answer and Notice of Defense through commonly retained counsel, William Stilling, Esq.

4. Respondents are aware of the right to seek the advice of counsel in this matter and obtained the advice of counsel prior to entering into this Stipulation.

5. Respondents are aware of the right to a hearing on the matters alleged in the Accusation, their right to reconsideration, their right to appeal and any and all other rights which may be accorded pursuant to NRS Chapter 233B, Nevada Administrative Procedure Act, NRS Chapter 622A, Administrative Procedure Before Certain Regulatory Bodies, and NRS Chapter 639, Nevada Pharmacy Act.

6. Conditioned on the acceptance of this Stipulation by the Board, and with the exception of the right to challenge any determination that Respondents, or any of them, have failed to comply with the provisions of this Stipulation, Respondents hereby freely and voluntarily waive their rights to a hearing, reconsideration, appeal and any and all other rights related to this action that may be accorded to them by NRS Chapter 233B, Nevada Administrative Procedure Act, NRS Chapter 622A, Administrative Procedure Before Certain Regulatory Bodies, and NRS Chapter 639, Nevada Pharmacy Act.

7. Respondents admit that evidence exists, and that Board staff prosecuting this case could present such evidence at an administrative hearing, to establish a factual basis for certain of the violations alleged in the Accusation, that:

A. Respondent Ner discovered the pharmacy did not have oxycodone in stock and returned the prescription to the patient without deleting the existing prescription in the computer system, which left a duplicate prescription in the patient's profile, in violation of NAC 639.945(1)(d) and (i).

B. Respondent Blas-Catacutan mistakenly dispensed a duplicate prescription in violation of NAC 639.945(1)(d) and (i).

C. As the pharmacy at which the violation of law alleged herein occurred, Respondent Walgreens 5814 is responsible for the violations pursuant to NRS 639.230(5) and NAC 639.945(2).

8. Those violations are plead with particularity in the Accusation, and are grounds for action pursuant to NRS 639.210 and/or NRS 639.255.

9. In order to resolve this matter without incurring any further costs or the expense associated with a hearing, the Board and Respondent Walgreens 5814 stipulate to the following penalties:

A. Respondent shall pay a fine of Five-Hundred Dollars ($500.00) for the violation(s);

B. Respondent shall pay Five-Hundred Dollars ($500.00) to partially reimburse the Board for recoverable attorney's fees and costs incurred in investigating and prosecuting this matter; and

10. In order to resolve this matter without incurring any further costs or the expense associated with a hearing, the Board and Respondent Blas-Catacutan stipulate to the following penalties:

A. Respondent shall pay a fine of Five-Hundred Dollars ($500.00) for the violation(s);

B. Respondent shall pay Five-Hundred Dollars ($500.00) to partially reimburse the Board for recoverable attorney's fees and costs incurred in investigating and prosecuting this matter; and

C. Respondent shall complete two (2) additional hours of continuing education regarding record keeping and/or error prevention within ninety (90) days of entry of this Order.

11. In order to resolve this matter without incurring any further costs or the expense associated with a hearing, the Board and Respondent Ner stipulate to the following penalties:

A. Respondent shall pay a fine of Five-Hundred Dollars ($500.00) for the violation(s);

B. Respondent shall pay Five-Hundred Dollars ($500.00) to partially reimburse the Board for recoverable attorney's fees and costs incurred in investigating and prosecuting this matter; and

C. Respondent shall complete two (2) additional hours continuing education regarding record keeping and/or error prevention within ninety (90) days of entry of this Order.

12. Any failure by any Respondent to comply with the terms of this Order may result in issuance by the Executive Secretary of an order to show cause pursuant to NAC 639.965 directing the non-compliant Respondent(s) to appear before the Board at the next regularly-scheduled meeting for a show cause hearing. If such a hearing results in a finding of a violation of this Order by any Respondent, the Board may impose additional discipline upon the non-compliant Respondent(s) consistent with the provisions of NRS Chapter 639.

13. General Counsel will present this Stipulation to the Board for approval pursuant to NRS 622.330 at the Board's regularly scheduled public meeting on August 31, 2021. Respondents will appear telephonically or *via* Zoom at the meeting to answer questions from the Board Members and/or Board Staff. The Board Members and Staff may discuss and deliberate regarding this Stipulation, even if Respondents or counsel are not present at the meeting.

14. The Board has discretion to accept this Stipulation, but it is not obligated to do so. If this Stipulation is approved by the Board it shall be a public record pursuant to NRS 622.330.

15. If the Board rejects any part or all of this Stipulation, and unless they reach an alternative agreement on the record during the hearing, the parties agree that a full hearing on the merits of this matter may be heard by the Board at a later date. The terms and admissions herein may not be used or referred to in a full hearing on the merits of this matter.

16. Upon approval of this Stipulation by the Board, Respondents shall pay the fines agreed to herein by *cashier's check* or *certified check* or *money order* made payable to "State of

Nevada, Office of the Treasurer," to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within thirty (30) days of entry of this Order.

17. Upon approval of this Stipulation by the Board, Respondents shall pay the attorney's fees and costs agreed to herein by *cashier's check* or *certified check* or *money order* made payable to "Nevada State Board of Pharmacy," to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within thirty (30) days of entry of this Order.

18. Subject to the approval of this Stipulation by the Board, the Board and Respondents agree to release one another from any and all additional claims arising from the facts set forth in the Accusation on file herein, whether known or unknown that might otherwise have existed on or before the effective date of this Order.

Respondents have fully considered the charges and allegations contained in the *Notice of Intended Action and Accusation* in this matter, and the terms of this Stipulation, and have freely and voluntarily agreed to the terms set forth herein, and waived certain rights, as stated herein.

AGREED:

Signed this 13 day of August, 2021

WALGREENS PHARMACY #5814
Pharmacy License No. PHN01519
Signed this __ day of August, 2021

SHANELA BLAS-CATACUTAN, RPH,
Certificate of Registration No. 17360

APPROVED AS TO FORM AND CONTENT
this 13th day of August, 2021

WILLIAM STILLING, ESQ.
Counsel for Respondents

Signed this ___ day of August, 2021

REXEQUIEL NER, RPH
Certificate of Registration No. 18472

Signed this ___ day of August, 2021

COURTNEY K. LEE, ESQ.
General Counsel
Nevada State Board of Pharmacy

Respondents have fully considered the charges and allegations contained in the *Notice of Intended Action and Accusation* in this matter, and the terms of this Stipulation, and have freely and voluntarily agreed to the terms set forth herein, and waived certain rights, as stated herein.

AGREED:

Signed this ___ day of August, 2021

WALGREENS PHARMACY #5814
Pharmacy License No. PHN01519
Signed this ___ day of August, 2021

SHANELA BLAS-CATACUTAN, RPH,
Certificate of Registration No. 17360

APPROVED AS TO FORM AND CONTENT
this 13th day of August, 2021

WILLIAM STILLING, ESQ.
Counsel for Respondents

Signed this 14 day of August, 2021

REXEQUIEL NER, RPH
Certificate of Registration No. 18472

Signed this 2nd day of ~~August~~ Sept., 2021

COURTNEY K. LEE, ESQ.
General Counsel
Nevada State Board of Pharmacy

Respondents have fully considered the charges and allegations contained in the *Notice of Intended Action and Accusation* in this matter, and the terms of this Stipulation, and have freely and voluntarily agreed to the terms set forth herein, and waived certain rights, as stated herein.

AGREED:

Signed this 1 day of August, 2021

WALGREENS PHARMACY #5814
Pharmacy License No. PHN01519
Signed this 13th day of August, 2021

SHANELA BLAS-CATACUTAN, RPH
Certificate of Registration No. 17360

APPROVED AS TO FORM AND CONTENT
this 13th day of August, 2021

Signed this ___ day of August, 2021

REXEQUIEL NER, RPH
Certificate of Registration No. 18472

Signed this ___ day of August, 2021

COURTNEY K. LEE, ESQ.
General Counsel
Nevada State Board of Pharmacy

ORDER

The Nevada State Board of Pharmacy hereby adopts the foregoing Stipulation as to Respondent Walgreens Pharmacy #5814 Pharmacy License No. PHN01519, Respondent Shanela Blas-Catacutan, RPH, Certificate of Registration No. 17360, and Respondent Rexequiel Ner, RPH, Certificate of Registration No. 18472, in Case No. 18-117 and hereby orders that the terms of the foregoing Stipulation be made effective upon execution below.

IT IS SO ORDERED.

Entered this 16th day of September, 2021.

Helen Park, President
Nevada State Board of Pharmacy

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 16th day of September, 2021, I served a true and correct copy of the foregoing document by Certified U.S. Mail to the following:

Walgreens #05814
1445 W. Craig Rd
North Las Vegas NV 89032-0211

Shanela Blas-Catacutan, R.Ph.
[redacted] Glory Lily Court
Las Vegas, NV 89123

Rexequiel Ner, R.Ph.
[redacted] Rainmaker St
Las Vegas, NV 89129

William Stilling, Esq.
222 South Main Street, Suite 500
Salt Lake City, Utah 84101

SHIRLEY HUNTING

FILED
APR – 1 2021
NEVADA STATE BOARD
OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **WALGREENS PHARMACY #5814,** **License No. PHN01519,** **SHANELA BLAS-CATACUTAN, RPH,** **Certification of Registration No. 17360, and** **REXEQUIEL NER, RPH,** **Certificate of Registration No. 18472,** **Respondents.**	**CASE NOS. 18-117-PHN-S** **18-117-RPH-A-S** **18-117-RPH-B-S** **NOTICE OF INTENDED ACTION AND ACCUSATION**

J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, makes the following that will serve as both a notice of intended action under NRS 233B.127(3) and as an accusation under NRS 622A.300(1) and NRS 639.241.

JURISDICTION

1. The Nevada State Board of Pharmacy ("Board") has jurisdiction over this matter because at the time of the events alleged herein, Respondent Walgreens Pharmacy #5814 ("Walgreens #5814") held a Nevada Pharmacy License No. PHN01519, and Respondent Shanela Blas-Catacutan, RPh, ("Blas-Catacutan") held a Nevada Pharmacist Certificate of Registration No. 17360, and Rexequiel Ner, RPh, ("Ner") held a Nevada Pharmacist Certificate of Registration No. 18472, all issued by the Board.

FACTUAL ALLEGATIONS

2. Blas-Catacutan was employed as the pharmacy manager of Walgreens #5814 and Ner was employed as a staff pharmacist at Walgreens #5814 during the alleged and relevant timeframes.

3. On October 1, 2018, patient B.D. received a prescription for oxycodone 30 mg, for 28 days, quantity 120 tablets, with no refills.

4. On the same day, October 1, 2018, patient B.D. presented her prescription at Walgreens #5814, the prescription information was entered into Walgreens' computer system, and designated as prescription #3246240.

5. During the filling process, it was discovered that Walgreens #5814 was out of stock of oxycodone 30 mg tablets. Ner returned the written prescription to patient B.D without cancelling prescription #3246240 in Walgreens' computer system.

6. On or about October 4, 2018, patient B.D. presented her written prescription for oxycodone at Walgreens #10783 (NOT Respondent Walgreens #5814), which dispensed prescription #738113 for patient B.D. Pharmacy records confirm that patient B.D. picked up her prescription for oxycodone from Walgreens #10783.

7. On or about October 17, 2018, Walgreens' computer system prompted Walgreens #5814 staff to fill the prescription when oxycodone 30 mg tablets were back in stock. A computer-generated text was sent to patient B.D. indicating that her prescription for oxycodone (which was already filled at Walgreens #10783) was available for pick up at Walgreens #5814.

8. Ner overrode the duplication therapy flag drug utilization review (DUR) warning in the computer system, and Blas-Catacutan failed to recognize the duplication error upon verification of the prescription. Pharmacy records confirm that patient B.D. picked up a second fill for her single oxycodone prescription on October 17, 2018.

9. Blas-Catacutan stated that she did not place the fill tag or sticker on the back of the hard copy written prescription at the time she verified the prescription.

10. The error was discovered when the prescribing practitioner A.V.L. reported the duplicate fill for patient B.D. to the Prescription Monitoring Program.

FIRST CAUSE OF ACTION
Failure to Verify Dispensed Medication/Unprofessional Conduct
(Respondent Ner)

11. Unprofessional conduct includes the failure by a licensee to follow strictly the instructions of a practitioner when filling, labeling, and dispensing a prescription. NAC 639.945(1)(d). It also includes a licensee performing his or her duties in an "incompetent, unskillful, or negligent manner." NAC 639.945(1)(i).

12. Ner engaged in unprofessional conduct in violation of NAC 639.945(1)(d) and (i) when she failed to cancel the original written prescription returned to patient B.D., failed to act upon the DUR warning in the computer system and overrode the DUR alert for prescription #738113, which resulted in Walgreens #5814 dispensing a duplicate fill for a single oxycodone prescription. Ner is therefore subject to discipline pursuant to NRS 639.210(4).

SECOND CAUSE OF ACTION
Failure to Verify Dispensed Medication/Unprofessional Conduct
(Respondent Blas-Catacutan)

13. Blas-Catacutan engaged in unprofessional conduct in violation of NAC 639.945(1)(d) and (i) when she verified data entry as accurate and the final product on prescription #738113 as accurate when it was not, which resulted in Walgreens #5814 dispensing a duplicate fill for a single oxycodone prescription. Blas-Catacutan is therefore subject to discipline pursuant to NRS 639.210(4).

THIRD CAUSE OF ACTION
Pharmacy/Pharmacy Owner Responsibility
(Respondent Walgreens #5814)

14. NRS 639.230(5) provides: "Any violation of any of the provisions of this chapter [NRS Chapter 639] by a managing pharmacist or by personnel of the pharmacy under the supervision of the managing pharmacist is cause for the suspension or revocation of the license of the pharmacy by the Board." Further, the owner of any business or facility licensed, certified

or registered by the Board is responsible for the acts of all personnel in his or her employ. NAC 639.945(2).

15. As the pharmacy/pharmacy owner at which the violations of law alleged herein occurred, Walgreens #5814 is responsible for those violations, including those of the pharmacy's employees, pursuant to NRS 639.230(5) and NAC 639.945(2) and is therefore subject to discipline.

WHEREFORE it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to the certificates of license/registration of these Respondents.

Signed this 14th day of April, 2021.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

NOTICE TO RESPONDENTS

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241. To do so, you must complete and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Notice of Intended Action and Accusation. NRS 622A.320; NRS 639.243. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, Petitioner, v. REXEQUIEL NER, RPH, Certificate of Registration No. 18472, Respondent.	CASE NOS. 18-117-RPH-B-S STATEMENT TO THE RESPONDENT AND NOTICE OF HEARING

TO THE RESPONDENT ABOVE-NAMED: PLEASE TAKE NOTICE THAT:

I.

Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy (Board) by NRS 639.241 to NRS 639.2576, inclusive, and NRS chapter 233B and 622A, a Notice of Intended Action and Accusation has been filed with the Board by the Petitioner, J. David Wuest, Executive Secretary for the Board, alleging grounds for imposition of disciplinary action by the Board against you, as is more fully explained and set forth in the Notice of Intended Action and Accusation served herewith and hereby incorporated reference herein.

II.

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241. To do so, you must complete and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Statement and Notice, and of the Notice of Intended Action and Accusation served within. NRS 639.320; NRS 639.243.

III.

The Board has scheduled your hearing on this matter for Wednesday, June 2, 2021, at 9:00 a.m. or soon thereafter. Pursuant to Governor Steve Sisolak's Emergency Directive

006, there will be no physical location for this meeting. The meeting can be listened to or viewed live over Zoom.

Via Videoconference at Zoom: https://zoom.us/j/5886256671

or

Via Teleconference at 1 (669) 900-6833

Meeting ID: 588 625 6671

IV.

Pursuant to NRS 241.033 and 241.034, please be advised that the hearing is a public meeting, and the Board may, without further notice, take administrative action against you if the Board determines that such administrative action is warranted after considering your character, alleged misconduct, professional competence, or physical or mental health. The Board at its discretion may go into closed session to consider your character, alleged misconduct, professional competence, or physical or mental health. You may attend any closed session, have an attorney or other representative of your choosing present during any closed session, and present written evidence, provide testimony, and present witnesses relating to your character, alleged misconduct, professional competence, or physical or mental health during any closed session.

V.

Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

DATED this 15th day of April, 2021.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, Petitioner, v. REXEQUIEL NER, RPH, Certificate of Registration No. 18472, Respondent.	CASE NO. 18-117-RPH-B-S ANSWER AND NOTICE OF DEFENSE

Respondent above named, in answer to the Notice of Intended Action and Accusation filed in the above-entitled matter before the Nevada State Board of Pharmacy, declares:

1. That his/her objection to the Notice of Intended Action and Accusation as being incomplete or failing to state clearly the charges against him/her, is hereby interposed on the following grounds: (State specific objections or insert "none").

2. That, in answer to the Notice of Intended Action and Accusation, he/she admits, denies and alleges as follows:

I hereby declare, under penalty of perjury, that the foregoing Answer and Notice of Defense, and all facts therein stated, are true and correct to the best of my knowledge.

DATED this _____ day of April, 2021.

REXEQUIEL NER, RPH

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 2nd day of April, 2021, I served a true and correct copy of the foregoing document by Certified U.S. Mail to the following:

Walgreens #05814
1445 W. Craig Rd
North Las Vegas NV 89032-0211

Shanela Blas-Catacutan, R.Ph.
[redacted] Glory Lily Court
Las Vegas, NV 89123

Rexequiel Ner, R.Ph.
[redacted] Rainmaker St
Las Vegas, NV 89129

SHIRLEY HUNTING

Section 9: Statement of Responsibility - MUST BE COMPLETED by an Authorized Person (NAC 639.945)

Statement of Responsibility

1. I am the Vice President (title) for Walgreen Co. (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be responsible for any violations of pharmacy law that may occur in the Pharmacy owned by such owner(s), shareholder(s), member(s), or partner(s).
3. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against the Pharmacy.
4. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) cannot require or permit the pharmacist(s) in said Pharmacy to violate any provision of local, state, or federal laws or regulations pertaining to the practice of pharmacy.
5. I further understand and acknowledge that Nevada law requires that each pharmacy located inside the State of Nevada employ only pharmacists, intern pharmacists, pharmaceutical technicians, and technicians in training that are licensed by the Nevada State Board of Pharmacy. (NRS 639.100).
6. I further understand and acknowledge that Nevada law requires that each pharmacy located outside the State of Nevada engaged in providing pharmacy services into Nevada employs at least one pharmacist licensed by the Nevada State Board of Pharmacy who will be responsible for any prescription dispensed to a patient located in Nevada and responsible for any acts or omissions of pharmacy personnel who are not registered with the Board. (NRS 639.2328).

Richard Gates

Print Name of Authorized Person

Richard Gates

Original signature of Authorized Person (copies or stamps not accepted)

08 / 26 / 2025

Date

Section 10: Affidavit for Pharmacies- MUST BE COMPLETED by pharmacies NOT CURRENTLY PERFORMING Sterile Compounding

Affidavit for Pharmacy License

I, Richard Gates hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

1. I am the Vice President (title) for Walgreen Co. (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I certify that upon licensure, the Pharmacy will not perform sterile compounding or ship sterile compounds into Nevada.
3. I understand and acknowledge that the Pharmacy and any of its staff members may be subject to discipline by the Board if the Pharmacy performs sterile compounding or ships any sterile compounds into Nevada without first obtaining written authorization from the Board to do so.
4. I certify that if the Pharmacy makes the decision to perform sterile compounding or to ship any sterile compounds into Nevada, the Pharmacy, through an authorized representative, will first notify the Board via a written request, and obtain written approval to perform sterile compounding or to ship any sterile compounds into Nevada.
5. I understand that if the Pharmacy seeks approval to perform sterile compounding or to ship any sterile compounds into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

FURTHER YOUR AFFIANT SAYETH NAUGHT.

Signature

SUBSCRIBED AND SWORN TO
Before me, a notary public this 20th day of August, 2025

Zeljka Borosa-Rajcevic
Notary Public

OFFICIAL SEAL
ZELJKA BOROSA RAJCEVIC
Notary Public, State of Illinois
Commission No. 977646
My Commission Expires September 8, 2027

CONFIDENTIAL/EXEMPT FROM
FREEDOM OF INFORMATION ACT AND
SIMILAR STATE REQUESTS

Ownership Information

Ownership & Leadership of Applicant Entity

Applicant: **Walgreen Co.**
108 Wilmot Rd., Deerfield, IL 60015

Ownership: The Applicant entity is wholly owned (100%) by Walgreens Boots Alliance, Inc.

Officers of Walgreen Co.
Michael Motz - CEO
Richard Gates - Senior Vice President, Chief Pharmacy Officer
Cherita Thomas - Secretary
Matthew Spina - CFO
Michael Handal - Licensing and Provider Enrollment Officer

Ownership & Leadership of Walgreens Boots Alliance, Inc.

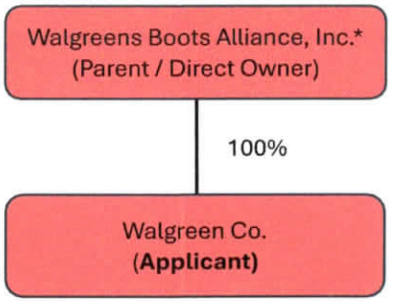
Ownership: Walgreens Boots Alliance, Inc. is wholly owned (100%) by Blazing Star Parent, LLC

Officers of Walgreens Boots Alliance, Inc.
Temporarily vacant - CEO
Mark Weisz - Sr VP, Global Tax
Manmohan Mahajan - Sr VP, Global Controller, CFO
Lanesha Minnix - Corporate Secretary

Please see the attached pre- and post-closing Corporate Organization chart for reference.

Proprietary and Confidential
Not a public record pursuant to
Section 7927.605 of the CPRA and
45 CFR Section 5.31

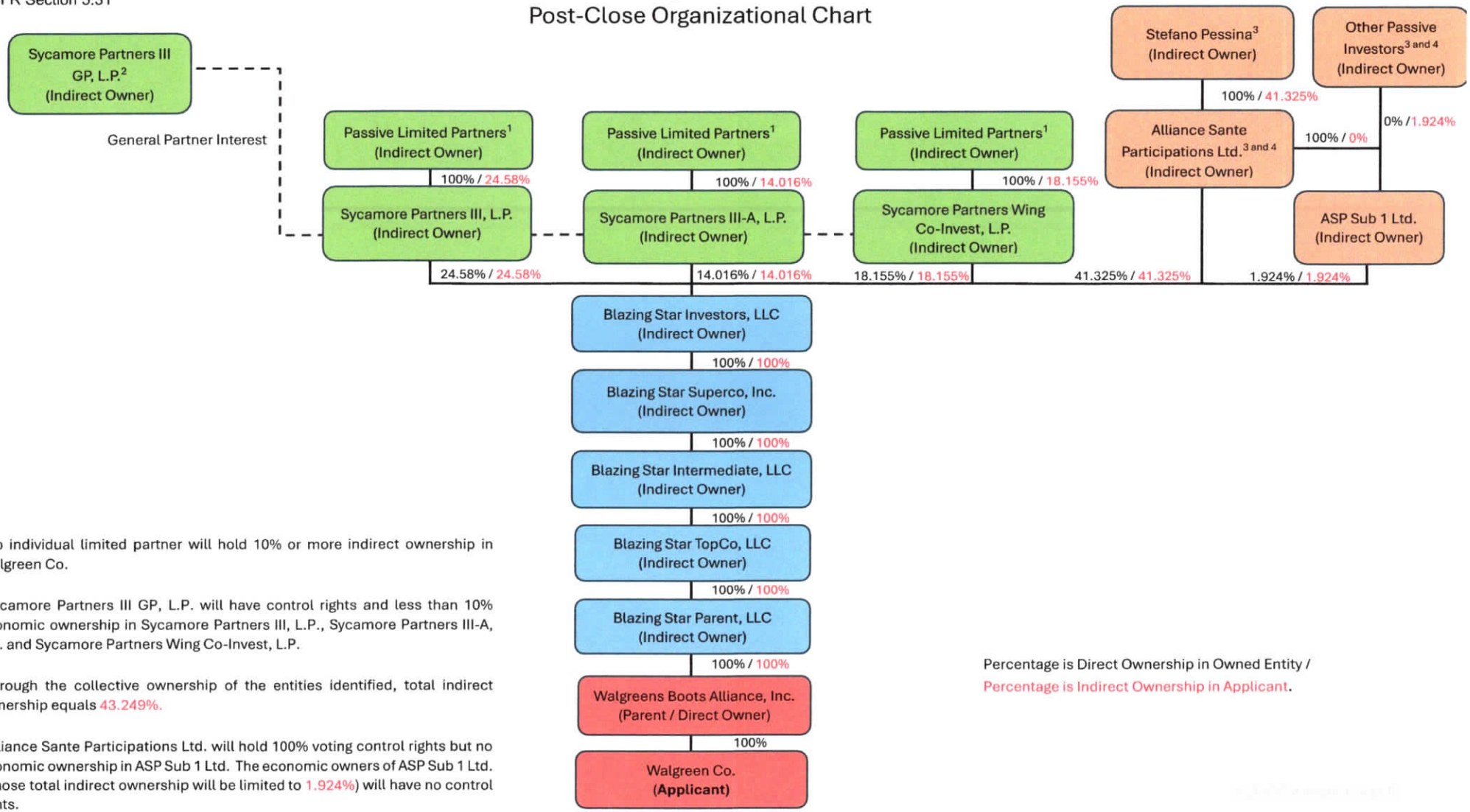
Walgreen Co.
Pre-Close Organizational Chart



Publicly Traded on Nasdaq Stock Market (WBA)

Proprietary and Confidential
Not a public record pursuant to
Section 7927.605 of the CPRA and
45 CFR Section 5.31

Walgreen Co.
Post-Close Organizational Chart



[1]No individual limited partner will hold 10% or more indirect ownership in Walgreen Co.

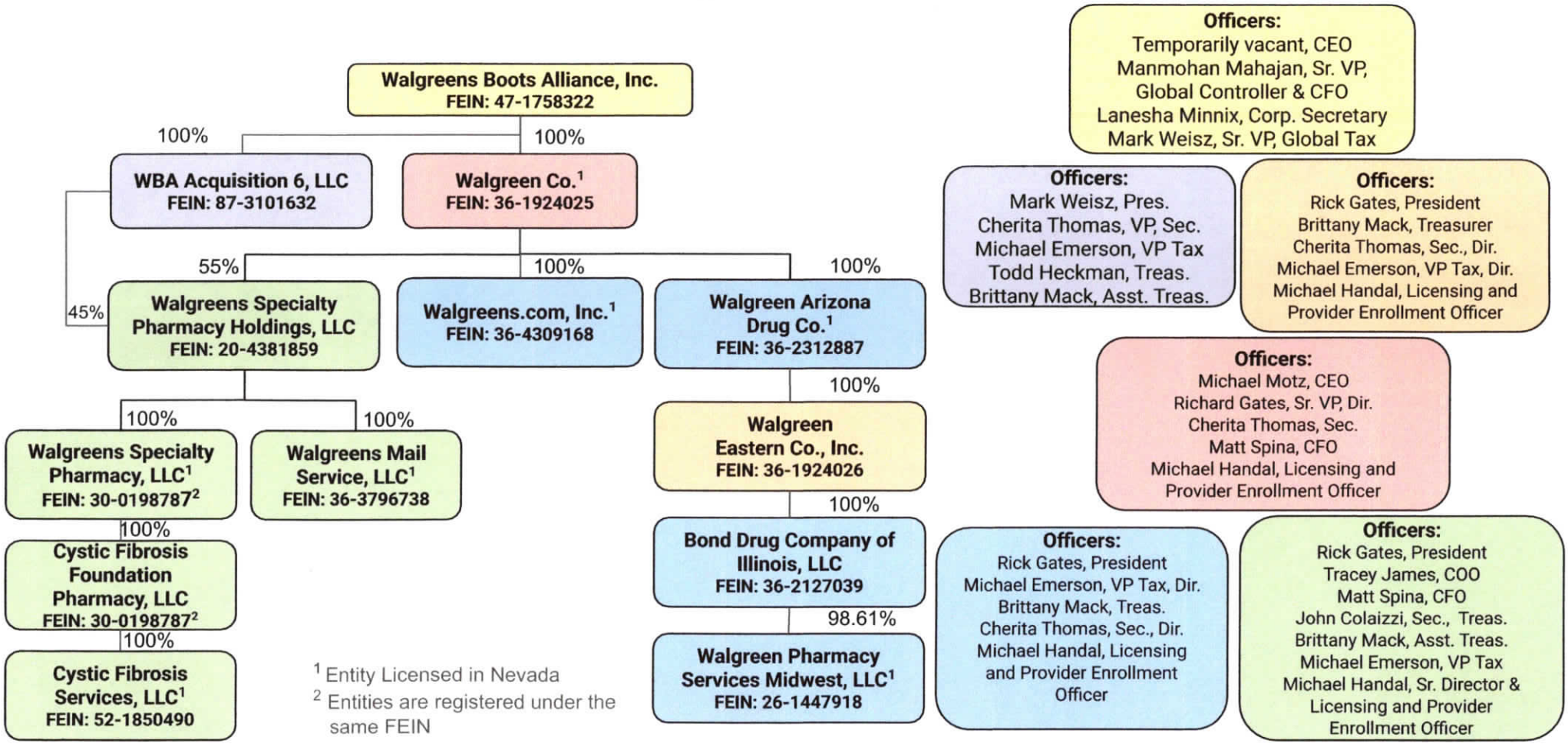
[2]Sycamore Partners III GP, L.P. will have control rights and less than 10% economic ownership in Sycamore Partners III, L.P., Sycamore Partners III-A, L.P. and Sycamore Partners Wing Co-Invest, L.P.

[3]Through the collective ownership of the entities identified, total indirect ownership equals 43.249%.

[4]Alliance Sante Participations Ltd. will hold 100% voting control rights but no economic ownership in ASP Sub 1 Ltd. The economic owners of ASP Sub 1 Ltd. (whose total indirect ownership will be limited to 1.924%) will have no control rights.

Percentage is Direct Ownership in Owned Entity /
Percentage is Indirect Ownership in Applicant.

Walgreen Co.
Post-Close Organizational Chart (cont.)



File Number 1084-348-1

STATE OF ILLINOIS

OFFICE OF THE SECRETARY OF STATE

To all to whom these Presents Shall Come, Greeting:

I, **Alexi Giannoulias,** *Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that*

WALGREEN CO., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON FEBRUARY 15, 1909, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE BUSINESS CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.

In Testimony Whereof, *I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this* 15TH *day of* MAY *A.D.* 2025 .

Authentication #: 2513501622 verifiable until 05/15/2026
Authenticate at: https://www.ilsos.gov

SECRETARY OF STATE

5111

9VVV

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Pharmacy Application

Non-Refundable $500.00 Fee

Rev (6/11/2024)

Facility Location	Application Type (check all applicable)	Pharmacy Type (check all applicable)	Services the Pharmacy will Provide (check all applicable)
☑ Nevada	☐ New Pharmacy	☑ Retail/Community	☑ Retail/Community
☐ Out-of-Nevada	☑ Ownership Change*	☐ Hospital (# beds _____)	☑ Dangerous drugs
	☐ Location Change *	☐ Internet	☑ Controlled substances
	☐ Service Modification*	☐ Nuclear	DEA #: BW6761084
	☐ Name Change* (if only a Name Change occurred, submit a $50.00 fee with the application.)	☐ Other:	☐ Non-sterile Compounding
			☐ Sterile Compounding
			☐ Mail-Order Service
			☐ Off-site Cognitive Services
			☐ Long Term Care
	* Current license #: PH PH01505		☐ Hospital
			☐ Other:

Days of Operation		Ownership Type (check applicable box)
☑ Monday	☑ Friday	☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9, 10, 11, 12)
☑ Tuesday	☑ Saturday	☑ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9, 10, 11, 12)
☑ Wednesday	☑ Sunday	☐ Partnership (complete sections 1, 2, 3, 4, 7, 9, 10, 11, 12)
☑ Thursday	☐ Holidays	☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9, 10, 11, 12)

Section 1: General Information

Pharmacy Name: WALGREENS #05646

Physical Address: 770 S HIGHWAY 160

City: PAHRUMP State: NV Zip: 89048-4639

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: (775)751-8399 Toll Free # (NAC 639.708, NRS 639.23286): N/A

Fax: (775)751-8864 Contact Email: rxm.05646@store.walgreens.com

Website: https://www.walgreens.com

Nevada Business License # (if applicable) NV19951143510

Supervising/Managing Pharmacist Name (NRS 639.220): NGHIA NGUYEN

Supervising/Managing Pharmacist NV Pharmacist Registration # (if applicable): 20274

Section 2: List the name(s) of at least one NEVADA registered pharmacist who practices at the pharmacy, who may be the managing pharmacist or another pharmacist, who will be responsible for any prescriptions dispensed to a patient located in Nevada and responsible for any acts or omissions of pharmacy personnel who are not registered with the Board. NRS 639.2328. (Use a separate piece of paper if additional space is needed.)

Name: NGHIA NGUYEN	NV Pharmacist Registration #: 20274
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:

Section 3: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✓
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration from any jurisdiction?		✓
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been subject of an administrative action, board citation, cite fine, or proceeding relating to the pharmaceutical industry?	✓	
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✓
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✓

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name(s) of the owner(s), their credentials and their percent ownership. Write NA if not applicable. NRS 639.232. (Use a separate piece of paper if additional space is needed.)

Name: N/A	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:

1. The Board shall not issue a license to conduct a pharmacy:
   a) To any practitioner; or
   b) To any partnership, corporation, or association in which a practitioner has a controlling interest or owns more than 10 percent of the available stock.
2. This section does not:
   a) Apply to a hospital pharmacy or a health maintenance organization which holds a certificate of authority under chapter 695C of NRS.
   b) Prohibit ownership by a practitioner of a building in which a pharmacy is located, if space for the pharmacy is rented at the prevailing rate.

Section 5: Publicly Traded Corporation

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Does the number of stockholders/shareholders of the corporation exceed four? NRS 639.231 ☐ Yes ☐ No

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: Delaware

Parent Company (if any): Walgreens Boots Alliance, Inc.

Corporation/Organization Name: Walgreen Co.

Mailing Address: 108 Wilmot Rd

City: Deerfield State: IL Zip: 60015

Telephone: 847-224-1348 Email: licenseadministration@walgreens.com

Contact Person Name: Kayla Lechner

Does the number of stockholders/shareholders of the corporation or members exceed four? NRS 639.231 ☐ Yes ☒ No

Section 7: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Please check type of partnership (NAC 639.214) ☐ General ☐ Limited

Does the number of partners or members of the partnership exceed four? NRS 639.231 ☐ Yes ☐ No

Section 8: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Richard Gates

Print Name of Authorized Person Submitting Application (If the applicant is a partnership or corporation, the application must be signed by a partner or by an officer of the corporation). NAC 639.215

Richard Gates

Original signature of Authorized Person (copies or stamps not accepted)

08 / 26 / 2025

Date

Board Use Only	Date Received: 9/22/25	Amount: $500 ck JP03-3000111129

Document Ref: INFF6-8WFF8-8CZPJ-WU7EQ

Section 11: Managing Pharmacist Acknowledgement, Professional/Personal History – REQUIRED TO BE COMPLETED BY THE MANAGING PHARMACIST FOR NEVADA LOCATED PHARMACY APPLICANTS ONLY

Managing Pharmacist Name: NGHIA NGUYEN Pharmacist Registration #: 20274

Pharmacy Name: WALGREENS #05646

Initial each statement below to indicate you have read and agree with the following:

NSN — I understand that as the managing pharmacist I am responsible for compliance by the pharmacy and its personnel with all state and federal laws and regulations relating to the operation of the pharmacy and the practice of pharmacy. I understand my license can be revoked or that I can be subject of disciplinary action if such laws or regulations are knowingly violated in the pharmacy in which I am the managing pharmacist.

NSN — I understand within 48 hours after I report for duty as the managing pharmacist, I shall complete an inventory of all controlled substances of the pharmacy pursuant to 21 CFR Part 1304 and maintain a copy of the inventory in the file at the pharmacy.

NSN — I understand that if I cease to be managing pharmacist of the above-named pharmacy, I will jointly, with the new managing pharmacist, take an inventory of all controlled substances.

NSN — I understand that as the managing pharmacist I must ensure that all loss or theft of controlled substances are reported on forms provided by the Nevada State Board of Pharmacy and Department of Public Safety within 10 days after the date of discovery of theft or loss. NRS 453.568. Federal regulations require that registrants notify the Field Division Office of the Administration in his area, in writing, of the theft or significant loss of any controlled substance, disposal receptacles or listed chemicals within one business day of discovery of such loss or theft. The registrant shall also complete and submit to the Field Division Office in his area, DEA Form 106 regarding the loss or theft (21 C.F.R. §1301.76(b) and 21 U.S.C. §830(b)(1)(C)).

NSN — I understand that as the managing pharmacist I must notify the Nevada State Board of Pharmacy of all employment changes of pharmacy staff within 10 days of the change. NAC 639.540

Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?	☐	☑
2. Have you been charged, arrested, or convicted of a felony or misdemeanor in any state?	☐	☑
3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state?	☐	☑
4. Has your license been subjected to any discipline for violation of pharmacy or drug laws in any state?	☐	☑

If you marked YES to any questions above, include the following information and provide a signed statement of explanation. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Board Administrative Action:	State:	Date:	Case #:

Criminal Action:	State:	Date:	Case #:	County:	Court:

I certify under penalty of perjury that the information I have provided on this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

NGHIA NGUYEN

Original signature of Managing Pharmacist (copies or stamps not accepted)

08 / 04 / 2025

Date

Document Ref: YCHWM-D2RUN-QJBWP-IFMSE

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,
Petitioner,

v.

NOTICE OF INTENDED ACTION AND ACCUSATION

JESSICA L. MCCULLOCH, PT
Certificate of Registration No.: PT07762

Case No. 07-064-PTT-S

WALGREENS PHARMACY #05646
Certificate of Registration No. PH01505

Case No. 07-064-PH-S

Respondents.

COMES NOW Larry L. Pinson, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, and makes the following that will serve as both a notice of intended action under Nevada Revised Statutes (NRS) 233B.127(3) and as an accusation under NRS 639.241.

I.

The Nevada State Board of Pharmacy has jurisdiction over this matter because Respondent Jessica L. McCulloch is a registered pharmaceutical technician-in-training with the Board and Walgreens Pharmacy #05646 is a registered pharmacy with the Board.

II.

On or about July 12, 2007, Ms. McCulloch contacted Board staff to obtain a duplicate copy of her pharmaceutical technician-in-training registration. It was discovered that Ms. McCulloch had not renewed her pharmaceutical technician-in-training registration that was due for renewal by October 31, 2006. Ms. McCulloch indicated that she was working at Walgreens Pharmacy #05646.

III.

On or about July 12, 2007, Board staff contacted Matt Forster, District Pharmacy Supervisor for Walgreens, and requested the hours that Ms. McCulloch worked from November 1, 2006 to June 25, 2007. Ms. Forster reported to Board staff that Ms.

McCulloch worked for 1,440 hours. Assuming Ms. McCulloch worked eight hour shifts, Ms. McCulloch worked unregistered for 180 days.

FIRST CAUSE OF ACTION

IV.

By working without having renewed her pharmaceutical technician-in-training registration for 180 days, Ms. McCulloch violated NRS 639.210(4) and (13) and NAC 639.945(1)(k).

SECOND CAUSE OF ACTION

By employing Ms. McCulloch and allowing Ms. McCulloch to work for 180 days without being registered with the Board, Walgreens Pharmacy #05646 violated NRS 639.210(4) and (13) and NAC 639.945(1)(k) and (2).

WHEREFORE it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to the certificate of registration of the Respondent.

Signed this 18th day of September, 2007.

Larry L. Pinson, Executive Secretary
Nevada State Board of Pharmacy

NOTICE TO RESPONDENT

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements regarding your certificate of registration. To do so, you must mail to the Board within 15 days of your receipt of this Notice of Intended Action and Accusation a written statement showing your compliance.

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

FINDINGS OF FACT, CONCLUSIONS OF LAW, AND ORDER

LEHA M. DEROSIA, P.T.
Certificate of Registration No. PT06209 — Case No. 07-062-PT-S

WALGREENS PHARMACY #05646
Certificate of Registration No. PH01505, — Case No. 07-062-PH-S

CHRISTINA M. ROMERO, P.T.
Certificate of Registration No. PT01314, — Case No. 07-063-PT-S

WALGREENS PHARMACY #03844
Certificate of Registration No. PH01123, — Case No. 07-063-PH-S

JESSICA L. McCULLOCH, P.T.
Certificate of Registration No. PT07762, — Case No. 07-064-PTT-S

WALGREENS PHARMACY #05646
Certificate of Registration No. PH01505, — Case No. 07-064-PH-S

Respondents.

THIS MATTER was heard by the Nevada State Board of Pharmacy (hereinafter Board) at its regular meeting on October 24, 2007 in Las Vegas, Nevada. The Board was represented by Louis Ling, General Counsel to the Board. All Respondents were represented by Robert Graham of Rob Graham and Associates. The parties entered an oral stipulation which was presented to the Board at the hearing of the matter by Mr. Ling. Based upon the agreements and presentations of the parties, the Board finds the following to be the facts of the matter.

FINDINGS OF FACT

1. The parties orally stipulated to the presentation of this matter by Mr. Ling and that appearances would not be expected from any of the Respondents or Mr. Graham. Mr. Ling explained that the three individual Respondents had already attended a continuing education session regarding Nevada jurisprudence and that all Respondents were agreeable to the presentation made by Mr. Ling.

2. All registrations of pharmaceutical technicians and pharmaceutical technicians in training were required to be renewed by October 31, 2006, and any such registration that was not renewed by October 31, 2006 expired. No pharmaceutical technician or pharmaceutical technician in training may lawfully be employed as a pharmaceutical technician or pharmaceutical technician in training on an expired registration.

2. All of the Respondent pharmaceutical technicians and pharmaceutical technicians in training in this matter failed to renew their respective registrations by October 31, 2006, and all were employed by the various Respondent Walgreen pharmacies as pharmaceutical technicians or pharmaceutical technicians in training on expired registrations. Following is a table of the Respondents and the number of hours and estimated workdays (based upon an assumed eight-hour workday) worked by each Respondent on expired registrations:

Respondents	Hours Worked	Estimated Days Worked
McCulloch/Walgreens #05646	1,440	180
DeRosia/ Walgreens #05646	1,384	173
Romero/ Walgreens #03844	1,312	164
TOTALS	**4,136**	**517**

3. At hearing, Board Staff explained that Walgreens has had a good recent history regarding assuring that its employees have properly and timely renewed their

registrations. Two of the three matters in this case arose from one pharmacy, and the issues regarding that pharmacy have been addressed. Board Staff also explained that the Board's efforts to gain compliance with the renewal and registration laws have been largely successful and that the few instances, such as those in this case, are aberrations.

CONCLUSIONS OF LAW

1. The Nevada State Board of Pharmacy has jurisdiction over this matter because Respondents DeRosia, and Romero are pharmaceutical technicians registered by the Board, Respondent McCulloch is a pharmaceutical technician in training registered by the Board, and Respondents Walgreens ##05646 and 03844 are pharmacies licensed by the Board.

2. In working as a pharmaceutical technician or pharmaceutical technician in training on expired registrations, Respondents DeRosia, Romero, and McCulloch each violated NRS 639.210(4) and (13) and NAC 639.945(1)(k).

3. In employing the individual Respondents, Walgreens ##05646 and 03844 violated NRS 639.210(4) and (13) and NAC 639.945(1)(k) and (2).

ORDER

Based upon the foregoing, the Board hereby orders the following:

1. Each Respondent Walgreens pharmacy shall pay a fine of $250.00 for each of the pharmaceutical technicians or pharmaceutical technicians in training employed with expired registrations. Walgreens may choose to pay by a single cashier's or certified check or money order made payable to "State of Nevada, Office of the

Treasurer" in a total amount of $750.00 to be received by the Board's Reno office within 90 days of the effective date of this Order.

2. Each Respondent technician or technician in training shall pay a fine of $250.00 by a cashier's or certified check or money order made payable to "State of Nevada, Office of the Treasurer" to be received by the Board's Reno office within 90 days of the effective date of this Order.

3. Respondents DeRosia, Romero, and McCulloch shall each attend and successfully complete a Nevada jurisprudence continuing education course presented by Board Staff at such time and place as is set by Board Staff, which attendance may already have been completed before the effective date of this Order and shall be deemed compliance with this Order.

4. The failure by any individual Respondent to comply with any term in this Order shall result in the immediate suspension of her registration and will also result in further discipline, up to and including revocation of the registration. The failure by any Respondent Walgreens pharmacy to comply with any term in this Order shall result in a fine of $1,000 per day for every day that it has failed to comply with the Order until the Order is fully complied with, up to a total fine not to exceed $30,000, and will also result in further discipline, up to and including revocation of the its license.

Signed and effective this 20th day of November, 2007.

Barry Boudreaux, President
Nevada State Board of Pharmacy

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

FINDINGS OF FACT, CONCLUSIONS OF LAW, AND ORDER

LESLIE J. SCHWEIZER, R.Ph.,
Certificate of Registration #12469,

Case No. 05-038-RPH-S

WALGREENS #05646,
Certificate of Registration #PH01505,

Case No. 05-038-PH-S

Respondents.

THIS MATTER was heard by the Nevada State Board of Pharmacy (hereinafter Board) at its regular meeting on January 11, 2006 in Las Vegas, Nevada. The Board was represented by Louis Ling, General Counsel to the Board. All Respondents were represented by Robert C. Graham. Based on the presentations of the parties and the public records in the possession and control of the Board, the Board issues the following Findings of Fact, Conclusions of Law, and Order:

FINDINGS OF FACT

1. At hearing, the parties agreed that Respondents would not contest the facts as plead in the Notice of Intended Action and Accusation. Board Staff presented the testimony of Jowette Padua. Respondents presented the testimony of Ms. Schweizer and Matt Forster. Based upon the presentations of the parties, the Board finds the following to be the facts of this matter.

2. On June 10, 2005, Jowette Padua requested a refill from Walgreens #05646 of her prescription for Novolog 70/30. Novolog 70/30 is a combination of fast and slow releasing insulin. Ms. Padua had been using Novolog 70/30 to treat her diabetes for

years. When Ms. Padua picked up her refill, she was given three boxes of preloaded syringes. The three boxes were taped together.

3. On the evening of July 12, 2005, Ms. Padua was preparing to eat dinner, so she opened a new box of insulin, one of the three boxes that were taped together, removed an insulin flexpen, and injected herself. Ms. Padua then ate her dinner and went to bed. In the middle of the night, Ms. Padua awoke with a sudden onset of cold sweats, chills, shakiness, and weakness. Ms. Padua immediately tested her blood sugar and the test results were 58 where her normal reading should have been 200 or higher. Ms. Padua began looking around her home for something containing sugar so that she could get her blood sugar level up. Ms. Padua found and ate some candy. Ms. Padua then examined the box from which she had removed and used the flexpen, and she then discovered that the box contained Novolog prefilled flexpen syringes, not the 70/30 flexpen syringes ordered by her physician. Thus, Ms. Padua discovered that she had injected herself with a flexpen filled solely with fast acting insulin rather than the usual combination product that she had been long using.

4. At hearing, Ms. Schweizer testified that because the three boxes were taped together, she had only verified the NDC number on one of the boxes rather than verifying the NDC number on each of the boxes. Ms. Schweizer and Mr. Forster both explained that Walgreens' new scanning technology would have prevented the error that occurred with Ms. Padua's prescription because the new scanning system requires that each box be separately and individually scanned when multiple boxes are necessary to fill a prescription. The new scanning system was not installed in or available to Ms. Schweizer at the time Ms. Padua's prescription was refilled. Ms.

Schweizer testified that she now checks each box or container individually when a prescription requires multiple boxes or containers.

CONCLUSIONS OF LAW

1. The Nevada State Board of Pharmacy has jurisdiction over this matter because Respondent Schweizer is a pharmacist licensed by the Board and Walgreens #05646 is a pharmacy licensed by the Board.

2. By filling and dispensing a prescription for Ms. Padua that was the wrong medication, namely by misfiling Ms. Padua's Novolog 70/30 prescription with Novolog, Ms. Schweizer violated NRS 639.210(4) and NAC 639.945(1)(d) and (i).

3. In owning and operating the pharmacy in which Ms. Schweizer committed the error regarding Ms. Padua's Novolog 70/30 prescription, Walgreens #05646 violated NRS 639.210(4) and NAC 639.945(1)(i) and (2).

ORDER

Based upon the foregoing, the Board hereby orders the following:

1. Ms. Schweizer shall pay a fine of $250.00 by cashier's or certified check or money order made payable to "State of Nevada, Office of the Treasurer" to be received by the Board's Reno office within 90 days of the effective date of this Order.

2. Ms. Schweizer shall pay one-half of the Board's costs and attorney's fees of $375.00 and the Board's administrative fee of $250.00, for a total of $312.50 ($375.00 + $250.00 / 2 = $312.50) by cashier's or certified check or money order made payable to "Nevada State Board of Pharmacy" to be received by the Board's Reno office within 90 days of the effective date of this Order.

3. Walgreens #05646 shall pay a fine of $250.00 by cashier's or certified check or money order made payable to "State of Nevada, Office of the Treasurer" to be received by the Board's Reno office within 90 days of the effective date of this Order.

4. Walgreens #05646 shall pay one-half of the Board's costs and attorney's fees of $375.00 and the Board's administrative fee of $250.00, for a total of $312.50 ($375.00 + $250.00 / 2 = $312.50) by cashier's or certified check or money order made payable to "Nevada State Board of Pharmacy" to be received by the Board's Reno office within 90 days of the effective date of this Order.

5. The failure by Ms. Schweizer to comply with any term in this order shall result in the immediate suspension of his license and will also result in further discipline, up to and including revocation of the his license. The failure by Walgreens #05646 to comply with any term in this order shall result in a fine of $1,000 per day for every day that it has failed to comply with the Order until the Order is fully complied with, up to a total fine not to exceed $30,000, and will also result in further discipline, up to and including revocation of the its license.

Signed this 8th day of February, 2006.

Joseph R. Kellogg, President
Nevada State Board of Pharmacy

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

LESLIE J. SCHWEIZER, RPH
Certificate of Registration No. 12469

WALGREENS #05646
Certificate of Registration No. PH01505,

Respondents.

NOTICE OF INTENDED ACTION AND ACCUSATION

Case No. 05-038-RPH-S

Case No. 05-038-PH-S

COMES NOW Larry L. Pinson, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, and makes the following that will serve as both a notice of intended action under Nevada Revised Statutes (NRS) 233B.127(3) and as an accusation under NRS 639.241.

I.

The Nevada State Board of Pharmacy has jurisdiction over this matter because Respondent Leslie J. Schweizer is a pharmacist licensed by the Board and Walgreens #05646 is a pharmacy licensed by the Board, located at 770 South Nevada Highway 160, Pahrump, Nevada.

II.

On or about June 10, 2005, Patient P had her prescription for insulin refilled at Walgreens #05646. Patient P normally takes Novolog mix 70/30 and receives this medication in prefilled flexpen syringes. Novolog mix 70/30 is a combination of fast and slow release insulin. Patient P received three boxes of syringes when she picked up her refilled insulin prescription.

III.

On or about the evening of July 12, 2005, Patient P was preparing to sit down for dinner. She opened a new box of insulin, removed an insulin flexpen and injected herself. She ate her dinner and retired for the evening. Patient P was awakened by a sudden onset of cold sweats, chills, shakiness, and weakness. Patient P tested her blood sugar and the test results were 58, where normally her reading should have been 200 or higher. Patient P ate some candy to bring her blood sugar level up but was puzzled as to why her body reacted in that manner after taking her insulin and eating. Patient P investigated and found that the box of insulin that she had just opened that evening was not Novolog mix 70/30 prefilled flexpen syringes, but a box of Novolog prefilled flexpen syringes. The insulin that Patient P injected was a fast acting formula that she was not used to taking and that had not been ordered for her.

IV.

Ms. Schweizer was the pharmacist employed at Walgreens #05646 who was responsible for verification of the prescription and identified that two of the three boxes were taped together and only one label was visible. Ms. Schweizer only checked the NDC number on the top box, not on the box on the bottom.

FIRST CAUSE OF ACTION

V.

By filling and dispensing a prescription for Patient P that was the wrong medication, namely Novolog insulin rather than the Novolog 70/30 insulin prescribed by Patient P's physician, Respondent Schweizer violated NRS 639.210(4) and NAC 639.945(1)(d) and (i).

SECOND CAUSE OF ACTION

VI.

In owning and operating the store in which the violations occurred, Walgreens #05646 violated NRS 639.210(4) and NAC 639.945(1)(i) and (2).

WHEREFORE it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to the certificates of registration of the Respondents.

Signed this 30th day of November, 2005.

Larry L. Pinson, Executive Secretary
Nevada State Board of Pharmacy

NOTICE TO RESPONDENT

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements regarding your certificate of registration. To do so, you must mail to the Board within 15 days of your receipt of this Notice of Intended Action and Accusation a written statement showing your compliance.

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,
Petitioner,

v.

NOTICE OF INTENDED ACTION AND ACCUSATION

LEHA M. DEROSIA, PT
Certificate of Registration No.: PT06209

Case No. 07-062-PT-S

WALGREENS PHARMACY #05646
Certificate of Registration No. PH01505

Case No. 07-062-PH-S

Respondents.
_____/

COMES NOW Larry L. Pinson, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, and makes the following that will serve as both a notice of intended action under Nevada Revised Statutes (NRS) 233B.127(3) and as an accusation under NRS 639.241.

I.

The Nevada State Board of Pharmacy has jurisdiction over this matter because Respondent Leha M. DeRosia is a registered pharmaceutical technician with the Board and Walgreens Pharmacy #05646 is a registered pharmacy with the Board.

II.

On or about July 3, 2007, Ms. DeRosia contacted Board staff to obtain a duplicate copy of her pharmaceutical technician registration. It was discovered that Ms. DeRosia had not renewed her pharmaceutical technician registration that was due for renewal by October 31, 2006. Ms. DeRosia indicated that she was working at Walgreens Pharmacy #05646.

III.

On or about July 10, 2007, Board staff contacted Matt Forster, District Pharmacy Supervisor for Walgreens, and requested the hours that Ms. DeRosia worked from November 1, 2006 to July 3, 2007. Mr. Forster reported to Board staff that Ms. DeRosia worked for 1,384 hours. Assuming Ms. DeRosia worked eight hour shifts, Ms. DeRosia

worked unregistered for 173 days.

FIRST CAUSE OF ACTION

IV.

By working without having renewed her pharmaceutical technician registration for 173 days, Ms. DeRosia violated NRS 639.210(4) and (13) and NAC 639.945(1)(k).

SECOND CAUSE OF ACTION

By employing Ms. DeRosia and allowing Ms. DeRosia to work for 173 days without being registered with the Board, Walgreens Pharmacy #05646 violated NRS 639.210(4) and (13) and NAC 639.945(1)(k) and (2).

WHEREFORE it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to the certificate of registration of the Respondent.

Signed this 12th day of July, 2007.

Larry L. Pinson, Executive Secretary
Nevada State Board of Pharmacy

NOTICE TO RESPONDENT

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements regarding your certificate of registration. To do so, you must mail to the Board within 15 days of your receipt of this Notice of Intended Action and Accusation a written statement showing your compliance.

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

FINDINGS OF FACT, CONCLUSIONS OF LAW, AND ORDER

LEHA M. DEROSIA, P.T.
Certificate of Registration No. PT06209 — Case No. 07-062-PT-S

WALGREENS PHARMACY #05646
Certificate of Registration No. PH01505, — Case No. 07-062-PH-S

CHRISTINA M. ROMERO, P.T.
Certificate of Registration No. PT01314, — Case No. 07-063-PT-S

WALGREENS PHARMACY #03844
Certificate of Registration No. PH01123, — Case No. 07-063-PH-S

JESSICA L. McCULLOCH, P.T.
Certificate of Registration No. PT07762, — Case No. 07-064-PTT-S

WALGREENS PHARMACY #05646
Certificate of Registration No. PH01505, — Case No. 07-064-PH-S

Respondents.

THIS MATTER was heard by the Nevada State Board of Pharmacy (hereinafter Board) at its regular meeting on October 24, 2007 in Las Vegas, Nevada. The Board was represented by Louis Ling, General Counsel to the Board. All Respondents were represented by Robert Graham of Rob Graham and Associates. The parties entered an oral stipulation which was presented to the Board at the hearing of the matter by Mr. Ling. Based upon the agreements and presentations of the parties, the Board finds the following to be the facts of the matter.

FINDINGS OF FACT

1. The parties orally stipulated to the presentation of this matter by Mr. Ling and that appearances would not be expected from any of the Respondents or Mr. Graham. Mr. Ling explained that the three individual Respondents had already attended a continuing education session regarding Nevada jurisprudence and that all Respondents were agreeable to the presentation made by Mr. Ling.

2. All registrations of pharmaceutical technicians and pharmaceutical technicians in training were required to be renewed by October 31, 2006, and any such registration that was not renewed by October 31, 2006 expired. No pharmaceutical technician or pharmaceutical technician in training may lawfully be employed as a pharmaceutical technician or pharmaceutical technician in training on an expired registration.

2. All of the Respondent pharmaceutical technicians and pharmaceutical technicians in training in this matter failed to renew their respective registrations by October 31, 2006, and all were employed by the various Respondent Walgreen pharmacies as pharmaceutical technicians or pharmaceutical technicians in training on expired registrations. Following is a table of the Respondents and the number of hours and estimated workdays (based upon an assumed eight-hour workday) worked by each Respondent on expired registrations:

Respondents	Hours Worked	Estimated Days Worked
McCulloch/Walgreens #05646	1,440	180
DeRosia/ Walgreens #05646	1,384	173
Romero/ Walgreens #03844	1,312	164
TOTALS	**4,136**	**517**

3. At hearing, Board Staff explained that Walgreens has had a good recent history regarding assuring that its employees have properly and timely renewed their

registrations. Two of the three matters in this case arose from one pharmacy, and the issues regarding that pharmacy have been addressed. Board Staff also explained that the Board's efforts to gain compliance with the renewal and registration laws have been largely successful and that the few instances, such as those in this case, are aberrations.

CONCLUSIONS OF LAW

1. The Nevada State Board of Pharmacy has jurisdiction over this matter because Respondents DeRosia, and Romero are pharmaceutical technicians registered by the Board, Respondent McCulloch is a pharmaceutical technician in training registered by the Board, and Respondents Walgreens ##05646 and 03844 are pharmacies licensed by the Board.

2. In working as a pharmaceutical technician or pharmaceutical technician in training on expired registrations, Respondents DeRosia, Romero, and McCulloch each violated NRS 639.210(4) and (13) and NAC 639.945(1)(k).

3. In employing the individual Respondents, Walgreens ##05646 and 03844 violated NRS 639.210(4) and (13) and NAC 639.945(1)(k) and (2).

ORDER

Based upon the foregoing, the Board hereby orders the following:

1. Each Respondent Walgreens pharmacy shall pay a fine of $250.00 for each of the pharmaceutical technicians or pharmaceutical technicians in training employed with expired registrations. Walgreens may choose to pay by a single cashier's or certified check or money order made payable to "State of Nevada, Office of the

Treasurer" in a total amount of $750.00 to be received by the Board's Reno office within 90 days of the effective date of this Order.

2. Each Respondent technician or technician in training shall pay a fine of $250.00 by a cashier's or certified check or money order made payable to "State of Nevada, Office of the Treasurer" to be received by the Board's Reno office within 90 days of the effective date of this Order.

3. Respondents DeRosia, Romero, and McCulloch shall each attend and successfully complete a Nevada jurisprudence continuing education course presented by Board Staff at such time and place as is set by Board Staff, which attendance may already have been completed before the effective date of this Order and shall be deemed compliance with this Order.

4. The failure by any individual Respondent to comply with any term in this Order shall result in the immediate suspension of her registration and will also result in further discipline, up to and including revocation of the registration. The failure by any Respondent Walgreens pharmacy to comply with any term in this Order shall result in a fine of $1,000 per day for every day that it has failed to comply with the Order until the Order is fully complied with, up to a total fine not to exceed $30,000, and will also result in further discipline, up to and including revocation of the its license.

Signed and effective this 20th day of November, 2007.

Barry Boudreaux, President
Nevada State Board of Pharmacy

FILED
APR 11 2018
NEVADA STATE BOARD
OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,	)	**CASE NO. 16-090-RPH-S**
	)	**16-090-PH-S**
Petitioner,	)	
v.	)	
	)	
DEBRA FAYE BOWERSOX, RPH	)	**STIPULATION AND ORDER**
Certificate of Registration No. 18371,	)	**(All Respondents)**
	)	
WALGREENS PHARMACY #05646	)	
Certificate of Registration No. PH01505	)	
	)	
Respondents.	/	

Brett Kandt, General Counsel for Petitioner the Nevada State Board of Pharmacy (Board), Respondent DEBRA FAYE BOWERSOX, Certificate of Registration No. 18371, and Respondent WALGREENS PHARMACY #05646, Certificate of Registration No. PH01505, by and through their counsel, William J. Stilling, Esq., **HEREBY STIPULATE AND AGREE THAT**:

1. The Board has jurisdiction over these Respondents and this matter.

2. On or about March 1, 2018, Board Staff properly served the Notice of Intended Action and Accusation (Accusation) on file in this matter on Respondents.

3. In lieu of filing Answers to the Accusation, Respondents have entered into this Stipulation.

4. Respondents are fully aware of their right to seek the advice of counsel in this matter and obtained the advice of counsel prior to entering into this Stipulation.

5. Respondents are aware of the right to a hearing on the matters alleged in the Accusation, their right to reconsideration, their right to appeal and any and all other rights which may be accorded to them pursuant to NRS Chapter 233B (Nevada Administrative Procedure

Act), NRS Chapter 622A (Administrative Procedure Before Certain Regulatory Bodies), and NRS Chapter 639 (Nevada Pharmacy Act).

6. Conditioned on the acceptance of this Stipulation by the Board, and with the exception of the right to challenge any determination that Respondents, or any of them, have failed to comply with the provisions of Paragraphs 9, 10, 15 and 16 below, Respondents hereby freely and voluntarily waive their rights to a hearing, reconsideration, appeal and any and all other rights related to this action that may be accorded to them by NRS Chapter 233B (Nevada Administrative Procedure Act), NRS Chapter 622A (Administrative Procedure Before Certain Regulatory Bodies), and NRS Chapter 639 (Nevada Pharmacy Act).

7. Respondents, and each of them, admit that evidence exists, and that Board staff prosecuting this case could present such evidence at an administrative hearing, to establish a factual basis for the violations alleged in the Accusation, *to wit,* that:

A. Respondent Bowersox engaged in unprofessional conduct in violation of NAC 639.945(1)(d) and (i) by verifying as accurate Phenobarbital ***15 mg.*** tablets with instructions to take one (1) tablet twice daily; rather than the Phenobarbital ***60 mg.*** tablets that patient Maggie Mae's doctor prescribed. That conduct caused Maggie Mae to ingest the wrong medication for approximately six (6) days.

B. As the pharmacy in which the violation occurred, Respondent Walgreens Pharmacy #05646 is responsible for the actions of Respondent Bowersox and pharmaceutical technician-in-training Consellyea pursuant to NAC 639.945(2) and/or NAC 639.702.

8. Those violations are plead with particularity in the Accusation, and are grounds for action pursuant to NRS 639.210 and NRS 639.255.

9. Based upon the Accusation and the foregoing admissions, the Board and Respondent Bowersox stipulate to the following penalties. Respondent Debra Faye Bowersox, Certificate of Registration No. 18371, shall:

A. Receive a letter of reprimand from Board Staff regarding her duties and responsibilities as a pharmacist;

B. Pay a fine of One-Thousand Dollars ($1,000.00) associated with the violations indicated above; and

C. Complete two (2) extra hours of continuing education (CE) on error prevention, in addition to the CE hours she must otherwise complete to maintain her licensure. Respondent Bowersox must provide certificates demonstrating that she completed those additional CEs within sixty (60) days of the effective date of this order.

10. Based upon the Accusation and the foregoing admissions, the Board and Walgreens Pharmacy #05646 stipulate to the following penalties.[1] Respondent Walgreens Pharmacy #05646, Certificate of Registration PH01505, shall pay an administrative fee of One-Thousand Five-Hundred Dollars ($1,500.00) to partially reimburse the Board for the costs and expenses incurred in investigating and prosecuting this matter.

11. Any failure by Respondents to comply with the terms of this Stipulation and Order may result in issuance by the Executive Secretary of an order to show cause directing the Respondents to appear before the Board at the next regularly-scheduled meeting for a show cause hearing. If such a hearing results in a finding of a violation of this Stipulation and Order by the Respondents, the Board may impose additional discipline upon Respondents not inconsistent with the provisions of NRS Chapter 639.

12. General Counsel will present this Stipulation to the Board for approval pursuant to NRS 622.330 at the Board's regularly scheduled public meeting on April 11, 2018, in Las Vegas, Nevada. Each Respondent and his or her authorized representative(s) will appear at the

[1] Walgreens Pharmacy #05646 does not stipulate to having acted negligently in this matter.

meeting to answer questions from the Board Members and/or Board Staff. The Board Members and Staff may discuss and deliberate regarding this Stipulation, even if Respondents or their counsel are not present at the meeting.

13. The Board has discretion to accept this Stipulation, but it is not obligated to do so. If this Stipulation is approved by the Board it shall be a public record pursuant to NRS 622.330.

14. If the Board rejects any part or all of this Stipulation, and unless they reach an alternative agreement on the record during the hearing, the parties agree that a full hearing on the merits of this matter may be heard by the Board. The terms and admissions herein may not be used or referred to in a full hearing on the merits of this matter.

15. Upon approval of this Stipulation by the Board, Respondent Bowersox shall pay the fines agreed to herein by *cashier's check* or *certified check* or *money order* made payable to "State of Nevada, Office of the Treasurer," to be received by the Board's Reno office located at 431 W. Plumb Lane, Reno, Nevada 89509, within thirty (30) days of the execution of this Order.

16. Upon approval of this Stipulation by the Board, Respondent Walgreens Pharmacy #05646 shall pay the administrative fee agreed to herein by *cashier's check* or *certified check* or *money order* made payable to "Nevada State Board of Pharmacy," to be received by the Board's Reno office located at 431 W. Plumb Lane, Reno, Nevada 89509, within thirty (30) days of the execution of this Order.

17. Subject to the approval of this Stipulation by the Board, the Board and Respondents, and each of them, agree to release each other from any and all additional claims arising from the facts set forth in the Accusation on file herein, whether known or unknown that might otherwise have existed on or before the effective date of this Order.

Respondents, and each of them, have fully considered the charges and allegations contained in the *Notice of Intended Action and Accusation* in this matter, and the terms of this Stipulation, and have freely and voluntarily agreed to the terms set forth herein, and waived certain rights, as stated herein.

AGREED:

Signed this 11th day of April, 2018

DEBRA FAYE BOWERSOX, RPH
Certificate of Registration No. 18371

Signed this ___ day of April, 2018

AUTHORIZED REPRESENTATIVE
WALGREENS PHARMACY #05646
Certificate of Registration No. PH01505

Signed this 11TH day of April, 2018

BRETT KANDT, Esq.
General Counsel
Nevada State Board of Pharmacy

DECISION AND ORDER

The Nevada State Board of Pharmacy hereby adopts the foregoing Stipulation as its decision as to Respondent DEBRA FAYE BOWERSOX, Certificate of Registration No. 18371, and Respondent WALGREENS PHARMACY #05646, Certificate of Registration No. PH01505, in Case No. 16-090 and hereby orders that the terms of the foregoing Stipulation be made effective upon execution below.

4/11/2018
Dated

Leo Basch, President
Nevada State Board of Pharmacy

FILED
MAR 01 2018
NEVADA STATE BOARD
OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,	)	**CASE NO. 16-090-RPH-S**
	)	**16-090-PH-S**
Petitioner,	)	
v.	)	
	)	
DEBRA FAYE BOWERSOX, RPH	)	**NOTICE OF INTENDED ACTION**
Certificate of Registration No. 18371,	)	**AND ACCUSATION**
	)	
WALGREENS PHARMACY #05646	)	
Certificate of Registration No. PH01505	)	
	)	
Respondents.	/	

Larry L. Pinson, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, makes the following that will serve as both a notice of intended action under Nevada Revised Statutes (NRS) 233B.127(3), and as an accusation under NRS 639.241.

JURISDICTION

I.

The Nevada State Board of Pharmacy (Board) has jurisdiction over this matter and these respondents because at the time of the alleged events, Respondents Debra Faye Bowersox (Bowersox), Certificate of Registration No. 18371, was a pharmacist registered by the Board, and Respondent Walgreens Pharmacy #05646, Certificate of Registration No. PH01505 (Walgreens), was a pharmacy registered by the Board.

FACTUAL ALLEGATIONS

II.

On or about August 13, 2016, Dr. H.'s office called in a prescription to Walgreens for canine patient Maggie Mae. Dr. H. prescribed a quantity of sixty (60) Phenobarbital 60 mg. tablets with instructions to take one (1) tablet twice daily to control seizures.

III.

The prescription allowed for up to three (3) refills.

IV.

Walgreens processed the prescription and designated it as Prescription No. 1439264.

V.

On November 15, 2016, Maggie Mae's owner, S.R., used Walgreens' automated phone system to request the third refill of Prescription No. 1439264.

VI.

Pharmaceutical technician-in-training Olivia Consellyea (Consellyea) began the refill process by pulling the stock medication bottle from the pharmacy shelf. Consellyea inadvertently retrieved Phenobarbital ***15 mg.*** tablets rather than the Phenobarbital ***60 mg.*** tablets as prescribed.

VII.

During the filling process, Consellyea performed a manual override of the NDC for Phenobarbital 60 mg. tablets for Prescription No. 1439264. She manually entered the NDC for Phenobarbital 15 mg. tablets.

VIII.

Respondent Ms. Bowersox was the verifying pharmacist for the third refill of Prescription No. 1439264. During the verification process, Ms. Bowersox failed to detect the medication error and verified the Phenobarbital 15 mg. tablets as correct.

IX.

On November 16, 2016, S.R. picked up the third refill of Maggie Mae's medication and administered the first dose of the incorrect strength of Phenobarbital that evening.

X.

Maggie Mae had a seizure five days later, on November 21, 2016.

XI.

S.R. examined the tablets and noticed that the stamped number on the tablets was *WW 445*. The tablet identifier on the prescription label was *WW 455*.

XII.

S.R. contacted Walgreens where an unidentified pharmacy staff member assured S.R. that the medication dispensed on November 16, 2016, was correct.

XIII.

By November 22, 2016, Maggie Mae experienced seven (7) seizures within a twenty-three and a half-hour period.

XIV.

S.R. again contacted Walgreens. This time pharmacy manager Aimee Zold (Zold) requested that S.R. bring in Maggie Mae's medication.

XV.

Zold identified the medication dispensed on November 16, 2016, as Phenobarbital 15 mg. tablets.

XVI.

Maggie Mae ingested approximately eleven (11) of the wrong medication before the error in the strength was detected.

FIRST CAUSE OF ACTION

(Respondent Bowersox)

XVII.

Nevada Administrative Code (NAC) 639.945(1)(d) defines unprofessional conduct to include the failure by a licensee to follow strictly the instructions of a prescriber when filling, labeling and dispensing a prescription. Unprofessional conduct also includes performing duties in an "incompetent, unskillful or negligent manner". *See* NAC 639.945(1)(i).

Respondent Ms. Bowersox engaged in unprofessional conduct in violation of NAC

639.945(1)(d) and (i) by verifying as accurate Phenobarbital ***15 mg.*** tablets with instructions to take one (1) tablet twice daily; rather than the Phenobarbital ***60 mg.*** tablets that Maggie Mae's doctor prescribed. That conduct caused Maggie Mae to ingest the wrong medication for approximately six (6) days.

SECOND CAUSE OF ACTION

(Respondent Walgreens #05646)

XVIII.

As the pharmacy in which the violations alleged above occurred, Walgreens Pharmacy #05646 is responsible for the actions of Respondent Bowersox and pharmaceutical technician-in-training Consellyea pursuant to NRS 639.230(5), NAC 639.945(2) and/or NAC 639.702.

XIX.

For the errors, misconduct and violations alleged above in the First and Second Causes of Action, Respondents, and each of them, are subject to discipline pursuant NRS 639.210(4), (12) and/or (15), as well as NRS 639.230(5) and/or NRS 639.255.

XX.

WHEREFORE it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to the certificates of registration of these respondents.

Signed this 30 day of March 2018.

Larry L. Pinson, Pharm.D., Executive Secretary
Nevada State Board of Pharmacy

NOTICE TO RESPONDENT

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements regarding your certificate of registration. To do so, you must mail to the Board within 15 days of your receipt of this Notice of Intended Action and Accusation a written statement showing your compliance.

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,	)	**STATEMENT TO THE RESPONDENT**
	)	**NOTICE OF INTENDED ACTION**
Petitioner,	)	**AND ACCUSATION**
v.	)	**RIGHT TO HEARING**
	)	
DEBRA FAYE BOWERSOX, RPH	)	**CASE NO. 16-090-RPH-S**
Certificate of Registration No. 18371	)	
	)	
Respondent.	/	

TO THE RESPONDENT ABOVE-NAMED: PLEASE TAKE NOTICE THAT:

I.

Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy (Board) by NRS 639.241 to NRS 639.2576, inclusive, and NRS chapter 233B, a Notice of Intended Action and Accusation has been filed with the Board by the Petitioner, Larry L. Pinson, Executive Secretary for the Board, alleging grounds for imposition of disciplinary action by the Board against you, as is more fully explained and set forth in the Notice of Intended Action and Accusation served herewith and hereby incorporated reference herein.

II.

You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. Should you desire a hearing, it is required that you complete two copies of the Answer and Notice of Defense documents served herewith and file said copies with the Board within fifteen (15) days of receipt of this Statement and Notice, and of the Notice of Intended Action and Accusation served within.

III.

The Board has scheduled your hearing on this matter for Wednesday, April 11, 2018, at 9:00 a.m. or soon thereafter. The hearing will occur at the Hilton Garden Inn, 7830 S. Las Vegas Blvd., Las Vegas, Nevada.

IV.

Pursuant to NRS 241.033 and 241.034, please be advised that the hearing is a public meeting, and the Board may, without further notice, take administrative action against you if the Board determines that such administrative action is warranted after considering your character, alleged misconduct, professional competence, or physical or mental health. The Board at its discretion may go into closed session to consider your character, alleged misconduct, professional competence, or physical or mental health. You may attend any closed session, have an attorney or other representative of your choosing present during any closed session, and present written evidence, provide testimony, and present witnesses relating to your character, alleged misconduct, professional competence, or physical or mental health during any closed session.

V.

Failure to complete and file your Notice of Defense with the Board and thereby request a hearing within the time allowed shall constitute a waiver of your right to a hearing in this matter and give cause for the entering of your default to the Notice of Intended Action and Accusation filed herein, unless the Board, in its sole discretion, elects to grant or hold a hearing nonetheless.

DATED this 1ST day of March 2018.

Larry L. Pinson, Pharm.D., Executive Secretary
Nevada State Board of Pharmacy

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,	)	**ANSWER AND NOTICE OF DEFENSE**
Petitioner,	)	
v.	)	
DEBRA FAYE BOWERSOX, RPH	)	**CASE NO. 16-090-RPH-S**
Certificate of Registration No. 18371	)	
Respondent.	)	

Respondent above named, in answer to the Notice of Intended Action and Accusation filed in the above-entitled matter before the Nevada State Board of Pharmacy, declares:

1. That his objection to the Notice of Intended Action and Accusation as being incomplete or failing to state clearly the charges against him, is hereby interposed on the following grounds: (State specific objections, or insert "none").

2. That, in answer to the Notice of Intended Action and Accusation, he admits, denies and alleges as follows:

I hereby declare, under penalty of perjury, that the foregoing Answer and Notice of Defense, and all facts therein stated, are true and correct to the best of my knowledge.

DATED this ___ day of March, 2018.

DEBRA FAYE BOWERSOX, R.PH.

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,
Petitioner,

v.

NOTICE OF INTENDED ACTION AND ACCUSATION

JESSICA L. MCCULLOCH, PT
Certificate of Registration No.: PT07762

Case No. 07-064-PTT-S

WALGREENS PHARMACY #05646
Certificate of Registration No. PH01505
Respondents.

Case No. 07-064-PH-S

COMES NOW Larry L. Pinson, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, and makes the following that will serve as both a notice of intended action under Nevada Revised Statutes (NRS) 233B.127(3) and as an accusation under NRS 639.241.

I.

The Nevada State Board of Pharmacy has jurisdiction over this matter because Respondent Jessica L. McCulloch is a registered pharmaceutical technician-in-training with the Board and Walgreens Pharmacy #05646 is a registered pharmacy with the Board.

II.

On or about July 12, 2007, Ms. McCulloch contacted Board staff to obtain a duplicate copy of her pharmaceutical technician-in-training registration. It was discovered that Ms. McCulloch had not renewed her pharmaceutical technician-in-training registration that was due for renewal by October 31, 2006. Ms. McCulloch indicated that she was working at Walgreens Pharmacy #05646.

III.

On or about July 12, 2007, Board staff contacted Matt Forster, District Pharmacy Supervisor for Walgreens, and requested the hours that Ms. McCulloch worked from November 1, 2006 to June 25, 2007. Ms. Forster reported to Board staff that Ms.

McCulloch worked for 1,440 hours. Assuming Ms. McCulloch worked eight hour shifts, Ms. McCulloch worked unregistered for 180 days.

FIRST CAUSE OF ACTION

IV.

By working without having renewed her pharmaceutical technician-in-training registration for 180 days, Ms. McCulloch violated NRS 639.210(4) and (13) and NAC 639.945(1)(k).

SECOND CAUSE OF ACTION

By employing Ms. McCulloch and allowing Ms. McCulloch to work for 180 days without being registered with the Board, Walgreens Pharmacy #05646 violated NRS 639.210(4) and (13) and NAC 639.945(1)(k) and (2).

WHEREFORE it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to the certificate of registration of the Respondent.

Signed this 18th day of September, 2007.

Larry L. Pinson, Executive Secretary
Nevada State Board of Pharmacy

NOTICE TO RESPONDENT

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements regarding your certificate of registration. To do so, you must mail to the Board within 15 days of your receipt of this Notice of Intended Action and Accusation a written statement showing your compliance.

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

FINDINGS OF FACT, CONCLUSIONS OF LAW, AND ORDER

LEHA M. DEROSIA, P.T. Certificate of Registration No. PT06209	Case No. 07-062-PT-S
WALGREENS PHARMACY #05646 Certificate of Registration No. PH01505,	Case No. 07-062-PH-S
CHRISTINA M. ROMERO, P.T. Certificate of Registration No. PT01314,	Case No. 07-063-PT-S
WALGREENS PHARMACY #03844 Certificate of Registration No. PH01123,	Case No. 07-063-PH-S
JESSICA L. McCULLOCH, P.T. Certificate of Registration No. PT07762,	Case No. 07-064-PTT-S
WALGREENS PHARMACY #05646 Certificate of Registration No. PH01505,	Case No. 07-064-PH-S

Respondents.

THIS MATTER was heard by the Nevada State Board of Pharmacy (hereinafter Board) at its regular meeting on October 24, 2007 in Las Vegas, Nevada. The Board was represented by Louis Ling, General Counsel to the Board. All Respondents were represented by Robert Graham of Rob Graham and Associates. The parties entered an oral stipulation which was presented to the Board at the hearing of the matter by Mr. Ling. Based upon the agreements and presentations of the parties, the Board finds the following to be the facts of the matter.

FINDINGS OF FACT

1. The parties orally stipulated to the presentation of this matter by Mr. Ling and that appearances would not be expected from any of the Respondents or Mr. Graham. Mr. Ling explained that the three individual Respondents had already attended a continuing education session regarding Nevada jurisprudence and that all Respondents were agreeable to the presentation made by Mr. Ling.

2. All registrations of pharmaceutical technicians and pharmaceutical technicians in training were required to be renewed by October 31, 2006, and any such registration that was not renewed by October 31, 2006 expired. No pharmaceutical technician or pharmaceutical technician in training may lawfully be employed as a pharmaceutical technician or pharmaceutical technician in training on an expired registration.

2. All of the Respondent pharmaceutical technicians and pharmaceutical technicians in training in this matter failed to renew their respective registrations by October 31, 2006, and all were employed by the various Respondent Walgreen pharmacies as pharmaceutical technicians or pharmaceutical technicians in training on expired registrations. Following is a table of the Respondents and the number of hours and estimated workdays (based upon an assumed eight-hour workday) worked by each Respondent on expired registrations:

Respondents	Hours Worked	Estimated Days Worked
McCulloch/Walgreens #05646	1,440	180
DeRosia/ Walgreens #05646	1,384	173
Romero/ Walgreens #03844	1,312	164
TOTALS	**4,136**	**517**

3. At hearing, Board Staff explained that Walgreens has had a good recent history regarding assuring that its employees have properly and timely renewed their

registrations. Two of the three matters in this case arose from one pharmacy, and the issues regarding that pharmacy have been addressed. Board Staff also explained that the Board's efforts to gain compliance with the renewal and registration laws have been largely successful and that the few instances, such as those in this case, are aberrations.

CONCLUSIONS OF LAW

1. The Nevada State Board of Pharmacy has jurisdiction over this matter because Respondents DeRosia, and Romero are pharmaceutical technicians registered by the Board, Respondent McCulloch is a pharmaceutical technician in training registered by the Board, and Respondents Walgreens ##05646 and 03844 are pharmacies licensed by the Board.

2. In working as a pharmaceutical technician or pharmaceutical technician in training on expired registrations, Respondents DeRosia, Romero, and McCulloch each violated NRS 639.210(4) and (13) and NAC 639.945(1)(k).

3. In employing the individual Respondents, Walgreens ##05646 and 03844 violated NRS 639.210(4) and (13) and NAC 639.945(1)(k) and (2).

ORDER

Based upon the foregoing, the Board hereby orders the following:

1. Each Respondent Walgreens pharmacy shall pay a fine of $250.00 for each of the pharmaceutical technicians or pharmaceutical technicians in training employed with expired registrations. Walgreens may choose to pay by a single cashier's or certified check or money order made payable to "State of Nevada, Office of the

Treasurer" in a total amount of $750.00 to be received by the Board's Reno office within 90 days of the effective date of this Order.

2. Each Respondent technician or technician in training shall pay a fine of $250.00 by a cashier's or certified check or money order made payable to "State of Nevada, Office of the Treasurer" to be received by the Board's Reno office within 90 days of the effective date of this Order.

3. Respondents DeRosia, Romero, and McCulloch shall each attend and successfully complete a Nevada Jurisprudence continuing education course presented by Board Staff at such time and place as is set by Board Staff, which attendance may already have been completed before the effective date of this Order and shall be deemed compliance with this Order.

4. The failure by any individual Respondent to comply with any term in this Order shall result in the immediate suspension of her registration and will also result in further discipline, up to and including revocation of the registration. The failure by any Respondent Walgreens pharmacy to comply with any term in this Order shall result in a fine of $1,000 per day for every day that it has failed to comply with the Order until the Order is fully complied with, up to a total fine not to exceed $30,000, and will also result in further discipline, up to and including revocation of the its license.

Signed and effective this 20th day of November, 2007.

Barry Boudreaux, President
Nevada State Board of Pharmacy

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

FINDINGS OF FACT, CONCLUSIONS OF LAW, AND ORDER

LESLIE J. SCHWEIZER, R.Ph.,
Certificate of Registration #12469,

Case No. 05-038-RPH-S

WALGREENS #05646,
Certificate of Registration #PH01505,

Case No. 05-038-PH-S

Respondents.

THIS MATTER was heard by the Nevada State Board of Pharmacy (hereinafter Board) at its regular meeting on January 11, 2006 in Las Vegas, Nevada. The Board was represented by Louis Ling, General Counsel to the Board. All Respondents were represented by Robert C. Graham. Based on the presentations of the parties and the public records in the possession and control of the Board, the Board issues the following Findings of Fact, Conclusions of Law, and Order:

FINDINGS OF FACT

1. At hearing, the parties agreed that Respondents would not contest the facts as plead in the Notice of Intended Action and Accusation. Board Staff presented the testimony of Jowette Padua. Respondents presented the testimony of Ms. Schweizer and Matt Forster. Based upon the presentations of the parties, the Board finds the following to be the facts of this matter.

2. On June 10, 2005, Jowette Padua requested a refill from Walgreens #05646 of her prescription for Novolog 70/30. Novolog 70/30 is a combination of fast and slow releasing insulin. Ms. Padua had been using Novolog 70/30 to treat her diabetes for

years. When Ms. Padua picked up her refill, she was given three boxes of preloaded syringes. The three boxes were taped together.

3. On the evening of July 12, 2005, Ms. Padua was preparing to eat dinner, so she opened a new box of insulin, one of the three boxes that were taped together, removed an insulin flexpen, and injected herself. Ms. Padua then ate her dinner and went to bed. In the middle of the night, Ms. Padua awoke with a sudden onset of cold sweats, chills, shakiness, and weakness. Ms. Padua immediately tested her blood sugar and the test results were 58 where her normal reading should have been 200 or higher. Ms. Padua began looking around her home for something containing sugar so that she could get her blood sugar level up. Ms. Padua found and ate some candy. Ms. Padua then examined the box from which she had removed and used the flexpen, and she then discovered that the box contained Novolog prefilled flexpen syringes, not the 70/30 flexpen syringes ordered by her physician. Thus, Ms. Padua discovered that she had injected herself with a flexpen filled solely with fast acting insulin rather than the usual combination product that she had been long using.

4. At hearing, Ms. Schweizer testified that because the three boxes were taped together, she had only verified the NDC number on one of the boxes rather than verifying the NDC number on each of the boxes. Ms. Schweizer and Mr. Forster both explained that Walgreens' new scanning technology would have prevented the error that occurred with Ms. Padua's prescription because the new scanning system requires that each box be separately and individually scanned when multiple boxes are necessary to fill a prescription. The new scanning system was not installed in or available to Ms. Schweizer at the time Ms. Padua's prescription was refilled. Ms.

Schweizer testified that she now checks each box or container individually when a prescription requires multiple boxes or containers.

CONCLUSIONS OF LAW

1. The Nevada State Board of Pharmacy has jurisdiction over this matter because Respondent Schweizer is a pharmacist licensed by the Board and Walgreens #05646 is a pharmacy licensed by the Board.

2. By filling and dispensing a prescription for Ms. Padua that was the wrong medication, namely by misfiling Ms. Padua's Novolog 70/30 prescription with Novolog, Ms. Schweizer violated NRS 639.210(4) and NAC 639.945(1)(d) and (i).

3. In owning and operating the pharmacy in which Ms. Schweizer committed the error regarding Ms. Padua's Novolog 70/30 prescription, Walgreens #05646 violated NRS 639.210(4) and NAC 639.945(1)(i) and (2).

ORDER

Based upon the foregoing, the Board hereby orders the following:

1. Ms. Schweizer shall pay a fine of $250.00 by cashier's or certified check or money order made payable to "State of Nevada, Office of the Treasurer" to be received by the Board's Reno office within 90 days of the effective date of this Order.

2. Ms. Schweizer shall pay one-half of the Board's costs and attorney's fees of $375.00 and the Board's administrative fee of $250.00, for a total of $312.50 ($375.00 + $250.00 / 2 = $312.50) by cashier's or certified check or money order made payable to "Nevada State Board of Pharmacy" to be received by the Board's Reno office within 90 days of the effective date of this Order.

3. Walgreens #05646 shall pay a fine of $250.00 by cashier's or certified check or money order made payable to "State of Nevada, Office of the Treasurer" to be received by the Board's Reno office within 90 days of the effective date of this Order.

4. Walgreens #05646 shall pay one-half of the Board's costs and attorney's fees of $375.00 and the Board's administrative fee of $250.00, for a total of $312.50 ($375.00 + $250.00 / 2 = $312.50) by cashier's or certified check or money order made payable to "Nevada State Board of Pharmacy" to be received by the Board's Reno office within 90 days of the effective date of this Order.

5. The failure by Ms. Schweizer to comply with any term in this order shall result in the immediate suspension of his license and will also result in further discipline, up to and including revocation of the his license. The failure by Walgreens #05646 to comply with any term in this order shall result in a fine of $1,000 per day for every day that it has failed to comply with the Order until the Order is fully complied with, up to a total fine not to exceed $30,000, and will also result in further discipline, up to and including revocation of the its license.

Signed this 8th day of February, 2006.

Joseph R. Kellogg, President
Nevada State Board of Pharmacy

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

LESLIE J. SCHWEIZER, RPH
Certificate of Registration No. 12469

WALGREENS #05646
Certificate of Registration No. PH01505,

Respondents.

NOTICE OF INTENDED ACTION AND ACCUSATION

Case No. 05-038-RPH-S

Case No. 05-038-PH-S

COMES NOW Larry L. Pinson, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, and makes the following that will serve as both a notice of intended action under Nevada Revised Statutes (NRS) 233B.127(3) and as an accusation under NRS 639.241.

I.

The Nevada State Board of Pharmacy has jurisdiction over this matter because Respondent Leslie J. Schweizer is a pharmacist licensed by the Board and Walgreens #05646 is a pharmacy licensed by the Board, located at 770 South Nevada Highway 160, Pahrump, Nevada.

II.

On or about June 10, 2005, Patient P had her prescription for insulin refilled at Walgreens #05646. Patient P normally takes Novolog mix 70/30 and receives this medication in prefilled flexpen syringes. Novolog mix 70/30 is a combination of fast and slow release insulin. Patient P received three boxes of syringes when she picked up her refilled insulin prescription.

III.

On or about the evening of July 12, 2005, Patient P was preparing to sit down for dinner. She opened a new box of insulin, removed an insulin flexpen and injected herself. She ate her dinner and retired for the evening. Patient P was awakened by a sudden onset of cold sweats, chills, shakiness, and weakness. Patient P tested her blood sugar and the test results were 58, where normally her reading should have been 200 or higher. Patient P ate some candy to bring her blood sugar level up but was puzzled as to why her body reacted in that manner after taking her insulin and eating. Patient P investigated and found that the box of insulin that she had just opened that evening was not Novolog mix 70/30 prefilled flexpen syringes, but a box of Novolog prefilled flexpen syringes. The insulin that Patient P injected was a fast acting formula that she was not used to taking and that had not been ordered for her.

IV.

Ms. Schweizer was the pharmacist employed at Walgreens #05646 who was responsible for verification of the prescription and identified that two of the three boxes were taped together and only one label was visible. Ms. Schweizer only checked the NDC number on the top box, not on the box on the bottom.

FIRST CAUSE OF ACTION

V.

By filling and dispensing a prescription for Patient P that was the wrong medication, namely Novolog insulin rather than the Novolog 70/30 insulin prescribed by Patient P's physician, Respondent Schweizer violated NRS 639.210(4) and NAC 639.945(1)(d) and (i).

SECOND CAUSE OF ACTION

VI.

In owning and operating the store in which the violations occurred, Walgreens #05646 violated NRS 639.210(4) and NAC 639.945(1)(i) and (2).

WHEREFORE it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to the certificates of registration of the Respondents.

Signed this 30th day of November, 2005.

Larry L. Pinson, Executive Secretary
Nevada State Board of Pharmacy

NOTICE TO RESPONDENT

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements regarding your certificate of registration. To do so, you must mail to the Board within 15 days of your receipt of this Notice of Intended Action and Accusation a written statement showing your compliance.

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,
Petitioner,

v.

NOTICE OF INTENDED ACTION AND ACCUSATION

LEHA M. DEROSIA, PT
Certificate of Registration No.: PT06209

Case No. 07-062-PT-S

WALGREENS PHARMACY #05646
Certificate of Registration No. PH01505

Case No. 07-062-PH-S

Respondents.

/

COMES NOW Larry L. Pinson, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, and makes the following that will serve as both a notice of intended action under Nevada Revised Statutes (NRS) 233B.127(3) and as an accusation under NRS 639.241.

I.

The Nevada State Board of Pharmacy has jurisdiction over this matter because Respondent Leha M. DeRosia is a registered pharmaceutical technician with the Board and Walgreens Pharmacy #05646 is a registered pharmacy with the Board.

II.

On or about July 3, 2007, Ms. DeRosia contacted Board staff to obtain a duplicate copy of her pharmaceutical technician registration. It was discovered that Ms. DeRosia had not renewed her pharmaceutical technician registration that was due for renewal by October 31, 2006. Ms. DeRosia indicated that she was working at Walgreens Pharmacy #05646.

III.

On or about July 10, 2007, Board staff contacted Matt Forster, District Pharmacy Supervisor for Walgreens, and requested the hours that Ms. DeRosia worked from November 1, 2006 to July 3, 2007. Mr. Forster reported to Board staff that Ms. DeRosia worked for 1,384 hours. Assuming Ms. DeRosia worked eight hour shifts, Ms. DeRosia

worked unregistered for 173 days.

FIRST CAUSE OF ACTION

IV.

By working without having renewed her pharmaceutical technician registration for 173 days, Ms. DeRosia violated NRS 639.210(4) and (13) and NAC 639.945(1)(k).

SECOND CAUSE OF ACTION

By employing Ms. DeRosia and allowing Ms. DeRosia to work for 173 days without being registered with the Board, Walgreens Pharmacy #05646 violated NRS 639.210(4) and (13) and NAC 639.945(1)(k) and (2).

WHEREFORE it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to the certificate of registration of the Respondent.

Signed this 12th day of July, 2007.

Larry L. Pinson, Executive Secretary
Nevada State Board of Pharmacy

NOTICE TO RESPONDENT

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements regarding your certificate of registration. To do so, you must mail to the Board within 15 days of your receipt of this Notice of Intended Action and Accusation a written statement showing your compliance.

Section 9: Statement of Responsibility - MUST BE COMPLETED by an Authorized Person (NAC 639.945)

Statement of Responsibility

1. I am the Vice President (title) for Walgreen Co. (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be responsible for any violations of pharmacy law that may occur in the Pharmacy owned by such owner(s), shareholder(s), member(s), or partner(s).
3. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against the Pharmacy.
4. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) cannot require or permit the pharmacist(s) in said Pharmacy to violate any provision of local, state, or federal laws or regulations pertaining to the practice of pharmacy.
5. I further understand and acknowledge that Nevada law requires that each pharmacy located inside the State of Nevada employ only pharmacists, intern pharmacists, pharmaceutical technicians, and technicians in training that are licensed by the Nevada State Board of Pharmacy. (NRS 639.100).
6. I further understand and acknowledge that Nevada law requires that each pharmacy located outside the State of Nevada engaged in providing pharmacy services into Nevada employs at least one pharmacist licensed by the Nevada State Board of Pharmacy who will be responsible for any prescription dispensed to a patient located in Nevada and responsible for any acts or omissions of pharmacy personnel who are not registered with the Board. (NRS 639.2328).

Richard Gates

Print Name of Authorized Person

Richard Gates

Original signature of Authorized Person (copies or stamps not accepted)

08 / 26 / 2025

Date

Section 10: Affidavit for Pharmacies- MUST BE COMPLETED by pharmacies NOT CURRENTLY PERFORMING Sterile Compounding

Affidavit for Pharmacy License

I, Richard Gates hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

1. I am the Vice President (title) for Walgreen Co. (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I certify that upon licensure, the Pharmacy will not perform sterile compounding or ship sterile compounds into Nevada.
3. I understand and acknowledge that the Pharmacy and any of its staff members may be subject to discipline by the Board if the Pharmacy performs sterile compounding or ships any sterile compounds into Nevada without first obtaining written authorization from the Board to do so.
4. I certify that if the Pharmacy makes the decision to perform sterile compounding or to ship any sterile compounds into Nevada, the Pharmacy, through an authorized representative, will first notify the Board via a written request, and obtain written approval to perform sterile compounding or to ship any sterile compounds into Nevada.
5. I understand that if the Pharmacy seeks approval to perform sterile compounding or to ship any sterile compounds into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

FURTHER YOUR AFFIANT SAYETH NAUGHT.

Signature

SUBSCRIBED AND SWORN TO
Before me, a notary public this 20th day of August, 2025

Zeljka Borosa-Rajcevic
Notary Public

OFFICIAL SEAL
ZELJKA BOROSA RAJCEVIC
Notary Public, State of Illinois
Commission No. 977646
My Commission Expires September 8, 2027

CONFIDENTIAL/EXEMPT FROM FREEDOM OF INFORMATION ACT AND SIMILAR STATE REQUESTS

Ownership Information

Ownership & Leadership of Applicant Entity

Applicant: **Walgreen Co.**
108 Wilmot Rd., Deerfield, IL 60015

Ownership: The Applicant entity is wholly owned (100%) by Walgreens Boots Alliance, Inc.

Officers of Walgreen Co.
Michael Motz - CEO
Richard Gates - Senior Vice President, Chief Pharmacy Officer
Cherita Thomas - Secretary
Matthew Spina - CFO
Michael Handal - Licensing and Provider Enrollment Officer

Ownership & Leadership of Walgreens Boots Alliance, Inc.

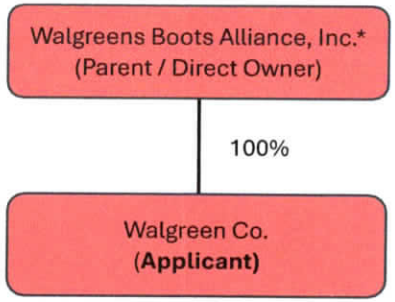
Ownership: Walgreens Boots Alliance, Inc. is wholly owned (100%) by Blazing Star Parent, LLC

Officers of Walgreens Boots Alliance, Inc.
Temporarily vacant - CEO
Mark Weisz - Sr VP, Global Tax
Manmohan Mahajan - Sr VP, Global Controller, CFO
Lanesha Minnix - Corporate Secretary

Please see the attached pre- and post-closing Corporate Organization chart for reference.

Proprietary and Confidential
Not a public record pursuant to
Section 7927.605 of the CPRA and
45 CFR Section 5.31

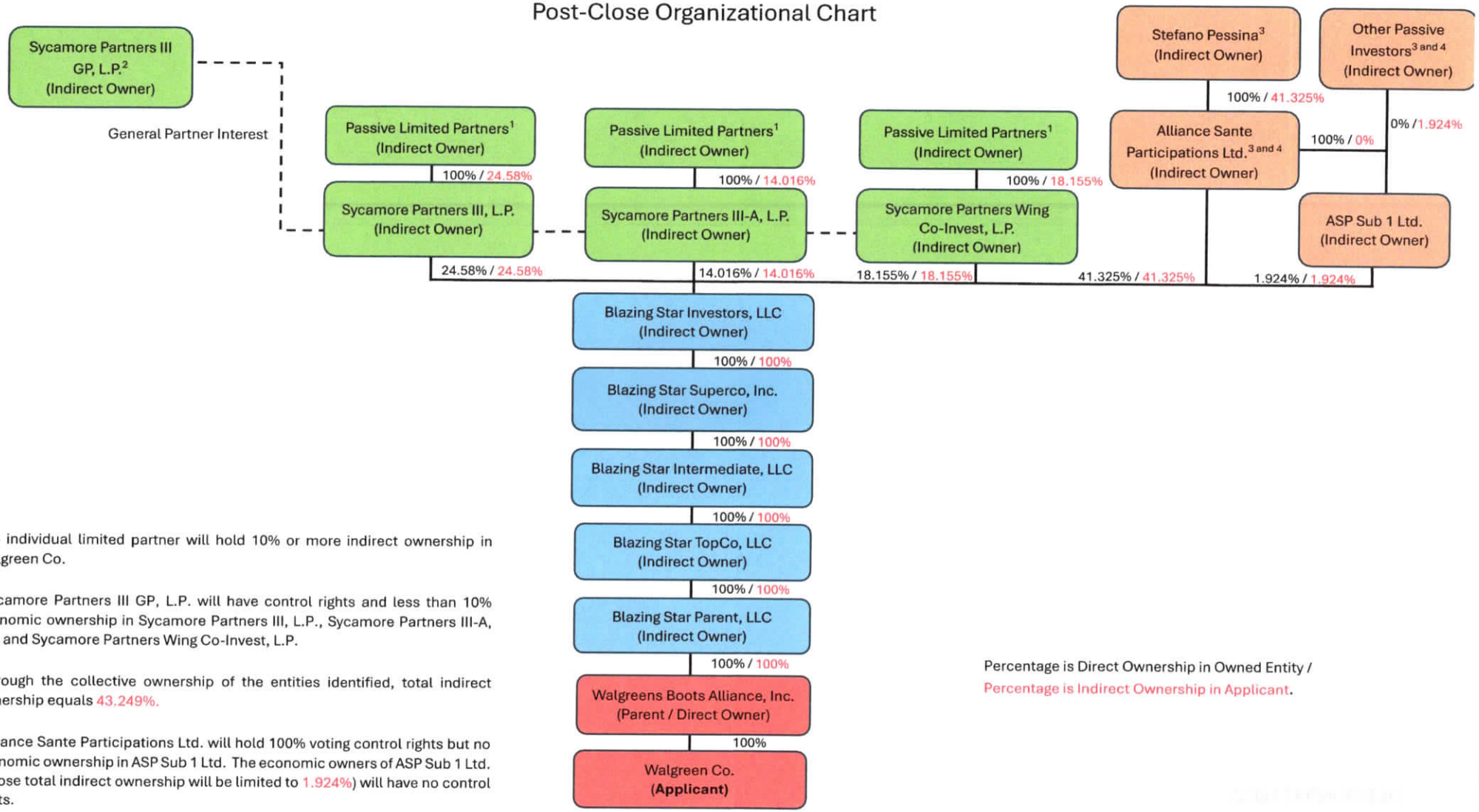
Walgreen Co.
Pre-Close Organizational Chart



Publicly Traded on Nasdaq Stock Market (WBA)

Proprietary and Confidential
Not a public record pursuant to
Section 7927.605 of the CPRA and
45 CFR Section 5.31

Walgreen Co.
Post-Close Organizational Chart



[1]No individual limited partner will hold 10% or more indirect ownership in Walgreen Co.

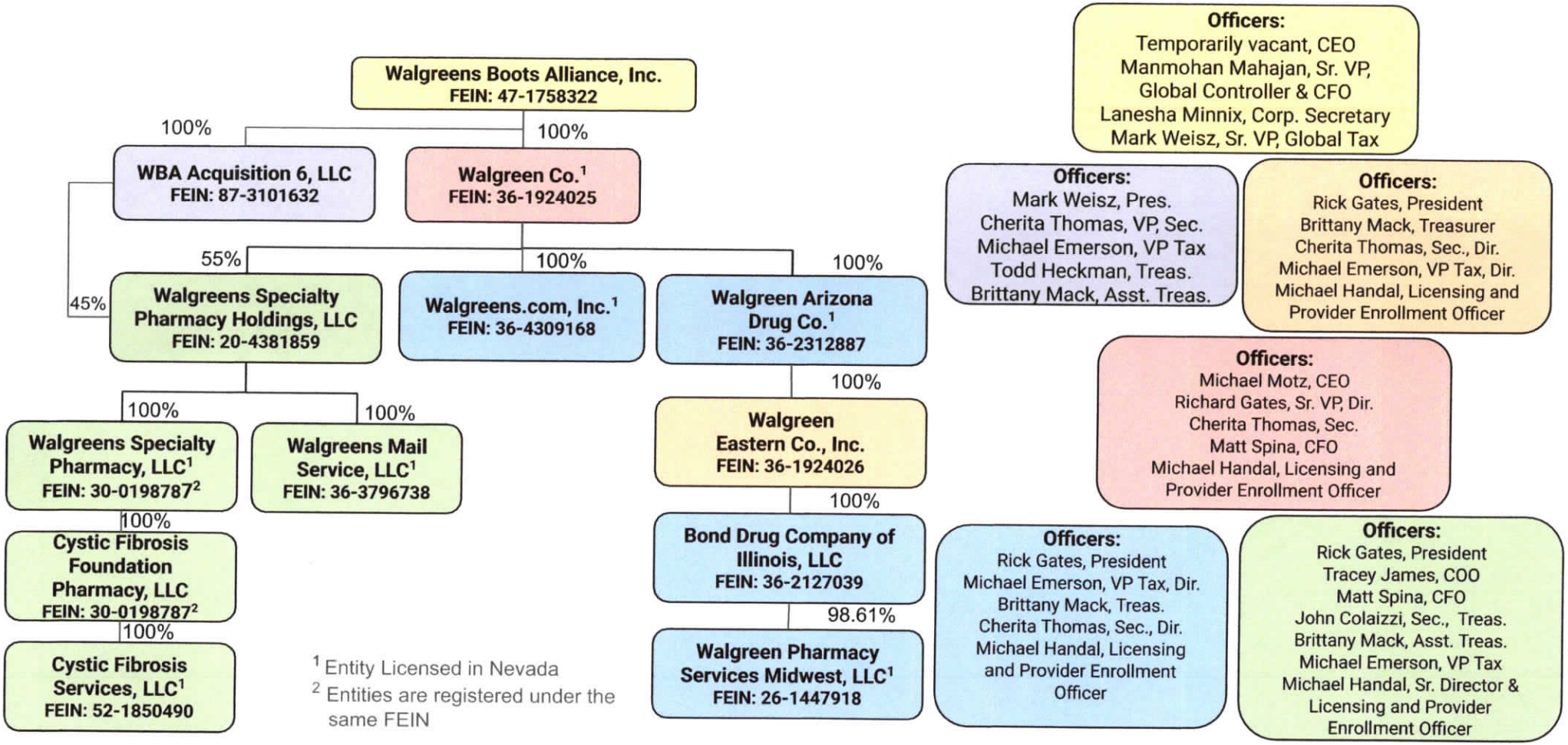
[2]Sycamore Partners III GP, L.P. will have control rights and less than 10% economic ownership in Sycamore Partners III, L.P., Sycamore Partners III-A, L.P. and Sycamore Partners Wing Co-Invest, L.P.

[3]Through the collective ownership of the entities identified, total indirect ownership equals 43.249%.

[4]Alliance Sante Participations Ltd. will hold 100% voting control rights but no economic ownership in ASP Sub 1 Ltd. The economic owners of ASP Sub 1 Ltd. (whose total indirect ownership will be limited to 1.924%) will have no control rights.

Percentage is Direct Ownership in Owned Entity /
Percentage is Indirect Ownership in Applicant.

Walgreen Co.
Post-Close Organizational Chart (cont.)



File Number 1084-348-1

STATE OF ILLINOIS

OFFICE OF THE SECRETARY OF STATE

To all to whom these Presents Shall Come, Greeting:

I, **Alexi Giannoulias,** *Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that*

WALGREEN CO., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON FEBRUARY 15, 1909, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE BUSINESS CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.

In Testimony Whereof, *I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this* 15TH *day of* MAY *A.D.* 2025 .

Authentication #: 2513501622 verifiable until 05/15/2026
Authenticate at: https://www.ilsos.gov

Alexi Giannoulias
SECRETARY OF STATE

9WWW

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Pharmacy Application

Non-Refundable $500.00 Fee

Rev (6/11/2024)

Facility Location	Application Type (check all applicable)	Pharmacy Type (check all applicable)	Services the Pharmacy will Provide (check all applicable)
■ Nevada ☐ Out-of-Nevada	☐ New Pharmacy ■ Ownership Change* ☐ Location Change * ☐ Service Modification* ☐ Name Change* (if only a Name Change occurred, submit a $50.00 fee with the application.) * Current license #: PH PH02117	■ Retail/Community ☐ Hospital (# beds _____) ☐ Internet ☐ Nuclear ☐ Other:	■ Retail/Community ■ Dangerous drugs ■ Controlled substances DEA #: BW9651628 ☐ Non-sterile Compounding ☐ Sterile Compounding ☐ Mail-Order Service ☐ Off-site Cognitive Services ☐ Long Term Care ☐ Hospital ☐ Other:

Days of Operation		Ownership Type (check applicable box)
■ Monday	■ Friday	☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9, 10, 11, 12)
■ Tuesday	■ Saturday	■ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9, 10, 11, 12)
■ Wednesday	■ Sunday	☐ Partnership (complete sections 1, 2, 3, 4, 7, 9, 10, 11, 12)
■ Thursday	☐ Holidays	☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9, 10, 11, 12)

Section 1: General Information

Pharmacy Name: WALGREENS #02658

Physical Address: 10370 N MCCARRAN BLVD

City: RENO State: NV Zip: 89503-6848

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: (775)746-4809 Toll Free # (NAC 639.708, NRS 639.23286): N/A

Fax: (775)746-4863 Contact Email: rxm.02658@store.walgreens.com

Website: https://www.walgreens.com

Nevada Business License # (if applicable) NV19951143510

Supervising/Managing Pharmacist Name (NRS 639.220): CARLA KNIGHT

Supervising/Managing Pharmacist NV Pharmacist Registration # (if applicable): 16850

Section 2: List the name(s) of at least one NEVADA registered pharmacist who practices at the pharmacy, who may be the managing pharmacist or another pharmacist, who will be responsible for any prescriptions dispensed to a patient located in Nevada and responsible for any acts or omissions of pharmacy personnel who are not registered with the Board. NRS 639.2328. (Use a separate piece of paper if additional space is needed.)

Name: CARLA KNIGHT	NV Pharmacist Registration #: 16850
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:

Section 3: History of Company	**Yes**	**No**
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✔
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration from any jurisdiction?		✔
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been subject of an administrative action, board citation, cite fine, or proceeding relating to the pharmaceutical industry?		✔
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✔
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✔

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name(s) of the owner(s), their credentials and their percent ownership. Write NA if not applicable. NRS 639.232. (Use a separate piece of paper if additional space is needed.)

Name: N/A	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:

1. The Board shall not issue a license to conduct a pharmacy:
   a) To any practitioner; or
   b) To any partnership, corporation, or association in which a practitioner has a controlling interest or owns more than 10 percent of the available stock.
2. This section does not:
   a) Apply to a hospital pharmacy or a health maintenance organization which holds a certificate of authority under chapter 695C of NRS.
   b) Prohibit ownership by a practitioner of a building in which a pharmacy is located, if space for the pharmacy is rented at the prevailing rate.

Section 5: Publicly Traded Corporation

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Does the number of stockholders/shareholders of the corporation exceed four? NRS 639.231 ☐ Yes ☐ No

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: Delaware

Parent Company (if any): Walgreens Boots Alliance, Inc.

Corporation/Organization Name: Walgreen Co.

Mailing Address: 108 Wilmot Rd

City: Deerfield State: IL Zip: 60015

Telephone: 847-224-1348 Email: licenseadministration@walgreens.com

Contact Person Name: Kayla Lechner

Does the number of stockholders/shareholders of the corporation or members exceed four? NRS 639.231 ☐ Yes ☒ No

Section 7: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Please check type of partnership (NAC 639.214) ☐ General ☐ Limited

Does the number of partners or members of the partnership exceed four? NRS 639.231 ☐ Yes ☐ No

Section 8: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Richard Gates

Print Name of Authorized Person Submitting Application (If the applicant is a partnership or corporation, the application must be signed by a partner or by an officer of the corporation). NAC 639.215

Richard Gates

Original signature of Authorized Person (copies or stamps not accepted)

08 / 26 / 2025

Date

Board Use Only	Date Received: 9/22/25	Amount: $800.00 JP03-300211129

Section 11: Managing Pharmacist Acknowledgement, Professional/Personal History – REQUIRED TO BE COMPLETED BY THE MANAGING PHARMACIST FOR NEVADA LOCATED PHARMACY APPLICANTS ONLY

Managing Pharmacist Name: CARLA KNIGHT Pharmacist Registration #: 16850

Pharmacy Name: WALGREENS #02658

Initial each statement below to indicate you have read and agree with the following:

cjk I understand that as the managing pharmacist I am responsible for compliance by the pharmacy and its personnel with all state and federal laws and regulations relating to the operation of the pharmacy and the practice of pharmacy. I understand my license can be revoked or that I can be subject of disciplinary action if such laws or regulations are knowingly violated in the pharmacy in which I am the managing pharmacist.

cjk I understand within 48 hours after I report for duty as the managing pharmacist, I shall complete an inventory of all controlled substances of the pharmacy pursuant to 21 CFR Part 1304 and maintain a copy of the inventory in the file at the pharmacy.

cjk I understand that if I cease to be managing pharmacist of the above-named pharmacy, I will jointly, with the new managing pharmacist, take an inventory of all controlled substances.

cjk I understand that as the managing pharmacist I must ensure that all loss or theft of controlled substances are reported on forms provided by the Nevada State Board of Pharmacy and Department of Public Safety within 10 days after the date of discovery of theft or loss. NRS 453.568. Federal regulations require that registrants notify the Field Division Office of the Administration in his area, in writing, of the theft or significant loss of any controlled substance, disposal receptacles or listed chemicals within one business day of discovery of such loss or theft. The registrant shall also complete and submit to the Field Division Office in his area, DEA Form 106 regarding the loss or theft (21 C.F.R. §1301.76(b) and 21 U.S.C. §830(b)(1)(C)).

cjk I understand that as the managing pharmacist I must notify the Nevada State Board of Pharmacy of all employment changes of pharmacy staff within 10 days of the change. NAC 639.540

Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?	☐	☑
2. Have you been charged, arrested, or convicted of a felony or misdemeanor in any state?	☐	☑
3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state?	☐	☑
4. Has your license been subjected to any discipline for violation of pharmacy or drug laws in any state?	☐	☑

If you marked YES to any questions above, include the following information and provide a signed statement of explanation. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Board Administrative Action:	State:	Date:	Case #:

Criminal Action:	State:	Date:	Case #:	County:	Court:

I certify under penalty of perjury that the information I have provided on this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

CARLA KNIGHT

Original signature of Managing Pharmacist (copies or stamps not accepted)

08 / 13 / 2025

Date

Section 9: Statement of Responsibility - MUST BE COMPLETED by an Authorized Person (NAC 639.945)

Statement of Responsibility

1. I am the Vice President (title) for Walgreen Co. (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be responsible for any violations of pharmacy law that may occur in the Pharmacy owned by such owner(s), shareholder(s), member(s), or partner(s).
3. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against the Pharmacy.
4. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) cannot require or permit the pharmacist(s) in said Pharmacy to violate any provision of local, state, or federal laws or regulations pertaining to the practice of pharmacy.
5. I further understand and acknowledge that Nevada law requires that each pharmacy located inside the State of Nevada employ only pharmacists, intern pharmacists, pharmaceutical technicians, and technicians in training that are licensed by the Nevada State Board of Pharmacy. (NRS 639.100).
6. I further understand and acknowledge that Nevada law requires that each pharmacy located outside the State of Nevada engaged in providing pharmacy services into Nevada employs at least one pharmacist licensed by the Nevada State Board of Pharmacy who will be responsible for any prescription dispensed to a patient located in Nevada and responsible for any acts or omissions of pharmacy personnel who are not registered with the Board. (NRS 639.2328).

Richard Gates

Print Name of Authorized Person

Richard Gates

Original signature of Authorized Person (copies or stamps not accepted)

08 / 26 / 2025

Date

Section 10: Affidavit for Pharmacies- MUST BE COMPLETED by pharmacies NOT CURRENTLY PERFORMING Sterile Compounding

Affidavit for Pharmacy License

I, Richard Gates hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

1. I am the Vice President (title) for Walgreen Co. (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I certify that upon licensure, the Pharmacy will not perform sterile compounding or ship sterile compounds into Nevada.
3. I understand and acknowledge that the Pharmacy and any of its staff members may be subject to discipline by the Board if the Pharmacy performs sterile compounding or ships any sterile compounds into Nevada without first obtaining written authorization from the Board to do so.
4. I certify that if the Pharmacy makes the decision to perform sterile compounding or to ship any sterile compounds into Nevada, the Pharmacy, through an authorized representative, will first notify the Board via a written request, and obtain written approval to perform sterile compounding or to ship any sterile compounds into Nevada.
5. I understand that if the Pharmacy seeks approval to perform sterile compounding or to ship any sterile compounds into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

FURTHER YOUR AFFIANT SAYETH NAUGHT.

Signature

SUBSCRIBED AND SWORN TO
Before me, a notary public this 20th day of August, 2025

Zeljka Borosa-Rajcevic
Notary Public

OFFICIAL SEAL
ZELJKA BOROSA RAJCEVIC
Notary Public, State of Illinois
Commission No. 977646
My Commission Expires September 8, 2027

CONFIDENTIAL/EXEMPT FROM
FREEDOM OF INFORMATION ACT AND
SIMILAR STATE REQUESTS

Ownership Information

Ownership & Leadership of Applicant Entity

Applicant: **Walgreen Co.**
108 Wilmot Rd., Deerfield, IL 60015

Ownership: The Applicant entity is wholly owned (100%) by Walgreens Boots Alliance, Inc.

Officers of Walgreen Co.
Michael Motz - CEO
Richard Gates - Senior Vice President, Chief Pharmacy Officer
Cherita Thomas - Secretary
Matthew Spina - CFO
Michael Handal - Licensing and Provider Enrollment Officer

Ownership & Leadership of Walgreens Boots Alliance, Inc.

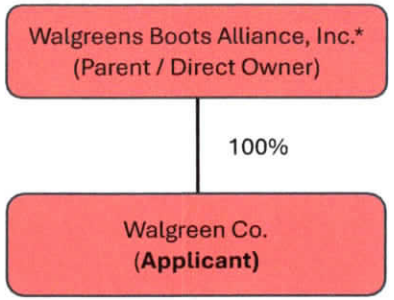
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45 CFR Section 5.31

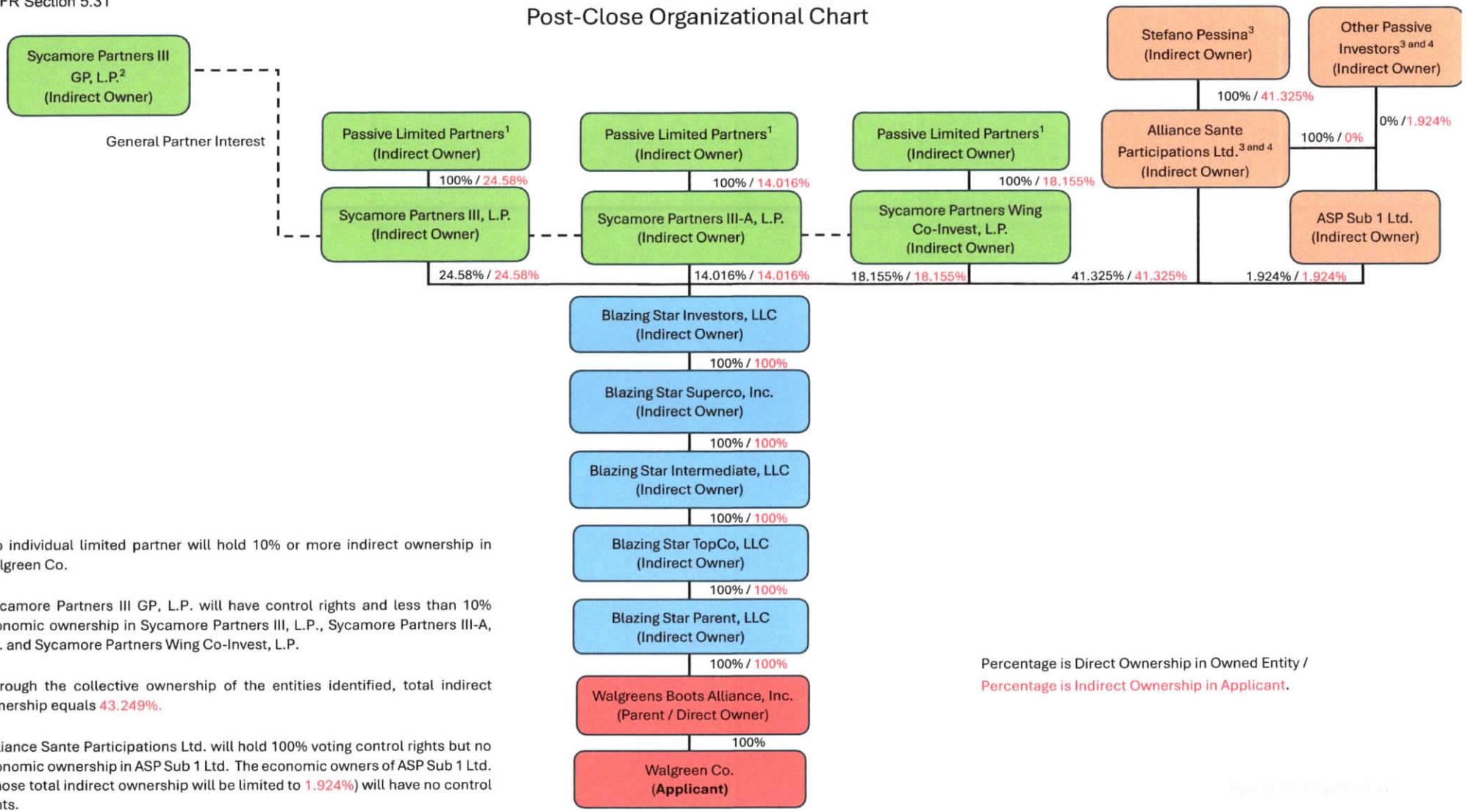
Walgreen Co.
Pre-Close Organizational Chart



Publicly Traded on Nasdaq Stock Market (WBA)

Proprietary and Confidential
Not a public record pursuant to
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Walgreen Co.
Post-Close Organizational Chart



[1]No individual limited partner will hold 10% or more indirect ownership in Walgreen Co.

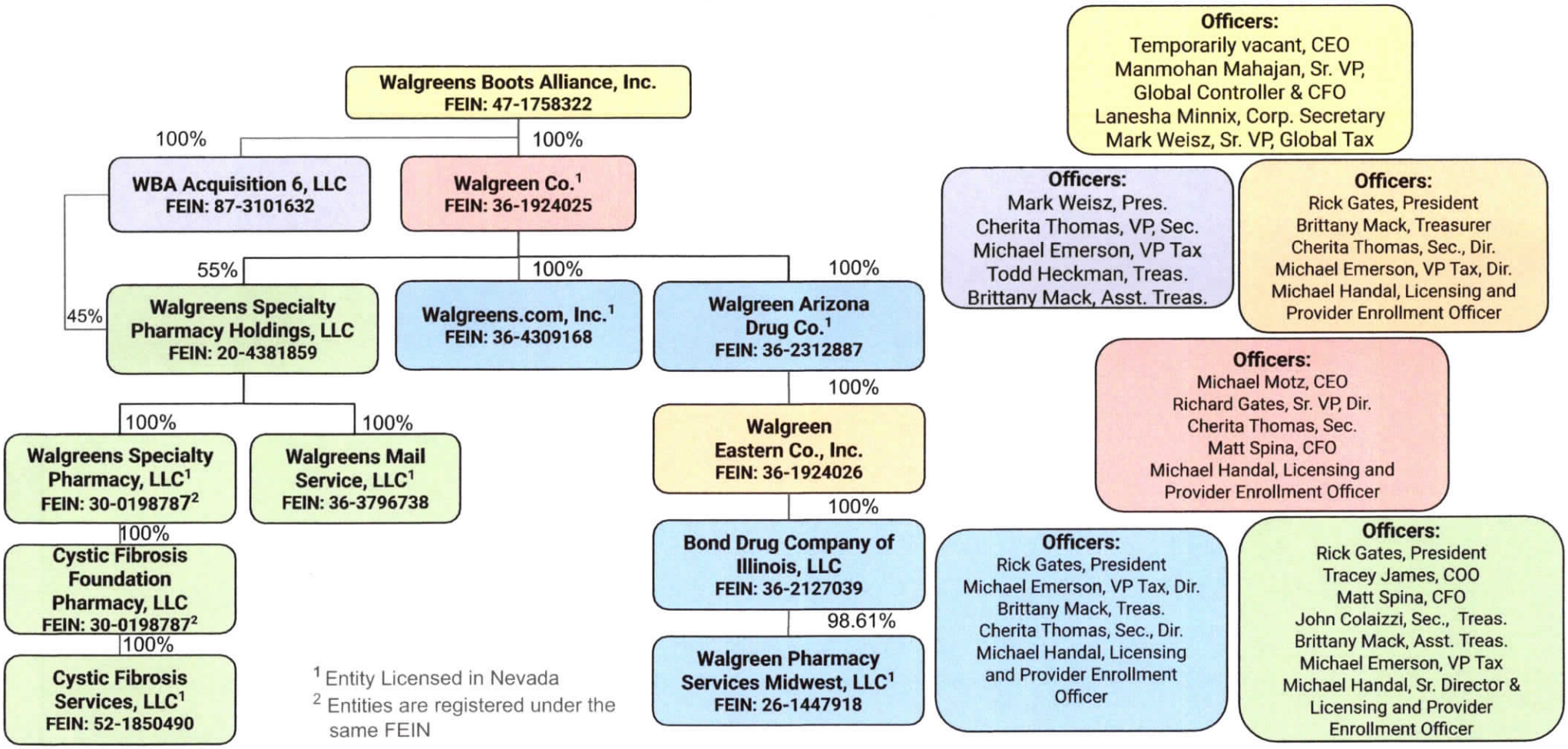
[2]Sycamore Partners III GP, L.P. will have control rights and less than 10% economic ownership in Sycamore Partners III, L.P., Sycamore Partners III-A, L.P. and Sycamore Partners Wing Co-Invest, L.P.

[3]Through the collective ownership of the entities identified, total indirect ownership equals 43.249%.

[4]Alliance Sante Participations Ltd. will hold 100% voting control rights but no economic ownership in ASP Sub 1 Ltd. The economic owners of ASP Sub 1 Ltd. (whose total indirect ownership will be limited to 1.924%) will have no control rights.

Percentage is Direct Ownership in Owned Entity /
Percentage is Indirect Ownership in Applicant.

Walgreen Co.
Post-Close Organizational Chart (cont.)



File Number 1084-348-1

STATE OF ILLINOIS

OFFICE OF THE SECRETARY OF STATE

To all to whom these Presents Shall Come, Greeting:

I, **Alexi Giannoulias,** *Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that*

WALGREEN CO., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON FEBRUARY 15, 1909, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE BUSINESS CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.

In Testimony Whereof, *I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this* 15TH *day of* MAY *A.D.* 2025 .

Authentication #: 2513501622 verifiable until 05/15/2026
Authenticate at: https://www.ilsos.gov

SECRETARY OF STATE

9XXX

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Pharmacy Application

Non-Refundable $500.00 Fee

Rev (6/11/2024)

Facility Location	Application Type (check all applicable)	Pharmacy Type (check all applicable)	Services the Pharmacy will Provide (check all applicable)
■ Nevada ☐ Out-of-Nevada	☐ New Pharmacy ■ Ownership Change* ☐ Location Change * ☐ Service Modification* ☐ Name Change* (if only a Name Change occurred, submit a $50.00 fee with the application.) * Current license #: PH PH01946	■ Retail/Community ☐ Hospital (# beds _____) ☐ Internet ☐ Nuclear ☐ Other:	■ Retail/Community ■ Dangerous drugs ■ Controlled substances DEA #: BW8969341 ☐ Non-sterile Compounding ☐ Sterile Compounding ☐ Mail-Order Service ☐ Off-site Cognitive Services ☐ Long Term Care ☐ Hospital ☐ Other:

Days of Operation		Ownership Type (check applicable box)
■ Monday	■ Friday	☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9, 10, 11, 12)
■ Tuesday	■ Saturday	■ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9, 10, 11, 12)
■ Wednesday	■ Sunday	☐ Partnership (complete sections 1, 2, 3, 4, 7, 9, 10, 11, 12)
■ Thursday	☐ Holidays	☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9, 10, 11, 12)

Section 1: General Information

Pharmacy Name: WALGREENS #02662

Physical Address: 12645 S VIRGINIA ST

City: RENO State: NV Zip: 89511-4803

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: (775)853-9887 Toll Free # (NAC 639.708, NRS 639.23286): N/A

Fax: (775)853-9885 Contact Email: rxm.02662@store.walgreens.com

Website: https://www.walgreens.com

Nevada Business License # (if applicable) NV19951143510

Supervising/Managing Pharmacist Name (NRS 639.220): DANIELLE DULISSE

Supervising/Managing Pharmacist NV Pharmacist Registration # (if applicable): 19906

Section 2: List the name(s) of at least one NEVADA registered pharmacist who practices at the pharmacy, who may be the managing pharmacist or another pharmacist, who will be responsible for any prescriptions dispensed to a patient located in Nevada and responsible for any acts or omissions of pharmacy personnel who are not registered with the Board. NRS 639.2328. (Use a separate piece of paper if additional space is needed.)

Name: DANIELLE DULISSE	NV Pharmacist Registration #: 19906
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:

Section 3: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✔
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration from any jurisdiction?		✔
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been subject of an administrative action, board citation, cite fine, or proceeding relating to the pharmaceutical industry?	✔	
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✔
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✔

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name(s) of the owner(s), their credentials and their percent ownership. Write NA if not applicable. NRS 639.232. (Use a separate piece of paper if additional space is needed.)

Name: N/A	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:

1. The Board shall not issue a license to conduct a pharmacy:
   a) To any practitioner; or
   b) To any partnership, corporation, or association in which a practitioner has a controlling interest or owns more than 10 percent of the available stock.
2. This section does not:
   a) Apply to a hospital pharmacy or a health maintenance organization which holds a certificate of authority under chapter 695C of NRS.
   b) Prohibit ownership by a practitioner of a building in which a pharmacy is located, if space for the pharmacy is rented at the prevailing rate.

Section 5: Publicly Traded Corporation

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Does the number of stockholders/shareholders of the corporation exceed four? NRS 639.231 ☐ Yes ☐ No

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: Delaware

Parent Company (if any): Walgreens Boots Alliance, Inc.

Corporation/Organization Name: Walgreen Co.

Mailing Address: 108 Wilmot Rd

City: Deerfield State: IL Zip: 60015

Telephone: 847-224-1348 Email: licenseadministration@walgreens.com

Contact Person Name: Kayla Lechner

Does the number of stockholders/shareholders of the corporation or members exceed four? NRS 639.231 ☐ Yes ☒ No

Section 7: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Please check type of partnership (NAC 639.214) ☐ General ☐ Limited

Does the number of partners or members of the partnership exceed four? NRS 639.231 ☐ Yes ☐ No

Section 8: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Richard Gates

Print Name of Authorized Person Submitting Application (If the applicant is a partnership or corporation, the application must be signed by a partner or by an officer of the corporation). NAC 639.215

Richard Gates

Original signature of Authorized Person (copies or stamps not accepted)

08 / 26 / 2025

Date

Board Use Only	Date Received: 9/22/25	Amount: $500 ck JPB-3000111129

Section 11: Managing Pharmacist Acknowledgement, Professional/Personal History – REQUIRED TO BE COMPLETED BY THE MANAGING PHARMACIST FOR NEVADA LOCATED PHARMACY APPLICANTS ONLY

Managing Pharmacist Name: DANIELLE DULISSE Pharmacist Registration #: 19906

Pharmacy Name: WALGREENS #02662

Initial each statement below to indicate you have read and agree with the following:

DSD I understand that as the managing pharmacist I am responsible for compliance by the pharmacy and its personnel with all state and federal laws and regulations relating to the operation of the pharmacy and the practice of pharmacy. I understand my license can be revoked or that I can be subject of disciplinary action if such laws or regulations are knowingly violated in the pharmacy in which I am the managing pharmacist.

DSD I understand within 48 hours after I report for duty as the managing pharmacist, I shall complete an inventory of all controlled substances of the pharmacy pursuant to 21 CFR Part 1304 and maintain a copy of the inventory in the file at the pharmacy.

DSD I understand that if I cease to be managing pharmacist of the above-named pharmacy, I will jointly, with the new managing pharmacist, take an inventory of all controlled substances.

DSD I understand that as the managing pharmacist I must ensure that all loss or theft of controlled substances are reported on forms provided by the Nevada State Board of Pharmacy and Department of Public Safety within 10 days after the date of discovery of theft or loss. NRS 453.568. Federal regulations require that registrants notify the Field Division Office of the Administration in his area, in writing, of the theft or significant loss of any controlled substance, disposal receptacles or listed chemicals within one business day of discovery of such loss or theft. The registrant shall also complete and submit to the Field Division Office in his area, DEA Form 106 regarding the loss or theft (21 C.F.R. §1301.76(b) and 21 U.S.C. §830(b)(1)(C)).

DSD I understand that as the managing pharmacist I must notify the Nevada State Board of Pharmacy of all employment changes of pharmacy staff within 10 days of the change. NAC 639.540

Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?	☐	☑
2. Have you been charged, arrested, or convicted of a felony or misdemeanor in any state?	☐	☑
3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state?	☐	☑
4. Has your license been subjected to any discipline for violation of pharmacy or drug laws in any state?	☐	☑

If you marked YES to any questions above, include the following information and provide a signed statement of explanation. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Board Administrative Action:	State:	Date:	Case #:

Criminal Action:	State:	Date:	Case #:	County:	Court:

I certify under penalty of perjury that the information I have provided on this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Danielle Suzanne Dulisse

Original signature of Managing Pharmacist (copies or stamps not accepted)

08 / 06 / 2025

Date

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

NOTICE OF INTENDED ACTION AND ACCUSATION

ANDREW P. WRIGHT, R.Ph.
Certificate of Registration No. 12439

Case Number 05-051-RPH-N

WALGREENS #02662
Certificate of Registration No: PH01946

Case Number 05-051-PH-N

Respondents.

/

COMES NOW Larry L. Pinson, in his official capacity as Executive Secretary of the Nevada State board of Pharmacy, and makes the following that will serve as both a notice of intended action under Nevada Revised Statutes (NRS) 233B.127(3) and as an accusation under NRS 639.241.

I.

The Nevada State Board of Pharmacy has jurisdiction over this matter because Respondent Andrew P. Wright is a pharmacist licensed by the Board and Respondent Walgreens #02662 is a pharmacy licensed by the Board, located at 12645 South Virginia Street, Reno, Nevada.

II.

On or about November 14, 2005 Patient G telephoned Walgreens #02662 for refills on four prescriptions. (Diclofenac sodium 100 mg. ER tablets, levothyroxine 0.075 mg. tablets, cyclobenzaprine 10 mg. tablets, and hydrocodone/APAP 5 mg./500 mg. tablets.)

III.

Later that same day, Patient G used the drive-up window at Walgreens #02662 to pick up her refill prescriptions. Patient G was given a stapled bag that identified the contents as diclofenac, levothyroxine and cyclobenzaprine. The pharmacist explained to Patient G that her prescription for hydrocodone was not included because the refill request had not yet been approved by her physician.

IV.

When Patient G arrived home she discovered that she did not have the refill for diclofenac as indicated on the bag, however the pharmacy had included the refill that had not yet been approved by her physician for hydrocodone. The hydrocodone refill prescription was approved by Patient G's physician four days after it was dispensed.

FIRST CAUSE OF ACTION

V.

In dispensing Patient G's hydrocodone prescription prior to authorization by her physician and failing to dispense Patient G's diclofenac prescription as authorized, Mr. Wright violated NRS 639.210(4) and Nevada Administrative Code (NAC) 639.945 (1)(i).

SECOND CAUSE OF ACTION

VII.

In owning and operating the pharmacy in which the error took place, Walgreens #02662 violated NRS 639.210(4) and NAC 639.945 (1)(i) and (2).

WHEREFORE it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to the licenses or registrations of the Respondents.

Signed this 5th day of July, 2006.

Larry L. Pinson, Executive Secretary
Nevada State Board of Pharmacy

NOTICE TO RESPONDENT

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements regarding your certificate of registration. To do so, you must mail to the Board within 10 days of your receipt of this Notice of Intended Action and Accusation a written statement showing your compliance.

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

FINDINGS OF FACT, CONCLUSIONS OF LAW, AND ORDER

ANDREW P. WRIGHT, R.Ph.,
Certificate of Registration #12439,

Case No. 05-051-RPH-N

WALGREENS #02662,
Certificate of Registration #PH01946,

Case No. 05-051-PH-N

Respondents.

THIS MATTER was heard by the Nevada State Board of Pharmacy (hereinafter Board) at its regular meeting on September 6, 2006 in Reno, Nevada. The Board was represented by Louis Ling, General Counsel to the Board. All Respondents were represented by Robert C. Graham. Based on the presentations of the parties and the public records in the possession and control of the Board, the Board issues the following Findings of Fact, Conclusions of Law, and Order:

FINDINGS OF FACT

1. At hearing, the parties agreed that Respondents would not contest the facts as plead in the Notice of Intended Action and Accusation. Based upon this agreement, Board Staff presented no testimony or evidence. Respondents presented the testimony of Andrew Wright and Robby Jacobs. Based upon the presentations of the parties, the Board finds the following to be the facts of this matter.

2. On November 14, 2005, Patient G telephoned Walgreens #02662 for refills on her four prescriptions (diclofenac sodium 100 mg. ER tablets, levothyroxine 0.075 mg. tablets, cyclobenzaprine 10 mg. tablets, and hydrocodone/APAP 5 mg./500 mg.

tablets). Of the four, only the hydrocodone/APAP prescription required refill authorization from Patient G's physician before it could be refilled.

3. When Patient G picked up the prescriptions at the drive-up window at Walgreens #02662, she was given a stapled bag that identified the contents as the three prescriptions other than the hydrocodone/APAP prescription. The pharmacist at Walgreens #02662 explained to Patient G that the hydrocodone/APAP prescription could not yet be dispensed because the pharmacy was waiting on physician authorization for the refill.

4. When Patient G arrived home, she discovered that she did not have the refill for diclofenac as indicated on the bag, but she did have the refill for the hydrocodone/APAP, which refill had not yet been approved by the physician.

5. At hearing, Mr. Wright and Mr. Jacobs explained that Walgreens' policy is to pre-fill refills that are awaiting physician approval and to keep those pre-filled prescriptions in a "quarantine" area, usually a drawer, until the physician authorization is received. Under questioning from the Board, Mr. Jacobs claimed that pre-filling prescriptions saved the pharmacist time, although the amount of time saved was only the time needed to fill the prescription. In the case of Patient G's prescriptions, this policy was followed, meaning that the hydrocodone/APAP prescription was filled along with Patient G's other three prescriptions and that the hydrocodone/APAP prescription was supposed to have been put into the "quarantine" drawer. The dispensing of the hydrocodone/APAP prescription to Patient G was the result of placing the wrong prescription in the "quarantine" drawer. Walgreens #02662 did not receive authorization from Patient G's physician for the refill of the hydrocodone/APAP prescription until four days after it was erroneously dispensed.

6. Patient G suffered no harm other than inconvenience resultant from the erroneous dispensing of the hydrocodone/APAP prescription before Walgreens #02662 had received physician authorization for the dispensing.

CONCLUSIONS OF LAW

1. The Nevada State Board of Pharmacy has jurisdiction over this matter because Respondent Wright is a pharmacist licensed by the Board and Walgreens #02662 is a pharmacy licensed by the Board.

2. By dispensing to Patient G a refill of a hydrocodone/APAP prescription prior to receiving authorization to do so from her physician and by failing to dispense to Patient G a refill of her diclofenac prescription as was authorized, Mr. Wright violated NRS 639.210(4) and NAC 639.945(1)(i).

3. In owning and operating the pharmacy in which Mr. Wright committed the errors regarding Patient G's prescriptions, Walgreens #02662 violated NRS 639.210(4) and NAC 639.945(1)(i) and (2).

ORDER

Based upon the foregoing, the Board hereby orders the following:

1. Mr. Wright and Walgreens #02662 shall each receive a letter of reprimand.

2. Walgreens #02662 shall pay the Board's costs and attorney's fees of $255.00 and the Board's administrative fee of $295.00, for a total of $550.00 by cashier's or certified check or money order made payable to "Nevada State Board of Pharmacy" to be received by the Board's Reno office within 90 days of the effective date of this Order.

3. The failure by Mr. Wright to comply with any term in this order shall result in the immediate suspension of his license and will also result in further discipline, up to

and including revocation of the his license. The failure by Walgreens #02662 to comply with any term in this order shall result in a fine of $1,000 per day for every day that it has failed to comply with the Order until the Order is fully complied with, up to a total fine not to exceed $30,000, and will also result in further discipline, up to and including revocation of the its license.

Signed this 1st day of October, 2006.

Joseph R. Kellogg, President
Nevada State Board of Pharmacy

Section 9: Statement of Responsibility - MUST BE COMPLETED by an Authorized Person (NAC 639.945)

Statement of Responsibility

1. I am the Vice President (title) for Walgreen Co. (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be responsible for any violations of pharmacy law that may occur in the Pharmacy owned by such owner(s), shareholder(s), member(s), or partner(s).
3. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against the Pharmacy.
4. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) cannot require or permit the pharmacist(s) in said Pharmacy to violate any provision of local, state, or federal laws or regulations pertaining to the practice of pharmacy.
5. I further understand and acknowledge that Nevada law requires that each pharmacy located inside the State of Nevada employ only pharmacists, intern pharmacists, pharmaceutical technicians, and technicians in training that are licensed by the Nevada State Board of Pharmacy. (NRS 639.100).
6. I further understand and acknowledge that Nevada law requires that each pharmacy located outside the State of Nevada engaged in providing pharmacy services into Nevada employs at least one pharmacist licensed by the Nevada State Board of Pharmacy who will be responsible for any prescription dispensed to a patient located in Nevada and responsible for any acts or omissions of pharmacy personnel who are not registered with the Board. (NRS 639.2328).

Richard Gates

Print Name of Authorized Person

Richard Gates

Original signature of Authorized Person (copies or stamps not accepted)

08 / 26 / 2025

Date

Section 10: Affidavit for Pharmacies- MUST BE COMPLETED by pharmacies NOT CURRENTLY PERFORMING Sterile Compounding

Affidavit for Pharmacy License

I, Richard Gates hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

1. I am the Vice President (title) for Walgreen Co. (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I certify that upon licensure, the Pharmacy will not perform sterile compounding or ship sterile compounds into Nevada.
3. I understand and acknowledge that the Pharmacy and any of its staff members may be subject to discipline by the Board if the Pharmacy performs sterile compounding or ships any sterile compounds into Nevada without first obtaining written authorization from the Board to do so.
4. I certify that if the Pharmacy makes the decision to perform sterile compounding or to ship any sterile compounds into Nevada, the Pharmacy, through an authorized representative, will first notify the Board via a written request, and obtain written approval to perform sterile compounding or to ship any sterile compounds into Nevada.
5. I understand that if the Pharmacy seeks approval to perform sterile compounding or to ship any sterile compounds into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

FURTHER YOUR AFFIANT SAYETH NAUGHT.

Signature

SUBSCRIBED AND SWORN TO
Before me, a notary public this 20th day of August, 2025

Zeljka Borosa-Rajcevic
Notary Public

OFFICIAL SEAL
ZELJKA BOROSA RAJCEVIC
Notary Public, State of Illinois
Commission No. 977646
My Commission Expires September 8, 2027

CONFIDENTIAL/EXEMPT FROM
FREEDOM OF INFORMATION ACT AND
SIMILAR STATE REQUESTS

Ownership Information

Ownership & Leadership of Applicant Entity

Applicant: **Walgreen Co.**
108 Wilmot Rd., Deerfield, IL 60015

Ownership: The Applicant entity is wholly owned (100%) by Walgreens Boots Alliance, Inc.

Officers of Walgreen Co.
Michael Motz - CEO
Richard Gates - Senior Vice President, Chief Pharmacy Officer
Cherita Thomas - Secretary
Matthew Spina - CFO
Michael Handal - Licensing and Provider Enrollment Officer

Ownership & Leadership of Walgreens Boots Alliance, Inc.

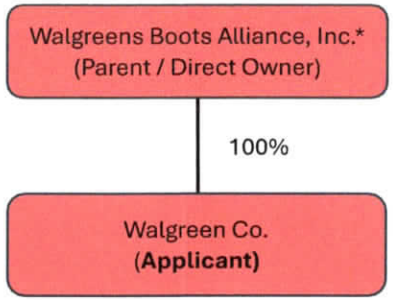
Ownership: Walgreens Boots Alliance, Inc. is wholly owned (100%) by Blazing Star Parent, LLC

Officers of Walgreens Boots Alliance, Inc.
Temporarily vacant - CEO
Mark Weisz - Sr VP, Global Tax
Manmohan Mahajan - Sr VP, Global Controller, CFO
Lanesha Minnix - Corporate Secretary

Please see the attached pre- and post-closing Corporate Organization chart for reference.

Proprietary and Confidential
Not a public record pursuant to
Section 7927.605 of the CPRA and
45 CFR Section 5.31

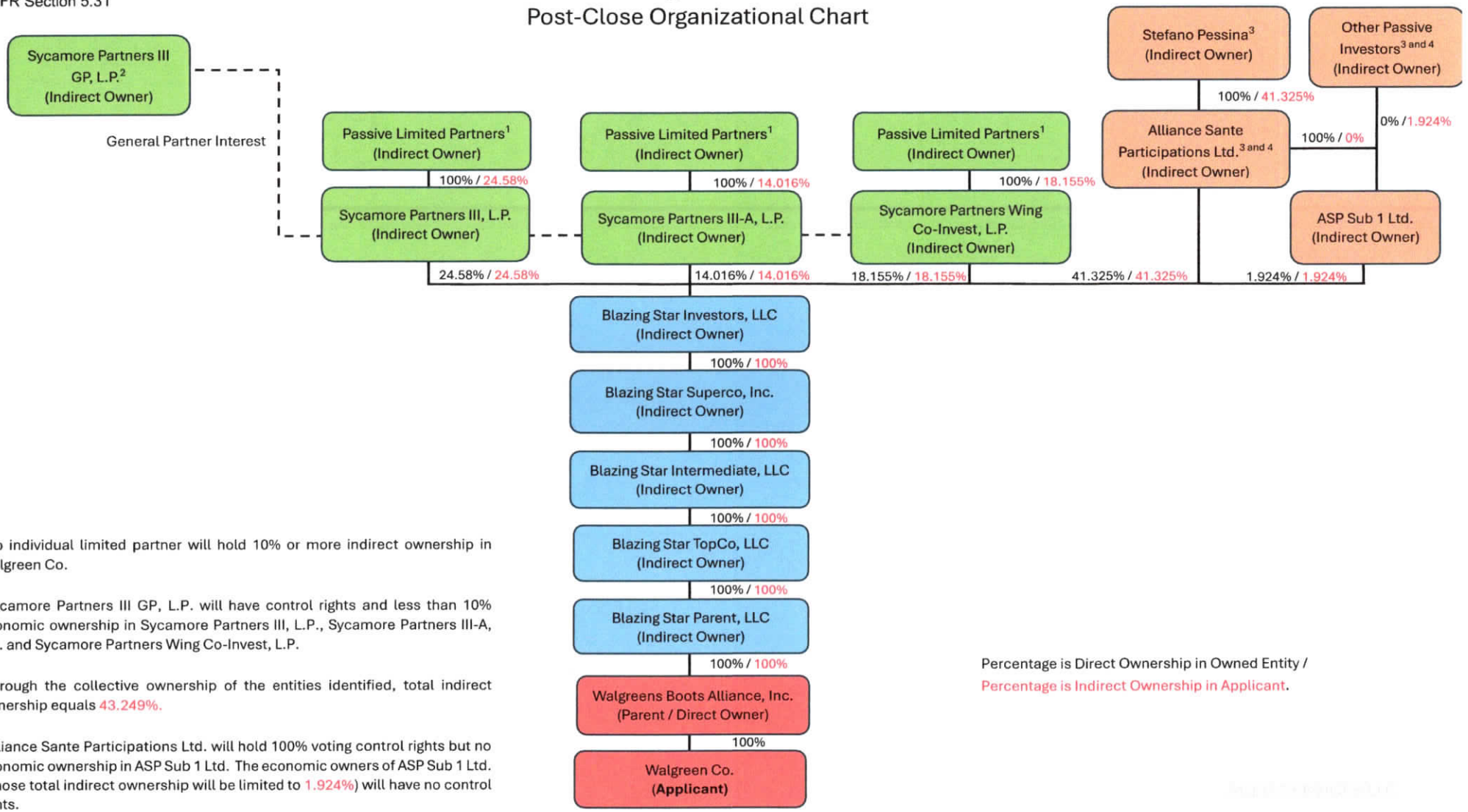
Walgreen Co.
Pre-Close Organizational Chart



Publicly Traded on Nasdaq Stock Market (WBA)

Proprietary and Confidential
Not a public record pursuant to
Section 7927.605 of the CPRA and
45 CFR Section 5.31

Walgreen Co.
Post-Close Organizational Chart



[1]No individual limited partner will hold 10% or more indirect ownership in Walgreen Co.

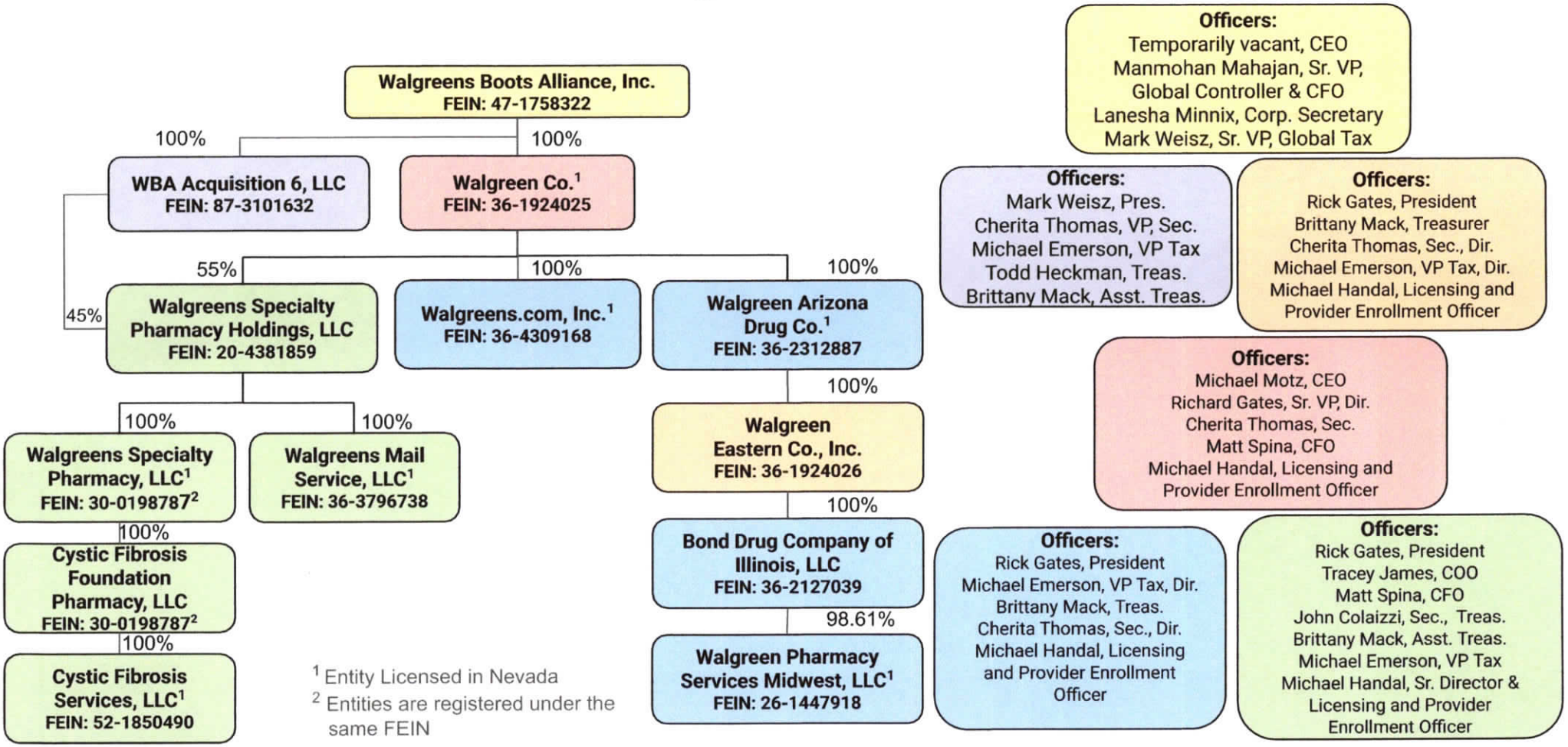
[2]Sycamore Partners III GP, L.P. will have control rights and less than 10% economic ownership in Sycamore Partners III, L.P., Sycamore Partners III-A, L.P. and Sycamore Partners Wing Co-Invest, L.P.

[3]Through the collective ownership of the entities identified, total indirect ownership equals 43.249%.

[4]Alliance Sante Participations Ltd. will hold 100% voting control rights but no economic ownership in ASP Sub 1 Ltd. The economic owners of ASP Sub 1 Ltd. (whose total indirect ownership will be limited to 1.924%) will have no control rights.

Percentage is Direct Ownership in Owned Entity /
Percentage is Indirect Ownership in Applicant.

Walgreen Co.
Post-Close Organizational Chart (cont.)



File Number 1084-348-1

STATE OF ILLINOIS

OFFICE OF THE SECRETARY OF STATE

To all to whom these Presents Shall Come, Greeting:

I, **Alexi Giannoulias,** *Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that*

WALGREEN CO., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON FEBRUARY 15, 1909, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE BUSINESS CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.

In Testimony Whereof, *I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this* 15TH *day of* MAY *A.D.* 2025 .

Authentication #: 2513501622 verifiable until 05/15/2026
Authenticate at: https://www.ilsos.gov

SECRETARY OF STATE

9YYY

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Pharmacy Application

Non-Refundable $500.00 Fee

Rev (6/11/2024)

Facility Location	Application Type (check all applicable)	Pharmacy Type (check all applicable)	Services the Pharmacy will Provide (check all applicable)
■ Nevada ☐ Out-of-Nevada	☐ New Pharmacy ■ Ownership Change* ☐ Location Change * ☐ Service Modification* ☐ Name Change* (if only a Name Change occurred, submit a $50.00 fee with the application.) * Current license #: PH PH01359	■ Retail/Community ☐ Hospital (# beds _____) ☐ Internet ☐ Nuclear ☐ Other:	■ Retail/Community ■ Dangerous drugs ■ Controlled substances DEA #: BW6227234 ☐ Non-sterile Compounding ☐ Sterile Compounding ☐ Mail-Order Service ☐ Off-site Cognitive Services ☐ Long Term Care ☐ Hospital ☐ Other:

Days of Operation		Ownership Type (check applicable box)
■ Monday	■ Friday	☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9, 10, 11, 12)
■ Tuesday	■ Saturday	■ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9, 10, 11, 12)
■ Wednesday	■ Sunday	☐ Partnership (complete sections 1, 2, 3, 4, 7, 9, 10, 11, 12)
■ Thursday	☐ Holidays	☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9, 10, 11, 12)

Section 1: General Information

Pharmacy Name: WALGREENS #04789

Physical Address: 3495 S VIRGINIA ST

City: RENO State: NV Zip: 89502-4503

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: (775)824-0802 Toll Free # (NAC 639.708, NRS 639.23286): N/A

Fax: (775)824-0808 Contact Email: rxm.04789@store.walgreens.com

Website: https://www.walgreens.com

Nevada Business License # (if applicable) NV19951143510

Supervising/Managing Pharmacist Name (NRS 639.220): PHUONGQUYNH DOAN

Supervising/Managing Pharmacist NV Pharmacist Registration # (if applicable): 18605

Section 2: List the name(s) of at least one NEVADA registered pharmacist who practices at the pharmacy, who may be the managing pharmacist or another pharmacist, who will be responsible for any prescriptions dispensed to a patient located in Nevada and responsible for any acts or omissions of pharmacy personnel who are not registered with the Board. NRS 639.2328. (Use a separate piece of paper if additional space is needed.)

Name: PHUONGQUYNH DOAN	NV Pharmacist Registration #: 18605
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:

Section 3: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✔
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration from any jurisdiction?		✔
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been subject of an administrative action, board citation, cite fine, or proceeding relating to the pharmaceutical industry?	✔	
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✔
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✔

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name(s) of the owner(s), their credentials and their percent ownership. Write NA if not applicable. NRS 639.232. (Use a separate piece of paper if additional space is needed.)

Name: N/A	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:

1. The Board shall not issue a license to conduct a pharmacy:
   a) To any practitioner; or
   b) To any partnership, corporation, or association in which a practitioner has a controlling interest or owns more than 10 percent of the available stock.
2. This section does not:
   a) Apply to a hospital pharmacy or a health maintenance organization which holds a certificate of authority under chapter 695C of NRS.
   b) Prohibit ownership by a practitioner of a building in which a pharmacy is located, if space for the pharmacy is rented at the prevailing rate.

Section 5: Publicly Traded Corporation

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Does the number of stockholders/shareholders of the corporation exceed four? NRS 639.231 ☐ Yes ☐ No

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: Delaware

Parent Company (if any): Walgreens Boots Alliance, Inc.

Corporation/Organization Name: Walgreen Co.

Mailing Address: 108 Wilmot Rd

City: Deerfield State: IL Zip: 60015

Telephone: 847-224-1348 Email: licenseadministration@walgreens.com

Contact Person Name: Kayla Lechner

Does the number of stockholders/shareholders of the corporation or members exceed four? NRS 639.231 ☐ Yes ☒ No

Section 7: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Please check type of partnership (NAC 639.214) ☐ General ☐ Limited

Does the number of partners or members of the partnership exceed four? NRS 639.231 ☐ Yes ☐ No

Section 8: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Richard Gates

Print Name of Authorized Person Submitting Application (If the applicant is a partnership or corporation, the application must be signed by a partner or by an officer of the corporation). NAC 639.215

Richard Gates

Original signature of Authorized Person (copies or stamps not accepted)

08 / 26 / 2025

Date

Board Use Only	Date Received: 9/18/25	Amount: $500 - C/K JP03-3000111129

Section 11: Managing Pharmacist Acknowledgement, Professional/Personal History – REQUIRED TO BE COMPLETED BY THE MANAGING PHARMACIST FOR NEVADA LOCATED PHARMACY APPLICANTS ONLY

Managing Pharmacist Name: PHUONGQUYNH DOAN Pharmacist Registration #: 18605

Pharmacy Name: WALGREENS #04789

Initial each statement below to indicate you have read and agree with the following:

P.tq. I understand that as the managing pharmacist I am responsible for compliance by the pharmacy and its personnel with all state and federal laws and regulations relating to the operation of the pharmacy and the practice of pharmacy. I understand my license can be revoked or that I can be subject of disciplinary action if such laws or regulations are knowingly violated in the pharmacy in which I am the managing pharmacist.

P.tq. I understand within 48 hours after I report for duty as the managing pharmacist, I shall complete an inventory of all controlled substances of the pharmacy pursuant to 21 CFR Part 1304 and maintain a copy of the inventory in the file at the pharmacy.

P.tq. I understand that if I cease to be managing pharmacist of the above-named pharmacy, I will jointly, with the new managing pharmacist, take an inventory of all controlled substances.

P.tq. I understand that as the managing pharmacist I must ensure that all loss or theft of controlled substances are reported on forms provided by the Nevada State Board of Pharmacy and Department of Public Safety within 10 days after the date of discovery of theft or loss. NRS 453.568. Federal regulations require that registrants notify the Field Division Office of the Administration in his area, in writing, of the theft or significant loss of any controlled substance, disposal receptacles or listed chemicals within one business day of discovery of such loss or theft. The registrant shall also complete and submit to the Field Division Office in his area, DEA Form 106 regarding the loss or theft (21 C.F.R. §1301.76(b) and 21 U.S.C. §830(b)(1)(C)).

P.tq. I understand that as the managing pharmacist I must notify the Nevada State Board of Pharmacy of all employment changes of pharmacy staff within 10 days of the change. NAC 639.540

Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?	☐	☑
2. Have you been charged, arrested, or convicted of a felony or misdemeanor in any state?	☐	☑
3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state?	☐	☑
4. Has your license been subjected to any discipline for violation of pharmacy or drug laws in any state?	☐	☑

If you marked YES to any questions above, include the following information and provide a signed statement of explanation. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Board Administrative Action:	State:	Date:	Case #:

Criminal Action:	State:	Date:	Case #:	County:	Court:

I certify under penalty of perjury that the information I have provided on this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

PHUONGQUYNH DOAN

Original signature of Managing Pharmacist (copies or stamps not accepted)

08 / 06 / 2025

Date

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

NOTICE OF INTENDED ACTION AND ACCUSATION

WALGREENS #04789
Certificate of Registration No. PH01359, Case No. 06-028A-PH-N

WALGREENS #05295
Certificate of Registration No. PH01687 Case No. 06-028B-PH-N

WALGREENS CO.,
Owner of Walgreens #04789 & #05295, Case No. 06-028C-PH-N

Respondents.
/

COMES NOW Larry L. Pinson, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, and makes the following that will serve as both a notice of intended action under Nevada Revised Statutes (NRS) 233B.127(3) and as an accusation under NRS 639.241.

I.

The Nevada State Board of Pharmacy has jurisdiction over this matter because Respondent Walgreens #04789 is a pharmacy licensed by the Board, located at 3495 South Virginia Street, Reno, Nevada, Walgreens #05295 is a pharmacy licensed by the Board, located at 750 North Virginia Street, Reno, Nevada, and Walgreens Co. is a publicly-traded corporation that owns and operates Walgreens #04789 and #05295.

II.

On January 26, 2006, Patient B had arthroscopic knee surgery and was discharged the same day with a prescription in the form of a discharge order from

Dr. Digby Preston for Norco 10/325 #40. The prescription clearly stated that there were zero (0) refills. Patient B took his Norco prescription to Walgreens #05295 on January 26, 2006 to have it filled. The prescription was filled that day by pharmacist John Luther as Rx #355481-05295. The prescription label for Rx #355481-05295 created by the computer system of Walgreens #05295 stated: "NO REFILLS – DR. AUTHORIZATION REQUIRED."

III.

On January 30, 2006 an unidentified Walgreens employee generated a new prescription number for Patient B for Norco 10/325 (Rx #356319-05295) and entered it as an "ADD REFILL" into the computer system for Walgreens #05295.

IV.

On February 4, 2006, Walgreens #05295 filled Rx #356319-05295. The prescription label for Rx #356319-05295 generated by the computer system at Walgreens #05295 stated: "5 REFILLS BEFORE 07/31/06." The prescription label also contained a box in which was stated: "Rx info – Rx# 255481-5295 on 01/30/2006 by JWL." Board Staff's investigation showed that there was no knowledge of or authorization by Dr. Preston or any other prescribing practitioner prior to the creation of or filling of Rx #356319-05295. Reportedly, this prescription was never picked up and was eventually returned to stock, though this could not be verified through records maintained at Walgreens #05295.

V.

On February 9, 2006, Mr. Luther entered into the computer system that six refills had been authorized by "MDFAX" for Rx #356319-05295. Board Staff's investigation showed that neither Dr. Preston nor any other prescribing practitioner knew about or

had approved any refills of either Rx #355481-05295 or Rx #356319-05295. Neither Mr. Luther nor any other employee of Walgreens #05295 could produce any proof that Dr. Preston had authorized the six refills for Rx #356319-05295, nor could anybody at Walgreens #05295 explain who placed the "ADD REFILL" notation in the computer system for Walgreens #05295 on January 30, 2006.

VI.

On March 20, 2006, Rx #356319-05295 was transferred to Walgreens #04789. A new prescription number, Rx #582580-04789 was generated at that time. The label generated for Rx #582580-04789 by the computer system at Walgreens #04789 when the prescription was first filled on March 20, 2006 stated: "5 REFILLS BEFORE 07/31/06," and also contained a box in which it stated: "Rx transferred from Rx# 356319-5295 on 03/20/2006; RPh Ints: JWL." Based on Rx #582580-04789, Patient B obtained refills from Walgreens #04789 on March 20, 2006, March 23, 2006, and March 29, 2006.

VII.

On April 1, 2006, Walgreens substituted generic hydrocodone/APAP 10/325 for Norco 10/325 for Patient B, and a new prescription number, Rx #585742-04789, was generated. The label generated for Rx #585742-04789 by the computer system at Walgreens #04789 when the prescription was filled on April 1, 2006 stated: "2 REFILLS BEFORE 07/31/06," and also contained a box in which it stated: "Rx created from Rx# 582580-5295 on 04/01/2006 by PDB." Walgreens #04789 dispensed one filling of Rx #585742-04789 to Patient B on April 1, 2006.

VIII.

On April 4, 2006, a new prescription number for Patient B for hydrocodone/APAP

10/325 was generated (Rx #586445-04789) at Walgreens #04789. The label generated for Rx #586445-04789 by the computer system at Walgreens #04789 when the prescription was first filled on April 4, 2006 stated: "2 REFILLS BEFORE 10/03/06," and also contained a box in which it stated: "Rx created from Rx# 582580-4789 on 04/04/2006 by TEK." Based on Rx #586445-04789, Walgreens #04789 dispensed refills for hydrocodone/APAP 10/325 #40 to Patient B on April 5, 2006 and April 10, 2006.

IX.

During Board Staff's investigation, nobody at Walgreens #04789 could explain (1) why Rx #586445-04789 was created, (2) who created it, (3) by whose authorization it was created, (4) why it referred back to Rx #582580-04789 rather than to Rx #585742-04789, (5) why it contained more refills than would by that time be authorized by law, and (6) why the date by which the refills were to be completed was changed from 7/31/06 to 10/3/06. Board Staff's investigation showed that Dr. Preston was not aware of and did not authorize Rx #586445-04789 or any refills of Patient B's Norco prescription.

X.

On April 17, 2006, Walgreens #04789 created for Patient B a new prescription number, Rx #589417-04789, again for Norco 10/325 #40. The label generated for Rx #589417-04789 by the computer system at Walgreens #04789 when the prescription was filled on April 17, 2006 stated: "NO REFILLS – DR. AUTHORIZATION REQUIRED," and also contained a box in which it stated: "Rx created from Rx# 586445-4789 on 04/17/2006 by SEF." Based on Rx #589417-04789, Walgreens #04789 dispensed one filling of Norco 10/325 #40 to Patient B on April 17, 2006.

XI.

Board Staff's investigation showed that neither Dr. Preston nor any other prescribing practitioner knew about or approved the creation, filling, and dispensing of Rx #589417-04789 for Patient B. Nobody at Walgreens #04789 could explain why Rx #589417-04789 was created or upon whose authorization.

XII.

On the morning of April 21, 2006, an unknown Walgreens employee faxed a "Prescription Request" form to Dr. Preston's office referencing a new prescription number, Rx #590330-04789, for Norco for Patient B. The "Prescription Request" form indicated that the prescription had last been refilled on April 17, 2006. Shortly after receipt of the "Prescription Request" form on or about April 21, 2006, Alissa Gabica, medical assistant to Dr. Digby Preston, called Walgreens #04789 to advise them that Patient B should not have received any refills of Norco and that he was not to receive any further fills without authorization.

XIII.

On an unknown date and time by an unknown person at Walgreens #04789, Rx #590330-04789 and its history were deleted from the computer system at Walgreens #04789. No trace of the prescription input remained in Patient B's profile. The only indication that the number existed was in the faxed "Prescription Request" form sent to the doctor's office and an unhelpful entry in the refill center screen of the TeamRx software at Walgreens #04789.

XIV.

On May 9, 2006, a new prescription number, Rx #594849-04789, was generated for Patient B for Norco 10/325 #40. The label generated for Rx #594849-04789 by the

computer system at Walgreens #04789 when the prescription was first filled on May 9, 2006 stated: "1 REFILL BEFORE 07/31/06," and also contained a box in which it was stated: "Rx created from Rx# 585742-4789 on 05/09/2006 by CJK." Based on Rx #594849-04789, Walgreens #04789 dispensed refills for Norco 10/325 #40 to Patient B on May 9, 2006 and for Norco 10/325 #28 on May 14, 2006.

XV.

Board Staff's investigation showed that neither Dr. Preston nor any other prescribing practitioner knew about or approved the creation, filling, and dispensing of Rx #594849-04789 for Patient B, particularly since the prescription was created by Walgreens #04789 after Ms. Gabica had specifically informed employees at Walgreens #04789 that Patient B was not to receive any new or refilled prescriptions from Norco. Nobody at Walgreens #04789 could explain why Rx #594849-04789 was created or upon whose authorization.

XVI.

On May 17, 2006, Walgreens #04789 generated a new prescription number, Rx #596685-04789, for Patient B for generic hydrocodone/APAP 10/325 #40. The label generated for Rx #596685-04789 by the computer system at Walgreens #04789 when the prescription was filled on May 17, 2006 stated: "NO REFILLS – DR. AUTHORIZATION REQUIRED," and also contained a box in which it stated: "Rx created from Rx# 594849-4789 on 05/09/2006 by CJK." Based on Rx #594849-04789, Walgreens #04789 dispensed hydrocodone 10/325 #40 to Patient B on May 17, 2006.

XVII.

Board Staff's investigation showed that neither Dr. Preston nor any other

prescribing practitioner knew about or approved the creation, filling, and dispensing of Rx #596685-04789 for Patient B. Nobody at Walgreens #04789 could explain why Rx #596685-04789 was created or upon whose authorization.

XIX.

Through the above course of conduct, Walgreens Co, Walgreens #05295 and Walgreens #04789 dispensed to Patient B eleven prescriptions for a total of 428 dosage units of Norco or generic hydrocodone 10/325 through the use of eight different prescription numbers over a four month period where only one fill for Norco 10/325 #40, the first fill on January 26, 2006, was actually authorized by Dr. Preston. Worse, three of the fills, for a total of 108 dosage units, occurred after Dr. Preston's office told Walgreens #04789 that none of the previous refills were authorized and that they were not authorized to create any additional prescriptions or refills.

FIRST CAUSE OF ACTION

XX.

By filling a Norco 10/325 #40 prescription (Rx #356319-05295) for Patient B on February 4, 2006 where the existing prescription (Rx #355481-05295) specifically stated that no refills were authorized and prior to receiving any other authorization from any prescribing practitioner, Walgreens #05295 violated Nevada Revised Statutes (NRS) 639.210(4), 639.2393(3), and 639.2396 and Nevada Administrative Code (NAC) 639.945(1)(d) and (i) and (2).

SECOND CAUSE OF ACTION

XXI.

By creating and adding six total fills to a Norco 10/325 #40 prescription for Patient B (Rx #356319-05295) on February 9, 2006 where the underlying prescription

lacked prescriber authorization and where the additional fills were not authorized by the prescriber (Dr. Preston), Walgreens #05295 violated NRS 639.210(4), 639.2393(3), and 639.2396 and NAC 639.945(1)(d) and (i) and (2).

THIRD CAUSE OF ACTION

XXII.

By failing to keep any record or other evidence regarding the disposition of the prescription it filled for Norco 10/325 #40 for Patient B on February 4, 2006 (Rx #356319-05295), including any record of whether the prescription had been returned to stock, Walgreens #05295 violated NRS 639.210(4) and NAC 639.935(3)(g)(2).

FOURTH CAUSE OF ACTION

XXIII.

By failing to decrement a refill of a prescription in its computer system or otherwise, namely by showing the two refills were still available on Rx #586445-04789 when, in fact, the preceding prescription to which it referred, Rx #585742-04789, had already been filled once and, thus, only one refill remained, thereby creating on additional unauthorized fill, Walgreens #04789 violated NRS 639.210(4), 639.2393(3), and 639.2396 and NAC 639.910(1)(h) and NAC 639.945(1)(d) and (i) and (2).

FIFTH CAUSE OF ACTION

XXIV.

By filling a refill of Rx #586445-04789 for generic hydrocodone/APAP 10/325 #40 for Patient B on April 10, 2006, thus filling the original prescription more than the original fill and five refills, Walgreens #04789 violated NRS 639.210(4) and 639.2393(1) and NAC 639.945(1)(d) and (i) and (2).

SIXTH CAUSE OF ACTION

XXV.

By failing to keep an accurate record in its computer system regarding Rx #586445-04789 – including failing to record who created the prescription, which prescriber authorized the prescription, why the prescription did not refer back to the immediately preceding prescription, why the number of refills exceeded the original putative authorization and Nevada law, and why the date by which the refills were to be provided was changed from 7/31/06 to 10/3/06 – Walgreens #04789 violated NRS 639.210(4) and NAC 639.910(1), 639.930(3) and (4), 639.935(3)(g)(1), (3), and (4), and NAC 639.945(1)(l) and (2).

SEVENTH CAUSE OF ACTION

XXVI.

By failing to keep an accurate record in its computer system regarding Rx #590330-04789 – including failing to record who created the prescription, which prescriber authorized the prescription, and who deleted the prescription from the pharmacy's computer system – Walgreens #04789 violated NRS 639.210(4) and NAC 639.910(1), 639.914(3), 639.930(3) and (4), 639.935(3)(g)(1), (3), and (4), and NAC 639.945(1)(l) and (2).

EIGHTH CAUSE OF ACTION

XXVII.

By creating Rx #594849-04789 for Norco 10/325 #40 for Patient B without any authorization from a prescriber and, in fact, after the prescriber had expressly indicated to Walgreens #04789 that no additional fills or refills were authorized, and in filling Rx #594849-04789 twice, on May 9, 2006 (#40) and on May 13, 2006 (#28), Walgreens

#04789 violated NRS 639.210(4), 639.2393(3), 639.2396, and 639.2397 and NAC 639.945(1)(d) and (i) and (2). Each filling of Rx #594849-04789 constitutes a separate violation that may be subject to separate and individual discipline.

NINTH CAUSE OF ACTION

XXVIII.

By failing to keep an accurate record in its computer system regarding Rx #594849-04789 – including failing to record who created the prescription, which prescriber authorized the prescription, and why the prescription refers to a prescription three prescriptions earlier rather than the immediately preceding prescription – Walgreens #04789 violated NRS 639.210(4) and NAC 639.910(1), 639.914(3), 639.930(3) and (4), 639.935(3)(g)(1), (3), and (4), and NAC 639.945(1)(i) and (2).

TENTH CAUSE OF ACTION

XXIX.

By creating Rx #596685-04789 for generic hydrocodone 10/325 #40 for Patient B without any authorization from a prescriber and, in fact, after the prescriber had expressly indicated to Walgreens #04789 that no additional fills or refills were authorized, and in filling Rx #596685-04789 on May 17, 2006, Walgreens #04789 violated NRS 639.210(4), 639.2393(3), 639.2396, and 639.2397 and NAC 639.945(1)(d) and (i) and (2).

ELEVENTH CAUSE OF ACTION

XXX.

By failing to decrement a refill of a prescription in its computer system or otherwise, namely by creating Rx #596685-04789 as cross-referenced to Rx #594849-04789 when, in fact, Rx #594849-04789 had already been filled twice and, thus, by its

own terms no refills remained, thereby creating on additional unauthorized fill, Walgreens #04789 violated NRS 639.210(4), 639.2393(3), and 639.2396 and NAC 639.910(1)(h) and NAC 639.945(1)(d) and (i) and (2).

TWELFTH CAUSE OF ACTION

XXXI.

By failing to keep an accurate record in its computer system regarding Rx #596685-04789 – including failing to record who created the prescription, which prescriber authorized the prescription, and why the prescription refers to a prescription as a cross-reference on which no additional fills remained – Walgreens #04789 violated NRS 639.210(4) and NAC 639.910(1), 639.914(3), 639.930(3) and (4), 639.935(3)(g)(1), (3), and (4), and NAC 639.945(1)(i) and (2).

THIRTEENTH CAUSE OF ACTION

XXXII.

By operation of the inadequate computer system and inadequate policies and procedures, Patient B obtained eleven prescription fills for Norco or generic hydrocodone 10/325 over a four month period accounting for a total of 428 dosage units – including three fills on two prescriptions for a total of 108 dosage units after Dr. Preston's office expressly informed Walgreens #04789 that no previous refills had been authorized and that no future fills or refills were authorized – where Patient B's prescribing practitioner, Dr. Preston, had only authorized one fill for a total of 40 dosage units, Walgreens Co, Walgreens #05295, and Walgreens #04789 violated NRS 639.210(4) and NAC 639.945(2) and all previous violations cited in the preceding twelve causes of action.

WHEREFORE it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to the certificates of registration of the Respondents.

Signed this 4th day of August, 2006.

Larry L. Pinson, Executive Secretary
Nevada State Board of Pharmacy

NOTICE TO RESPONDENT

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements regarding your certificate of registration. To do so, you must mail to the Board within 15 days of your receipt of this Notice of Intended Action and Accusation a written statement showing your compliance.

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

FINDINGS OF FACT, CONCLUSIONS OF LAW, AND ORDER

WALGREENS #04789
Certificate of Registration No. PH01359,

Case No. 06-028A-PH-N

WALGREENS #05295
Certificate of Registration No. PH01687

Case No. 06-028B-PH-N

WALGREENS CO.,
Owner of Walgreens #04789 & #05295,

Case No. 06-028C-PH-N

Respondents.

THIS MATTER was heard by the Nevada State Board of Pharmacy (hereinafter Board) at its regular meeting on September 6, 2006 in Reno, Nevada. The Board was represented by Louis Ling, General Counsel to the Board. All Respondents were represented by Robert C. Graham. Based on the presentations of the parties and the public records in the possession and control of the Board, the Board issues the following Findings of Fact, Conclusions of Law, and Order:

FINDINGS OF FACT

1. At hearing, Board Staff presented the testimony of Alissa Gabica and Joseph Depczynski, and Respondents presented the testimony of Eman Gobran and Robby Jacobs. Board Staff presented two exhibits, one that was accepted into evidence and the other that was referred to for demonstrative purposes and Respondents presented one exhibit that was accepted into evidence. Based upon the presentations of the parties, the Board finds the following to be the facts of this matter.

2. On January 26, 2006, Patient B had arthroscopic knee surgery and was discharged the same day with a prescription in the form of a discharge order from Dr. Digby Preston for Norco 10/325 #40. The prescription clearly stated that there were zero (0) refills. Patient B took his Norco prescription to Walgreens #05295 on January 26, 2006 to have it filled. The prescription was filled that day by pharmacist John Luther as Rx #355481-05295. The prescription label for Rx #355481-05295 created by the computer system of Walgreens #05295 stated: "NO REFILLS – DR. AUTHORIZATION REQUIRED."

3. On January 30, 2006 an unidentified Walgreens employee generated a new prescription number for Patient B for Norco 10/325 (Rx #356319-05295) and entered it as an "ADD REFILL" into the computer system for Walgreens #05295.

4. On February 4, 2006, Walgreens #05295 filled Rx #356319-05295. The prescription label for Rx #356319-05295 generated by the computer system at Walgreens #05295 stated: "5 REFILLS BEFORE 07/31/06." The prescription label also contained a box in which was stated: "Rx info – Rx# 255481-5295 on 01/30/2006 by JWL." Board Staff's investigation showed that there was no knowledge of or authorization by Dr. Preston or any other prescribing practitioner prior to the creation of or filling of Rx #356319-05295. Reportedly, this prescription was never picked up and was eventually returned to stock, though this could not be verified through records maintained at Walgreens #05295.

5. On February 9, 2006, Mr. Luther entered into the computer system that six refills had been authorized by "MDFAX" for Rx #356319-05295. Board Staff's investigation showed that neither Dr. Preston nor any other prescribing practitioner knew about or had approved any refills of either Rx #355481-05295 or Rx #356319-

05295. Neither Mr. Luther nor any other employee of Walgreens #05295 could produce any proof that Dr. Preston had authorized the six refills for Rx #356319-05295, nor could anybody at Walgreens #05295 explain who placed the "ADD REFILL" notation in the computer system for Walgreens #05295 on January 30, 2006.

6. At hearing, Ms. Gabica testified that she was the person in Dr. Preston's office who was authorized to call in or otherwise handle prescriptions and prescription refill authorizations and that she always recorded such authorizations in the charts maintained in Dr. Preston's office. Ms. Gabica testified that Dr. Preston did not authorize the six refills that appeared in the Walgreens #05295 computer system. Ms. Gabica further testified that neither she nor Dr. Preston were even aware of the refill authorizations and that that number of refills were never authorized by Dr. Preston for any patients, including Patient B. Regarding Patient B, it was Ms. Gabica's and Dr. Preston's understanding that with the exception of the initial prescription for Norco, the remainder of Patient B's pain medications were to be Lortab 7.5, which prescriptions were, in fact, authorized by and known to Ms. Gabica and Dr. Preston. At all times, we found Ms. Gabica's testimony to be credible, authoritative, and informative.

7. On March 20, 2006, Rx #356319-05295 was transferred to Walgreens #04789. A new prescription number, Rx #582580-04789 was generated at that time. The label generated for Rx #582580-04789 by the computer system at Walgreens #04789 when the prescription was first filled on March 20, 2006 stated: "5 REFILLS BEFORE 07/31/06," and also contained a box in which it stated: "Rx transferred from Rx# 356319-5295 on 03/20/2006; RPh Ints: JWL." Based on Rx #582580-04789, Patient B obtained refills from Walgreens #04789 on March 20, 2006, March 23, 2006, and March 29, 2006.

8. On April 1, 2006, Walgreens substituted generic hydrocodone/APAP 10/325 for Norco 10/325 for Patient B, and a new prescription number, Rx #585742-04789, was generated. The label generated for Rx #585742-04789 by the computer system at Walgreens #04789 when the prescription was filled on April 1, 2006 stated: "2 REFILLS BEFORE 07/31/06," and also contained a box in which it stated: "Rx created from Rx# 582580-5295 on 04/01/2006 by PDB." Walgreens #04789 dispensed one filling of Rx #585742-04789 to Patient B on April 1, 2006.

9. On April 4, 2006, a new prescription number for Patient B for hydrocodone/APAP 10/325 was generated (Rx #586445-04789) at Walgreens #04789. The label generated for Rx #586445-04789 by the computer system at Walgreens #04789 when the prescription was first filled on April 4, 2006 stated: "2 REFILLS BEFORE 10/03/06," and also contained a box in which it stated: "Rx created from Rx# 582580-4789 on 04/04/2006 by TEK." Based on Rx #586445-04789, Walgreens #04789 dispensed refills for hydrocodone/APAP 10/325 #40 to Patient B on April 5, 2006 and April 10, 2006.

10. At hearing, neither Ms. Gobran nor Mr. Jacobs could explain (1) why Rx #586445-04789 was created, (2) who created it, (3) by whose authorization it was created, (4) why it referred back to Rx #582580-04789 rather than to Rx #585742-04789, (5) why it contained more refills than would by that time be authorized by law, and (6) why the date by which the refills were to be completed was changed from 7/31/06 to 10/3/06. Ms. Gabica clearly testified that Dr. Preston was not aware of and did not authorize Rx #586445-04789 or any of the other refills of Patient B's Norco prescription.

11. On April 17, 2006, Walgreens #04789 created for Patient B a new prescription number, Rx #589417-04789, again for Norco 10/325 #40. The label generated for Rx #589417-04789 by the computer system at Walgreens #04789 when the prescription was filled on April 17, 2006 stated: "NO REFILLS – DR. AUTHORIZATION REQUIRED," and also contained a box in which it stated: "Rx created from Rx# 586445-4789 on 04/17/2006 by SEF." Based on Rx #589417-04789, Walgreens #04789 dispensed one filling of Norco 10/325 #40 to Patient B on April 17, 2006. At hearing, neither Ms. Gobran nor Mr. Jacobs could explain why Rx #589417-04789 was created or upon whose authorization.

12. On the morning of April 21, 2006, an unknown Walgreens employee faxed a "Prescription Request" form to Dr. Preston's office referencing a new prescription number, Rx #590330-04789, for Norco for Patient B. The "Prescription Request" form indicated that the prescription had last been refilled on April 17, 2006. Shortly after receipt of the "Prescription Request" form on or about April 21, 2006, Ms. Gabica called Walgreens #04789 to advise them that Patient B should not have received any refills of Norco and that he was not to receive any further fills without authorization. Ms. Gabica testified that she was particularly concerned about the refill request form because it indicated that the last refill had been on April 17, 2006, and she knew that no refills had ever been authorized for Patient B for Norco at any time since the original prescription had been issued. Ms. Gabica also testified that at the time she spoke with employees at Walgreens #04789 she informed them that Dr. Preston would not authorize the refill requested and that the pharmacy was not to fill any additional refills or prescriptions for hydrocodone for Patient B after that date.

13. On an unknown date and time by an unknown person at Walgreens #04789, Rx #590330-04789 and its history were deleted from the computer system at Walgreens #04789. No trace of the prescription input remained in Patient B's profile. The only indication that the number existed was in the faxed "Prescription Request" form sent to the doctor's office and an unhelpful entry in the refill center screen of the TeamRx software at Walgreens #04789.

14. On May 9, 2006, a new prescription number, Rx #594849-04789, was generated for Patient B for Norco 10/325 #40. The label generated for Rx #594849-04789 by the computer system at Walgreens #04789 when the prescription was first filled on May 9, 2006 stated: "1 REFILL BEFORE 07/31/06," and also contained a box in which it was stated: "Rx created from Rx# 585742-4789 on 05/09/2006 by CJK." Based on Rx #594849-04789, Walgreens #04789 dispensed refills for Norco 10/325 #40 to Patient B on May 9, 2006 and for Norco 10/325 #28 on May 14, 2006.

15. Ms. Gabica testified that neither she nor Dr. Preston knew about or approved the creation, filling, and dispensing of Rx #594849-04789 for Patient B, particularly since the prescription was created by Walgreens #04789 after Ms. Gabica had specifically informed employees at Walgreens #04789 that Patient B was not to receive any new or refilled prescriptions from Norco. Nobody at Walgreens #04789 could explain why Rx #594849-04789 was created or upon whose authorization.

16. On May 17, 2006, Walgreens #04789 generated a new prescription number, Rx #596685-04789, for Patient B for generic hydrocodone/APAP 10/325 #40. The label generated for Rx #596685-04789 by the computer system at Walgreens #04789 when the prescription was filled on May 17, 2006 stated: "NO REFILLS – DR. AUTHORIZATION REQUIRED," and also contained a box in which it stated: "Rx

created from Rx# 594849-4789 on 05/09/2006 by CJK." Based on Rx #594849-04789, Walgreens #04789 dispensed hydrocodone 10/325 #40 to Patient B on May 17, 2006.

17. Ms. Gabica testified that neither she nor Dr. Preston knew about or approved the creation, filling, and dispensing of Rx #596685-04789 for Patient B. Neither Ms. Gobran nor Mr. Jacobs could explain why Rx #596685-04789 was created or upon whose authorization.

18. Through the above course of conduct, Walgreens Co, Walgreens #05295 and Walgreens #04789 dispensed to Patient B eleven prescriptions for a total of 428 dosage units of Norco or generic hydrocodone 10/325 through the use of eight different prescription numbers over a four month period where only one fill for Norco 10/325 #40, the first fill on January 26, 2006, was actually authorized by Dr. Preston. Three of the fills, for a total of 108 dosage units, occurred after Ms. Gabica specifically instructed Walgreens #04789 that none of the previous refills were authorized and that they were not authorized to create any additional prescriptions or refills.

19. Ms. Gobran testified that Walgreens policy did not require the keeping of facsimile prescription forms or facsimile refill authorizations. She explained that Walgreens' computer system contained an automated refill authorization protocol by which the computer system would automatedly send a facsimile refill authorization to a practitioner when a refill authorization was deemed necessary by a pharmacist. The automated facsimile refill authorization could be manually overridden by a pharmacist. Ms. Gobran explained that a facsimile authorization that was transmitted back to a pharmacy could easily be scanned into the pharmacy's computer system like any other prescription.

20. Ms. Gobran could not definitively explain any of the course of conduct regarding Patient B's Norco and generic Norco prescriptions discussed in the preceding paragraphs. Ms. Gobran explained that the best she could do was assume that Walgreens' policies and procedures were followed even though Walgreens' own records seemed to demonstrate otherwise. Neither Ms. Gobran nor Mr. Jacobs could explain or produce proof to refute Ms. Gabica's testimony that none of the refills or new prescriptions involved in this matter were known to or were authorized by Dr. Preston.

21. Mr. Jacobs explained that Walgreens' computer system had no capability to identify whether a prescription had been returned to stock. Walgreens' policy allows for the pre-filling of prescriptions while awaiting physician authorization, and such pre-filled prescriptions are kept in a "quarantine" drawer until authorization is received. If authorization is not received for a "quarantined" pre-filled prescription, or if a patient does not pick up a filled prescription, then the prescription is returned to stock, but no record is made, either on paper or in the pharmacy's computer system, that the prescription was returned to stock.

22. Mr. Jacobs also explained that Walgreens' computer system did not record whether an automatedly generated facsimile refill authorization request was actually sent or received. The indication of "MDFAX" in the computer record, therefore, was no actual indicator of whether the facsimile had been sent or been received by the physician's office.

23. Neither Ms. Gobran nor Mr. Jacobs could explain what actually happened regarding Patient B's Norco and generic Norco prescriptions. Both guessed that certain things may have happened or must have happened to explain the course of conduct, but neither could offer any proof.

24. In the end, the Board was left with a clear record of ten refills and new prescriptions for a schedule III controlled substances, Norco and generic Norco, for Patient B that were not authorized by Dr. Preston. Walgreens presented no evidence to refute this clear record. While we appreciate Ms. Gobran's and Mr. Jacob's surmises as to what may have happened, we must base our ruling upon facts, and the facts, mostly Walgreens' own records, show that none of the ten refills or new prescriptions dispensed to Patient B beyond the original prescription were known to or authorized by Dr. Preston. Thus, Patient B received months' worth of duplicative hydrocodone prescriptions (since Patient B was also receiving Lortab 7.5 mg. prescriptions throughout the same time period) about which Patient B's treating physician had no knowledge. Worse yet, even after Dr. Preston's office indicated that the duplicative prescriptions were no longer authorized and must cease, Walgreens #04789 dispensed three more prescriptions totaling 108 dosage units anyway. Though such conduct did not cause any known harm to Patient B in this matter, such loose practices and recordkeeping is ripe for either abuse or harm and cannot continue.

CONCLUSIONS OF LAW

1. The Nevada State Board of Pharmacy has jurisdiction over this matter because Respondent Walgreens #04789 is a pharmacy licensed by the Board, located at 3495 South Virginia Street, Reno, Nevada, Walgreens #05295 is a pharmacy licensed by the Board, located at 750 North Virginia Street, Reno, Nevada, and Walgreens Co. is a publicly-traded corporation that owns and operates Walgreens #04789 and #05295.

2. By filling a Norco 10/325 #40 prescription (Rx #356319-05295) for Patient B on February 4, 2006 where the existing prescription (Rx #355481-05295) specifically

stated that no refills were authorized and prior to receiving any other authorization from any prescribing practitioner, Walgreens #05295 violated NRS 639.210(4), 639.2393(3), and 639.2396 and NAC 639.945(1)(d) and (i) and (2).

3. By creating and adding six total fills to a Norco 10/325 #40 prescription for Patient B (Rx #356319-05295) on February 9, 2006 where the underlying prescription lacked Dr. Preston's authorization and where the additional fills were not authorized by Dr. Preston, Walgreens #05295 violated NRS 639.210(4), 639.2393(3), and 639.2396 and NAC 639.945(1)(d) and (i) and (2).

4. By failing to keep any record or other evidence regarding the disposition of the prescription it filled for Norco 10/325 #40 for Patient B on February 4, 2006 (Rx #356319-05295), including any record of whether the prescription had been returned to stock, Walgreens #05295 violated NRS 639.210(4) and NAC 639.935(3)(g)(2).

5. By failing to decrement a refill of a prescription in its computer system or otherwise, namely by showing the two refills were still available on Rx #586445-04789 when, in fact, the preceding prescription to which it referred, Rx #585742-04789, had already been filled once and, thus, only one refill remained, thereby creating an additional unauthorized fill, Walgreens #04789 violated NRS 639.210(4), 639.2393(3), and 639.2396 and NAC 639.910(1)(h) and NAC 639.945(1)(d) and (i) and (2).

6. By filling a refill of Rx #586445-04789 for generic hydrocodone/APAP 10/325 #40 for Patient B on April 17, 2006, thus filling the original prescription more than the original fill and five refills, Walgreens #04789 violated NRS 639.210(4) and 639.2393(1) and NAC 639.945(1)(d) and (i) and (2).

7. By failing to keep an accurate record in its computer system regarding Rx #586445-04789, Walgreens #04789 violated NRS 639.210(4) and NAC 639.910(1), 639.930(3) and (4), 639.935(3)(g)(1), (3), and (4), and NAC 639.945(1)(i) and (2).

8. By failing to keep an accurate record in its computer system regarding Rx #590330-04789, Walgreens #04789 violated NRS 639.210(4) and NAC 639.910(1), 639.914(3), 639.930(3) and (4), 639.935(3)(g)(1), (3), and (4), and NAC 639.945(1)(i) and (2).

9. By creating Rx #594849-04789 for Norco 10/325 #40 for Patient B without any authorization from a prescriber and, in fact, after the prescriber had expressly indicated to Walgreens #04789 that no additional fills or refills were authorized, and in filling Rx #594849-04789 twice, on May 9, 2006 (#40) and on May 13, 2006 (#28), Walgreens #04789 violated NRS 639.210(4), 639.2393(3), 639.2396, and 639.2397 and NAC 639.945(1)(d) and (i) and (2). Each filling of Rx #594849-04789 constitutes a separate violation that may be subject to separate and individual discipline.

10. By failing to keep an accurate record in its computer system regarding Rx #594849-04789, Walgreens #04789 violated NRS 639.210(4) and NAC 639.910(1), 639.914(3), 639.930(3) and (4), 639.935(3)(g)(1), (3), and (4), and NAC 639.945(1)(i) and (2).

11. By creating Rx #596685-04789 for generic hydrocodone 10/325 #40 for Patient B without any authorization from a prescriber and, in fact, after the prescriber had expressly indicated to Walgreens #04789 that no additional fills or refills were authorized, and in filling Rx #596685-04789 on May 17, 2006, Walgreens #04789 violated NRS 639.210(4), 639.2393(3), 639.2396, and 639.2397 and NAC 639.945(1)(d) and (i) and (2).

12. By failing to decrement a refill of a prescription in its computer system or otherwise, namely by creating Rx #596685-04789 as cross-referenced to Rx #594849-04789 when, in fact, Rx #594849-04789 had already been filled twice and, thus, by its own terms no refills remained, thereby creating an additional unauthorized fill, Walgreens #04789 violated NRS 639.210(4), 639.2393(3), and 639.2396 and NAC 639.910(1)(h) and NAC 639.945(1)(d) and (i) and (2).

13. By failing to keep an accurate record in its computer system regarding Rx #596685-04789, Walgreens #04789 violated NRS 639.210(4) and NAC 639.910(1), 639.914(3), 639.930(3) and (4), 639.935(3)(g)(1), (3), and (4), and NAC 639.945(1)(i) and (2).

ORDER

Based upon the foregoing, the Board hereby orders the following:

1. Walgreens #04789 and Walgreens #05295 shall jointly and severally pay a fine of $24,000.00 ($2,000 per cause of action for each of the twelve causes of action for which violations were found) by cashier's or certified check or money order made payable to "State of Nevada, Office of the Treasurer" to be received by the Board's Reno office within 60 days of the effective date of this Order.

2. Walgreens #04789 and Walgreens #05295 shall jointly and severally pay the Board's costs and attorney's fees and the Board's administrative fee of $295.00. Once the total costs and attorney's fees have been determined by Board Staff and approved by the Board's President, Board Staff shall send a notice to Walgreens #04789 and Walgreens #05295 explaining the total amount due under this paragraph. The payment of the fees and costs under this paragraph will thereafter be due by cashier's or certified

check or money order made payable to "Nevada State Board of Pharmacy" to be received by the Board's Reno office within 60 days of the date of Board Staff's notice.

3. Walgreens #04789 and Walgreens #05295 shall each be on probation for two years commencing on the effective date of this Order according to the following terms and conditions:

a. Walgreens #04789 and Walgreens #05295 shall keep a copy of all facsimiles regarding new prescriptions and refills received by the pharmacies in their respective records. Each pharmacy may satisfy this condition by either keeping a paper copy of the record in the prescription files of the pharmacy or by scanning the facsimile into the pharmacy's computer system as part of the computerized record for that patient and prescription.

b. Walgreens #04789 and Walgreens #05295 shall audit their respective computer systems for the period of January 1, 2006 through the date of the audit. The intent of the audit is to determine if either pharmacy has other prescriptions or chains of prescriptions similar to the prescription and chain of prescriptions in this case where prescriptions have refills added or have their numbers changed so that more of a drug is dispensed than was authorized by a practitioner. In furtherance of the intent of the audit, the Board asked that a report be prepared from each pharmacy's computer system that contains all prescription records where the following elements are common:

(1) The field in which the name of the person to whom the pharmacy staff would have spoken about practitioner authorization for a new prescription or refill of an existing prescription does not contain any data;

(2) The automated facsimile feature has been manually disabled or was never enabled; and

(3) The prescription was terminated and then reactivated.

c. The audit should go beyond the specific report in subparagraphs (3)(b)(1), (2), and (3) for each pharmacy where such additional information is necessary to satisfy the intent of the audit.

d. The audit shall be completed and its findings shall be presented to Board Staff no later than January 2, 2007 so that the audits findings can be presented to and discussed by the Board at its regularly scheduled meeting on January 10 and 11, 2007 in Reno, Nevada. Representatives from Walgreens shall appear at the Board's meeting on January 10 and 11, 2007 at a time and date as later directed by Board Staff to discuss the audits' findings with the Board.

e. Walgreens #04789 and Walgreens #05295 shall comply with all laws related to the practice of pharmacy, whether state or federal and whether statutory or regulatory.

4. The failure by either Walgreens #04789 or Walgreens #05295 to comply with any term in this order shall result in a fine of $1,000 per day for every day that it has failed to comply with the Order until the Order is fully complied with, up to a total fine not to exceed $30,000, and will also result in further discipline, up to and including revocation of the its license.

Signed and effective this 1st day of October, 2006.

Joseph R. Kellogg, President
Nevada State Board of Pharmacy

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

FINDINGS OF FACT, CONCLUSIONS OF LAW, AND ORDER

ANDREW P. WRIGHT, R.Ph.,
Certificate of Registration #12439,

Case No. 01-007A-RPH-N

WALGREENS #04789,
Certificate of Registration #PH01359,

Case No. 01-007B-PH-N

Respondents.

THIS MATTER was heard by the Nevada State Board of Pharmacy (hereinafter Board) at its regular meeting on March 7, 2001 in Reno, Nevada. The Board was represented by Louis Ling, General Counsel to the Board. Mr. Wright and Walgreens #04789 were represented by Robert Graham. Mr. Wright testified on his own behalf and was accompanied by George Flaherty, Pharmacy Manager for Walgreens. Mr. Wright also presented one document that was accepted into evidence. Based on the admission and presentations of the parties and the public records in the possession and control of the Board, the Board issues the following Findings of Fact, Conclusions of Law, and Order:

FINDINGS OF FACT

1. At hearing, Mr. Wright admitted that the facts as plead in the Notice of Intended Action and Accusation were true. Mr. Wright and Mr. Flaherty testified by way of explanation and mitigation. Based upon the admissions and testimony presented by Mr. Wright as well as the documents and public records in the possession of the Board, following are found to be the facts in this matter.

2. On January 2, 2001, Patient B requested a refill for Ditropan XL 10 mg. Patient B was a regular customer of Walgreens #04789 and had this prescription originally filled at this pharmacy. Mr. Wright refilled the prescription.

3. On January 2, 2001, the prescription was dispensed by Walgreens #04789 to Patient B and she began taking the medication as she normally had in the past. Patient B took the medication once per day for four days before being taken to the emergency room at St. Mary's Hospital on January 5th, 2001.

4. At St. Mary's Hospital, it was discovered that Patient B had received and had been taking Glucotrol XL 10 mg., not the Ditropan XL 10 mg. that had been ordered by Patient B's physician and for which the prescription had been labeled. Patient B was not a diabetic and had no medical need for Glucotrol XL 10 mg.

5. Patient B was hospitalized for two days to stabilize the dangerously low blood sugar levels that resulted from her taking Glucotrol XL 10 mg. for four days. It appeared that Patient B suffered no permanent medical harm as a result of her taking of the incorrect medication and subsequent hospitalization.

6. At hearing, Mr. Wright explained that he filled Patient B's prescription incorrectly and that he probably just saw the "XL" on the prescription and grabbed the Glucotrol XL 10 mg. to fill the prescription because that was the "XL" product he most commonly used. Mr. Wright appeared genuinely remorseful for his misfiling of Patient B's prescription.

7. At hearing, Mr. Flaherty explained that in the wake of the error involving Patient B's prescription, he instituted a new policy that will require that pharmacists overlap the final hour of the long shift of the type worked by Mr. Wright on the day that he committed the error regarding Patient B's prescription. This new policy, Mr. Flaherty hoped, would allow the two pharmacists to converse about the day's work and to double-check each other's work.

CONCLUSIONS OF LAW

1. The Board has jurisdiction over this matter because Mr. Wright is a pharmacist licensed by the Board and Walgreens #04789 is a pharmacy licensed by the Board.

2. In dispensing Patient B's prescription incorrectly by labeling the prescription for Ditropan XL 10 mg. but filling the vial with Glucotrol XL 10 mg., Mr. Wright violated NRS 639.210(4) and NAC 639.945(1)(i).

3. In owning and operating the pharmacy in which Mr. Wright was employed and in which the error by Mr. Wright took place, Walgreen #04789 violated NRS 639.210(4) and NAC 639.945(1)(i) and (2).

ORDER

Based upon the foregoing, the Board hereby orders the following:

1. Mr. Wright shall pay a fine of $400, in cash, cashier's or certified check, or money order made payable to "State of Nevada, Office of the Treasurer" to be received by the Board's Reno office within 60 days of the effective date of this Order. Mr. Wright shall pay one-half the Board's costs of hearing and investigation ($340.00) plus one-half the Board's administrative fee ($250.00), for a total of $295.00, in cash, cashier's or certified check, or money order made payable to "Nevada State Board of Pharmacy" to be received by the Board's Reno office within 60 days of the effective date of this Order.

2. Walgreens #04789 shall pay one-half the Board's costs of hearing and investigation ($340.00) plus one-half the Board's administrative fee ($250.00), for a total of $295.00, in cash, cashier's or certified check, or money order made payable to "Nevada State Board of Pharmacy" to be received by the Board's Reno office within 60 days of the effective date of this Order.

3. The failure by Mr. Wright to comply with any term in this order shall result in the immediate suspension of his license and will also result in further discipline, up to and including revocation of the his license. The failure by Walgreens #04789 to comply

with any term in this Order shall result in a fine of $1,000 per day for every day that the term is not complied with, up to a maximum of $30,000, and will also result in further discipline, up to and including revocation of its license. Furthermore, any failure to pay any fine, fee, or cost ordered herein will also result in such legal action as Board staff determines to be necessary to collect the unpaid fine, fee, or cost.

Signed and effective this 6th day of April, 2001.

Larry L. Pinson, President
Nevada State Board of Pharmacy

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

NOTICE OF INTENDED ACTION AND ACCUSATION

ANDREW P. WRIGHT, R.Ph.
Certificate of Registration No. 12439

Case Number 01-007A-RPH-N

WALGREENS #04789
Certificate of Registration No: PH01359

Case Number 01-007B-PH-N

Respondents.

COMES NOW Keith W. Macdonald, in his official capacity as Executive Secretary of the Nevada State board of Pharmacy, and makes the following that will serve as both a notice of intended action under Nevada Revised Statutes (NRS) 233B.127(3) and as an accusation under NRS 639.241.

I.

The Nevada State Board of Pharmacy has jurisdiction over this matter because Respondent Andrew P. Wright is a pharmacist licensed by the Board and Respondent Walgreens #04789 is a pharmacy licensed by the Board, located at 3495 South Virginia Street, Reno, Nevada.

II.

On or about January 2, 2001 Patient B requested a refill for Ditropan XL 10 mg. Patient B was a regular customer of Walgreens #04789 and had this prescription originally filled at this pharmacy. Mr. Wright refilled the prescription.

III.

On January 2, 2001 the prescription was dispensed to Patient B and she began taking the medication as she normally had in the past. Patient B took the medication once per day for four days before being taken to the emergency room at St. Mary's Hospital on January 5th, 2001.

IV.

It was discovered at the hospital that Patient B had received and had been taking Glucotrol XL 10 mg., even though the prescription label indicated Ditropan XL 10 mg.

V.

Patient B was hospitalized for two days to stabilize the dangerously low blood sugar levels that resulted from her taking Glucotrol XL for four days.

FIRST CAUSE OF ACTION

VI.

In dispensing Patient B's prescription incorrectly, Mr. Wright violated NRS 639.210(4) and Nevada Administrative Code (NAC) 639.945 (1)(i).

SECOND CAUSE OF ACTION

VII.

In owning and operating the pharmacy in which the error took place, Walgreens #04789 violated NRS 639.210(4) and NAC 639.945 (1)(i) and (2).

WHEREFORE it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to the licenses or registrations of the Respondents.

Signed this 2ND day of February, 2001.

Keith W. Macdonald, Executive Secretary
Nevada State Board of Pharmacy

NOTICE TO RESPONDENT

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements regarding your certificate of registration. To do so, you must mail to the Board within 10 days of your receipt of this Notice of Intended Action and Accusation a written statement showing your compliance.

Section 9: Statement of Responsibility - MUST BE COMPLETED by an Authorized Person (NAC 639.945)

Statement of Responsibility

1. I am the Vice President (title) for Walgreen Co. (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be responsible for any violations of pharmacy law that may occur in the Pharmacy owned by such owner(s), shareholder(s), member(s), or partner(s).
3. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against the Pharmacy.
4. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) cannot require or permit the pharmacist(s) in said Pharmacy to violate any provision of local, state, or federal laws or regulations pertaining to the practice of pharmacy.
5. I further understand and acknowledge that Nevada law requires that each pharmacy located inside the State of Nevada employ only pharmacists, intern pharmacists, pharmaceutical technicians, and technicians in training that are licensed by the Nevada State Board of Pharmacy. (NRS 639.100).
6. I further understand and acknowledge that Nevada law requires that each pharmacy located outside the State of Nevada engaged in providing pharmacy services into Nevada employs at least one pharmacist licensed by the Nevada State Board of Pharmacy who will be responsible for any prescription dispensed to a patient located in Nevada and responsible for any acts or omissions of pharmacy personnel who are not registered with the Board. (NRS 639.2328).

Richard Gates

Print Name of Authorized Person

Richard Gates

Original signature of Authorized Person (copies or stamps not accepted)

08 / 26 / 2025

Date

Section 10: Affidavit for Pharmacies- MUST BE COMPLETED by pharmacies NOT CURRENTLY PERFORMING Sterile Compounding

Affidavit for Pharmacy License

I, Richard Gates hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

1. I am the Vice President (title) for Walgreen Co. (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I certify that upon licensure, the Pharmacy will not perform sterile compounding or ship sterile compounds into Nevada.
3. I understand and acknowledge that the Pharmacy and any of its staff members may be subject to discipline by the Board if the Pharmacy performs sterile compounding or ships any sterile compounds into Nevada without first obtaining written authorization from the Board to do so.
4. I certify that if the Pharmacy makes the decision to perform sterile compounding or to ship any sterile compounds into Nevada, the Pharmacy, through an authorized representative, will first notify the Board via a written request, and obtain written approval to perform sterile compounding or to ship any sterile compounds into Nevada.
5. I understand that if the Pharmacy seeks approval to perform sterile compounding or to ship any sterile compounds into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

FURTHER YOUR AFFIANT SAYETH NAUGHT.

Signature

SUBSCRIBED AND SWORN TO
Before me, a notary public this 20th day of August, 2025

Zeljka Borosa-Rajcevic
Notary Public

OFFICIAL SEAL
ZELJKA BOROSA RAJCEVIC
Notary Public, State of Illinois
Commission No. 977646
My Commission Expires September 8, 2027

CONFIDENTIAL/EXEMPT FROM
FREEDOM OF INFORMATION ACT AND
SIMILAR STATE REQUESTS

Ownership Information

Ownership & Leadership of Applicant Entity

Applicant: **Walgreen Co.**
108 Wilmot Rd., Deerfield, IL 60015

Ownership: The Applicant entity is wholly owned (100%) by Walgreens Boots Alliance, Inc.

Officers of Walgreen Co.
Michael Motz - CEO
Richard Gates - Senior Vice President, Chief Pharmacy Officer
Cherita Thomas - Secretary
Matthew Spina - CFO
Michael Handal - Licensing and Provider Enrollment Officer

Ownership & Leadership of Walgreens Boots Alliance, Inc.

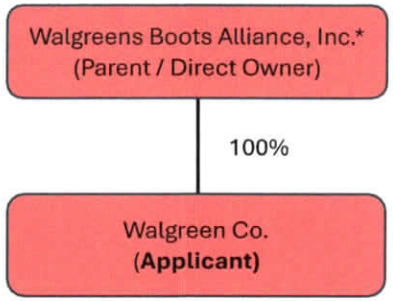
Ownership: Walgreens Boots Alliance, Inc. is wholly owned (100%) by Blazing Star Parent, LLC

Officers of Walgreens Boots Alliance, Inc.
Temporarily vacant - CEO
Mark Weisz - Sr VP, Global Tax
Manmohan Mahajan - Sr VP, Global Controller, CFO
Lanesha Minnix - Corporate Secretary

Please see the attached pre- and post-closing Corporate Organization chart for reference.

Proprietary and Confidential
Not a public record pursuant to
Section 7927.605 of the CPRA and
45 CFR Section 5.31

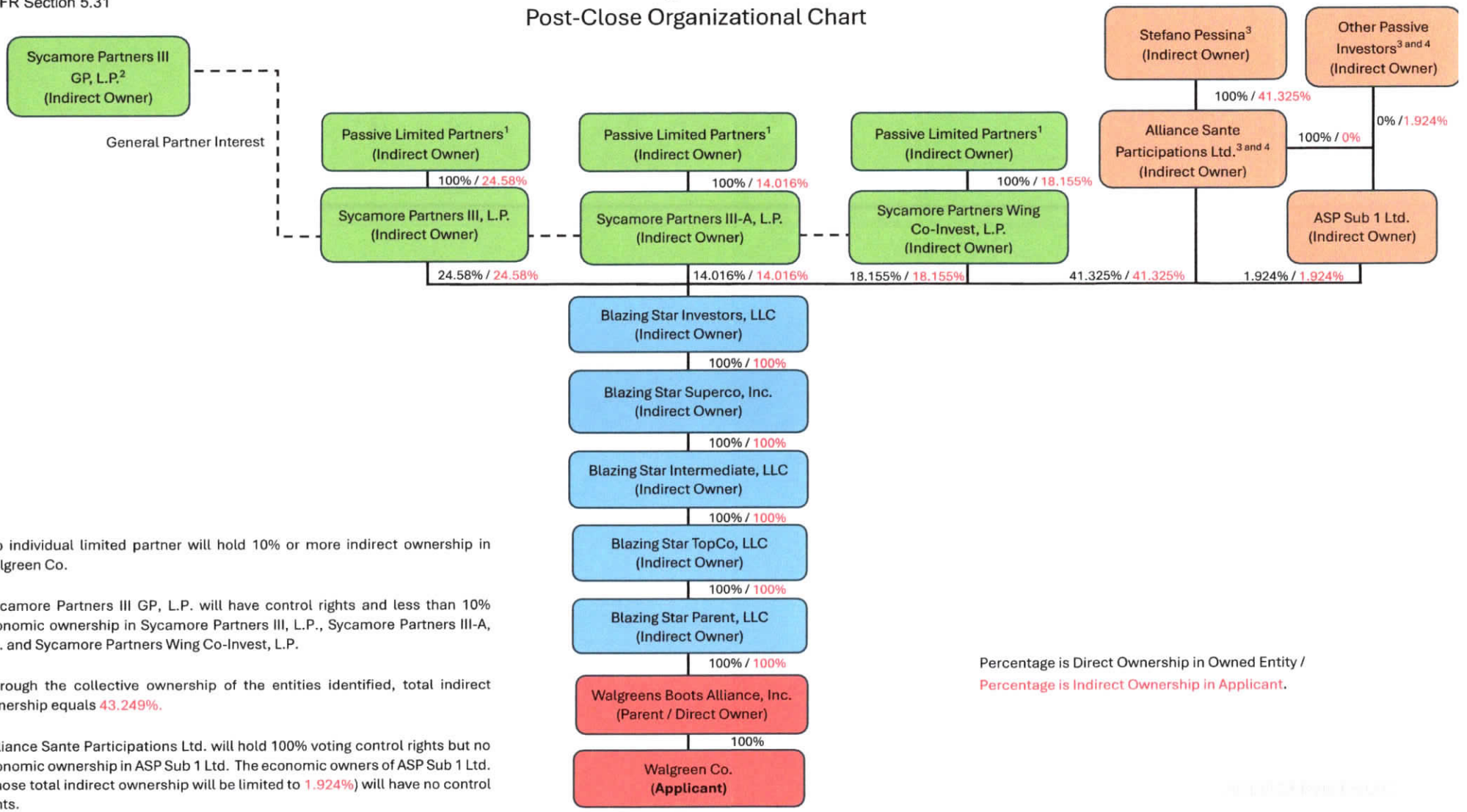
Walgreen Co.
Pre-Close Organizational Chart



Publicly Traded on Nasdaq Stock Market (WBA)

Proprietary and Confidential
Not a public record pursuant to
Section 7927.605 of the CPRA and
45 CFR Section 5.31

Walgreen Co.
Post-Close Organizational Chart



[1]No individual limited partner will hold 10% or more indirect ownership in Walgreen Co.

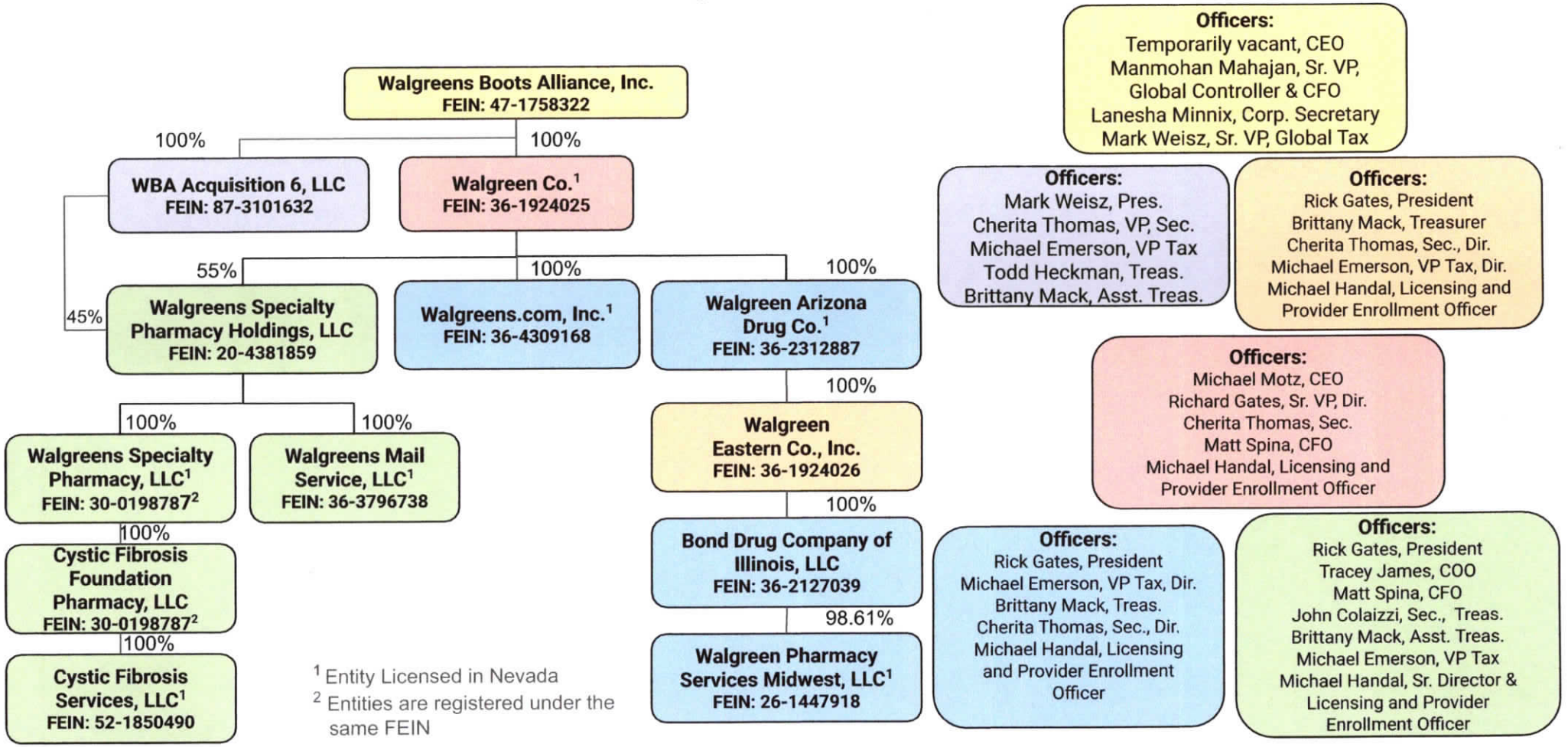
[2]Sycamore Partners III GP, L.P. will have control rights and less than 10% economic ownership in Sycamore Partners III, L.P., Sycamore Partners III-A, L.P. and Sycamore Partners Wing Co-Invest, L.P.

[3]Through the collective ownership of the entities identified, total indirect ownership equals 43.249%.

[4]Alliance Sante Participations Ltd. will hold 100% voting control rights but no economic ownership in ASP Sub 1 Ltd. The economic owners of ASP Sub 1 Ltd. (whose total indirect ownership will be limited to 1.924%) will have no control rights.

Percentage is Direct Ownership in Owned Entity /
Percentage is Indirect Ownership in Applicant.

Walgreen Co.
Post-Close Organizational Chart (cont.)



File Number 1084-348-1

STATE OF ILLINOIS

OFFICE OF THE SECRETARY OF STATE

To all to whom these Presents Shall Come, Greeting:

I, **Alexi Giannoulias,** *Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that*

WALGREEN CO., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON FEBRUARY 15, 1909, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE BUSINESS CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.

In Testimony Whereof, *I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this* 15TH *day of* MAY *A.D.* 2025 .

Authentication #: 2513501622 verifiable until 05/15/2026
Authenticate at: https://www.ilsos.gov

Alexi Giannoulias
SECRETARY OF STATE

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NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Pharmacy Application

Non-Refundable $500.00 Fee

Rev (6/11/2024)

Facility Location	Application Type (check all applicable)	Pharmacy Type (check all applicable)	Services the Pharmacy will Provide (check all applicable)
■ Nevada ☐ Out-of-Nevada	☐ New Pharmacy ■ Ownership Change* ☐ Location Change * ☐ Service Modification* ☐ Name Change* (if only a Name Change occurred, submit a $50.00 fee with the application.) * Current license #: PH PH01687	■ Retail/Community ☐ Hospital (# beds _____) ☐ Internet ☐ Nuclear ☐ Other:	■ Retail/Community ■ Dangerous drugs ■ Controlled substances DEA #: BW7814038 ☐ Non-sterile Compounding ☐ Sterile Compounding ☐ Mail-Order Service ☐ Off-site Cognitive Services ☐ Long Term Care ☐ Hospital ☐ Other:

Days of Operation		Ownership Type (check applicable box)
■ Monday	■ Friday	☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9, 10, 11, 12)
■ Tuesday	■ Saturday	■ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9, 10, 11, 12)
■ Wednesday	■ Sunday	☐ Partnership (complete sections 1, 2, 3, 4, 7, 9, 10, 11, 12)
■ Thursday	☐ Holidays	☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9, 10, 11, 12)

Section 1: General Information

Pharmacy Name: WALGREENS #05295

Physical Address: 750 N VIRGINIA ST

City: RENO State: NV Zip: 89501-1001

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: (775)337-8703 Toll Free # (NAC 639.708, NRS 639.23286): N/A

Fax: (775)337-8730 Contact Email: rxm.05295@store.walgreens.com

Website: https://www.walgreens.com

Nevada Business License # (if applicable) NV19951143510

Supervising/Managing Pharmacist Name (NRS 639.220): RACHEL TRENDLER

Supervising/Managing Pharmacist NV Pharmacist Registration # (if applicable): 18620

Document Ref: TUGHI-YRV4V-J3DQ3-BMFNH

Section 2: List the name(s) of at least one NEVADA registered pharmacist who practices at the pharmacy, who may be the managing pharmacist or another pharmacist, who will be responsible for any prescriptions dispensed to a patient located in Nevada and responsible for any acts or omissions of pharmacy personnel who are not registered with the Board. NRS 639.2328. (Use a separate piece of paper if additional space is needed.)

Name: RACHEL TRENDLER	NV Pharmacist Registration #: 18620
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:

Section 3: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✓
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration from any jurisdiction?		✓
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been subject of an administrative action, board citation, cite fine, or proceeding relating to the pharmaceutical industry?	✓	
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✓
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✓

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name(s) of the owner(s), their credentials and their percent ownership. Write NA if not applicable. NRS 639.232. (Use a separate piece of paper if additional space is needed.)

Name: N/A	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:

1. The Board shall not issue a license to conduct a pharmacy:
   a) To any practitioner; or
   b) To any partnership, corporation, or association in which a practitioner has a controlling interest or owns more than 10 percent of the available stock.
2. This section does not:
   a) Apply to a hospital pharmacy or a health maintenance organization which holds a certificate of authority under chapter 695C of NRS.
   b) Prohibit ownership by a practitioner of a building in which a pharmacy is located, if space for the pharmacy is rented at the prevailing rate.

Section 5: Publicly Traded Corporation

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Does the number of stockholders/shareholders of the corporation exceed four? NRS 639.231 ☐ Yes ☐ No

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: Delaware

Parent Company (if any): Walgreens Boots Alliance, Inc.

Corporation/Organization Name: Walgreen Co.

Mailing Address: 108 Wilmot Rd

City: Deerfield State: IL Zip: 60015

Telephone: 847-224-1348 Email: licenseadministration@walgreens.com

Contact Person Name: Kayla Lechner

Does the number of stockholders/shareholders of the corporation or members exceed four? NRS 639.231 ☐ Yes ☒ No

Section 7: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Please check type of partnership (NAC 639.214) ☐ General ☐ Limited

Does the number of partners or members of the partnership exceed four? NRS 639.231 ☐ Yes ☐ No

Section 8: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Document Ref: TUGHI-YRV4V-J3DQ3-BMFNH

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Richard Gates

Print Name of Authorized Person Submitting Application (If the applicant is a partnership or corporation, the application must be signed by a partner or by an officer of the corporation). NAC 639.215

Richard Gates

Original signature of Authorized Person (copies or stamps not accepted)

08 / 26 / 2025

Date

Board Use Only	Date Received: 9/22/25	Amount: $500 ck JP03-3000111129

Document Ref: TUGHI-YRV4V-J3DQ3-BMFNH

Section 11: Managing Pharmacist Acknowledgement, Professional/Personal History – REQUIRED TO BE COMPLETED BY THE MANAGING PHARMACIST FOR NEVADA LOCATED PHARMACY APPLICANTS ONLY

Managing Pharmacist Name: RACHEL TRENDLER Pharmacist Registration #: 18620

Pharmacy Name: WALGREENS #05295

Initial each statement below to indicate you have read and agree with the following:

Rachel Trendler — I understand that as the managing pharmacist I am responsible for compliance by the pharmacy and its personnel with all state and federal laws and regulations relating to the operation of the pharmacy and the practice of pharmacy. I understand my license can be revoked or that I can be subject of disciplinary action if such laws or regulations are knowingly violated in the pharmacy in which I am the managing pharmacist.

Rachel Trendler — I understand within 48 hours after I report for duty as the managing pharmacist, I shall complete an inventory of all controlled substances of the pharmacy pursuant to 21 CFR Part 1304 and maintain a copy of the inventory in the file at the pharmacy.

Rachel Trendler — I understand that if I cease to be managing pharmacist of the above-named pharmacy, I will jointly, with the new managing pharmacist, take an inventory of all controlled substances.

Rachel Trendler — I understand that as the managing pharmacist I must ensure that all loss or theft of controlled substances are reported on forms provided by the Nevada State Board of Pharmacy and Department of Public Safety within 10 days after the date of discovery of theft or loss. NRS 453.568. Federal regulations require that registrants notify the Field Division Office of the Administration in his area, in writing, of the theft or significant loss of any controlled substance, disposal receptacles or listed chemicals within one business day of discovery of such loss or theft. The registrant shall also complete and submit to the Field Division Office in his area, DEA Form 106 regarding the loss or theft (21 C.F.R. §1301.76(b) and 21 U.S.C. §830(b)(1)(C)).

Rachel Trendler — I understand that as the managing pharmacist I must notify the Nevada State Board of Pharmacy of all employment changes of pharmacy staff within 10 days of the change. NAC 639.540

Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?	☐	☑
2. Have you been charged, arrested, or convicted of a felony or misdemeanor in any state?	☐	☑
3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state?	☐	☑
4. Has your license been subjected to any discipline for violation of pharmacy or drug laws in any state?	☐	☑

If you marked YES to any questions above, include the following information and provide a signed statement of explanation. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Board Administrative Action:	State:	Date:	Case #:

Criminal Action:	State:	Date:	Case #:	County:	Court:

I certify under penalty of perjury that the information I have provided on this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

RACHEL TRENDLER

Original signature of Managing Pharmacist (copies or stamps not accepted)

08 / 05 / 2025

Date

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

NOTICE OF INTENDED ACTION AND ACCUSATION

WALGREENS #04789
Certificate of Registration No. PH01359, Case No. 06-028A-PH-N

WALGREENS #05295
Certificate of Registration No. PH01687 Case No. 06-028B-PH-N

WALGREENS CO.,
Owner of Walgreens #04789 & #05295, Case No. 06-028C-PH-N

Respondents.
_____/

COMES NOW Larry L. Pinson, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, and makes the following that will serve as both a notice of intended action under Nevada Revised Statutes (NRS) 233B.127(3) and as an accusation under NRS 639.241.

I.

The Nevada State Board of Pharmacy has jurisdiction over this matter because Respondent Walgreens #04789 is a pharmacy licensed by the Board, located at 3495 South Virginia Street, Reno, Nevada, Walgreens #05295 is a pharmacy licensed by the Board, located at 750 North Virginia Street, Reno, Nevada, and Walgreens Co. is a publicly-traded corporation that owns and operates Walgreens #04789 and #05295.

II.

On January 26, 2006, Patient B had arthroscopic knee surgery and was discharged the same day with a prescription in the form of a discharge order from

Dr. Digby Preston for Norco 10/325 #40. The prescription clearly stated that there were zero (0) refills. Patient B took his Norco prescription to Walgreens #05295 on January 26, 2006 to have it filled. The prescription was filled that day by pharmacist John Luther as Rx #355481-05295. The prescription label for Rx #355481-05295 created by the computer system of Walgreens #05295 stated: "NO REFILLS – DR. AUTHORIZATION REQUIRED."

III.

On January 30, 2006 an unidentified Walgreens employee generated a new prescription number for Patient B for Norco 10/325 (Rx #356319-05295) and entered it as an "ADD REFILL" into the computer system for Walgreens #05295.

IV.

On February 4, 2006, Walgreens #05295 filled Rx #356319-05295. The prescription label for Rx #356319-05295 generated by the computer system at Walgreens #05295 stated: "5 REFILLS BEFORE 07/31/06." The prescription label also contained a box in which was stated: "Rx info – Rx# 255481-5295 on 01/30/2006 by JWL." Board Staff's investigation showed that there was no knowledge of or authorization by Dr. Preston or any other prescribing practitioner prior to the creation of or filling of Rx #356319-05295. Reportedly, this prescription was never picked up and was eventually returned to stock, though this could not be verified through records maintained at Walgreens #05295.

V.

On February 9, 2006, Mr. Luther entered into the computer system that six refills had been authorized by "MDFAX" for Rx #356319-05295. Board Staff's investigation showed that neither Dr. Preston nor any other prescribing practitioner knew about or

had approved any refills of either Rx #355481-05295 or Rx #356319-05295. Neither Mr. Luther nor any other employee of Walgreens #05295 could produce any proof that Dr. Preston had authorized the six refills for Rx #356319-05295, nor could anybody at Walgreens #05295 explain who placed the "ADD REFILL" notation in the computer system for Walgreens #05295 on January 30, 2006.

VI.

On March 20, 2006, Rx #356319-05295 was transferred to Walgreens #04789. A new prescription number, Rx #582580-04789 was generated at that time. The label generated for Rx #582580-04789 by the computer system at Walgreens #04789 when the prescription was first filled on March 20, 2006 stated: "5 REFILLS BEFORE 07/31/06," and also contained a box in which it stated: "Rx transferred from Rx# 356319-5295 on 03/20/2006; RPh Ints: JWL." Based on Rx #582580-04789, Patient B obtained refills from Walgreens #04789 on March 20, 2006, March 23, 2006, and March 29, 2006.

VII.

On April 1, 2006, Walgreens substituted generic hydrocodone/APAP 10/325 for Norco 10/325 for Patient B, and a new prescription number, Rx #585742-04789, was generated. The label generated for Rx #585742-04789 by the computer system at Walgreens #04789 when the prescription was filled on April 1, 2006 stated: "2 REFILLS BEFORE 07/31/06," and also contained a box in which it stated: "Rx created from Rx# 582580-5295 on 04/01/2006 by PDB." Walgreens #04789 dispensed one filling of Rx #585742-04789 to Patient B on April 1, 2006.

VIII.

On April 4, 2006, a new prescription number for Patient B for hydrocodone/APAP

10/325 was generated (Rx #586445-04789) at Walgreens #04789. The label generated for Rx #586445-04789 by the computer system at Walgreens #04789 when the prescription was first filled on April 4, 2006 stated: "2 REFILLS BEFORE 10/03/06," and also contained a box in which it stated: "Rx created from Rx# 582580-4789 on 04/04/2006 by TEK." Based on Rx #586445-04789, Walgreens #04789 dispensed refills for hydrocodone/APAP 10/325 #40 to Patient B on April 5, 2006 and April 10, 2006.

IX.

During Board Staff's investigation, nobody at Walgreens #04789 could explain (1) why Rx #586445-04789 was created, (2) who created it, (3) by whose authorization it was created, (4) why it referred back to Rx #582580-04789 rather than to Rx #585742-04789, (5) why it contained more refills than would by that time be authorized by law, and (6) why the date by which the refills were to be completed was changed from 7/31/06 to 10/3/06. Board Staff's investigation showed that Dr. Preston was not aware of and did not authorize Rx #586445-04789 or any refills of Patient B's Norco prescription.

X.

On April 17, 2006, Walgreens #04789 created for Patient B a new prescription number, Rx #589417-04789, again for Norco 10/325 #40. The label generated for Rx #589417-04789 by the computer system at Walgreens #04789 when the prescription was filled on April 17, 2006 stated: "NO REFILLS – DR. AUTHORIZATION REQUIRED," and also contained a box in which it stated: "Rx created from Rx# 586445-4789 on 04/17/2006 by SEF." Based on Rx #589417-04789, Walgreens #04789 dispensed one filling of Norco 10/325 #40 to Patient B on April 17, 2006.

XI.

Board Staff's investigation showed that neither Dr. Preston nor any other prescribing practitioner knew about or approved the creation, filling, and dispensing of Rx #589417-04789 for Patient B. Nobody at Walgreens #04789 could explain why Rx #589417-04789 was created or upon whose authorization.

XII.

On the morning of April 21, 2006, an unknown Walgreens employee faxed a "Prescription Request" form to Dr. Preston's office referencing a new prescription number, Rx #590330-04789, for Norco for Patient B. The "Prescription Request" form indicated that the prescription had last been refilled on April 17, 2006. Shortly after receipt of the "Prescription Request" form on or about April 21, 2006, Alissa Gabica, medical assistant to Dr. Digby Preston, called Walgreens #04789 to advise them that Patient B should not have received any refills of Norco and that he was not to receive any further fills without authorization.

XIII.

On an unknown date and time by an unknown person at Walgreens #04789, Rx #590330-04789 and its history were deleted from the computer system at Walgreens #04789. No trace of the prescription input remained in Patient B's profile. The only indication that the number existed was in the faxed "Prescription Request" form sent to the doctor's office and an unhelpful entry in the refill center screen of the TeamRx software at Walgreens #04789.

XIV.

On May 9, 2006, a new prescription number, Rx #594849-04789, was generated for Patient B for Norco 10/325 #40. The label generated for Rx #594849-04789 by the

computer system at Walgreens #04789 when the prescription was first filled on May 9, 2006 stated: "1 REFILL BEFORE 07/31/06," and also contained a box in which it was stated: "Rx created from Rx# 585742-4789 on 05/09/2006 by CJK." Based on Rx #594849-04789, Walgreens #04789 dispensed refills for Norco 10/325 #40 to Patient B on May 9, 2006 and for Norco 10/325 #28 on May 14, 2006.

XV.

Board Staff's investigation showed that neither Dr. Preston nor any other prescribing practitioner knew about or approved the creation, filling, and dispensing of Rx #594849-04789 for Patient B, particularly since the prescription was created by Walgreens #04789 after Ms. Gabica had specifically informed employees at Walgreens #04789 that Patient B was not to receive any new or refilled prescriptions from Norco. Nobody at Walgreens #04789 could explain why Rx #594849-04789 was created or upon whose authorization.

XVI.

On May 17, 2006, Walgreens #04789 generated a new prescription number, Rx #596685-04789, for Patient B for generic hydrocodone/APAP 10/325 #40. The label generated for Rx #596685-04789 by the computer system at Walgreens #04789 when the prescription was filled on May 17, 2006 stated: "NO REFILLS – DR. AUTHORIZATION REQUIRED," and also contained a box in which it stated: "Rx created from Rx# 594849-4789 on 05/09/2006 by CJK." Based on Rx #594849-04789, Walgreens #04789 dispensed hydrocodone 10/325 #40 to Patient B on May 17, 2006.

XVII.

Board Staff's investigation showed that neither Dr. Preston nor any other

prescribing practitioner knew about or approved the creation, filling, and dispensing of Rx #596685-04789 for Patient B. Nobody at Walgreens #04789 could explain why Rx #596685-04789 was created or upon whose authorization.

XIX.

Through the above course of conduct, Walgreens Co, Walgreens #05295 and Walgreens #04789 dispensed to Patient B eleven prescriptions for a total of 428 dosage units of Norco or generic hydrocodone 10/325 through the use of eight different prescription numbers over a four month period where only one fill for Norco 10/325 #40, the first fill on January 26, 2006, was actually authorized by Dr. Preston. Worse, three of the fills, for a total of 108 dosage units, occurred after Dr. Preston's office told Walgreens #04789 that none of the previous refills were authorized and that they were not authorized to create any additional prescriptions or refills.

FIRST CAUSE OF ACTION

XX.

By filling a Norco 10/325 #40 prescription (Rx #356319-05295) for Patient B on February 4, 2006 where the existing prescription (Rx #355481-05295) specifically stated that no refills were authorized and prior to receiving any other authorization from any prescribing practitioner, Walgreens #05295 violated Nevada Revised Statutes (NRS) 639.210(4), 639.2393(3), and 639.2396 and Nevada Administrative Code (NAC) 639.945(1)(d) and (i) and (2).

SECOND CAUSE OF ACTION

XXI.

By creating and adding six total fills to a Norco 10/325 #40 prescription for Patient B (Rx #356319-05295) on February 9, 2006 where the underlying prescription

lacked prescriber authorization and where the additional fills were not authorized by the prescriber (Dr. Preston), Walgreens #05295 violated NRS 639.210(4), 639.2393(3), and 639.2396 and NAC 639.945(1)(d) and (i) and (2).

THIRD CAUSE OF ACTION

XXII.

By failing to keep any record or other evidence regarding the disposition of the prescription it filled for Norco 10/325 #40 for Patient B on February 4, 2006 (Rx #356319-05295), including any record of whether the prescription had been returned to stock, Walgreens #05295 violated NRS 639.210(4) and NAC 639.935(3)(g)(2).

FOURTH CAUSE OF ACTION

XXIII.

By failing to decrement a refill of a prescription in its computer system or otherwise, namely by showing the two refills were still available on Rx #586445-04789 when, in fact, the preceding prescription to which it referred, Rx #585742-04789, had already been filled once and, thus, only one refill remained, thereby creating on additional unauthorized fill, Walgreens #04789 violated NRS 639.210(4), 639.2393(3), and 639.2396 and NAC 639.910(1)(h) and NAC 639.945(1)(d) and (i) and (2).

FIFTH CAUSE OF ACTION

XXIV.

By filling a refill of Rx #586445-04789 for generic hydrocodone/APAP 10/325 #40 for Patient B on April 10, 2006, thus filling the original prescription more than the original fill and five refills, Walgreens #04789 violated NRS 639.210(4) and 639.2393(1) and NAC 639.945(1)(d) and (i) and (2).

SIXTH CAUSE OF ACTION

XXV.

By failing to keep an accurate record in its computer system regarding Rx #586445-04789 – including failing to record who created the prescription, which prescriber authorized the prescription, why the prescription did not refer back to the immediately preceding prescription, why the number of refills exceeded the original putative authorization and Nevada law, and why the date by which the refills were to be provided was changed from 7/31/06 to 10/3/06 – Walgreens #04789 violated NRS 639.210(4) and NAC 639.910(1), 639.930(3) and (4), 639.935(3)(g)(1), (3), and (4), and NAC 639.945(1)(i) and (2).

SEVENTH CAUSE OF ACTION

XXVI.

By failing to keep an accurate record in its computer system regarding Rx #590330-04789 – including failing to record who created the prescription, which prescriber authorized the prescription, and who deleted the prescription from the pharmacy's computer system – Walgreens #04789 violated NRS 639.210(4) and NAC 639.910(1), 639.914(3), 639.930(3) and (4), 639.935(3)(g)(1), (3), and (4), and NAC 639.945(1)(i) and (2).

EIGHTH CAUSE OF ACTION

XXVII.

By creating Rx #594849-04789 for Norco 10/325 #40 for Patient B without any authorization from a prescriber and, in fact, after the prescriber had expressly indicated to Walgreens #04789 that no additional fills or refills were authorized, and in filling Rx #594849-04789 twice, on May 9, 2006 (#40) and on May 13, 2006 (#28), Walgreens

#04789 violated NRS 639.210(4), 639.2393(3), 639.2396, and 639.2397 and NAC 639.945(1)(d) and (i) and (2). Each filling of Rx #594849-04789 constitutes a separate violation that may be subject to separate and individual discipline.

NINTH CAUSE OF ACTION

XXVIII.

By failing to keep an accurate record in its computer system regarding Rx #594849-04789 – including failing to record who created the prescription, which prescriber authorized the prescription, and why the prescription refers to a prescription three prescriptions earlier rather than the immediately preceding prescription – Walgreens #04789 violated NRS 639.210(4) and NAC 639.910(1), 639.914(3), 639.930(3) and (4), 639.935(3)(g)(1), (3), and (4), and NAC 639.945(1)(i) and (2).

TENTH CAUSE OF ACTION

XXIX.

By creating Rx #596685-04789 for generic hydrocodone 10/325 #40 for Patient B without any authorization from a prescriber and, in fact, after the prescriber had expressly indicated to Walgreens #04789 that no additional fills or refills were authorized, and in filling Rx #596685-04789 on May 17, 2006, Walgreens #04789 violated NRS 639.210(4), 639.2393(3), 639.2396, and 639.2397 and NAC 639.945(1)(d) and (i) and (2).

ELEVENTH CAUSE OF ACTION

XXX.

By failing to decrement a refill of a prescription in its computer system or otherwise, namely by creating Rx #596685-04789 as cross-referenced to Rx #594849-04789 when, in fact, Rx #594849-04789 had already been filled twice and, thus, by its

own terms no refills remained, thereby creating on additional unauthorized fill, Walgreens #04789 violated NRS 639.210(4), 639.2393(3), and 639.2396 and NAC 639.910(1)(h) and NAC 639.945(1)(d) and (l) and (2).

TWELFTH CAUSE OF ACTION

XXXI.

By failing to keep an accurate record in its computer system regarding Rx #596685-04789 – including failing to record who created the prescription, which prescriber authorized the prescription, and why the prescription refers to a prescription as a cross-reference on which no additional fills remained – Walgreens #04789 violated NRS 639.210(4) and NAC 639.910(1), 639.914(3), 639.930(3) and (4), 639.935(3)(g)(1), (3), and (4), and NAC 639.945(1)(l) and (2).

THIRTEENTH CAUSE OF ACTION

XXXII.

By operation of the inadequate computer system and inadequate policies and procedures, Patient B obtained eleven prescription fills for Norco or generic hydrocodone 10/325 over a four month period accounting for a total of 428 dosage units – including three fills on two prescriptions for a total of 108 dosage units after Dr. Preston's office expressly informed Walgreens #04789 that no previous refills had been authorized and that no future fills or refills were authorized – where Patient B's prescribing practitioner, Dr. Preston, had only authorized one fill for a total of 40 dosage units, Walgreens Co, Walgreens #05295, and Walgreens #04789 violated NRS 639.210(4) and NAC 639.945(2) and all previous violations cited in the preceding twelve causes of action.

WHEREFORE it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to the certificates of registration of the Respondents.

Signed this 4th day of August, 2006.

Larry L. Pinson, Executive Secretary
Nevada State Board of Pharmacy

NOTICE TO RESPONDENT

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements regarding your certificate of registration. To do so, you must mail to the Board within 15 days of your receipt of this Notice of Intended Action and Accusation a written statement showing your compliance.

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

WALGREENS #04789
Certificate of Registration No. PH01359,

WALGREENS #05295
Certificate of Registration No. PH01687

WALGREENS CO.,
Owner of Walgreens #04789 & #05295,

Respondents.

FINDINGS OF FACT, CONCLUSIONS OF LAW, AND ORDER

Case No. 06-028A-PH-N

Case No. 06-028B-PH-N

Case No. 06-028C-PH-N

THIS MATTER was heard by the Nevada State Board of Pharmacy (hereinafter Board) at its regular meeting on September 6, 2006 in Reno, Nevada. The Board was represented by Louis Ling, General Counsel to the Board. All Respondents were represented by Robert C. Graham. Based on the presentations of the parties and the public records in the possession and control of the Board, the Board issues the following Findings of Fact, Conclusions of Law, and Order:

FINDINGS OF FACT

1. At hearing, Board Staff presented the testimony of Alissa Gabica and Joseph Depczynski, and Respondents presented the testimony of Eman Gobran and Robby Jacobs. Board Staff presented two exhibits, one that was accepted into evidence and the other that was referred to for demonstrative purposes and Respondents presented one exhibit that was accepted into evidence. Based upon the presentations of the parties, the Board finds the following to be the facts of this matter.

2. On January 26, 2006, Patient B had arthroscopic knee surgery and was discharged the same day with a prescription in the form of a discharge order from Dr. Digby Preston for Norco 10/325 #40. The prescription clearly stated that there were zero (0) refills. Patient B took his Norco prescription to Walgreens #05295 on January 26, 2006 to have it filled. The prescription was filled that day by pharmacist John Luther as Rx #355481-05295. The prescription label for Rx #355481-05295 created by the computer system of Walgreens #05295 stated: "NO REFILLS – DR. AUTHORIZATION REQUIRED."

3. On January 30, 2006 an unidentified Walgreens employee generated a new prescription number for Patient B for Norco 10/325 (Rx #356319-05295) and entered it as an "ADD REFILL" into the computer system for Walgreens #05295.

4. On February 4, 2006, Walgreens #05295 filled Rx #356319-05295. The prescription label for Rx #356319-05295 generated by the computer system at Walgreens #05295 stated: "5 REFILLS BEFORE 07/31/06." The prescription label also contained a box in which was stated: "Rx info – Rx# 255481-5295 on 01/30/2006 by JWL." Board Staff's investigation showed that there was no knowledge of or authorization by Dr. Preston or any other prescribing practitioner prior to the creation of or filling of Rx #356319-05295. Reportedly, this prescription was never picked up and was eventually returned to stock, though this could not be verified through records maintained at Walgreens #05295.

5. On February 9, 2006, Mr. Luther entered into the computer system that six refills had been authorized by "MDFAX" for Rx #356319-05295. Board Staff's investigation showed that neither Dr. Preston nor any other prescribing practitioner knew about or had approved any refills of either Rx #355481-05295 or Rx #356319-

05295. Neither Mr. Luther nor any other employee of Walgreens #05295 could produce any proof that Dr. Preston had authorized the six refills for Rx #356319-05295, nor could anybody at Walgreens #05295 explain who placed the "ADD REFILL" notation in the computer system for Walgreens #05295 on January 30, 2006.

6. At hearing, Ms. Gabica testified that she was the person in Dr. Preston's office who was authorized to call in or otherwise handle prescriptions and prescription refill authorizations and that she always recorded such authorizations in the charts maintained in Dr. Preston's office. Ms. Gabica testified that Dr. Preston did not authorize the six refills that appeared in the Walgreens #05295 computer system. Ms. Gabica further testified that neither she nor Dr. Preston were even aware of the refill authorizations and that that number of refills were never authorized by Dr. Preston for any patients, including Patient B. Regarding Patient B, it was Ms. Gabica's and Dr. Preston's understanding that with the exception of the initial prescription for Norco, the remainder of Patient B's pain medications were to be Lortab 7.5, which prescriptions were, in fact, authorized by and known to Ms. Gabica and Dr. Preston. At all times, we found Ms. Gabica's testimony to be credible, authoritative, and informative.

7. On March 20, 2006, Rx #356319-05295 was transferred to Walgreens #04789. A new prescription number, Rx #582580-04789 was generated at that time. The label generated for Rx #582580-04789 by the computer system at Walgreens #04789 when the prescription was first filled on March 20, 2006 stated: "5 REFILLS BEFORE 07/31/06," and also contained a box in which it stated: "Rx transferred from Rx# 356319-5295 on 03/20/2006; RPh Ints: JWL." Based on Rx #582580-04789, Patient B obtained refills from Walgreens #04789 on March 20, 2006, March 23, 2006, and March 29, 2006.

8. On April 1, 2006, Walgreens substituted generic hydrocodone/APAP 10/325 for Norco 10/325 for Patient B, and a new prescription number, Rx #585742-04789, was generated. The label generated for Rx #585742-04789 by the computer system at Walgreens #04789 when the prescription was filled on April 1, 2006 stated: "2 REFILLS BEFORE 07/31/06," and also contained a box in which it stated: "Rx created from Rx# 582580-5295 on 04/01/2006 by PDB." Walgreens #04789 dispensed one filling of Rx #585742-04789 to Patient B on April 1, 2006.

9. On April 4, 2006, a new prescription number for Patient B for hydrocodone/APAP 10/325 was generated (Rx #586445-04789) at Walgreens #04789. The label generated for Rx #586445-04789 by the computer system at Walgreens #04789 when the prescription was first filled on April 4, 2006 stated: "2 REFILLS BEFORE 10/03/06," and also contained a box in which it stated: "Rx created from Rx# 582580-4789 on 04/04/2006 by TEK." Based on Rx #586445-04789, Walgreens #04789 dispensed refills for hydrocodone/APAP 10/325 #40 to Patient B on April 5, 2006 and April 10, 2006.

10. At hearing, neither Ms. Gobran nor Mr. Jacobs could explain (1) why Rx #586445-04789 was created, (2) who created it, (3) by whose authorization it was created, (4) why it referred back to Rx #582580-04789 rather than to Rx #585742-04789, (5) why it contained more refills than would by that time be authorized by law, and (6) why the date by which the refills were to be completed was changed from 7/31/06 to 10/3/06. Ms. Gabica clearly testified that Dr. Preston was not aware of and did not authorize Rx #586445-04789 or any of the other refills of Patient B's Norco prescription.

11. On April 17, 2006, Walgreens #04789 created for Patient B a new prescription number, Rx #589417-04789, again for Norco 10/325 #40. The label generated for Rx #589417-04789 by the computer system at Walgreens #04789 when the prescription was filled on April 17, 2006 stated: "NO REFILLS – DR. AUTHORIZATION REQUIRED," and also contained a box in which it stated: "Rx created from Rx# 586445-4789 on 04/17/2006 by SEF." Based on Rx #589417-04789, Walgreens #04789 dispensed one filling of Norco 10/325 #40 to Patient B on April 17, 2006. At hearing, neither Ms. Gobran nor Mr. Jacobs could explain why Rx #589417-04789 was created or upon whose authorization.

12. On the morning of April 21, 2006, an unknown Walgreens employee faxed a "Prescription Request" form to Dr. Preston's office referencing a new prescription number, Rx #590330-04789, for Norco for Patient B. The "Prescription Request" form indicated that the prescription had last been refilled on April 17, 2006. Shortly after receipt of the "Prescription Request" form on or about April 21, 2006, Ms. Gabica called Walgreens #04789 to advise them that Patient B should not have received any refills of Norco and that he was not to receive any further fills without authorization. Ms. Gabica testified that she was particularly concerned about the refill request form because it indicated that the last refill had been on April 17, 2006, and she knew that no refills had ever been authorized for Patient B for Norco at any time since the original prescription had been issued. Ms. Gabica also testified that at the time she spoke with employees at Walgreens #04789 she informed them that Dr. Preston would not authorize the refill requested and that the pharmacy was not to fill any additional refills or prescriptions for hydrocodone for Patient B after that date.

13. On an unknown date and time by an unknown person at Walgreens #04789, Rx #590330-04789 and its history were deleted from the computer system at Walgreens #04789. No trace of the prescription input remained in Patient B's profile. The only indication that the number existed was in the faxed "Prescription Request" form sent to the doctor's office and an unhelpful entry in the refill center screen of the TeamRx software at Walgreens #04789.

14. On May 9, 2006, a new prescription number, Rx #594849-04789, was generated for Patient B for Norco 10/325 #40. The label generated for Rx #594849-04789 by the computer system at Walgreens #04789 when the prescription was first filled on May 9, 2006 stated: "1 REFILL BEFORE 07/31/06," and also contained a box in which it was stated: "Rx created from Rx# 585742-4789 on 05/09/2006 by CJK." Based on Rx #594849-04789, Walgreens #04789 dispensed refills for Norco 10/325 #40 to Patient B on May 9, 2006 and for Norco 10/325 #28 on May 14, 2006.

15. Ms. Gabica testified that neither she nor Dr. Preston knew about or approved the creation, filling, and dispensing of Rx #594849-04789 for Patient B, particularly since the prescription was created by Walgreens #04789 after Ms. Gabica had specifically informed employees at Walgreens #04789 that Patient B was not to receive any new or refilled prescriptions from Norco. Nobody at Walgreens #04789 could explain why Rx #594849-04789 was created or upon whose authorization.

16. On May 17, 2006, Walgreens #04789 generated a new prescription number, Rx #596685-04789, for Patient B for generic hydrocodone/APAP 10/325 #40. The label generated for Rx #596685-04789 by the computer system at Walgreens #04789 when the prescription was filled on May 17, 2006 stated: "NO REFILLS – DR. AUTHORIZATION REQUIRED," and also contained a box in which it stated: "Rx

created from Rx# 594849-4789 on 05/09/2006 by CJK." Based on Rx #594849-04789, Walgreens #04789 dispensed hydrocodone 10/325 #40 to Patient B on May 17, 2006.

17. Ms. Gabica testified that neither she nor Dr. Preston knew about or approved the creation, filling, and dispensing of Rx #596685-04789 for Patient B. Neither Ms. Gobran nor Mr. Jacobs could explain why Rx #596685-04789 was created or upon whose authorization.

18. Through the above course of conduct, Walgreens Co, Walgreens #05295 and Walgreens #04789 dispensed to Patient B eleven prescriptions for a total of 428 dosage units of Norco or generic hydrocodone 10/325 through the use of eight different prescription numbers over a four month period where only one fill for Norco 10/325 #40, the first fill on January 26, 2006, was actually authorized by Dr. Preston. Three of the fills, for a total of 108 dosage units, occurred after Ms. Gabica specifically instructed Walgreens #04789 that none of the previous refills were authorized and that they were not authorized to create any additional prescriptions or refills.

19. Ms. Gobran testified that Walgreens policy did not require the keeping of facsimile prescription forms or facsimile refill authorizations. She explained that Walgreens' computer system contained an automated refill authorization protocol by which the computer system would automatedly send a facsimile refill authorization to a practitioner when a refill authorization was deemed necessary by a pharmacist. The automated facsimile refill authorization could be manually overridden by a pharmacist. Ms. Gobran explained that a facsimile authorization that was transmitted back to a pharmacy could easily be scanned into the pharmacy's computer system like any other prescription.

20. Ms. Gobran could not definitively explain any of the course of conduct regarding Patient B's Norco and generic Norco prescriptions discussed in the preceding paragraphs. Ms. Gobran explained that the best she could do was assume that Walgreens' policies and procedures were followed even though Walgreens' own records seemed to demonstrate otherwise. Neither Ms. Gobran nor Mr. Jacobs could explain or produce proof to refute Ms. Gabica's testimony that none of the refills or new prescriptions involved in this matter were known to or were authorized by Dr. Preston.

21. Mr. Jacobs explained that Walgreens' computer system had no capability to identify whether a prescription had been returned to stock. Walgreens' policy allows for the pre-filling of prescriptions while awaiting physician authorization, and such pre-filled prescriptions are kept in a "quarantine" drawer until authorization is received. If authorization is not received for a "quarantined" pre-filled prescription, or if a patient does not pick up a filled prescription, then the prescription is returned to stock, but no record is made, either on paper or in the pharmacy's computer system, that the prescription was returned to stock.

22. Mr. Jacobs also explained that Walgreens' computer system did not record whether an automatedly generated facsimile refill authorization request was actually sent or received. The indication of "MDFAX" in the computer record, therefore, was no actual indicator of whether the facsimile had been sent or been received by the physician's office.

23. Neither Ms. Gobran nor Mr. Jacobs could explain what actually happened regarding Patient B's Norco and generic Norco prescriptions. Both guessed that certain things may have happened or must have happened to explain the course of conduct, but neither could offer any proof.

24. In the end, the Board was left with a clear record of ten refills and new prescriptions for a schedule III controlled substances, Norco and generic Norco, for Patient B that were not authorized by Dr. Preston. Walgreens presented no evidence to refute this clear record. While we appreciate Ms. Gobran's and Mr. Jacob's surmises as to what may have happened, we must base our ruling upon facts, and the facts, mostly Walgreens' own records, show that none of the ten refills or new prescriptions dispensed to Patient B beyond the original prescription were known to or authorized by Dr. Preston. Thus, Patient B received months' worth of duplicative hydrocodone prescriptions (since Patient B was also receiving Lortab 7.5 mg. prescriptions throughout the same time period) about which Patient B's treating physician had no knowledge. Worse yet, even after Dr. Preston's office indicated that the duplicative prescriptions were no longer authorized and must cease, Walgreens #04789 dispensed three more prescriptions totaling 108 dosage units anyway. Though such conduct did not cause any known harm to Patient B in this matter, such loose practices and recordkeeping is ripe for either abuse or harm and cannot continue.

CONCLUSIONS OF LAW

1. The Nevada State Board of Pharmacy has jurisdiction over this matter because Respondent Walgreens #04789 is a pharmacy licensed by the Board, located at 3495 South Virginia Street, Reno, Nevada, Walgreens #05295 is a pharmacy licensed by the Board, located at 750 North Virginia Street, Reno, Nevada, and Walgreens Co. is a publicly-traded corporation that owns and operates Walgreens #04789 and #05295.

2. By filling a Norco 10/325 #40 prescription (Rx #356319-05295) for Patient B on February 4, 2006 where the existing prescription (Rx #355481-05295) specifically

stated that no refills were authorized and prior to receiving any other authorization from any prescribing practitioner, Walgreens #05295 violated NRS 639.210(4), 639.2393(3), and 639.2396 and NAC 639.945(1)(d) and (i) and (2).

3. By creating and adding six total fills to a Norco 10/325 #40 prescription for Patient B (Rx #356319-05295) on February 9, 2006 where the underlying prescription lacked Dr. Preston's authorization and where the additional fills were not authorized by Dr. Preston, Walgreens #05295 violated NRS 639.210(4), 639.2393(3), and 639.2396 and NAC 639.945(1)(d) and (i) and (2).

4. By failing to keep any record or other evidence regarding the disposition of the prescription it filled for Norco 10/325 #40 for Patient B on February 4, 2006 (Rx #356319-05295), including any record of whether the prescription had been returned to stock, Walgreens #05295 violated NRS 639.210(4) and NAC 639.935(3)(g)(2).

5. By failing to decrement a refill of a prescription in its computer system or otherwise, namely by showing the two refills were still available on Rx #586445-04789 when, in fact, the preceding prescription to which it referred, Rx #585742-04789, had already been filled once and, thus, only one refill remained, thereby creating an additional unauthorized fill, Walgreens #04789 violated NRS 639.210(4), 639.2393(3), and 639.2396 and NAC 639.910(1)(h) and NAC 639.945(1)(d) and (i) and (2).

6. By filling a refill of Rx #586445-04789 for generic hydrocodone/APAP 10/325 #40 for Patient B on April 17, 2006, thus filling the original prescription more than the original fill and five refills, Walgreens #04789 violated NRS 639.210(4) and 639.2393(1) and NAC 639.945(1)(d) and (i) and (2).

7. By failing to keep an accurate record in its computer system regarding Rx #586445-04789, Walgreens #04789 violated NRS 639.210(4) and NAC 639.910(1), 639.930(3) and (4), 639.935(3)(g)(1), (3), and (4), and NAC 639.945(1)(i) and (2).

8. By failing to keep an accurate record in its computer system regarding Rx #590330-04789, Walgreens #04789 violated NRS 639.210(4) and NAC 639.910(1), 639.914(3), 639.930(3) and (4), 639.935(3)(g)(1), (3), and (4), and NAC 639.945(1)(i) and (2).

9. By creating Rx #594849-04789 for Norco 10/325 #40 for Patient B without any authorization from a prescriber and, in fact, after the prescriber had expressly indicated to Walgreens #04789 that no additional fills or refills were authorized, and in filling Rx #594849-04789 twice, on May 9, 2006 (#40) and on May 13, 2006 (#28), Walgreens #04789 violated NRS 639.210(4), 639.2393(3), 639.2396, and 639.2397 and NAC 639.945(1)(d) and (i) and (2). Each filling of Rx #594849-04789 constitutes a separate violation that may be subject to separate and individual discipline.

10. By failing to keep an accurate record in its computer system regarding Rx #594849-04789, Walgreens #04789 violated NRS 639.210(4) and NAC 639.910(1), 639.914(3), 639.930(3) and (4), 639.935(3)(g)(1), (3), and (4), and NAC 639.945(1)(i) and (2).

11. By creating Rx #596685-04789 for generic hydrocodone 10/325 #40 for Patient B without any authorization from a prescriber and, in fact, after the prescriber had expressly indicated to Walgreens #04789 that no additional fills or refills were authorized, and in filling Rx #596685-04789 on May 17, 2006, Walgreens #04789 violated NRS 639.210(4), 639.2393(3), 639.2396, and 639.2397 and NAC 639.945(1)(d) and (i) and (2).

12. By failing to decrement a refill of a prescription in its computer system or otherwise, namely by creating Rx #596685-04789 as cross-referenced to Rx #594849-04789 when, in fact, Rx #594849-04789 had already been filled twice and, thus, by its own terms no refills remained, thereby creating an additional unauthorized fill, Walgreens #04789 violated NRS 639.210(4), 639.2393(3), and 639.2396 and NAC 639.910(1)(h) and NAC 639.945(1)(d) and (i) and (2).

13. By failing to keep an accurate record in its computer system regarding Rx #596685-04789, Walgreens #04789 violated NRS 639.210(4) and NAC 639.910(1), 639.914(3), 639.930(3) and (4), 639.935(3)(g)(1), (3), and (4), and NAC 639.945(1)(i) and (2).

ORDER

Based upon the foregoing, the Board hereby orders the following:

1. Walgreens #04789 and Walgreens #05295 shall jointly and severally pay a fine of $24,000.00 ($2,000 per cause of action for each of the twelve causes of action for which violations were found) by cashier's or certified check or money order made payable to "State of Nevada, Office of the Treasurer" to be received by the Board's Reno office within 60 days of the effective date of this Order.

2. Walgreens #04789 and Walgreens #05295 shall jointly and severally pay the Board's costs and attorney's fees and the Board's administrative fee of $295.00. Once the total costs and attorney's fees have been determined by Board Staff and approved by the Board's President, Board Staff shall send a notice to Walgreens #04789 and Walgreens #05295 explaining the total amount due under this paragraph. The payment of the fees and costs under this paragraph will thereafter be due by cashier's or certified

check or money order made payable to "Nevada State Board of Pharmacy" to be received by the Board's Reno office within 60 days of the date of Board Staff's notice.

3. Walgreens #04789 and Walgreens #05295 shall each be on probation for two years commencing on the effective date of this Order according to the following terms and conditions:

a. Walgreens #04789 and Walgreens #05295 shall keep a copy of all facsimiles regarding new prescriptions and refills received by the pharmacies in their respective records. Each pharmacy may satisfy this condition by either keeping a paper copy of the record in the prescription files of the pharmacy or by scanning the facsimile into the pharmacy's computer system as part of the computerized record for that patient and prescription.

b. Walgreens #04789 and Walgreens #05295 shall audit their respective computer systems for the period of January 1, 2006 through the date of the audit. The intent of the audit is to determine if either pharmacy has other prescriptions or chains of prescriptions similar to the prescription and chain of prescriptions in this case where prescriptions have refills added or have their numbers changed so that more of a drug is dispensed than was authorized by a practitioner. In furtherance of the intent of the audit, the Board asked that a report be prepared from each pharmacy's computer system that contains all prescription records where the following elements are common:

(1) The field in which the name of the person to whom the pharmacy staff would have spoken about practitioner authorization for a new prescription or refill of an existing prescription does not contain any data;

(2) The automated facsimile feature has been manually disabled or was never enabled; and

(3) The prescription was terminated and then reactivated.

c. The audit should go beyond the specific report in subparagraphs (3)(b)(1), (2), and (3) for each pharmacy where such additional information is necessary to satisfy the intent of the audit.

d. The audit shall be completed and its findings shall be presented to Board Staff no later than January 2, 2007 so that the audits findings can be presented to and discussed by the Board at its regularly scheduled meeting on January 10 and 11, 2007 in Reno, Nevada. Representatives from Walgreens shall appear at the Board's meeting on January 10 and 11, 2007 at a time and date as later directed by Board Staff to discuss the audits' findings with the Board.

e. Walgreens #04789 and Walgreens #05295 shall comply with all laws related to the practice of pharmacy, whether state or federal and whether statutory or regulatory.

4. The failure by either Walgreens #04789 or Walgreens #05295 to comply with any term in this order shall result in a fine of $1,000 per day for every day that it has failed to comply with the Order until the Order is fully complied with, up to a total fine not to exceed $30,000, and will also result in further discipline, up to and including revocation of the its license.

Signed and effective this 1st day of October, 2006.

Joseph R. Kellogg, President
Nevada State Board of Pharmacy

Section 9: Statement of Responsibility - MUST BE COMPLETED by an Authorized Person (NAC 639.945)

Statement of Responsibility

1. I am the Vice President (title) for Walgreen Co. (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be responsible for any violations of pharmacy law that may occur in the Pharmacy owned by such owner(s), shareholder(s), member(s), or partner(s).
3. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against the Pharmacy.
4. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) cannot require or permit the pharmacist(s) in said Pharmacy to violate any provision of local, state, or federal laws or regulations pertaining to the practice of pharmacy.
5. I further understand and acknowledge that Nevada law requires that each pharmacy located inside the State of Nevada employ only pharmacists, intern pharmacists, pharmaceutical technicians, and technicians in training that are licensed by the Nevada State Board of Pharmacy. (NRS 639.100).
6. I further understand and acknowledge that Nevada law requires that each pharmacy located outside the State of Nevada engaged in providing pharmacy services into Nevada employs at least one pharmacist licensed by the Nevada State Board of Pharmacy who will be responsible for any prescription dispensed to a patient located in Nevada and responsible for any acts or omissions of pharmacy personnel who are not registered with the Board. (NRS 639.2328).

Richard Gates

Print Name of Authorized Person

Richard Gates

Original signature of Authorized Person (copies or stamps not accepted)

08 / 26 / 2025

Date

Section 10: Affidavit for Pharmacies- MUST BE COMPLETED by pharmacies NOT CURRENTLY PERFORMING Sterile Compounding

Affidavit for Pharmacy License

I, Richard Gates hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

1. I am the Vice President (title) for Walgreen Co. (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I certify that upon licensure, the Pharmacy will not perform sterile compounding or ship sterile compounds into Nevada.
3. I understand and acknowledge that the Pharmacy and any of its staff members may be subject to discipline by the Board if the Pharmacy performs sterile compounding or ships any sterile compounds into Nevada without first obtaining written authorization from the Board to do so.
4. I certify that if the Pharmacy makes the decision to perform sterile compounding or to ship any sterile compounds into Nevada, the Pharmacy, through an authorized representative, will first notify the Board via a written request, and obtain written approval to perform sterile compounding or to ship any sterile compounds into Nevada.
5. I understand that if the Pharmacy seeks approval to perform sterile compounding or to ship any sterile compounds into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

FURTHER YOUR AFFIANT SAYETH NAUGHT.

Signature

SUBSCRIBED AND SWORN TO
Before me, a notary public this 20th day of August, 2025

Zeljka Borosa-Rajcevic
Notary Public

OFFICIAL SEAL
ZELJKA BOROSA RAJCEVIC
Notary Public, State of Illinois
Commission No. 977646
My Commission Expires September 8, 2027

CONFIDENTIAL/EXEMPT FROM
FREEDOM OF INFORMATION ACT AND
SIMILAR STATE REQUESTS

Ownership Information

Ownership & Leadership of Applicant Entity

Applicant: **Walgreen Co.**
108 Wilmot Rd., Deerfield, IL 60015

Ownership: The Applicant entity is wholly owned (100%) by Walgreens Boots Alliance, Inc.

Officers of Walgreen Co.
Michael Motz - CEO
Richard Gates - Senior Vice President, Chief Pharmacy Officer
Cherita Thomas - Secretary
Matthew Spina - CFO
Michael Handal - Licensing and Provider Enrollment Officer

Ownership & Leadership of Walgreens Boots Alliance, Inc.

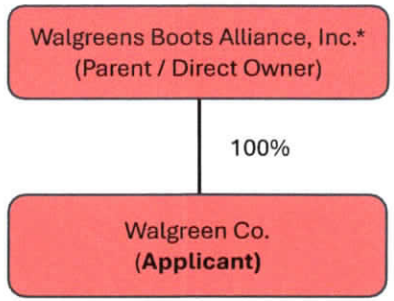
Ownership: Walgreens Boots Alliance, Inc. is wholly owned (100%) by Blazing Star Parent, LLC

Officers of Walgreens Boots Alliance, Inc.
Temporarily vacant - CEO
Mark Weisz - Sr VP, Global Tax
Manmohan Mahajan - Sr VP, Global Controller, CFO
Lanesha Minnix - Corporate Secretary

Please see the attached pre- and post-closing Corporate Organization chart for reference.

Proprietary and Confidential
Not a public record pursuant to
Section 7927.605 of the CPRA and
45 CFR Section 5.31

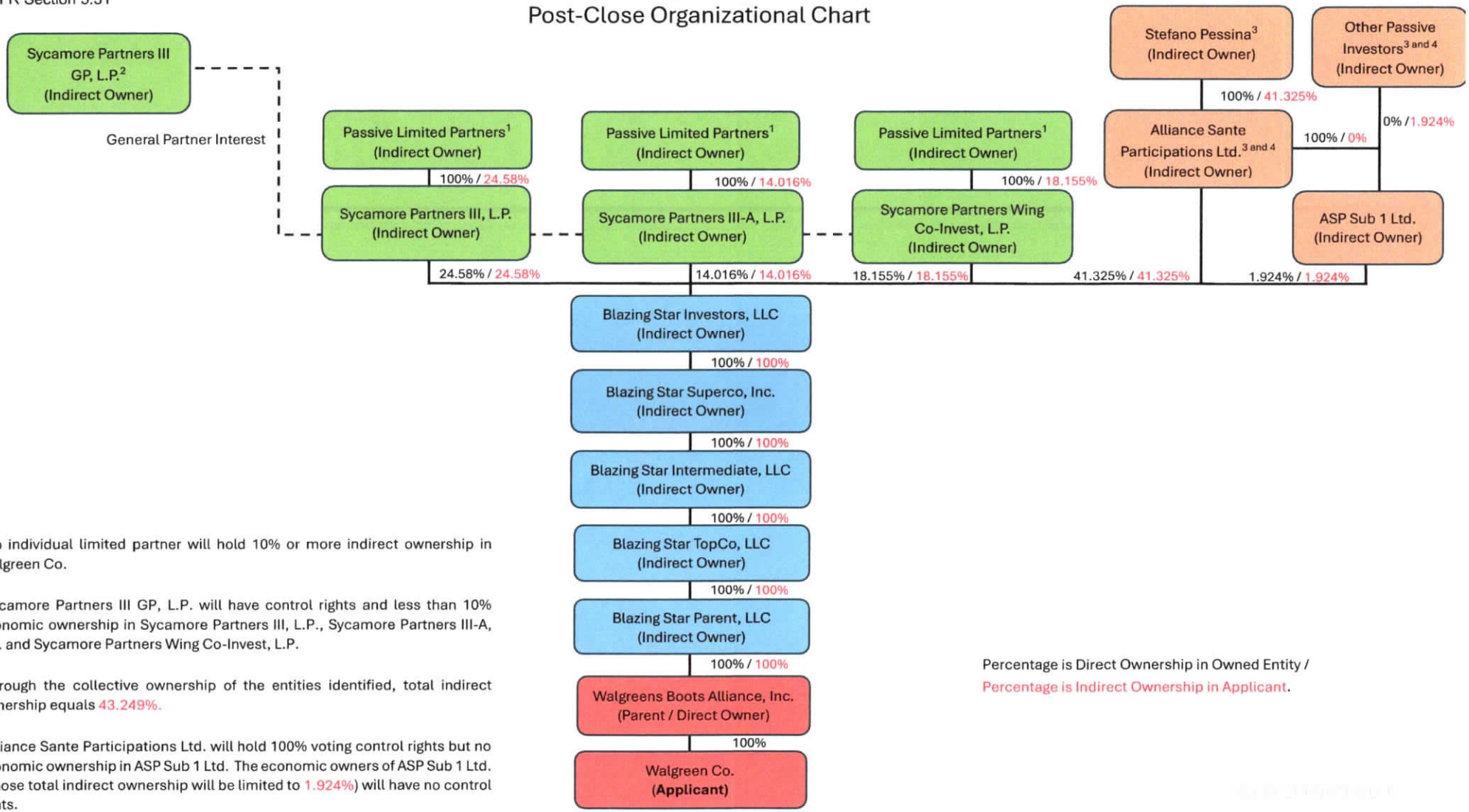
Walgreen Co.
Pre-Close Organizational Chart



Publicly Traded on Nasdaq Stock Market (WBA)

Proprietary and Confidential
Not a public record pursuant to
Section 7927.605 of the CPRA and
45 CFR Section 5.31

Walgreen Co.
Post-Close Organizational Chart



[1]No individual limited partner will hold 10% or more indirect ownership in Walgreen Co.

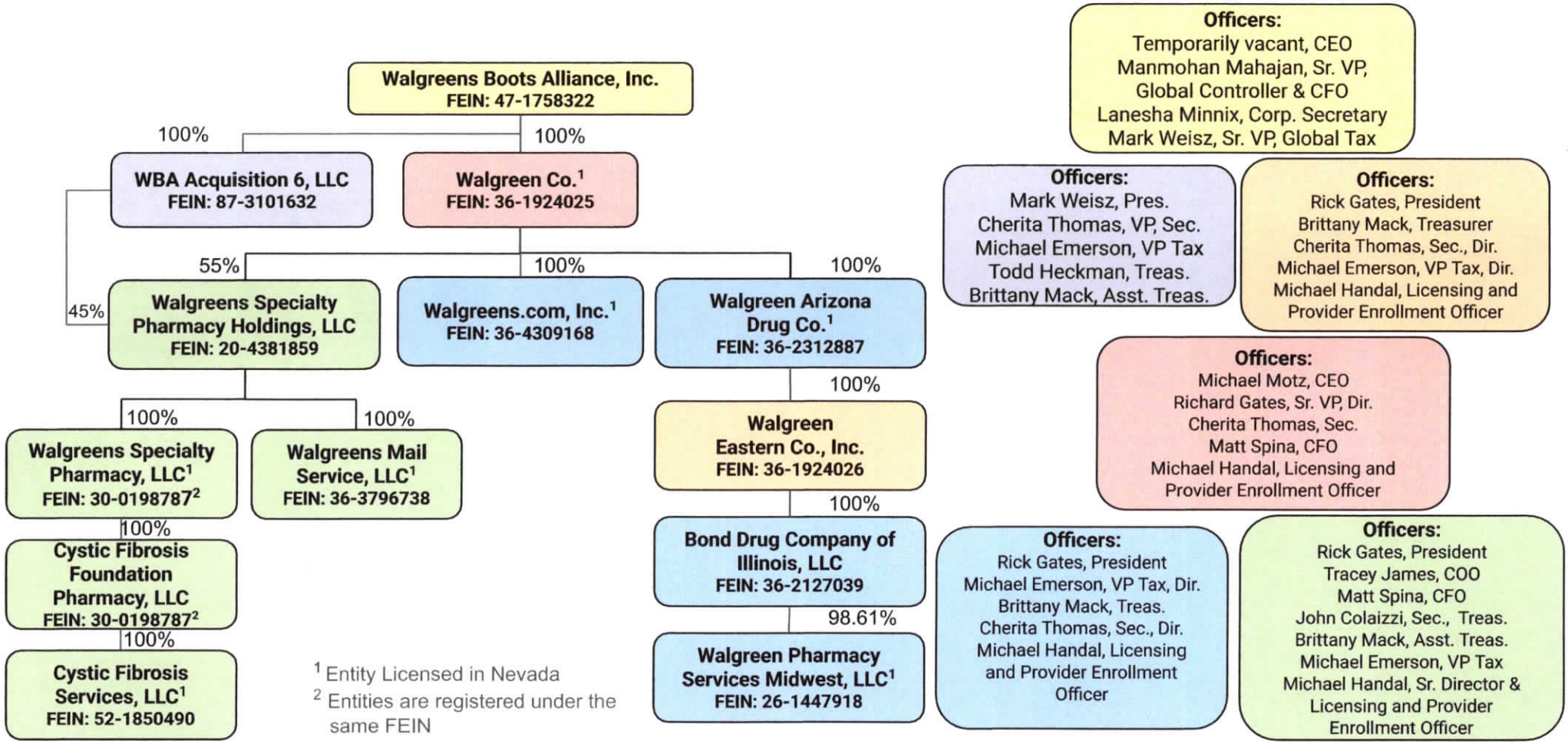
[2]Sycamore Partners III GP, L.P. will have control rights and less than 10% economic ownership in Sycamore Partners III, L.P., Sycamore Partners III-A, L.P. and Sycamore Partners Wing Co-Invest, L.P.

[3]Through the collective ownership of the entities identified, total indirect ownership equals 43.249%.

[4]Alliance Sante Participations Ltd. will hold 100% voting control rights but no economic ownership in ASP Sub 1 Ltd. The economic owners of ASP Sub 1 Ltd. (whose total indirect ownership will be limited to 1.924%) will have no control rights.

Percentage is Direct Ownership in Owned Entity /
Percentage is Indirect Ownership in Applicant.

Walgreen Co.
Post-Close Organizational Chart (cont.)



File Number 1084-348-1

STATE OF ILLINOIS

OFFICE OF THE SECRETARY OF STATE

To all to whom these Presents Shall Come, Greeting:

I, **Alexi Giannoulias,** *Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that*

WALGREEN CO., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON FEBRUARY 15, 1909, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE BUSINESS CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.

In Testimony Whereof, *I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this* 15TH *day of* MAY *A.D.* 2025 .

Authentication #: 2513501622 verifiable until 05/15/2026
Authenticate at: https://www.ilsos.gov

Alexi Giannoulias
SECRETARY OF STATE

9AAAA

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Pharmacy Application

Non-Refundable $500.00 Fee

Rev (6/11/2024)

Facility Location	Application Type (check all applicable)	Pharmacy Type (check all applicable)	Services the Pharmacy will Provide (check all applicable)
☑ Nevada ☐ Out-of-Nevada	☐ New Pharmacy ☑ Ownership Change* ☐ Location Change * ☐ Service Modification* ☐ Name Change* (if only a Name Change occurred, submit a $50.00 fee with the application.) * Current license #: PH PH02530	☑ Retail/Community ☐ Hospital (# beds _____) ☐ Internet ☐ Nuclear ☐ Other:	☑ Retail/Community ☑ Dangerous drugs ☑ Controlled substances DEA #: FW1532539 ☐ Non-sterile Compounding ☐ Sterile Compounding ☐ Mail-Order Service ☐ Off-site Cognitive Services ☐ Long Term Care ☐ Hospital ☐ Other:

Days of Operation		Ownership Type (check applicable box)
☑ Monday	☑ Friday	☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9, 10, 11, 12)
☑ Tuesday	☑ Saturday	☑ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9, 10, 11, 12)
☑ Wednesday	☑ Sunday	☐ Partnership (complete sections 1, 2, 3, 4, 7, 9, 10, 11, 12)
☑ Thursday	☐ Holidays	☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9, 10, 11, 12)

Section 1: General Information

Pharmacy Name: WALGREENS #11226

Physical Address: 305 LEMMON DR

City: Reno State: NV Zip: 89506-6746

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: (775)677-6874 Toll Free # (NAC 639.708, NRS 639.23286): N/A

Fax: (775)677-8651 Contact Email: rxm.11226@store.walgreens.com

Website: https://www.walgreens.com

Nevada Business License # (if applicable) NV19951143510

Supervising/Managing Pharmacist Name (NRS 639.220): MYLENE SAEL

Supervising/Managing Pharmacist NV Pharmacist Registration # (if applicable): 17562

Section 2: List the name(s) of at least one NEVADA registered pharmacist who practices at the pharmacy, who may be the managing pharmacist or another pharmacist, who will be responsible for any prescriptions dispensed to a patient located in Nevada and responsible for any acts or omissions of pharmacy personnel who are not registered with the Board. NRS 639.2328. (Use a separate piece of paper if additional space is needed.)

Name: MYLENE SAEL	NV Pharmacist Registration #: 17562
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:

Section 3: History of Company	**Yes**	**No**
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✔
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration from any jurisdiction?		✔
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been subject of an administrative action, board citation, cite fine, or proceeding relating to the pharmaceutical industry?		✔
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✔
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✔

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name(s) of the owner(s), their credentials and their percent ownership. Write NA if not applicable. NRS 639.232. (Use a separate piece of paper if additional space is needed.)

Name: N/A	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:

1. The Board shall not issue a license to conduct a pharmacy:
   a) To any practitioner; or
   b) To any partnership, corporation, or association in which a practitioner has a controlling interest or owns more than 10 percent of the available stock.
2. This section does not:
   a) Apply to a hospital pharmacy or a health maintenance organization which holds a certificate of authority under chapter 695C of NRS.
   b) Prohibit ownership by a practitioner of a building in which a pharmacy is located, if space for the pharmacy is rented at the prevailing rate.

Section 5: Publicly Traded Corporation

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Does the number of stockholders/shareholders of the corporation exceed four? NRS 639.231 ☐ Yes ☐ No

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: Delaware

Parent Company (if any): Walgreens Boots Alliance, Inc.

Corporation/Organization Name: Walgreen Co.

Mailing Address: 108 Wilmot Rd

City: Deerfield State: IL Zip: 60015

Telephone: 847-224-1348 Email: licenseadministration@walgreens.com

Contact Person Name: Kayla Lechner

Does the number of stockholders/shareholders of the corporation or members exceed four? NRS 639.231 ☐ Yes ☒ No

Section 7: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Please check type of partnership (NAC 639.214) ☐ General ☐ Limited

Does the number of partners or members of the partnership exceed four? NRS 639.231 ☐ Yes ☐ No

Section 8: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Richard Gates

Print Name of Authorized Person Submitting Application (If the applicant is a partnership or corporation, the application must be signed by a partner or by an officer of the corporation). NAC 639.215

Richard Gates

Original signature of Authorized Person (copies or stamps not accepted)

08 / 26 / 2025

Date

Board Use Only	Date Received: 9/18/25	Amount: $500 ck UP03-3000111129

Section 11: Managing Pharmacist Acknowledgement, Professional/Personal History – REQUIRED TO BE COMPLETED BY THE MANAGING PHARMACIST FOR NEVADA LOCATED PHARMACY APPLICANTS ONLY

Managing Pharmacist Name: MYLENE SAEL Pharmacist Registration #: 17562

Pharmacy Name: WALGREENS #11226

Initial each statement below to indicate you have read and agree with the following:

M.S I understand that as the managing pharmacist I am responsible for compliance by the pharmacy and its personnel with all state and federal laws and regulations relating to the operation of the pharmacy and the practice of pharmacy. I understand my license can be revoked or that I can be subject of disciplinary action if such laws or regulations are knowingly violated in the pharmacy in which I am the managing pharmacist.

M.S I understand within 48 hours after I report for duty as the managing pharmacist, I shall complete an inventory of all controlled substances of the pharmacy pursuant to 21 CFR Part 1304 and maintain a copy of the inventory in the file at the pharmacy.

M.S I understand that if I cease to be managing pharmacist of the above-named pharmacy, I will jointly, with the new managing pharmacist, take an inventory of all controlled substances.

M.S I understand that as the managing pharmacist I must ensure that all loss or theft of controlled substances are reported on forms provided by the Nevada State Board of Pharmacy and Department of Public Safety within 10 days after the date of discovery of theft or loss. NRS 453.568. Federal regulations require that registrants notify the Field Division Office of the Administration in his area, in writing, of the theft or significant loss of any controlled substance, disposal receptacles or listed chemicals within one business day of discovery of such loss or theft. The registrant shall also complete and submit to the Field Division Office in his area, DEA Form 106 regarding the loss or theft (21 C.F.R. §1301.76(b) and 21 U.S.C. §830(b)(1)(C)).

M.S I understand that as the managing pharmacist I must notify the Nevada State Board of Pharmacy of all employment changes of pharmacy staff within 10 days of the change. NAC 639.540

Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?	☐	☑
2. Have you been charged, arrested, or convicted of a felony or misdemeanor in any state?	☐	☑
3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state?	☐	☑
4. Has your license been subjected to any discipline for violation of pharmacy or drug laws in any state?	☐	☑

If you marked YES to any questions above, include the following information and provide a signed statement of explanation. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Board Administrative Action:	State:	Date:	Case #:

Criminal Action:	State:	Date:	Case #:	County:	Court:

I certify under penalty of perjury that the information I have provided on this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

MYLENE SAEL
Original signature of Managing Pharmacist (copies or stamps not accepted)

08 / 11 / 2025
Date

Section 10: Affidavit for Pharmacies- MUST BE COMPLETED by pharmacies NOT CURRENTLY PERFORMING Sterile Compounding

Affidavit for Pharmacy License

I, Richard Gates hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

1. I am the Vice President (title) for Walgreen Co. (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I certify that upon licensure, the Pharmacy will not perform sterile compounding or ship sterile compounds into Nevada.
3. I understand and acknowledge that the Pharmacy and any of its staff members may be subject to discipline by the Board if the Pharmacy performs sterile compounding or ships any sterile compounds into Nevada without first obtaining written authorization from the Board to do so.
4. I certify that if the Pharmacy makes the decision to perform sterile compounding or to ship any sterile compounds into Nevada, the Pharmacy, through an authorized representative, will first notify the Board via a written request, and obtain written approval to perform sterile compounding or to ship any sterile compounds into Nevada.
5. I understand that if the Pharmacy seeks approval to perform sterile compounding or to ship any sterile compounds into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

FURTHER YOUR AFFIANT SAYETH NAUGHT.

Signature

SUBSCRIBED AND SWORN TO
Before me, a notary public this 20th day of August, 2025

Zeljka Borosa-Rajcevic
Notary Public

OFFICIAL SEAL
ZELJKA BOROSA RAJCEVIC
Notary Public, State of Illinois
Commission No. 977646
My Commission Expires September 8, 2027

CONFIDENTIAL/EXEMPT FROM
FREEDOM OF INFORMATION ACT AND
SIMILAR STATE REQUESTS

Ownership Information

Ownership & Leadership of Applicant Entity

Applicant: **Walgreen Co.**
108 Wilmot Rd., Deerfield, IL 60015

Ownership: The Applicant entity is wholly owned (100%) by Walgreens Boots Alliance, Inc.

Officers of Walgreen Co.
Michael Motz - CEO
Richard Gates - Senior Vice President, Chief Pharmacy Officer
Cherita Thomas - Secretary
Matthew Spina - CFO
Michael Handal - Licensing and Provider Enrollment Officer

Ownership & Leadership of Walgreens Boots Alliance, Inc.

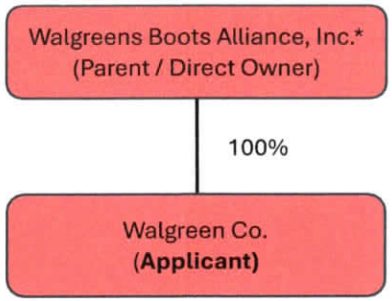
Ownership: Walgreens Boots Alliance, Inc. is wholly owned (100%) by Blazing Star Parent, LLC

Officers of Walgreens Boots Alliance, Inc.
Temporarily vacant - CEO
Mark Weisz - Sr VP, Global Tax
Manmohan Mahajan - Sr VP, Global Controller, CFO
Lanesha Minnix - Corporate Secretary

Please see the attached pre- and post-closing Corporate Organization chart for reference.

Proprietary and Confidential
Not a public record pursuant to
Section 7927.605 of the CPRA and
45 CFR Section 5.31

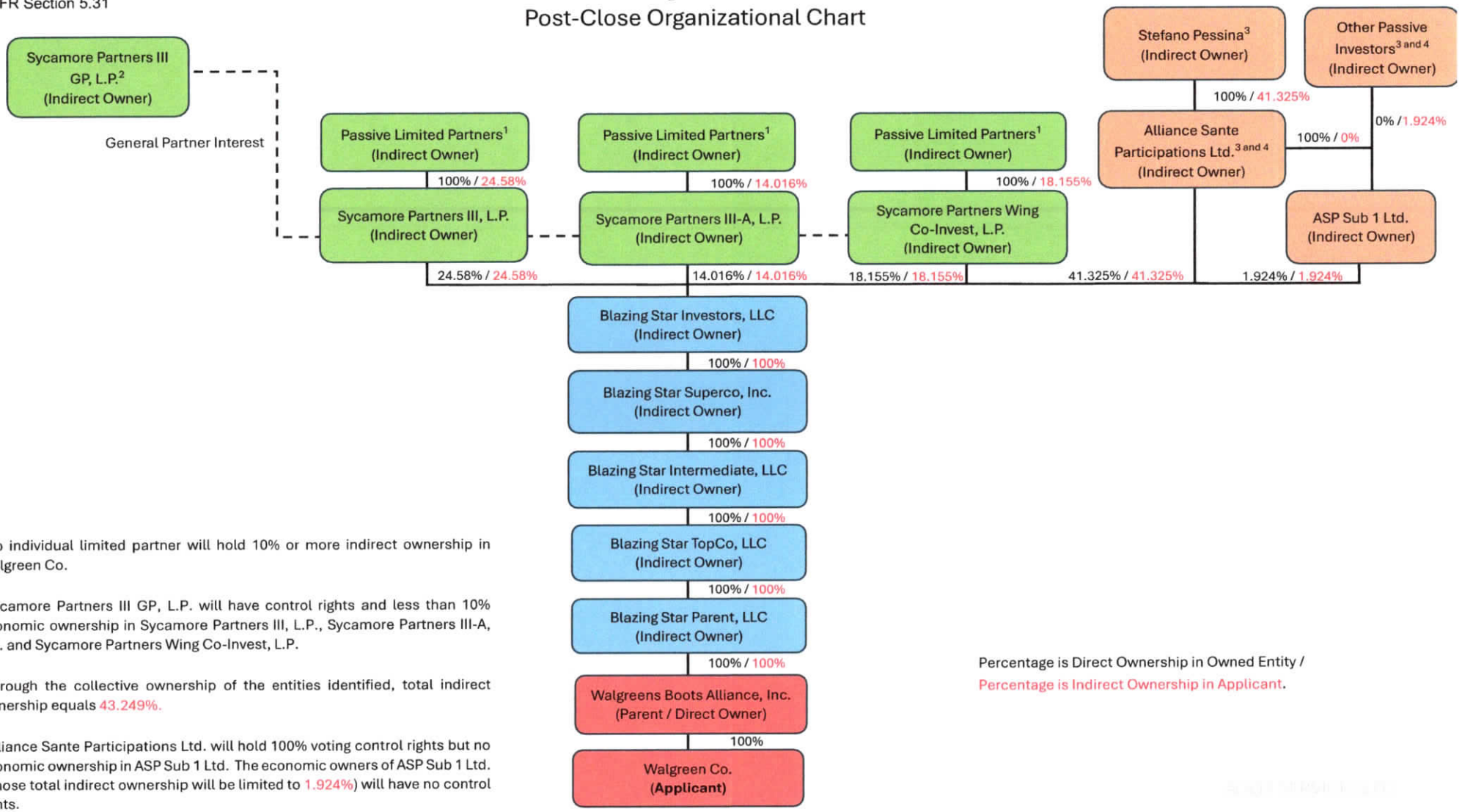
Walgreen Co.
Pre-Close Organizational Chart



Publicly Traded on Nasdaq Stock Market (WBA)

Proprietary and Confidential
Not a public record pursuant to
Section 7927.605 of the CPRA and
45 CFR Section 5.31

Walgreen Co.
Post-Close Organizational Chart



[1]No individual limited partner will hold 10% or more indirect ownership in Walgreen Co.

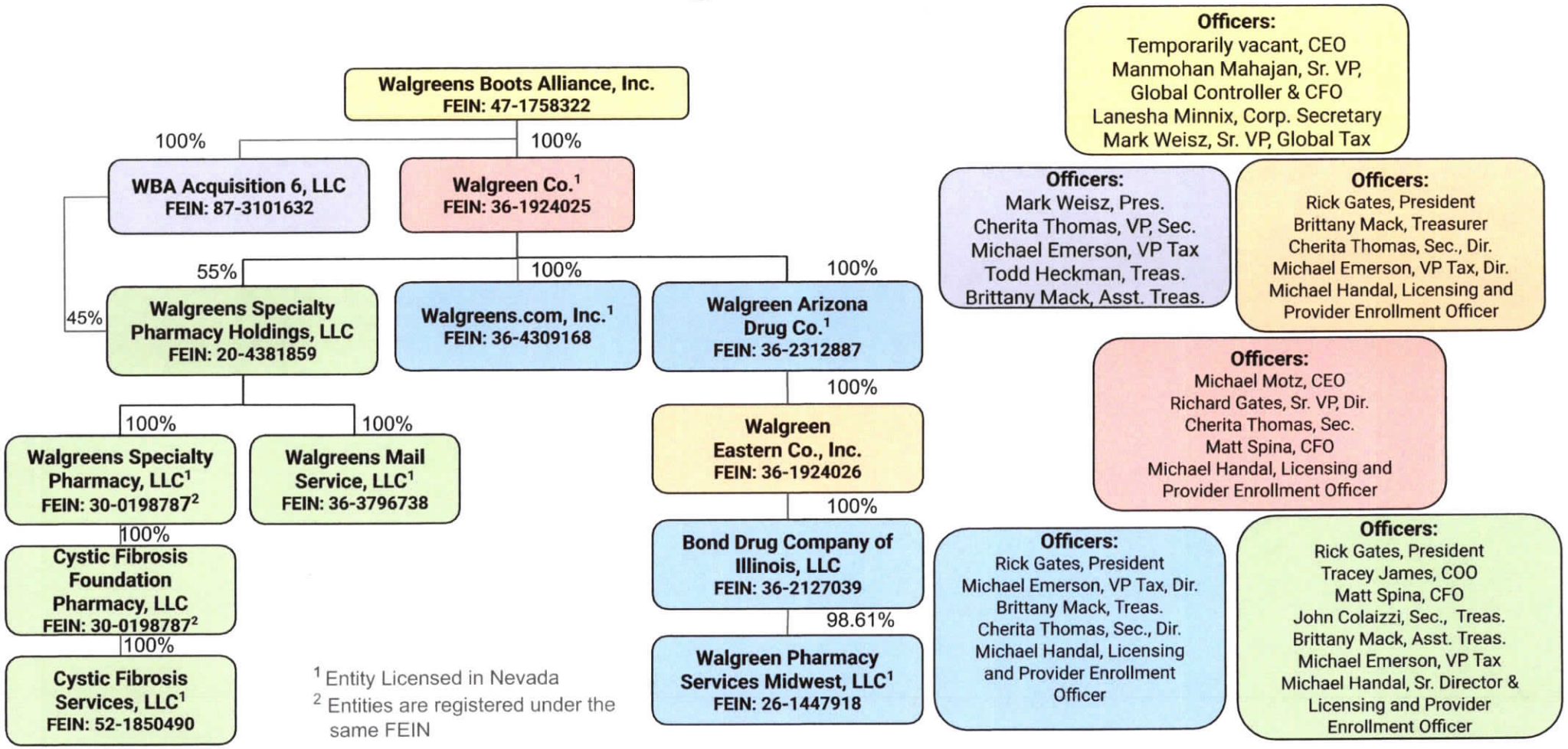
[2]Sycamore Partners III GP, L.P. will have control rights and less than 10% economic ownership in Sycamore Partners III, L.P., Sycamore Partners III-A, L.P. and Sycamore Partners Wing Co-Invest, L.P.

[3]Through the collective ownership of the entities identified, total indirect ownership equals 43.249%.

[4]Alliance Sante Participations Ltd. will hold 100% voting control rights but no economic ownership in ASP Sub 1 Ltd. The economic owners of ASP Sub 1 Ltd. (whose total indirect ownership will be limited to 1.924%) will have no control rights.

Percentage is Direct Ownership in Owned Entity /
Percentage is Indirect Ownership in Applicant.

Walgreen Co.
Post-Close Organizational Chart (cont.)



File Number 1084-348-1

STATE OF ILLINOIS

OFFICE OF THE SECRETARY OF STATE

To all to whom these Presents Shall Come, Greeting:

I, **Alexi Giannoulias,** *Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that*

WALGREEN CO., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON FEBRUARY 15, 1909, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE BUSINESS CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.

In Testimony Whereof, *I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this* 15TH *day of* MAY *A.D.* 2025 .

Authentication #: 2513501622 verifiable until 05/15/2026
Authenticate at: https://www.ilsos.gov

Alexi Giannoulias
SECRETARY OF STATE

9BBBB

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Pharmacy Application

Non-Refundable $500.00 Fee

Rev (6/11/2024)

Facility Location	Application Type (check all applicable)	Pharmacy Type (check all applicable)	Services the Pharmacy will Provide (check all applicable)
■ Nevada ☐ Out-of-Nevada	☐ New Pharmacy ■ Ownership Change* ☐ Location Change * ☐ Service Modification* ☐ Name Change* (if only a Name Change occurred, submit a $50.00 fee with the application.) * Current license #: PH PH04107	■ Retail/Community ☐ Hospital (# beds _____) ☐ Internet ☐ Nuclear ☐ Other:	■ Retail/Community ■ Dangerous drugs ■ Controlled substances DEA #: FW8631411 ☐ Non-sterile Compounding ☐ Sterile Compounding ☐ Mail-Order Service ☐ Off-site Cognitive Services ☐ Long Term Care ☐ Hospital ☐ Other:

Days of Operation		Ownership Type (check applicable box)
■ Monday	■ Friday	☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9, 10, 11, 12)
■ Tuesday	☐ Saturday	■ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9, 10, 11, 12)
■ Wednesday	☐ Sunday	☐ Partnership (complete sections 1, 2, 3, 4, 7, 9, 10, 11, 12)
■ Thursday	☐ Holidays	☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9, 10, 11, 12)

Section 1: General Information

Pharmacy Name: Walgreens Specialty Pharmacy #21237

Physical Address: 300 S Wells Ave #3

City: Reno State: NV Zip: 89502

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: (775)437-9111 Toll Free # (NAC 639.708, NRS 639.23286): N/A

Fax: (775)437-9112 Contact Email: rxm.21237@store.walgreens.com

Website: https://www.walgreens.com

Nevada Business License # (if applicable) NV19951143510

Supervising/Managing Pharmacist Name (NRS 639.220): ADRIENNE MALROUX

Supervising/Managing Pharmacist NV Pharmacist Registration # (if applicable): 17200

Section 2: List the name(s) of at least one NEVADA registered pharmacist who practices at the pharmacy, who may be the managing pharmacist or another pharmacist, who will be responsible for any prescriptions dispensed to a patient located in Nevada and responsible for any acts or omissions of pharmacy personnel who are not registered with the Board. NRS 639.2328. (Use a separate piece of paper if additional space is needed.)

Name: ADRIENNE MALROUX	NV Pharmacist Registration #: 17200
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:

Section 3: History of Company	**Yes**	**No**
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✔
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration from any jurisdiction?		✔
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been subject of an administrative action, board citation, cite fine, or proceeding relating to the pharmaceutical industry?		✔
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✔
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✔

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name(s) of the owner(s), their credentials and their percent ownership. Write NA if not applicable. NRS 639.232. (Use a separate piece of paper if additional space is needed.)

Name: N/A	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:

1. The Board shall not issue a license to conduct a pharmacy:
   a) To any practitioner; or
   b) To any partnership, corporation, or association in which a practitioner has a controlling interest or owns more than 10 percent of the available stock.
2. This section does not:
   a) Apply to a hospital pharmacy or a health maintenance organization which holds a certificate of authority under chapter 695C of NRS.
   b) Prohibit ownership by a practitioner of a building in which a pharmacy is located, if space for the pharmacy is rented at the prevailing rate.

Section 5: Publicly Traded Corporation

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Does the number of stockholders/shareholders of the corporation exceed four? NRS 639.231 ☐ Yes ☐ No

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: Delaware

Parent Company (if any): Walgreens Boots Alliance, Inc.

Corporation/Organization Name: Walgreen Co.

Mailing Address: 108 Wilmot Rd

City: Deerfield State: IL Zip: 60015

Telephone: 847-224-1348 Email: licenseadministration@walgreens.com

Contact Person Name: Kayla Lechner

Does the number of stockholders/shareholders of the corporation or members exceed four? NRS 639.231 ☐ Yes ☒ No

Section 7: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Please check type of partnership (NAC 639.214) ☐ General ☐ Limited

Does the number of partners or members of the partnership exceed four? NRS 639.231 ☐ Yes ☐ No

Section 8: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Richard Gates

Print Name of Authorized Person Submitting Application (If the applicant is a partnership or corporation, the application must be signed by a partner or by an officer of the corporation). NAC 639.215

Richard Gates

Original signature of Authorized Person (copies or stamps not accepted)

08 / 26 / 2025

Date

Board Use Only	Date Received: 9/18/25	Amount: $500 ch JP03-30001M129

Section 11: Managing Pharmacist Acknowledgement, Professional/Personal History – REQUIRED TO BE COMPLETED BY THE MANAGING PHARMACIST FOR NEVADA LOCATED PHARMACY APPLICANTS ONLY

Managing Pharmacist Name: ADRIENNE MALROUX Pharmacist Registration #: 17200

Pharmacy Name: Walgreens Specialty Pharmacy #21237

Initial each statement below to indicate you have read and agree with the following:

AAM I understand that as the managing pharmacist I am responsible for compliance by the pharmacy and its personnel with all state and federal laws and regulations relating to the operation of the pharmacy and the practice of pharmacy. I understand my license can be revoked or that I can be subject of disciplinary action if such laws or regulations are knowingly violated in the pharmacy in which I am the managing pharmacist.

AAM I understand within 48 hours after I report for duty as the managing pharmacist, I shall complete an inventory of all controlled substances of the pharmacy pursuant to 21 CFR Part 1304 and maintain a copy of the inventory in the file at the pharmacy.

AAM I understand that if I cease to be managing pharmacist of the above-named pharmacy, I will jointly, with the new managing pharmacist, take an inventory of all controlled substances.

AAM I understand that as the managing pharmacist I must ensure that all loss or theft of controlled substances are reported on forms provided by the Nevada State Board of Pharmacy and Department of Public Safety within 10 days after the date of discovery of theft or loss. NRS 453.568. Federal regulations require that registrants notify the Field Division Office of the Administration in his area, in writing, of the theft or significant loss of any controlled substance, disposal receptacles or listed chemicals within one business day of discovery of such loss or theft. The registrant shall also complete and submit to the Field Division Office in his area, DEA Form 106 regarding the loss or theft (21 C.F.R. §1301.76(b) and 21 U.S.C. §830(b)(1)(C)).

AAM I understand that as the managing pharmacist I must notify the Nevada State Board of Pharmacy of all employment changes of pharmacy staff within 10 days of the change. NAC 639.540

Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?	☐	☑
2. Have you been charged, arrested, or convicted of a felony or misdemeanor in any state?	☐	☑
3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state?	☑	☐
4. Has your license been subjected to any discipline for violation of pharmacy or drug laws in any state?	☐	☑

If you marked YES to any questions above, include the following information and provide a signed statement of explanation. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Board Administrative Action:	State:	Date:	Case #:

Criminal Action:	State:	Date:	Case #:	County:	Court:

I certify under penalty of perjury that the information I have provided on this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

ADRIENNE MALROUX

Original signature of Managing Pharmacist (copies or stamps not accepted)

08 / 07 / 2025

Date

Outlook

Fwd: Biennium Satisfaction Letter

From Adrienne <adrienne.ann.martin@gmail.com>
Date Tue 10/15/2024 9:04 AM
To Malroux, Adrienne <adrienne.martin@walgreens.com>

CAUTION: This email originated from outside of the organization. Do not click links or open attachments unless you recognize the sender and know the content is safe.

Sent from my iPhone

Begin forwarded message:

From: Jessette Phaynarikone <jphaynarikone@pharmacy.nv.gov>
Date: August 22, 2024 at 11:04:13 AM PDT
To: adrienne.ann.martin@gmail.com
Subject: Biennium Satisfaction Letter

JOE LOMBARDO
Governor

HELEN PARK
President

J. DAVID WUEST
Executive Secretary

STATE OF NEVADA
BOARD OF PHARMACY

985 Damonte Ranch Pkwy, Ste 206
Reno, NV 89521

August 19, 2024

VIA STANDARD U.S. MAIL & E-MAIL
Adrienne Malroux
Certificate of Registration #17200
20 Day Lily CT
Reno, NV 89511
adrienne.ann.martin@gmail.com

Re: Satisfaction of the Nevada State Board of Pharmacy's Citation & Fine - Case No. 24-164-RPH-N

Adrienne Malroux:

This letter serves to acknowledge your satisfaction of the payment terms and CE requirements of the Citation & Fine issued by the Nevada State Board of Pharmacy ("Board") in Case No. ***24-164-RPH-N*** and dated/filed on ***5/25/2024***.

If you have questions, please do not hesitate to contact the Board's Coordination Office at 775-850-1440 or teambc@pharmacy.nv.gov.

Sincerely,











Section 9: Statement of Responsibility - MUST BE COMPLETED by an Authorized Person (NAC 639.945)

Statement of Responsibility

1. I am the Vice President (title) for Walgreen Co. (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be responsible for any violations of pharmacy law that may occur in the Pharmacy owned by such owner(s), shareholder(s), member(s), or partner(s).
3. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against the Pharmacy.
4. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) cannot require or permit the pharmacist(s) in said Pharmacy to violate any provision of local, state, or federal laws or regulations pertaining to the practice of pharmacy.
5. I further understand and acknowledge that Nevada law requires that each pharmacy located inside the State of Nevada employ only pharmacists, intern pharmacists, pharmaceutical technicians, and technicians in training that are licensed by the Nevada State Board of Pharmacy. (NRS 639.100).
6. I further understand and acknowledge that Nevada law requires that each pharmacy located outside the State of Nevada engaged in providing pharmacy services into Nevada employs at least one pharmacist licensed by the Nevada State Board of Pharmacy who will be responsible for any prescription dispensed to a patient located in Nevada and responsible for any acts or omissions of pharmacy personnel who are not registered with the Board. (NRS 639.2328).

Richard Gates

Print Name of Authorized Person

Richard Gates

Original signature of Authorized Person (copies or stamps not accepted)

08 / 26 / 2025

Date

Section 10: Affidavit for Pharmacies- MUST BE COMPLETED by pharmacies NOT CURRENTLY PERFORMING Sterile Compounding

Affidavit for Pharmacy License

I, Richard Gates hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

1. I am the Vice President (title) for Walgreen Co. (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I certify that upon licensure, the Pharmacy will not perform sterile compounding or ship sterile compounds into Nevada.
3. I understand and acknowledge that the Pharmacy and any of its staff members may be subject to discipline by the Board if the Pharmacy performs sterile compounding or ships any sterile compounds into Nevada without first obtaining written authorization from the Board to do so.
4. I certify that if the Pharmacy makes the decision to perform sterile compounding or to ship any sterile compounds into Nevada, the Pharmacy, through an authorized representative, will first notify the Board via a written request, and obtain written approval to perform sterile compounding or to ship any sterile compounds into Nevada.
5. I understand that if the Pharmacy seeks approval to perform sterile compounding or to ship any sterile compounds into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

FURTHER YOUR AFFIANT SAYETH NAUGHT.

Signature

SUBSCRIBED AND SWORN TO
Before me, a notary public this 20th day of August, 2025

Zeljka Borosa-Rajcevic
Notary Public

OFFICIAL SEAL
ZELJKA BOROSA RAJCEVIC
Notary Public, State of Illinois
Commission No. 977646
My Commission Expires September 8, 2027

CERTIFICATE *of* SIGNATURE

REF. NUMBER
STEBU-S98Z4-ZTUKA-BS9TA

DOCUMENT COMPLETED BY ALL PARTIES ON
26 AUG 2025 19:33:27 UTC

SIGNER	TIMESTAMP	SIGNATURE
RICHARD GATES EMAIL RICK.GATES@WALGREENS.COM	SENT 26 AUG 2025 18:56:06 UTC VIEWED 26 AUG 2025 19:31:59 UTC SIGNED 26 AUG 2025 19:33:27 UTC	 IP ADDRESS 63.73.199.69 LOCATION CHICAGO, UNITED STATES

RECIPIENT VERIFICATION

EMAIL VERIFIED
26 AUG 2025 19:31:59 UTC

CONFIDENTIAL/EXEMPT FROM
FREEDOM OF INFORMATION ACT AND
SIMILAR STATE REQUESTS

Ownership Information

Ownership & Leadership of Applicant Entity

Applicant: **Walgreen Co.**
108 Wilmot Rd., Deerfield, IL 60015

Ownership: The Applicant entity is wholly owned (100%) by Walgreens Boots Alliance, Inc.

Officers of Walgreen Co.
Michael Motz - CEO
Richard Gates - Senior Vice President, Chief Pharmacy Officer
Cherita Thomas - Secretary
Matthew Spina - CFO
Michael Handal - Licensing and Provider Enrollment Officer

Ownership & Leadership of Walgreens Boots Alliance, Inc.

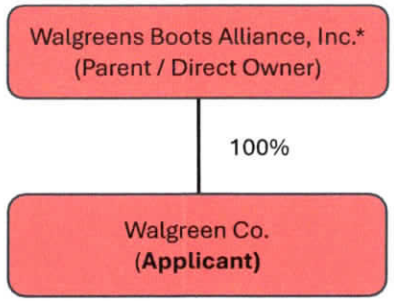
Ownership: Walgreens Boots Alliance, Inc. is wholly owned (100%) by Blazing Star Parent, LLC

Officers of Walgreens Boots Alliance, Inc.
Temporarily vacant - CEO
Mark Weisz - Sr VP, Global Tax
Manmohan Mahajan - Sr VP, Global Controller, CFO
Lanesha Minnix - Corporate Secretary

Please see the attached pre- and post-closing Corporate Organization chart for reference.

Proprietary and Confidential
Not a public record pursuant to
Section 7927.605 of the CPRA and
45 CFR Section 5.31

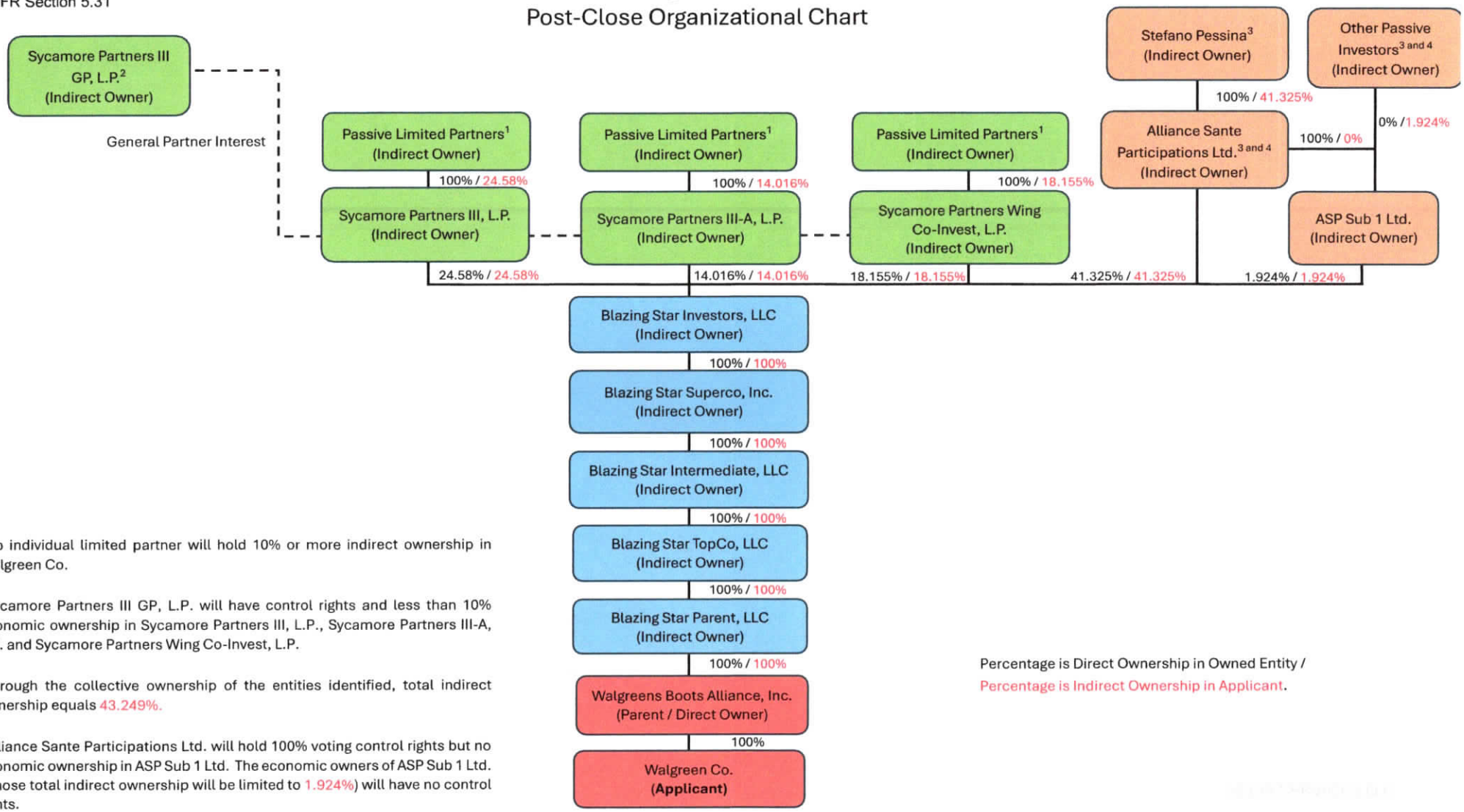
Walgreen Co.
Pre-Close Organizational Chart



Publicly Traded on Nasdaq Stock Market (WBA)

Proprietary and Confidential
Not a public record pursuant to
Section 7927.605 of the CPRA and
45 CFR Section 5.31

Walgreen Co.
Post-Close Organizational Chart



[1]No individual limited partner will hold 10% or more indirect ownership in Walgreen Co.

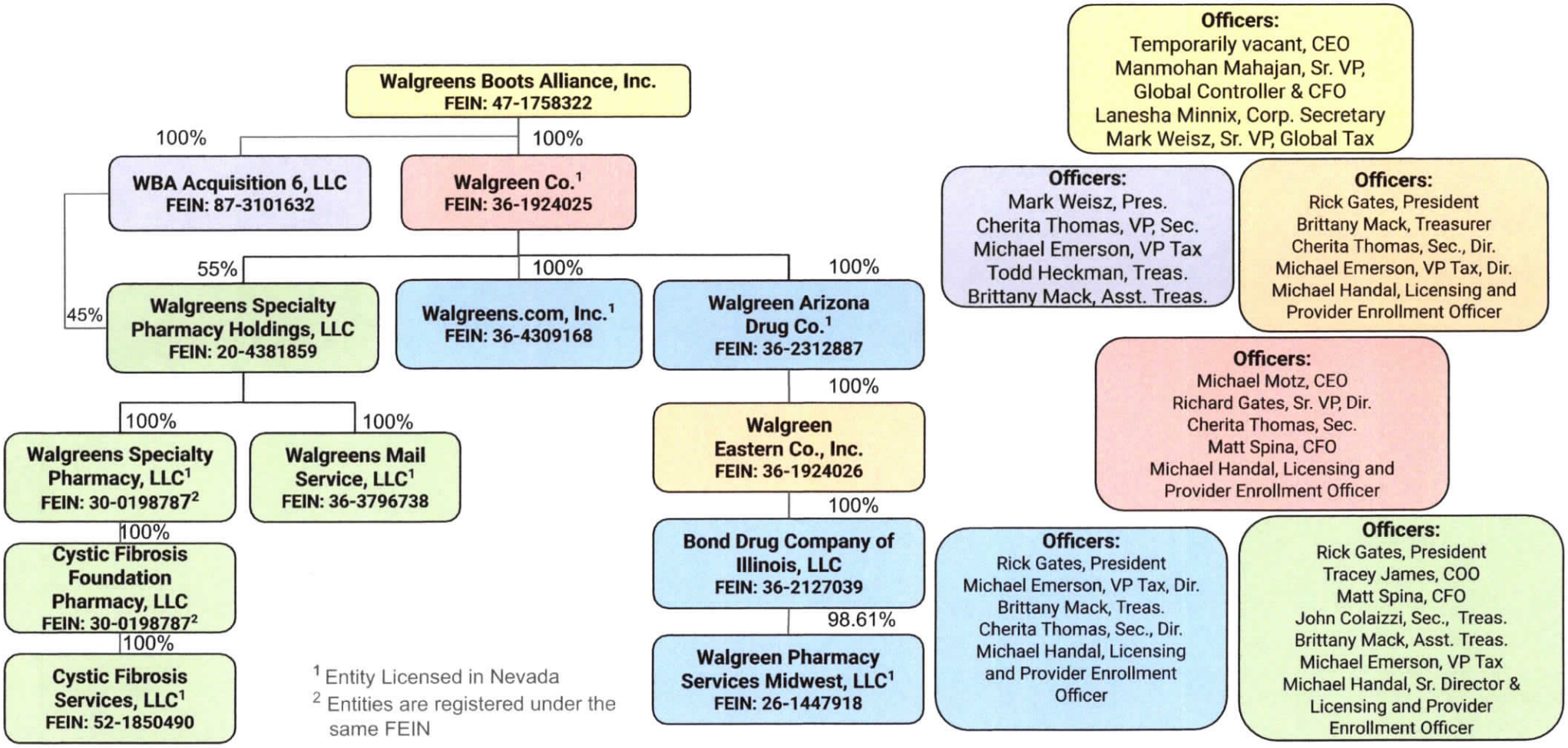
[2]Sycamore Partners III GP, L.P. will have control rights and less than 10% economic ownership in Sycamore Partners III, L.P., Sycamore Partners III-A, L.P. and Sycamore Partners Wing Co-Invest, L.P.

[3]Through the collective ownership of the entities identified, total indirect ownership equals 43.249%.

[4]Alliance Sante Participations Ltd. will hold 100% voting control rights but no economic ownership in ASP Sub 1 Ltd. The economic owners of ASP Sub 1 Ltd. (whose total indirect ownership will be limited to 1.924%) will have no control rights.

Percentage is Direct Ownership in Owned Entity /
Percentage is Indirect Ownership in Applicant.

Walgreen Co.
Post-Close Organizational Chart (cont.)



Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "WALGREENS SPECIALTY PHARMACY, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTIETH DAY OF SEPTEMBER, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "WALGREENS SPECIALTY PHARMACY, LLC" WAS FORMED ON THE NINETEENTH DAY OF AUGUST, A.D. 2003.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

Jeffrey W. Bullock, Secretary of State

3694344 8300

SR# 20243746983

Authentication: 204446797

Date: 09-20-24

You may verify this certificate online at corp.delaware.gov/authver.shtml

9CCCC

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Pharmacy Application

Non-Refundable $500.00 Fee

Rev (6/11/2024)

Facility Location	Application Type (check all applicable)	Pharmacy Type (check all applicable)	Services the Pharmacy will Provide (check all applicable)
■ Nevada	☐ New Pharmacy	■ Retail/Community	■ Retail/Community
☐ Out-of-Nevada	■ Ownership Change*	☐ Hospital (# beds _____)	■ Dangerous drugs
	☐ Location Change *	☐ Internet	■ Controlled substances
	☐ Service Modification*	☐ Nuclear	DEA #: BW9097470
	☐ Name Change* (if only a Name Change occurred, submit a $50.00 fee with the application.)	☐ Other:	☐ Non-sterile Compounding
			☐ Sterile Compounding
			☐ Mail-Order Service
			☐ Off-site Cognitive Services
			☐ Long Term Care
	* Current license #: PH PH01939		☐ Hospital
			☐ Other:

Days of Operation		Ownership Type (check applicable box)
■ Monday	■ Friday	☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9, 10, 11, 12)
■ Tuesday	■ Saturday	■ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9, 10, 11, 12)
■ Wednesday	■ Sunday	☐ Partnership (complete sections 1, 2, 3, 4, 7, 9, 10, 11, 12)
■ Thursday	☐ Holidays	☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9, 10, 11, 12)

Section 1: General Information

Pharmacy Name: WALGREENS #02474

Physical Address: 3000 VISTA BLVD

City: SPARKS State: NV Zip: 89436-6702

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: (775)359-7044 Toll Free # (NAC 639.708, NRS 639.23286): N/A

Fax: (775)359-7049 Contact Email: rxm.02474@store.walgreens.com

Website: https://www.walgreens.com

Nevada Business License # (if applicable) NV19951143510

Supervising/Managing Pharmacist Name (NRS 639.220): STEVEN OHATA

Supervising/Managing Pharmacist NV Pharmacist Registration # (if applicable): 20485

Section 2: List the name(s) of at least one NEVADA registered pharmacist who practices at the pharmacy, who may be the managing pharmacist or another pharmacist, who will be responsible for any prescriptions dispensed to a patient located in Nevada and responsible for any acts or omissions of pharmacy personnel who are not registered with the Board. NRS 639.2328. (Use a separate piece of paper if additional space is needed.)

Name: STEVEN OHATA	NV Pharmacist Registration #: 20485
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:

Section 3: History of Company	**Yes**	**No**
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✓
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration from any jurisdiction?		✓
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been subject of an administrative action, board citation, cite fine, or proceeding relating to the pharmaceutical industry?	✓	
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✓
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✓

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name(s) of the owner(s), their credentials and their percent ownership. Write NA if not applicable. NRS 639.232. (Use a separate piece of paper if additional space is needed.)

Name: N/A	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:

1. The Board shall not issue a license to conduct a pharmacy:
   a) To any practitioner; or
   b) To any partnership, corporation, or association in which a practitioner has a controlling interest or owns more than 10 percent of the available stock.
2. This section does not:
   a) Apply to a hospital pharmacy or a health maintenance organization which holds a certificate of authority under chapter 695C of NRS.
   b) Prohibit ownership by a practitioner of a building in which a pharmacy is located, if space for the pharmacy is rented at the prevailing rate.

Section 5: Publicly Traded Corporation

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Does the number of stockholders/shareholders of the corporation exceed four? NRS 639.231 ☐ Yes ☐ No

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: Delaware

Parent Company (if any): Walgreens Boots Alliance, Inc.

Corporation/Organization Name: Walgreen Co.

Mailing Address: 108 Wilmot Rd

City: Deerfield State: IL Zip: 60015

Telephone: 847-224-1348 Email: licenseadministration@walgreens.com

Contact Person Name: Kayla Lechner

Does the number of stockholders/shareholders of the corporation or members exceed four? NRS 639.231 ☐ Yes ☑ No

Section 7: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Please check type of partnership (NAC 639.214) ☐ General ☐ Limited

Does the number of partners or members of the partnership exceed four? NRS 639.231 ☐ Yes ☐ No

Section 8: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Richard Gates

Print Name of Authorized Person Submitting Application (If the applicant is a partnership or corporation, the application must be signed by a partner or by an officer of the corporation). NAC 639.215

Richard Gates

Original signature of Authorized Person (copies or stamps not accepted)

08 / 26 / 2025

Date

Board Use Only	Date Received: 9/22/25	Amount: $500 ck UP03-30001111291

Section 11: Managing Pharmacist Acknowledgement, Professional/Personal History – REQUIRED TO BE COMPLETED BY THE MANAGING PHARMACIST FOR NEVADA LOCATED PHARMACY APPLICANTS ONLY

Managing Pharmacist Name: STEVEN OHATA Pharmacist Registration #: 20485

Pharmacy Name: WALGREENS #02474

Initial each statement below to indicate you have read and agree with the following:

S.O. I understand that as the managing pharmacist I am responsible for compliance by the pharmacy and its personnel with all state and federal laws and regulations relating to the operation of the pharmacy and the practice of pharmacy. I understand my license can be revoked or that I can be subject of disciplinary action if such laws or regulations are knowingly violated in the pharmacy in which I am the managing pharmacist.

S.O. I understand within 48 hours after I report for duty as the managing pharmacist, I shall complete an inventory of all controlled substances of the pharmacy pursuant to 21 CFR Part 1304 and maintain a copy of the inventory in the file at the pharmacy.

S.O. I understand that if I cease to be managing pharmacist of the above-named pharmacy, I will jointly, with the new managing pharmacist, take an inventory of all controlled substances.

S.O. I understand that as the managing pharmacist I must ensure that all loss or theft of controlled substances are reported on forms provided by the Nevada State Board of Pharmacy and Department of Public Safety within 10 days after the date of discovery of theft or loss. NRS 453.568. Federal regulations require that registrants notify the Field Division Office of the Administration in his area, in writing, of the theft or significant loss of any controlled substance, disposal receptacles or listed chemicals within one business day of discovery of such loss or theft. The registrant shall also complete and submit to the Field Division Office in his area, DEA Form 106 regarding the loss or theft (21 C.F.R. §1301.76(b) and 21 U.S.C. §830(b)(1)(C)).

S.O. I understand that as the managing pharmacist I must notify the Nevada State Board of Pharmacy of all employment changes of pharmacy staff within 10 days of the change. NAC 639.540

Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?	☐	☑
2. Have you been charged, arrested, or convicted of a felony or misdemeanor in any state?	☐	☑
3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state?	☐	☑
4. Has your license been subjected to any discipline for violation of pharmacy or drug laws in any state?	☐	☑

If you marked YES to any questions above, include the following information and provide a signed statement of explanation. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Board Administrative Action:	State:	Date:	Case #:

Criminal Action:	State:	Date:	Case #:	County:	Court:

I certify under penalty of perjury that the information I have provided on this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

STEVEN OHATA

Original signature of Managing Pharmacist (copies or stamps not accepted)

08 / 01 / 2025

Date

NEVADA STATE BOARD OF PHARMACY
JUL - 8 2014
FILED

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,	
Petitioner,	**CASE NO. 13-070-RPH-A-N**
vs.	**CASE NO. 13-070-RPH-B-N**
	CASE NO. 13-070-PH-N
ANDREW F. MANN, RPH	
Certificate of Registration No. 18565,	**FINDINGS OF FACT, CONCLUSONS OF LAW AND ORDER**
ALEXANDRIA W. PARK, RPH	
Certificate of Registration No. 14825,	
WALGREENS #02474	
Certificate of Registration No. PH01939,	
Respondents.	

This matter came before the Nevada State Board of Pharmacy (Board) at its regularly scheduled meeting on Wednesday, June 11, 2014, in Reno, Nevada. S. Paul Edwards, Esq., represented the Board in his capacity as its General Counsel. Respondents Andrew F. Mann (Mr. Mann), Certificate of Registration No. 18565, Alexandria W. Park (Ms. Park), Certificate of Registration No. 14825, and Walgreens #2474, Certificate of Registration No. PH01939, located at 3000 Vista Blvd., Sparks, NV (Walgreens), each filed an Answer and Notice of Defense in response to the Accusation in this matter. William J. Stilling, Esq., of Parsons Behle & Latimer, appeared at the hearing on Respondents' behalf. Based on the evidence presented, including testimony, the Board enters the following findings of fact, conclusions of law and order.

FINDINGS OF FACT

1. On October 9, 2013, patient JP-H's physician phoned in a prescription to Walgreens for clomiphene 50 mg tablets. JP-H picked up the prescription from Walgreens the following day.

2. On October 11, 2013, JP-H ingested two capsules per the pharmacist's instructions.

3. Within hours of taking the medication, JP-H experienced adverse physical effects.

4. Upon examining the label on the prescription bottle she received, JP-H discovered that Walgreens had dispensed clomipramine 50 mg. capsules, instead of the prescribed clomiphene 50 mg. tablets.

5. Mr. Mann was the pharmacist who retrieved the telephonic prescription from JP-H's physician. He transcribed the prescription and staged it for data entry.

6. From the transcribed prescription, pharmaceutical technician in training Bree Donnelly (Ms. Donnelly) entered the required data into Walgreens' computerized prescription tracking system. When entering the product name, Ms. Donnelly inadvertently selected clomipramine 50 mg. capsules, instead of the prescribed clomiphene 50 mg. tablets.

7. The prescription data was then ready for review by a pharmacist prior to filling.

8. Ms. Park performed the data entry review. She failed to detect that Ms. Donnelly erroneously selected clomipramine, rather than the prescribed clomiphene. Ms. Park sent the prescription back to the queue to await filling.

9. Ms. Donnelly retrieved and filled the approved prescription the next day.

10. Mr. Mann performed the final review and verification of the prescription. During verification, he did not detect that JP-H's prescription had erroneously been filled with clomipramine, rather than the prescribed clomiphene.

11. On October 10, 2013, JP-H picked up her prescription. During checkout and patient counseling, Mr. Mann again failed to detect that he was dispensing clomipramine 50 mg. capsules, rather than the prescribed clomiphene 50 mg. tablets. He further failed to provide adequately detailed counseling to JP-H, which, if more thorough, may have alerted either Mr. Mann or JP-H, or both, that Mr. Mann was dispensing an antidepressant, rather than the prescribed fertility medication.

12. The foregoing findings are supported by the Answers filed by the Respondents, and are further supported by the evidence, including testimony, presented to the Board during the hearing.

CONCLUSIONS OF LAW

Based on the forgoing findings of fact, the Board concludes on matters of law as follows:

13. The Board has jurisdiction over this matter because at the time of the conduct set forth above, Respondents, and each of them, were either registered pharmacists or a registered pharmacy with the Board.

14. By failing to strictly follow the instructions of JP-H's physician and verifying and dispensing clomipramine 50 mg. capsules, rather than the clomiphene 50 mg. tablets JP-H's physician prescribed, Respondents Andrew Mann and Alexandria Park violated Nevada Administrative Code (NAC) 639.945(1)(d) and (i), which violations are grounds for action against their respective Certificates of Registration pursuant to Nevada Revised Statutes (NRS) 639.255.

15. By providing inadequate counseling to JP-H, respondent Mr. Mann violated NRS 639.266(1), NAC 639.707 and NAC 639.945(1)(i). Those violations are grounds for action against Mr. Mann's Certificate of Registration pursuant to NRS 639.255.

16. As the owner of the pharmacy in which the foregoing violations occurred, Respondent Walgreens Pharmacy #02474 is responsible for those violations pursuant to NAC 639.945(2).[1]

ORDER

Based on the foregoing, **THE BOARD HEREBY ORDERS:**

17. In connection with the First Cause of Action set forth in the Accusation in this matter, Respondents Mr. Mann, RPh., and Ms. Park, RPh., shall each:

a. Pay a fine of $1,000.00,

[1] The Board did not find Walgreens negligent in this matter.

b. Pay an administrative fee of $49.00 to cover the Board's costs for processing fingerprinting cards for each of these respondents, and

c. Complete one (1) unit of continuing education (CE) on error prevention within ninety (90) days of the effective date of this Order.

18. In connection with the Second Cause of Action, Mr. Mann shall:

a. Pay a fine of $750.00,

b. Complete one (1) unit of CE on counseling within ninety (90) days of the effective date of this Order.

19. In connection with the Third Cause of Action, Respondent Walgreens shall:

a. Pay an administrative fee of $500.00,

b. Receive a letter from Board Staff requesting a copy of Walgreens' pharmacy policies and procedures, which Walgreens shall provide, and Board Staff shall review. Board Staff's review will be followed by an informal meeting of Board Staff, the Walgreens' District Manager and the Walgreens' Pharmacy Manager for Walgreens #02474 to discuss issues identified by Board Staff.

20. Respondents shall pay the fines set forth herein by cashier's or certified check or money order made payable to "State of Nevada, Office of the Treasurer" to be received by the Board's Reno office within ninety (90) days of the effective date of this Order. If circumstances so merit, Board Staff has the discretion and authority to establish a payment plan under which any of these Respondents may pay the fine(s) set forth herein through installments without further action or vote by the Board.

21. Respondents shall pay the administrative fees set forth herein by cashier's or certified check of money order made payable to the "Nevada State Board of Pharmacy" to be received by the Board's Reno office within sixty (90) days of the effective date of this Order.

22. Any failure by any Respondent to comply with any term in this Order may result in additional discipline, up to and including suspension or revocation of that respondent's registrations/licenses until all terms have been satisfied. Furthermore, any failure to pay any fine, fee, or cost ordered herein may result in such legal action as Board Staff determines to be necessary to collect the unpaid fine, fee, or cost.

Signed and effective this 3 day of July, 2014.

Kamlesh Gandhi, President
Nevada State Board of Pharmacy

NEVADA STATE BOARD OF PHARMACY
MAY - 8 2014
FILED

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,	)	
	)	
Petitioner,	)	**CASE NO. 13-070-RPH-A-N**
v.	)	**CASE NO. 13-070-RPH-B-N**
	)	**CASE NO. 13-070-PH-N**
ANDREW F. MANN, RPH	)	
Certificate of Registration No. 18565,	)	**NOTICE OF INTENDED**
	)	**ACTION AND ACCUSATION**
ALEXANDRIA W. PARK, RPH	)	
Certificate of Registration No. 14825,	)	
	)	
WALGREENS #02474	)	
Certificate of Registration No. PH01939,	)	
	)	
Respondents.	/	

Larry L. Pinson, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, makes the following that will serve as both a notice of intended action under Nevada Revised Statutes (NRS) 233B.127(3), and as an accusation under NRS 639.241.

I.

The Nevada State Board of Pharmacy (Board) has jurisdiction over this matter because at the time of the events alleged herein, Respondent Andrew Mann (Mr. Mann), Certificate of Registration No. 18565, was a registered pharmacist with the Board, Respondent Alexandria Park (Ms. Park), Certificate of Registration No. 14825, was a registered pharmacist with the Board, and Respondent Walgreens Pharmacy #02474 (Walgreens), Certificate of Registration No. PH01939, was a pharmacy registered with the Board.

II.

On or about October 9, 2013, patient JP-H's physician phoned in a prescription to Walgreens for clomiphene 50 mg tablets. JP-H picked up the prescription from Walgreens the following day.

III.

On October 11, 2013, JP-H ingested two capsules per the pharmacist's instructions. Within a few hours, she began to experience dizziness, shortness of breath, dilated pupils, nausea, stomach pain, diarrhea and insomnia. JP-H examined the label on the prescription bottle and discovered that clomipramine 50 mg. capsules (an antidepressant) had been dispensed instead of the prescribed clomiphene 50 mg. tablets (fertility medication).

IV.

Mr. Mann was the pharmacist who retrieved the telephonic prescription for JP-H. Mr. Mann transcribed the prescription and staged it for data entry.

V.

Pharmaceutical technician in training Bree Donnelly (Ms. Donnelly) entered the required data into the pharmacy's computerized prescription tracking system. When entering the product name, Ms. Donnelly inadvertently selected clomipramine 50 mg. capsules instead of the prescribed clomiphene 50 mg. tablets. The prescription data was then forwarded to a pharmacist for review prior to filling.

VI.

Ms. Park was the pharmacist who performed the data entry review. Ms. Park failed to detect that clomipramine had been erroneously entered for clomiphene. Ms. Park sent the prescription back to the queue to await filling.

VII.

Ms. Donnelly retrieved and filled the approved prescription the next day.

VIII.

Ms. Donnelly has no independent recollection of this particular fill. Her normal procedure is to print the label set, retrieve the stock bottle, count the product, place the product in a prescription bottle, label the bottle, and stage the final product, stock bottle and any additional labels for pharmacist verification prior to dispensing.

IX.

Mr. Mann performed the final review and verification of the prescription. During verification, Mr. Mann failed to detect that clomipramine had been provided rather than clomiphene.

X.

On October 10, 2013, JP-H picked up her prescription. During patient counseling, Mr. Mann again failed to detect that the prescription for clomiphene 50 mg. tablets had been erroneously filled with clomipramine 50 mg. capsules.

FIRST CAUSE OF ACTION

XI.

In failing to strictly follow the instructions of JP-H's physician by verifying and dispensing clomipramine 50 mg. capsules, rather than the clomiphene 50 mg. tablets that were prescribed, Respondents Andrew Mann, Alexandria Park, and Walgreens Pharmacy #02474 violated Nevada Administrative Code (NAC) 639.945(1)(d) and/or (i), which violations are grounds for action pursuant to NRS 639.210(4), (11) and/or (12), or alternatively under NRS 639.255.

SECOND CAUSE OF ACTION

XII.

By failing to detect during counseling that the prescription was filled with clomipramine 50 mg. capsules rather than clomiphene 50 mg. tablets, Mr. Mann and Walgreens Pharmacy #02474 provided inadequate counseling in violation of NAC 639.707(1) and 639.945(1)(i), which violations are grounds for action pursuant to NRS 639.210(4) and 639.266(1).

THIRD CAUSE OF ACTION

XIII.

As the owner of the pharmacy in which the foregoing violations, or any one of them, occurred, Respondent Walgreens Pharmacy #02474 is responsible and therefore subject to

discipline pursuant to NAC 639.945(1)(d) and (i) and/or (2), which violations are grounds for action pursuant to NRS 639.210(4), (11) and/or (12), and NRS 639.255.

WHEREFORE it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to the certificates of registration of these respondents.

Signed this 8th day of May, 2014.

Larry L. Pinson, Pharm.D., Executive Secretary
Nevada State Board of Pharmacy

NOTICE TO RESPONDENT

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements regarding your certificate of registration. To do so, you must mail to the Board within 15 days of your receipt of this Notice of Intended Action and Accusation a written statement showing your compliance.

Section 9: Statement of Responsibility - MUST BE COMPLETED by an Authorized Person (NAC 639.945)

Statement of Responsibility

1. I am the Vice President (title) for Walgreen Co. (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be responsible for any violations of pharmacy law that may occur in the Pharmacy owned by such owner(s), shareholder(s), member(s), or partner(s).
3. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against the Pharmacy.
4. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) cannot require or permit the pharmacist(s) in said Pharmacy to violate any provision of local, state, or federal laws or regulations pertaining to the practice of pharmacy.
5. I further understand and acknowledge that Nevada law requires that each pharmacy located inside the State of Nevada employ only pharmacists, intern pharmacists, pharmaceutical technicians, and technicians in training that are licensed by the Nevada State Board of Pharmacy. (NRS 639.100).
6. I further understand and acknowledge that Nevada law requires that each pharmacy located outside the State of Nevada engaged in providing pharmacy services into Nevada employs at least one pharmacist licensed by the Nevada State Board of Pharmacy who will be responsible for any prescription dispensed to a patient located in Nevada and responsible for any acts or omissions of pharmacy personnel who are not registered with the Board. (NRS 639.2328).

Richard Gates

Print Name of Authorized Person

Richard Gates

Original signature of Authorized Person (copies or stamps not accepted)

08 / 26 / 2025

Date

Section 10: Affidavit for Pharmacies- MUST BE COMPLETED by pharmacies NOT CURRENTLY PERFORMING Sterile Compounding

Affidavit for Pharmacy License

I, Richard Gates hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

1. I am the Vice President (title) for Walgreen Co. (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I certify that upon licensure, the Pharmacy will not perform sterile compounding or ship sterile compounds into Nevada.
3. I understand and acknowledge that the Pharmacy and any of its staff members may be subject to discipline by the Board if the Pharmacy performs sterile compounding or ships any sterile compounds into Nevada without first obtaining written authorization from the Board to do so.
4. I certify that if the Pharmacy makes the decision to perform sterile compounding or to ship any sterile compounds into Nevada, the Pharmacy, through an authorized representative, will first notify the Board via a written request, and obtain written approval to perform sterile compounding or to ship any sterile compounds into Nevada.
5. I understand that if the Pharmacy seeks approval to perform sterile compounding or to ship any sterile compounds into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

FURTHER YOUR AFFIANT SAYETH NAUGHT.

Signature

SUBSCRIBED AND SWORN TO
Before me, a notary public this 20th day of August, 2025

Zeljka Borosa-Rajcevic
Notary Public

OFFICIAL SEAL
ZELJKA BOROSA RAJCEVIC
Notary Public, State of Illinois
Commission No. 977646
My Commission Expires September 8, 2027

CONFIDENTIAL/EXEMPT FROM
FREEDOM OF INFORMATION ACT AND
SIMILAR STATE REQUESTS

Ownership Information

Ownership & Leadership of Applicant Entity

Applicant: **Walgreen Co.**
108 Wilmot Rd., Deerfield, IL 60015

Ownership: The Applicant entity is wholly owned (100%) by Walgreens Boots Alliance, Inc.

Officers of Walgreen Co.
Michael Motz - CEO
Richard Gates - Senior Vice President, Chief Pharmacy Officer
Cherita Thomas - Secretary
Matthew Spina - CFO
Michael Handal - Licensing and Provider Enrollment Officer

Ownership & Leadership of Walgreens Boots Alliance, Inc.

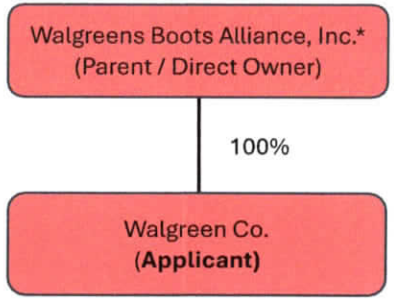
Ownership: Walgreens Boots Alliance, Inc. is wholly owned (100%) by Blazing Star Parent, LLC

Officers of Walgreens Boots Alliance, Inc.
Temporarily vacant - CEO
Mark Weisz - Sr VP, Global Tax
Manmohan Mahajan - Sr VP, Global Controller, CFO
Lanesha Minnix - Corporate Secretary

Please see the attached pre- and post-closing Corporate Organization chart for reference.

Proprietary and Confidential
Not a public record pursuant to
Section 7927.605 of the CPRA and
45 CFR Section 5.31

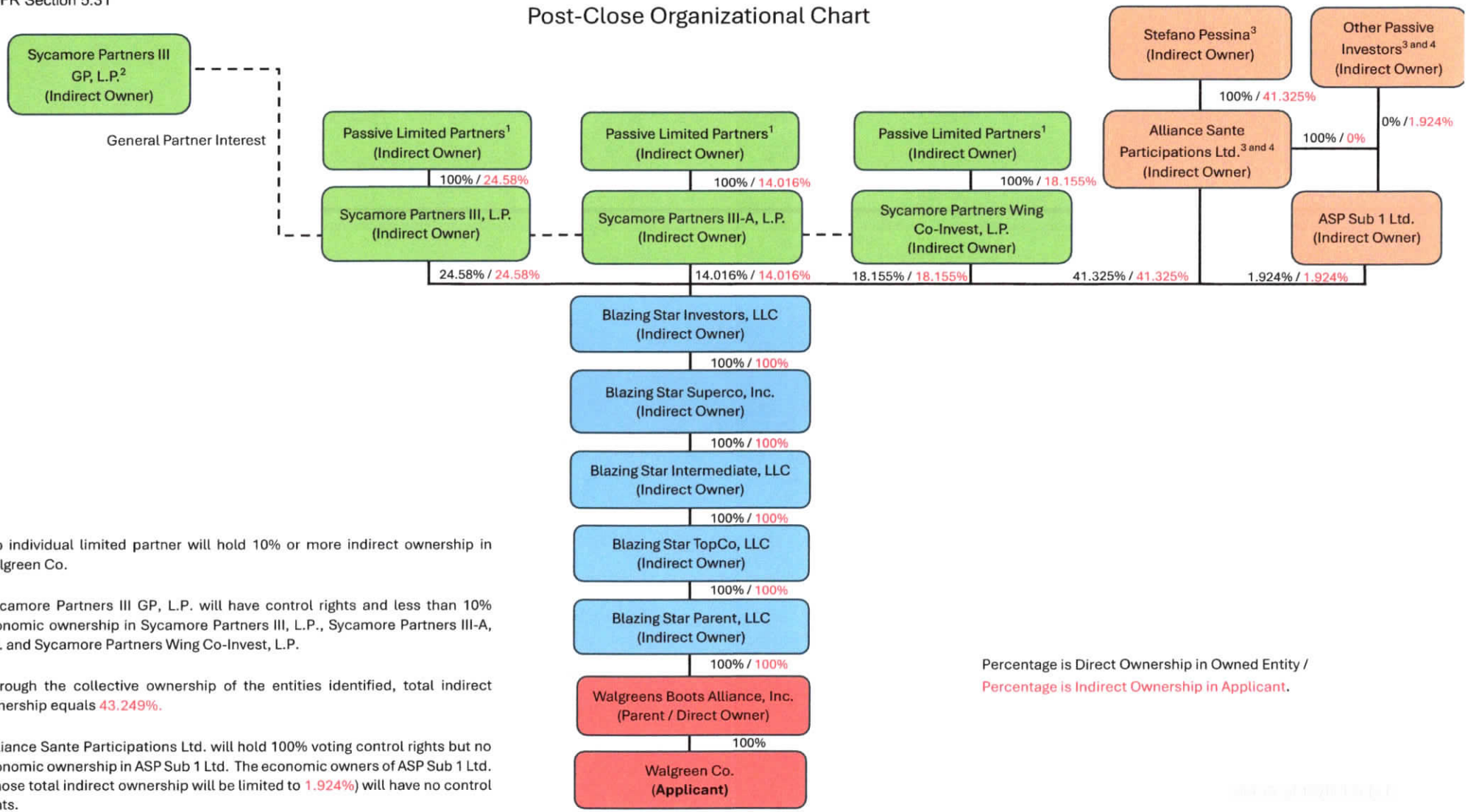
Walgreen Co.
Pre-Close Organizational Chart



Publicly Traded on Nasdaq Stock Market (WBA)

Proprietary and Confidential
Not a public record pursuant to
Section 7927.605 of the CPRA and
45 CFR Section 5.31

Walgreen Co.
Post-Close Organizational Chart



[1]No individual limited partner will hold 10% or more indirect ownership in Walgreen Co.

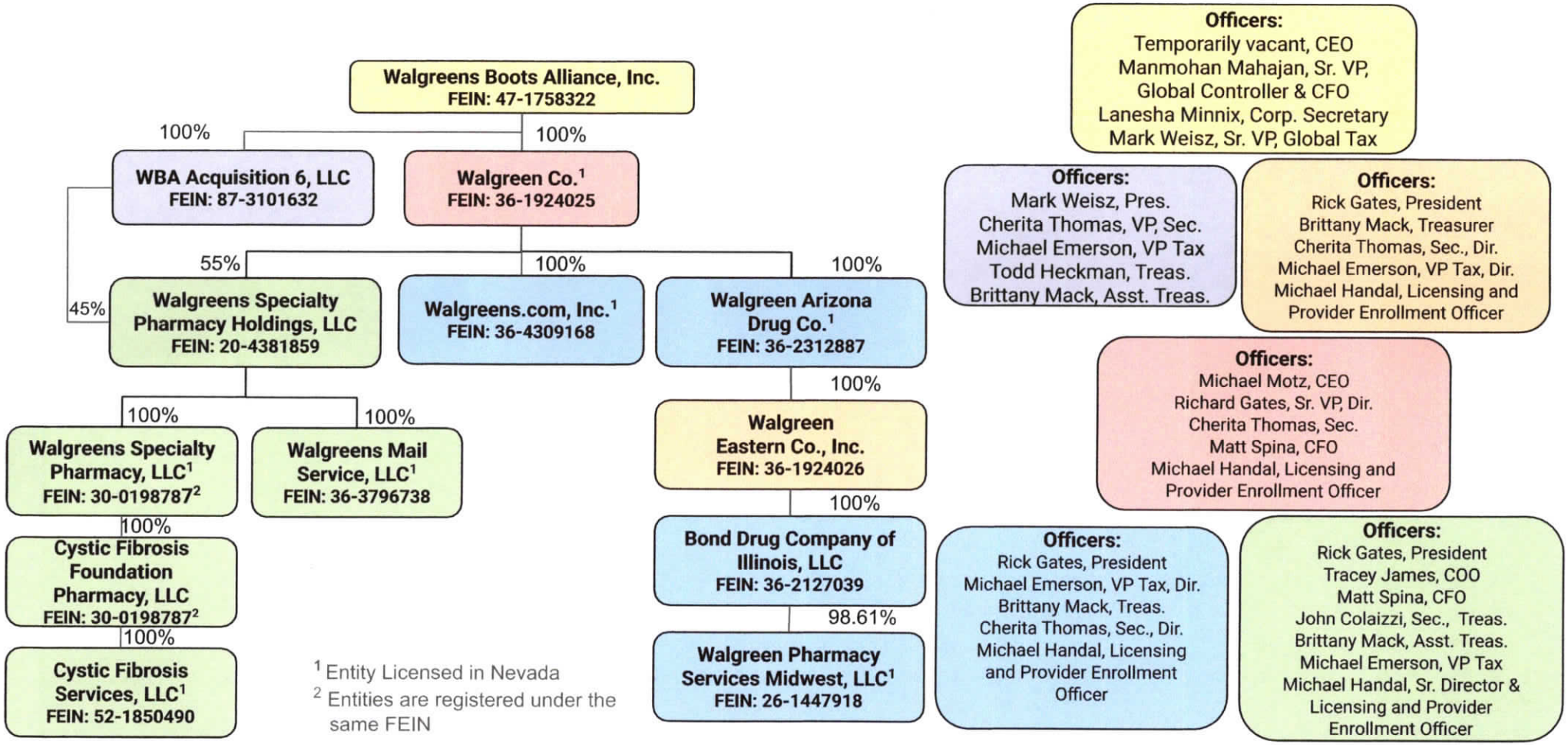
[2]Sycamore Partners III GP, L.P. will have control rights and less than 10% economic ownership in Sycamore Partners III, L.P., Sycamore Partners III-A, L.P. and Sycamore Partners Wing Co-Invest, L.P.

[3]Through the collective ownership of the entities identified, total indirect ownership equals 43.249%.

[4]Alliance Sante Participations Ltd. will hold 100% voting control rights but no economic ownership in ASP Sub 1 Ltd. The economic owners of ASP Sub 1 Ltd. (whose total indirect ownership will be limited to 1.924%) will have no control rights.

Percentage is Direct Ownership in Owned Entity /
Percentage is Indirect Ownership in Applicant.

Walgreen Co.
Post-Close Organizational Chart (cont.)



File Number 1084-348-1

STATE OF ILLINOIS

OFFICE OF THE SECRETARY OF STATE

To all to whom these Presents Shall Come, Greeting:

I, **Alexi Giannoulias,** *Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that*

WALGREEN CO., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON FEBRUARY 15, 1909, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE BUSINESS CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.

In Testimony Whereof, *I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this* 15TH *day of* MAY *A.D.* 2025 .

Authentication #: 2513501622 verifiable until 05/15/2026
Authenticate at: https://www.ilsos.gov

Alexi Giannoulias
SECRETARY OF STATE

9DDDD

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Pharmacy Application

Non-Refundable $500.00 Fee

Rev (6/11/2024)

Facility Location	Application Type (check all applicable)	Pharmacy Type (check all applicable)	Services the Pharmacy will Provide (check all applicable)
☑ Nevada ☐ Out-of-Nevada	☐ New Pharmacy ☑ Ownership Change* ☐ Location Change * ☐ Service Modification* ☐ Name Change* (if only a Name Change occurred, submit a $50.00 fee with the application.) * Current license #: PH PH02214	☑ Retail/Community ☐ Hospital (# beds _____) ☐ Internet ☐ Nuclear ☐ Other:	☑ Retail/Community ☑ Dangerous drugs ☑ Controlled substances DEA #: FW0108806 ☐ Non-sterile Compounding ☐ Sterile Compounding ☐ Mail-Order Service ☐ Off-site Cognitive Services ☐ Long Term Care ☐ Hospital ☐ Other:

Days of Operation		Ownership Type (check applicable box)
☑ Monday	☑ Friday	☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9, 10, 11, 12)
☑ Tuesday	☑ Saturday	☑ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9, 10, 11, 12)
☑ Wednesday	☑ Sunday	☐ Partnership (complete sections 1, 2, 3, 4, 7, 9, 10, 11, 12)
☑ Thursday	☐ Holidays	☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9, 10, 11, 12)

Section 1: General Information

Pharmacy Name: WALGREENS #09902

Physical Address: 292 LOS ALTOS PKWY

City: Sparks State: NV Zip: 89436-7708

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: (775)354-0104 Toll Free # (NAC 639.708, NRS 639.23286): N/A

Fax: (775)354-0122 Contact Email: rxm.09902@store.walgreens.com

Website: https://www.walgreens.com

Nevada Business License # (if applicable) NV19951143510

Supervising/Managing Pharmacist Name (NRS 639.220): BUDDY FANG

Supervising/Managing Pharmacist NV Pharmacist Registration # (if applicable): 15650

Section 2: List the name(s) of at least one NEVADA registered pharmacist who practices at the pharmacy, who may be the managing pharmacist or another pharmacist, who will be responsible for any prescriptions dispensed to a patient located in Nevada and responsible for any acts or omissions of pharmacy personnel who are not registered with the Board. NRS 639.2328. (Use a separate piece of paper if additional space is needed.)

Name: BUDDY FANG	NV Pharmacist Registration #: 15650
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:

Section 3: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✔
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration from any jurisdiction?		✔
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been subject of an administrative action, board citation, cite fine, or proceeding relating to the pharmaceutical industry?		✔
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✔
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✔

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name(s) of the owner(s), their credentials and their percent ownership. Write NA if not applicable. NRS 639.232. (Use a separate piece of paper if additional space is needed.)

Name: N/A	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:

1. The Board shall not issue a license to conduct a pharmacy:
   a) To any practitioner; or
   b) To any partnership, corporation, or association in which a practitioner has a controlling interest or owns more than 10 percent of the available stock.
2. This section does not:
   a) Apply to a hospital pharmacy or a health maintenance organization which holds a certificate of authority under chapter 695C of NRS.
   b) Prohibit ownership by a practitioner of a building in which a pharmacy is located, if space for the pharmacy is rented at the prevailing rate.

Section 5: Publicly Traded Corporation

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Does the number of stockholders/shareholders of the corporation exceed four? NRS 639.231 ☐ Yes ☐ No

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: Delaware

Parent Company (if any): Walgreens Boots Alliance, Inc.

Corporation/Organization Name: Walgreen Co.

Mailing Address: 108 Wilmot Rd

City: Deerfield State: IL Zip: 60015

Telephone: 847-224-1348 Email: licenseadministration@walgreens.com

Contact Person Name: Kayla Lechner

Does the number of stockholders/shareholders of the corporation or members exceed four? NRS 639.231 ☐ Yes ☒ No

Section 7: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Please check type of partnership (NAC 639.214) ☐ General ☐ Limited

Does the number of partners or members of the partnership exceed four? NRS 639.231 ☐ Yes ☐ No

Section 8: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Richard Gates

Print Name of Authorized Person Submitting Application (If the applicant is a partnership or corporation, the application must be signed by a partner or by an officer of the corporation). NAC 639.215

Richard Gates

Original signature of Authorized Person (copies or stamps not accepted)

08 / 26 / 2025

Date

Board Use Only	Date Received: 9/18/25	Amount: $500 ck JP03-3000111129

Section 11: Managing Pharmacist Acknowledgement, Professional/Personal History – REQUIRED TO BE COMPLETED BY THE MANAGING PHARMACIST FOR NEVADA LOCATED PHARMACY APPLICANTS ONLY

Managing Pharmacist Name: BUDDY FANG Pharmacist Registration #: 15650

Pharmacy Name: WALGREENS #09902

Initial each statement below to indicate you have read and agree with the following:

B.f. I understand that as the managing pharmacist I am responsible for compliance by the pharmacy and its personnel with all state and federal laws and regulations relating to the operation of the pharmacy and the practice of pharmacy. I understand my license can be revoked or that I can be subject of disciplinary action if such laws or regulations are knowingly violated in the pharmacy in which I am the managing pharmacist.

B.f. I understand within 48 hours after I report for duty as the managing pharmacist, I shall complete an inventory of all controlled substances of the pharmacy pursuant to 21 CFR Part 1304 and maintain a copy of the inventory in the file at the pharmacy.

B.f. I understand that if I cease to be managing pharmacist of the above-named pharmacy, I will jointly, with the new managing pharmacist, take an inventory of all controlled substances.

B.f. I understand that as the managing pharmacist I must ensure that all loss or theft of controlled substances are reported on forms provided by the Nevada State Board of Pharmacy and Department of Public Safety within 10 days after the date of discovery of theft or loss. NRS 453.568. Federal regulations require that registrants notify the Field Division Office of the Administration in his area, in writing, of the theft or significant loss of any controlled substance, disposal receptacles or listed chemicals within one business day of discovery of such loss or theft. The registrant shall also complete and submit to the Field Division Office in his area, DEA Form 106 regarding the loss or theft (21 C.F.R. §1301.76(b) and 21 U.S.C. §830(b)(1)(C)).

B.f. I understand that as the managing pharmacist I must notify the Nevada State Board of Pharmacy of all employment changes of pharmacy staff within 10 days of the change. NAC 639.540

Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?	☐	☑
2. Have you been charged, arrested, or convicted of a felony or misdemeanor in any state?	☐	☑
3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state?	☐	☑
4. Has your license been subjected to any discipline for violation of pharmacy or drug laws in any state?	☐	☑

If you marked YES to any questions above, include the following information and provide a signed statement of explanation. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Board Administrative Action:	State:	Date:	Case #:

Criminal Action:	State:	Date:	Case #:	County:	Court:

I certify under penalty of perjury that the information I have provided on this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

BUDDY FANG

Original signature of Managing Pharmacist (copies or stamps not accepted)

08 / 04 / 2025

Date

Section 9: Statement of Responsibility - MUST BE COMPLETED by an Authorized Person (NAC 639.945)

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Richard Gates

Print Name of Authorized Person

Richard Gates

Original signature of Authorized Person (copies or stamps not accepted)

08 / 26 / 2025

Date

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FURTHER YOUR AFFIANT SAYETH NAUGHT.

Signature

SUBSCRIBED AND SWORN TO
Before me, a notary public this 20th day of August, 2025

Zeljka Borosa-Rajcevic
Notary Public

OFFICIAL SEAL
ZELJKA BOROSA RAJCEVIC
Notary Public, State of Illinois
Commission No. 977646
My Commission Expires September 8, 2027

CONFIDENTIAL/EXEMPT FROM
FREEDOM OF INFORMATION ACT AND
SIMILAR STATE REQUESTS

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Matthew Spina - CFO
Michael Handal - Licensing and Provider Enrollment Officer

Ownership & Leadership of Walgreens Boots Alliance, Inc.

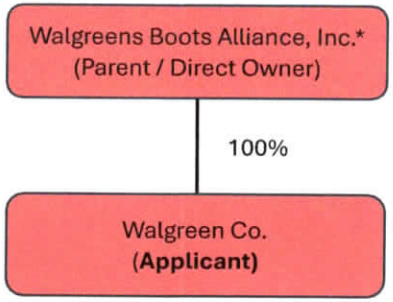
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Manmohan Mahajan - Sr VP, Global Controller, CFO
Lanesha Minnix - Corporate Secretary

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45 CFR Section 5.31

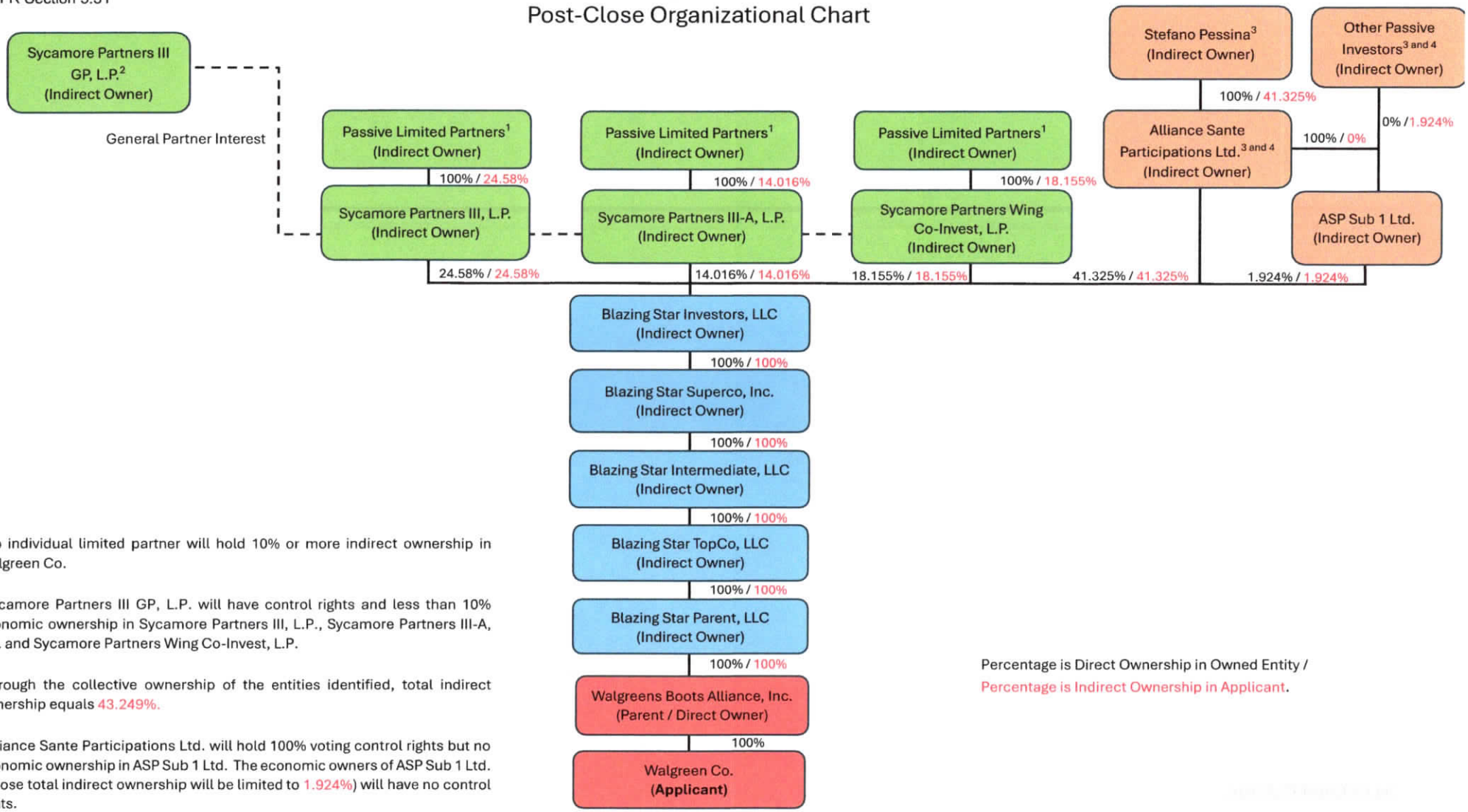
Walgreen Co.
Pre-Close Organizational Chart



Publicly Traded on Nasdaq Stock Market (WBA)

Proprietary and Confidential
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Walgreen Co.
Post-Close Organizational Chart



[1]No individual limited partner will hold 10% or more indirect ownership in Walgreen Co.

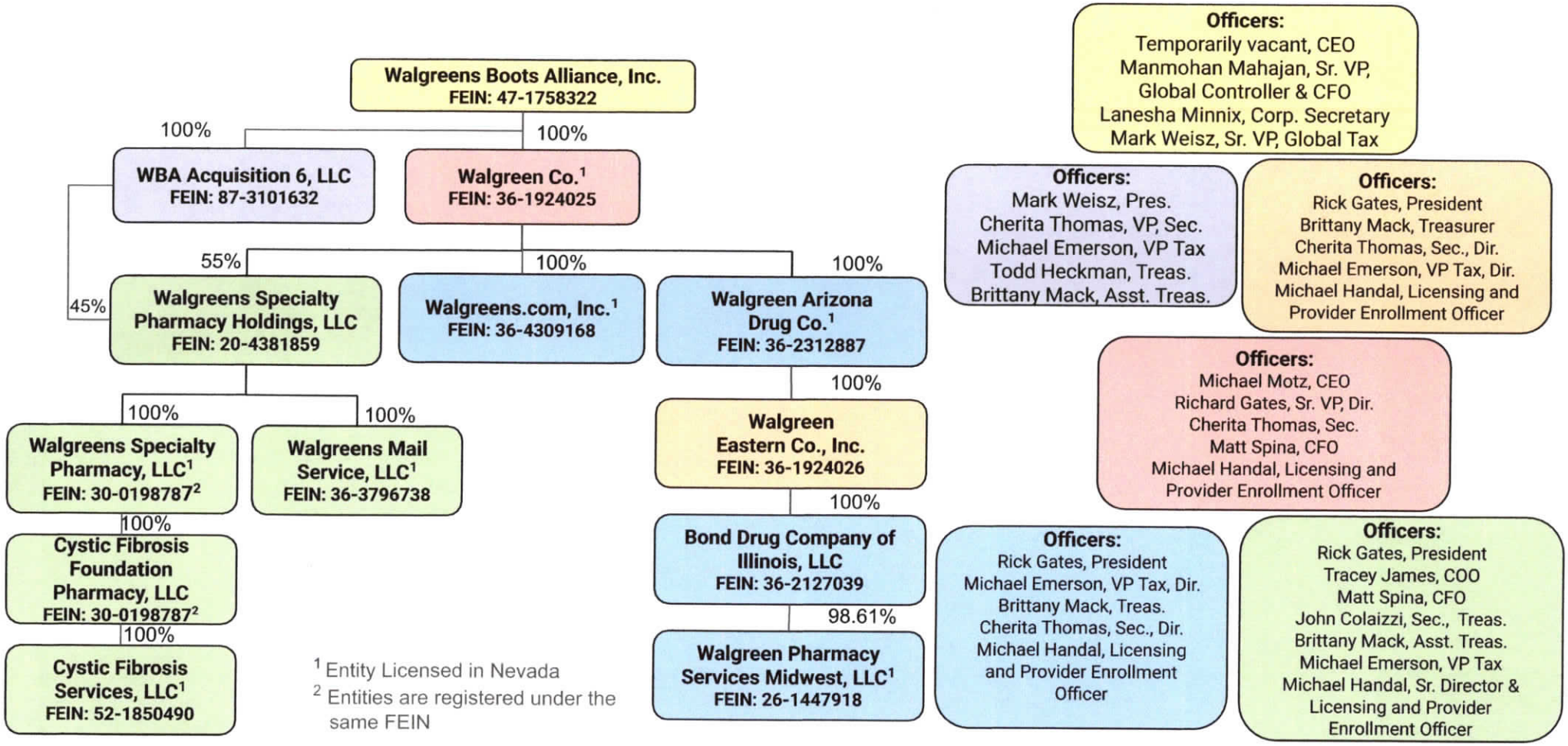
[2]Sycamore Partners III GP, L.P. will have control rights and less than 10% economic ownership in Sycamore Partners III, L.P., Sycamore Partners III-A, L.P. and Sycamore Partners Wing Co-Invest, L.P.

[3]Through the collective ownership of the entities identified, total indirect ownership equals 43.249%.

[4]Alliance Sante Participations Ltd. will hold 100% voting control rights but no economic ownership in ASP Sub 1 Ltd. The economic owners of ASP Sub 1 Ltd. (whose total indirect ownership will be limited to 1.924%) will have no control rights.

Percentage is Direct Ownership in Owned Entity /
Percentage is Indirect Ownership in Applicant.

Walgreen Co.
Post-Close Organizational Chart (cont.)



File Number 1084-348-1

STATE OF ILLINOIS

OFFICE OF THE SECRETARY OF STATE

To all to whom these Presents Shall Come, Greeting:

I, **Alexi Giannoulias,** *Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that*

WALGREEN CO., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON FEBRUARY 15, 1909, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE BUSINESS CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.

In Testimony Whereof, *I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this* 15TH *day of* MAY *A.D.* 2025 .

Authentication #: 2513501622 verifiable until 05/15/2026
Authenticate at: https://www.ilsos.gov

SECRETARY OF STATE

9EEEE

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Pharmacy Application

Non-Refundable $500.00 Fee

Rev (6/11/2024)

Facility Location	Application Type (check all applicable)	Pharmacy Type (check all applicable)	Services the Pharmacy will Provide (check all applicable)
☑ Nevada ☐ Out-of-Nevada	☐ New Pharmacy ☑ Ownership Change* ☐ Location Change * ☐ Service Modification* ☐ Name Change* (if only a Name Change occurred, submit a $50.00 fee with the application.) * Current license #: PH PH02513	☑ Retail/Community ☐ Hospital (# beds _____) ☐ Internet ☐ Nuclear ☐ Other:	☑ Retail/Community ☑ Dangerous drugs ☑ Controlled substances DEA #: FW1353488 ☐ Non-sterile Compounding ☐ Sterile Compounding ☐ Mail-Order Service ☐ Off-site Cognitive Services ☐ Long Term Care ☐ Hospital ☐ Other:

Days of Operation		Ownership Type (check applicable box)
☑ Monday	☑ Friday	☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9, 10, 11, 12)
☑ Tuesday	☑ Saturday	☑ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9, 10, 11, 12)
☑ Wednesday	☑ Sunday	☐ Partnership (complete sections 1, 2, 3, 4, 7, 9, 10, 11, 12)
☑ Thursday	☐ Holidays	☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9, 10, 11, 12)

Section 1: General Information

Pharmacy Name: WALGREENS #11227

Physical Address: 2299 ODDIE BLVD

City: SPARKS State: NV Zip: 89431-7573

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: (775)358-4721 Toll Free # (NAC 639.708, NRS 639.23286): N/A

Fax: (775)358-0546 Contact Email: rxm.11227@store.walgreens.com

Website: https://www.walgreens.com

Nevada Business License # (if applicable) NV19951143510

Supervising/Managing Pharmacist Name (NRS 639.220): RANDY LEE

Supervising/Managing Pharmacist NV Pharmacist Registration # (if applicable): 20482

Section 2: List the name(s) of at least one NEVADA registered pharmacist who practices at the pharmacy, who may be the managing pharmacist or another pharmacist, who will be responsible for any prescriptions dispensed to a patient located in Nevada and responsible for any acts or omissions of pharmacy personnel who are not registered with the Board. NRS 639.2328. (Use a separate piece of paper if additional space is needed.)

Name: RANDY LEE	NV Pharmacist Registration #: 20482
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:

Section 3: History of Company	**Yes**	**No**
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✔
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration from any jurisdiction?		✔
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been subject of an administrative action, board citation, cite fine, or proceeding relating to the pharmaceutical industry?	✔	
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✔
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✔

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name(s) of the owner(s), their credentials and their percent ownership. Write NA if not applicable. NRS 639.232. (Use a separate piece of paper if additional space is needed.)

Name: N/A	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:

1. The Board shall not issue a license to conduct a pharmacy:
   a) To any practitioner; or
   b) To any partnership, corporation, or association in which a practitioner has a controlling interest or owns more than 10 percent of the available stock.
2. This section does not:
   a) Apply to a hospital pharmacy or a health maintenance organization which holds a certificate of authority under chapter 695C of NRS.
   b) Prohibit ownership by a practitioner of a building in which a pharmacy is located, if space for the pharmacy is rented at the prevailing rate.

Section 5: Publicly Traded Corporation

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Does the number of stockholders/shareholders of the corporation exceed four? NRS 639.231 ☐ Yes ☐ No

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: Delaware

Parent Company (if any): Walgreens Boots Alliance, Inc.

Corporation/Organization Name: Walgreen Co.

Mailing Address: 108 Wilmot Rd

City: Deerfield State: IL Zip: 60015

Telephone: 847-224-1348 Email: licenseadministration@walgreens.com

Contact Person Name: Kayla Lechner

Does the number of stockholders/shareholders of the corporation or members exceed four? NRS 639.231 ☐ Yes ☒ No

Section 7: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Please check type of partnership (NAC 639.214) ☐ General ☐ Limited

Does the number of partners or members of the partnership exceed four? NRS 639.231 ☐ Yes ☐ No

Section 8: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Richard Gates

Print Name of Authorized Person Submitting Application (If the applicant is a partnership or corporation, the application must be signed by a partner or by an officer of the corporation). NAC 639.215

Richard Gates

Original signature of Authorized Person (copies or stamps not accepted)

08 / 26 / 2025

Date

Board Use Only	Date Received: 9/18/25	Amount: $500 CK UP03-3000111129

Section 11: Managing Pharmacist Acknowledgement, Professional/Personal History – REQUIRED TO BE COMPLETED BY THE MANAGING PHARMACIST FOR NEVADA LOCATED PHARMACY APPLICANTS ONLY

Managing Pharmacist Name: RANDY LEE Pharmacist Registration #: 20482

Pharmacy Name: WALGREENS #11227

Initial each statement below to indicate you have read and agree with the following:

R.L. I understand that as the managing pharmacist I am responsible for compliance by the pharmacy and its personnel with all state and federal laws and regulations relating to the operation of the pharmacy and the practice of pharmacy. I understand my license can be revoked or that I can be subject of disciplinary action if such laws or regulations are knowingly violated in the pharmacy in which I am the managing pharmacist.

R.L. I understand within 48 hours after I report for duty as the managing pharmacist, I shall complete an inventory of all controlled substances of the pharmacy pursuant to 21 CFR Part 1304 and maintain a copy of the inventory in the file at the pharmacy.

R.L. I understand that if I cease to be managing pharmacist of the above-named pharmacy, I will jointly, with the new managing pharmacist, take an inventory of all controlled substances.

R.L. I understand that as the managing pharmacist I must ensure that all loss or theft of controlled substances are reported on forms provided by the Nevada State Board of Pharmacy and Department of Public Safety within 10 days after the date of discovery of theft or loss. NRS 453.568. Federal regulations require that registrants notify the Field Division Office of the Administration in his area, in writing, of the theft or significant loss of any controlled substance, disposal receptacles or listed chemicals within one business day of discovery of such loss or theft. The registrant shall also complete and submit to the Field Division Office in his area, DEA Form 106 regarding the loss or theft (21 C.F.R. §1301.76(b) and 21 U.S.C. §830(b)(1)(C)).

R.L. I understand that as the managing pharmacist I must notify the Nevada State Board of Pharmacy of all employment changes of pharmacy staff within 10 days of the change. NAC 639.540

Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?	☐	☑
2. Have you been charged, arrested, or convicted of a felony or misdemeanor in any state?	☑	☐
3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state?	☐	☑
4. Has your license been subjected to any discipline for violation of pharmacy or drug laws in any state?	☐	☑

If you marked YES to any questions above, include the following information and provide a signed statement of explanation. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Board Administrative Action:	State:	Date:	Case #:

Criminal Action:	State:	Date:	Case #:	County:	Court:

I certify under penalty of perjury that the information I have provided on this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

RANDY LEE

Original signature of Managing Pharmacist (copies or stamps not accepted)

08 / 10 / 2025

Date

FILED
MAR 06 2019
NEVADA STATE BOARD
OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **SUSAN BLAIR, RPH** **Certificate of Registration No. 17494, and** **WALGREENS PHARMACY #11227** **Certificate of Registration No. PHN02513,** **Respondents.**	**CASE NO. 17-044-RPH-N** **17-044-PH-N** **STIPULATION AND ORDER** **(Walgreens #11227 Only)**

S. PAUL EDWARDS, ESQ., prosecuting for the State of Nevada, Nevada State Board of Pharmacy ("Board"), and Respondent WALGREENS PHARMACY #11227, Certificate of Registration No. PHN02513 ("Walgreens"), represented by WILLIAM J. STILLING, ESQ., of Stilling & Harrison Health Care Law,

HEREBY STIPULATE AND AGREE THAT

1. The Board has jurisdiction over these parties and this matter.

2. The Board properly served a *Notice of Intended Action and Accusation* (Accusation) on the Walgreens on or about October 24, 2018.

3. Walgreens did not file an *Answer and Notice of Defense* in this case.

4. Walgreens is fully aware of its right to seek the advice of counsel in this matter and has either obtained the advice of counsel or hereby waives that right to seek the advice of counsel by signing this Stipulation below.

5. Walgreens is aware of its right to a hearing on the matters alleged in the Accusation, its right to reconsideration, its right to appeal and any other rights which may be

accorded to it pursuant to the Nevada Administrative Procedure Act and the Nevada Pharmacy Act.

6. Conditioned on the acceptance of this Stipulation by the Board, and with the exception of the right to challenge any determination that it has failed to comply with the provisions of Paragraph 9 below, Walgreens hereby freely and voluntarily waives its right to a hearing, reconsideration, appeal and any and all other rights related to this action that may be accorded to it by the Nevada Administrative Procedure Act and the Nevada Pharmacy Act.

7. Without admitting or denying the facts below, Walgreens admits that if this case were to proceed to a hearing, evidence exists and could be presented by the prosecution that could establish certain factual allegations as forth in the Accusation, *to wit:*

a. On April 7, 2017, patient T.B. went to Walgreens to refill what had previously been designated as Prescription No. 597217 (75 mg. clopidogrel (Plavix) tablets).

b. The pharmacist on duty, Susan Blair, did not refill Prescription No. 597217.

c. She closed the clopidogrel prescription (Prescription No. 597217) "pending response from the provider."

d. During the course of the Board's investigation, the Board Investigator sought to obtain prescription records to substantiate Walgreens' report that Blair closed Prescription No. 597217.

e. Walgreens produced no records to substantiate that report.

f. Later the same day that Blair purportedly closed Prescription No. 597217—April 7, 2017—Blair initiated another prescription for clopidogrel for T.B., which Walgreens designated Prescription No. 603227.

g. The Board Investigator requested repeatedly an audit of Prescription No. 603227, and pharmacy manager Derek Engebretson sent an audit request for Prescription No. 603227 to Walgreens' Pharmacy Affairs.

h. In response, Walgreens' Pharmacy Affairs responded that Blair created and filled Prescription No. 603227 on April 7, 2017, then deleted that prescription record. The Rx was filled on 4/7/17 @16:26:48. The prescription was not verified or sold."

i. Walgreens did not provide a complete record of that fill.

j. Walgreens provided inconsistent and conflicting information and documents regarding the origin and status of Prescription No. 603227.

k. Information provided by Tom Bui, a Walgreens Healthcare Supervisor for Pharmacy and Retail Operation, to the Board Investigator indicates that:

> . . . for reason unknown, the store closed the clopidogrel rx #597217 and COPY creates an new rx 603227 for the same drug, same directions, same quantity on 04/07/2017 at 2:35 pm. The rx was never filled and subsequently stored.

l. Walgreens provided no records to show that Prescription No. 603227 was "stored".

m. That report that Prescription No. 603227 was "stored" conflicts with other records that indicate that Prescription No. 603227 was ". . . filled, then deleted on 4/7/17 at 16:26:48 (4:26:48 pm). The prescription was not verified or sold."

n. Other records from Walgreens indicate that a third prescription, "Rx 604576 was COPY created from the stored Rx 603227 on 04/13/2017 and dispensed to the patient on 04/13/2017.)" Again, that record that Prescription No. 603227 was stored and used to create Prescription No. 604576 is at odds with Walgreens' records indicating that Prescription No. 603227 was deleted.

o. The Walgreens records indicating that Prescription No. 604576 was created from "deleted" or "stored" Prescription No. 603277 also conflicts with Walgreens' records indicating that Prescription No. 60476 was created by Ms. Blair from the other previously closed Prescription No. 597217 on 04/07/2017.

p. Further, the fill history for Prescription No. 60476 contains entries that are out of sequence.

Fill History

Scanned by M.R. Beardsley 03/13/2017 14:09:11
Entered by K.A. Urritia on 04/13/2017 11:40:39
Pat/Pbr rev by S. Blair on 04/07/2017 15:42:50
Data Prod rev by S. Plair on 04/07/2017 15:42:50
Filled by R. Ochoa on 04/13/2017 11:46:24
Prod. Rev by D.R. Engebretson on 04/13/2017 11:47:03
Sold Date 04/13/2017 11:52:00
RPH of Record: D.R. Engebretson

The records Walgreens provided for Prescription No. 604576 indicate that respondent Blair somehow approved the data entered by K.A. Urrutia six days before Urrutia entered the data and before Mr. Engebretson created that prescription on 04/13/2017. Walgreens' inability to provide records showing a clear history of Prescription Nos. 603227 and 604576 persisted throughout the Board's investigation.

8. Walgreens further admits that the facts alleged in the Accusation, if proven, support the legal conclusions set forth in the Fourth and Fifth Causes of Action in the Accusation on file in this matter, including that:

a. By allowing Prescription No. 603227 to be deleted, Walgreens violated NAC 639.706(2) and (3) by failing to maintain a record that adequately explains or accounts for that serial number (603277) even though it was not filled.

b. By failing to maintain clear records of the origin and status of Prescription Nos. 603227 and 604576 in a readily retrievable manner and by failing to maintain a recordkeeping system that would allow for readily retrievable prescription records for those prescription numbers, Walgreens violated NAC 639.910(1)(a), NAC 639.751(1)(b) and (2), NAC 639.930(3), (4) and (5), and NAC 639.935(3)(g)(3).

c. For each of the forgoing violations, Walgreens is subject to discipline pursuant to NRS 639.210(4) and (12) and NRS 639.255.

9. Based upon the Accusation and the foregoing admissions, the Board and Walgreens stipulates to the following penalties:

a. For the Fourth Cause of Action, Walgreens shall pay a fine of one thousand dollars ($1,000.00) related to Ms. Blair's act of deleting Prescription No. 603227.

b. For the Fifth Cause of Action, Walgreens shall pay an administrative fee to partially offset the costs of Board Staff's investigation and prosecution of this case in the amount of two thousand dollars ($2,000.00).

c. Additionally, Walgreens, through its authorized representatives, shall meet with Board Staff to review its policies and procedures regarding the requirements of Nevada law concerning prescription record retention and the preservation of prescription records in a readily retrievable manner. Based on the outcome of that meeting, Walgreens shall establish and provide for Board Staff's review policies and procedures that are consistent with Nevada law regarding those matters.

d. Once the foregoing policies and procedures are approved by Board Staff as complying with Nevada law, Walgreens shall re-train all of its current pharmacists and train all future pharmacists regarding the same.

10. Board Counsel will present this Stipulation to the Board Members for approval at the Board's regularly scheduled meeting on March 6, 2019, in Reno, Nevada. Walgreens will

appear at the meeting to answer questions from the Board Members and/or Board Staff. The Board Members and Staff may discuss and deliberate regarding this Stipulation, even if Walgreens is not present at the meeting.

11. The Board has discretion to accept this Stipulation, but it is not obligated to do so.

12. If the Board rejects any part or all of this Stipulation, the parties agree that a full hearing on the merits of this matter may be heard by the Board, and that the hearing shall occur at the Board's April 2019 meeting in Las Vegas, Nevada. The terms and admissions herein may not be used or referred to in a full hearing on the merits of this matter.

13. Upon approval of this Stipulation by the Board, Walgreens shall pay the fine(s) agreed to herein by *cashier's check* or *certified check* or *money order* made payable to "State of Nevada, Office of the Treasurer," to be received by the Board's Reno office located at 985 Damonte Ranch Pkwy Ste 206, Reno Nevada 89521, within thirty (30) days of the effective date of the Board's Order.

14. Walgreens shall pay the administrative fee agreed to herein by *cashier's check* or *certified check* or *money order* made payable to "Nevada State Board of Pharmacy," to be received by the Board's Reno office located at 985 Damonte Ranch Pkwy Ste 206, Reno Nevada 89521, within thirty (30) days of the effective date of the Board's Order.

15. Any failure by any Walgreens to satisfy the obligations stated herein may result in additional discipline, up to and including suspension or revocation of that Walgreens's respective registrations, until all terms have been complied with.

[THIS AREA INTENTIALLY LEFT BLANK]

Respondent WALGREENS PHARMACY #11227, Certificate of Registration No. PHN02513, has fully considered the charges and allegations contained in the Notice of Intended Action and Accusation in this matter, and the terms of this Stipulation, and freely and voluntarily agrees to the terms set forth herein, and waived certain rights, as stated herein.

AGREED:

Signed this 6th day of March 2019

S. Paul Edwards, Esq.
General Counsel
Nevada State Board of Pharmacy

Signed this 6 day of March 2019

Authorized Representative of Walgreens
#12277, Certificate of Registration No.
PHN02513.

DECISION AND ORDER

The Nevada State Board of Pharmacy hereby adopts the foregoing Stipulation as its decision as to Respondent WALGREENS PHARMACY #11227, Certificate of Registration No. PHN02513, and hereby orders that the terms of the foregoing Stipulation be made effective upon execution.

6 MARCH 2019
Dated

Jason Penrod, President
Nevada State Board of Pharmacy

FILED
OCT 24 2018
NEVADA STATE BOARD
OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, Petitioner, v. SUSAN BLAIR, RPH Certificate of Registration No. 17494, and WALGREENS PHARMACY #11227 Certificate of Registration No. PHN02513, Respondents.	CASE NO. 17-044-RPH-N 17-044-PH-N NOTICE OF INTENDED ACTION AND ACCUSATION

Larry L. Pinson, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, makes the following that will serve as both a notice of intended action under Nevada Revised Statutes (NRS) 233B.127(3) and as an accusation under NRS 639.241.

JURISDICTION

I.

The Nevada State Board of Pharmacy (Board) has jurisdiction over this matter and these respondents because at the time of the alleged events, respondent SUSAN BLAIR, RPH, Certificate of Registration No. 17494 ("Blair"), was a pharmacist registered by the Board, and respondent WALGREENS PHARMACY #11227, Certificate of Registration No. PHN02513 ("Walgreens"), was a pharmacy registered by the Board.

DISCIPLINARY HISTORY

II.

In March 2014, the Board entered a Stipulation and Order in the case of *Board of Pharmacy v. Respondents Susan Blair, Case No. 13-039-RPH-N and Walgreens Pharmacy #11227, Case No. 13-039-PH-N,* for violations resulting in the filling and dispensing of an

unauthorized prescription and three subsequent unauthorized refills of zolpidem, a Scheduled IV hypnotic. As a penalty, the Board ordered Blair to pay a fine of $1,000.00 and administrative fee of $500.00. The Board ordered Walgreens to provide additional training to its pharmacists and technicians on proper documentation and annotation of prescriptions that are superseded by other prescriptions.

FACTUAL ALLEGATIONS

III.

On March 11, 2017, patient T.B. saw his cardiologist, Dr. Nylk, who prescribed him thirty (30) 75 mg. clopidogrel (Plavix) tablets with instructions to take one tablet by month once a day. The prescription included three refills.

IV.

T.B. tendered the prescription to Walgreens two days later, on March 13. Walgreens dispensed the medication, Prescription No. 597217, the same day.

V.

On March 22, 2017, Dr. Nylk increased the quantity of T.B.'s prescription for 75 mg. clopidogrel (Plavix) tablets from thirty to ninety tablets with instructions to take one tablet by mouth once a day. Walgreens filled that prescription, Prescription No. 599411, the next day.

VI.

At the same time, Dr. Nylk provided T.B. an additional prescription for sixty 5 mg. Eliquis tablets with instructions to take one tablet by mouth twice a day. Dr. Nylk prescribed Eliquis as part of T.B.'s ongoing anti-platelet anticoagulation therapy. Walgreens designated that as Prescription No. 599727.

VII.

On April 7, 2017, T.B. returned to Walgreens to refill Prescription No. 597217 (75 mg. clopidogrel (Plavix) tablets).

VIII.

The pharmacist on duty, respondent Blair, refused to refill Prescription No. 597217, informing T.B. that the combination of clopidogrel and Eliquis posed a risk of increased bleeding. Blair advised T.B. to discontinue Eliquis and clopidogrel until T.B. consulted Dr. Nylk.

IX.

Blair then closed the clopidogrel prescription (Prescription No. 597217) "pending response from the provider."

X.

Blair did not speak with Dr. Nylk to discuss and resolve her concerns regarding Prescription No. 597217 before or after she declined to fill that prescription.

XI.

As a result of Ms. Blair's actions, T.B. went without anticoagulant therapy for about 4 or 5 days.

XII.

During the course of the Board's investigation, the Board Investigator sought to obtain prescription records to substantiate the report he received from Walgreens that Blair closed Prescription No. 597217. Walgreens produced no records to substantiate that report.

XIII.

Later that same day that Blair purportedly closed Prescription No. 597217 (April 7, 2017), Blair initiated another prescription for clopidogrel for T.B., which Walgreens designated Prescription No. 603227.

XIV.

The Board Investigator requested repeatedly an audit of Prescription No. 603227, and pharmacy manager Derek Engebretson sent an audit request for Prescription No. 603227 to Walgreens' Pharmacy Affairs.

XV.

In response, Walgreens' Pharmacy Affairs responded that Blair created and filled Prescription No. 603227 on April 7, 2017, then deleted that prescription record.

XVI.

There is no record of that fill at the Walgreens #11227.

XVII.

Walgreens provided inconsistent and conflicting information and documents regarding the origin and status of Prescription No. 603227. Information provided by Tom Bui, a Walgreens Healthcare Supervisor for Pharmacy and Retail Operation, to the Board Investigator indicates that:

> " . . . for reason unknown, the store closed the clopidogrel rx #597217 and COPY creates an new rx 603227 for the same drug, same directions, same quantity on 04/07/2017 at 2:35 pm. The rx was never filled and subsequently stored."

XVIII.

Walgreens provided no records to show that Prescription No. 603227 was "stored".

XIX.

That report that Prescription No. 603227 was "stored" conflicts with other records that indicate that Prescription No. 603227 was ". . . filled, then ***deleted*** on 4/7/17 at 16:26:48 (4:26:48 pm). The prescription was not verified or sold." (Emphasis added.)

XX.

Other records from Walgreens indicate that a third prescription, "Rx 604576 was COPY created from the ***stored*** Rx 603227 on 04/13/2017 and dispensed to the patient on 04/13/2017.)" (Emphasis added.) Again, that record that Prescription No. 603227 was ***stored*** and used to create Prescription No. 604576 is at odds with Walgreens' records indicating that Prescription No. 603227 was ***deleted***.

XXI.

The Walgreens records indicating that Prescription No. 604576 was created from "deleted" or "stored" Prescription No. 603277 also conflicts with Walgreens' records indicating that Prescription No. 60476 was created by Ms. Blair from the other previously closed Prescription No. 597217 on 04/07/2017.

XXII.

Further, the fill history for Prescription No. 60476 contains entries that are out of sequence.

Fill History

Scanned by M.R. Beardsley 03/13/2017 14:09:11
Entered by K.A. Urritia on 04/13/2017 11:40:39
Pat/Pbr rev by S. Blair on 04/07/2017 15:42:50
Data Prod rev by S. Plair on 04/07/2017 15:42:50
Filled by R. Ochoa on 04/13/2017 11:46:24
Prod. Rev by D.R. Engebretson on 04/13/2017 11:47:03
Sold Date 04/13/2017 11:52:00
RPH of Record: D.R. Engebretson

The records Walgreens provided for Prescription No. 604576 indicate that respondent Blair somehow approved the data entered by K.A. Urrutia six days before Urrutia entered the data and before Mr. Engebretson created that prescription on 04/13/2017.

XXIII.

Walgreens' inability to provide records showing a clear history of Prescription Nos. 603227 and 604576 persisted throughout the Board's investigation.

FIRST CAUSE OF ACTION
Regulatory Violation: Failure to Contact Prescribing Practitioner
(Respondent Blair)

XXIV.

A pharmacist may decline to fill a prescription "only if the pharmacist reasonably believes, in his or her professional judgement" that filling the prescription would be unlawful, imminently harmful to the health of the patient, fraudulent or not for a legitimate medical purpose. *See* NAC 639.753.

The regulation also requires that a pharmacist who declines to fill a prescription "shall speak with the prescribing practitioner in a timely manner to discuss and resolve the concerns of the pharmacist regarding the prescription." NAC 639.753(2) (referencing the requirement that the pharmacist must speak to the prescribing practitioner in order to decline to fill a prescription).

Blair violated NRS 639.753(2)(4) by failing to contact Dr. Nylk to speak with him about T.B.'s concurrent clopidogrel and Eliquis prescriptions before, at the time or after she declined to fill T.B.'s prescription for clopidogrel. For that violation, Blair is subject to discipline pursuant to NRS 639.210(12) (violation of any law or regulation related to drugs or the practice of pharmacy) and NRS 639.255.

SECOND CAUSE OF ACTION
Unprofessional Conduct: Failure to Contact Prescribing Practitioner
(Respondent Blair)

XXV.

"Performing any of [a registrant's] duties as the holder of a license, certificate or registration issued by the Board . . . in an incompetent, unskillful or negligent manner" constitutes "unprofessional conduct and conduct contrary to the public interest." NAC 639.945(1)(i). Unprofessional conduct or conduct contrary to the public interest is grounds for discipline pursuant to NRS 639.210(4). *See also* NRS 639.255.

Blair acted "in an incompetent, unskillful or negligent manner" and thereby engaged in "unprofessional conduct or conduct contrary to the public interest" when she failed to speak to Dr. Nylk before, at the time or after she declined to fill T.B.'s prescription for clopidogrel. *See*

NAC 639.945(1)(i). For that conduct, Blair is subject to discipline pursuant to NRS 639.210(4) and/or NRS 639.255.

THIRD CAUSE OF ACTION
Statutory Violation: Failure to Maintain Records
(Respondent Blair)

XXVI.

"Performing any of [a registrant's] duties as the holder of a license, certificate or registration issued by the Board . . . in an incompetent, unskillful or negligent manner" constitutes "unprofessional conduct and conduct contrary to the public interest." NAC 639.945(1)(i). Unprofessional conduct or conduct contrary to the public interest is grounds for discipline pursuant to NRS 639.210(4) and NRS 639.255.

Blair acted "in an incompetent, unskillful or negligent manner" and thereby engaged in "unprofessional conduct or conduct contrary to the public interest" when she closed Prescription No. 597217 without explanation and without creating a record of her contact with patient T.B. *See* NAC 639.945(1)(i). For that conduct, Blair is subject to discipline pursuant to NRS 639.210(4) and/or NRS 639.255.

FOURTH CAUSE OF ACTION
Failure to Maintain Records for Prescription No. 603227
(Respondent Walgreens #112277 and Respondent Blair)

XXVII.

> **NAC 639.706 Marking of prescriptions with serial numbers; maintenance of files of prescriptions.**
> 1. A pharmacist who receives a prescription to fill, including a prescription that is written, transcribed from an oral order or transferred to the pharmacy, shall mark on the prescription a unique serial number issued for that prescription.
> 2. A pharmacist shall maintain files of prescriptions in a manner that ensures that every serial number is accounted for pursuant to NAC 453.480. If the prescriptions are not filed in

numerical order, the pharmacist shall file the prescriptions in such a manner that any prescription can be readily retrieved.

3. A pharmacist shall maintain a physical record in the files of prescriptions that accurately explains or accounts for any serial number issued for a prescription that is not filled, including a serial number issued in error or for a prescription that is later rendered void.

By deleting Prescription No. 603227, respondents violated NAC 639.706(2) and (3) by failing to maintain a record that adequately explains or accounts for that serial number (603277) even though it was not filled. For that violation, respondents are subject to discipline pursuant to NRS 639.210(12) (violation of any law or regulation related to drugs or the practice of pharmacy) and NRS 639.255.

FIFTH CAUSE OF ACTION
Failure to Maintain and Produce Prescription Records
(Respondent Walgreens #112277)

XXVIII.

NAC 639.910(1)(a) requires that "[a]ny computerized system used by a pharmacy for recording information concerning prescriptions must be designed in such a manner that it provides: (a) A readily retrievable printed record of the information relating to a prescription or a patient which the pharmacy is required to maintain pursuant to state or federal law, including, without limitation, information relating to the original prescription or the refill or modification of that prescription".

Nevada law requires a pharmacy computer system to have adequate safeguards to identify whether information in the system concerning a prescription has been modified or manipulated, and, where information was modified or manipulated, identify the manner, date and

person who modified or manipulated the information. *See* NAC 639.930(3), *see also* NAC 639.751(1)(b) and (2).

Additionally, NAC 639.930(4) and (5) require the pharmacy's computer system to maintain the information identified per NAC 639.930(3) and to prevent the removal of that information and the record of a prescription once the system assigns a number to the prescription. Further, NAC 639.935(3)(g)(3) states that computer system must produce printed records of history of each modification or manipulation of information concerning the prescription.

In failing to maintain clear records of the origin and status of Prescription Nos. 603227 and 604576 in a readily retrievable manner and by failing to maintain a recordkeeping system that would allow for readily retrievable prescription records for those prescription numbers, Walgreens violated NAC 639.910(1)(a), NAC 639.751(1)(b) and (2), NAC 639.930(3), (4) and (5), and NAC 639.935(3)(g)(3). For that conduct, Walgreens is subject to discipline pursuant to NRS 639.210(12) and NRS 639.255.

SIXTH CAUSE OF ACTION
Pharmacy/Pharmacy Owner Responsibility
(Respondent Walgreens #112277)

XXIX.

NRS 639.230(5) provides: "Any violation of any of the provisions of this chapter [NRS Chapter 639] by a managing pharmacist or by personnel of the pharmacy under the supervision of the managing pharmacist is cause for the suspension or revocation of the license of the pharmacy by the Board."

Additionally, "[t]he owner of a pharmacy, the managing pharmacist of the pharmacy and the registered pharmacist on duty at the pharmacy are responsible for the acts and omissions of

pharmaceutical technicians and other personnel who are not pharmacists working in or for the pharmacy, including, but not limited to, any errors committed or unauthorized work performed by such personnel, if the owner, managing pharmacist or registered pharmacist knew or reasonably should have known of the act or omission." NAC 639.702.

Further, "the owner of any business or facility licensed, certified or registered by the Board is responsible for the acts of all personnel in his or her employ." NAC 639.945(2).

As the pharmacy/pharmacy owner at which the violations of law alleged herein occurred, Walgreens is responsible for the violations alleged herein pursuant to NAC 639.702 and NAC 639.945(2). Walgreens is therefore subject to discipline pursuant to NRS 639.210(4) and (12) and NRS 639.255.

XXX.

WHEREFORE it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to the certificates of registration of these respondents.

Signed this 24th day of October 2018.

J. David Wuest, Deputy Executive Secretary
Nevada State Board of Pharmacy on behalf of
Larry L. Pinson, Executive Secretary

NOTICE TO RESPONDENT

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements regarding your certificate of registration. To do so, you must mail to the Board within 20 days of your receipt of this Notice of Intended Action and Accusation a written statement showing your compliance.

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **PHUONG QUYNH DOAN, RPH** **Certificate of Registration No. 18605,** **SUSAN BLAIR, RPH** **Certificate of Registration No. 17494,** **KENNY HOA PHAM, RPH** **Certificate of Registration No. 17592,** **MAILANI ESPIRITU, RPH** **Certificate of Registration No. 17117, and** **WALGREENS PHARMACY #11227** **Certificate of Registration No. PHC02513,** **Respondents.**	**CASE NO. 14-076-RPH-A-N** **CASE NO. 14-076-RPH-B-N** **CASE NO. 14-076-RPH-C-N** **CASE NO. 14-076-RPH-D-N** **CASE NO. 14-076-PH-N** **STIPULATION AND ORDER** **(1st and 5th COA)** FILED JUN 10 2015 NEVADA STATE BOARD OF PHARMACY

S. PAUL EDWARDS, General Counsel for Petitioner the NEVADA STATE BOARD OF PHARMACY (Board), and Respondents PHUONG QUYNH DOAN, RPH, Certificate of Registration No. 1860 and WALGREENS PHARMACY #11227, Certificate of Registration No. PHC02513 ("Walgreens #11227") (collectively "Respondents"), represented by William J. Stilling of Parsons Behle & Latimer,

HEREBY STIPULATE AND AGREE THAT:

1. The Board has jurisdiction over these matters.

2. The Board served a Notice of Intended Action and Accusation (Accusation) on each of the Respondents on or about April 23, 2015, which each Respondent received.

3. Respondents, and each of them, are fully aware of their right to seek the advice of counsel in this matter, and obtained the advice of counsel prior to entering into this Stipulation.

4. Respondents, and each of them, are fully aware of their right to a hearing on the matters alleged in the Accusation, their right to reconsideration, their right to appeal, and any and all other rights which may be accorded to them pursuant to the Nevada Administrative Procedure Act and the Nevada Pharmacy Act.

5. Conditioned on the Board's acceptance of this Stipulation, and with the exception of the right to challenge any determination that any Respondent failed to comply with the provisions of this Stipulation, Respondents, and each of them, hereby freely and voluntarily waive their rights to a hearing, reconsideration, appeal, and any and all other rights that may be accorded to them by the Nevada Administrative Procedure Act and the Nevada Pharmacy Act.

6. Respondents, and each of them, admit that evidence exists, and that such evidence could be presented at a hearing, to establish a factual basis for the violations alleged in the Accusation, *to wit*, that:

a. By failing to detect during data verification that Brintellix 20 mg. tablets were erroneously selected during data entry, rather than the Brintellix 5 mg. tablets prescribed, Respondent Doan, R.Ph. violated Nevada Administrative Code (NAC) 639.945(1)(d) and (i), which are grounds for discipline pursuant to NRS 639.255.

b. As the owner of the pharmacy in which the violations at issue here, or any one of them, occurred, Respondent Walgreens #11227 is statutorily responsible for the actions of

its employees, and is therefore subject to discipline pursuant to NAC 639.945(2) and NRS 639.255.[1]

7. The foregoing admissions are for the purposes of this proceeding only, and shall have no force or effect in any other case or proceeding before the Board.

8. Based upon the Accusation and the foregoing admissions, Respondents, and each of them, stipulate to the following penalties, which will become binding and enforceable upon approval of this Stipulation by the Board:

a. Phuong Quynh Doan, R.Ph.: Related to the violations alleged in the First Cause of Action, Ms. Doan shall: (i) pay a fine of $500.00, and (ii) complete two one-hour CE units on the topics of safe workflow procedures (1 CE) and proper prescription verification techniques (1 CE).

b. Walgreens #11227: Related to the allegations in the Fifth Cause of Action, Walgreens Pharmacy #11227 will pay an administrative fee of $495.00.

9. The CE units agreed to above are in addition to the CE units Ms. Doan is ordinarily required to complete to maintain a pharmacist license.

10. Board Counsel will present this Stipulation to the Board for approval at its meeting on June 10, 2015, in Reno, Nevada. Respondents, and each of them, will appear at that meeting to answer questions put to them by members of the Board and Board Staff. The Board may discuss and deliberate regarding the Stipulation even if one or more Respondent is absent. The Board has discretion to approve this Stipulation, but it has no obligation to do so.

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[1] Walgreens Pharmacy #11227 does not stipulate to have acted negligently in this matter.

11. If the Board adopts the recommendations set forth above, Respondents and the Board each agree to release the other from any and all claims arising from the facts set forth in the first cause of action stated in the Accusation, whether known or unknown, which might otherwise have existed on or before the effective date of the Board's Order in this matter.

12. If the Board rejects any part or all of this Stipulation, the parties agree that a full hearing on the merits of this matter may be heard by the Board, and that the hearing shall occur at the Board's September 2-3, 2015 meeting in Reno, Nevada. The terms and admissions herein may not be used or referred to in a full hearing on the merits of this matter.

13. Respondent Doan shall pay the *fines* agreed to herein by *cashier's check* or *certified check* or *money order* made payable to "State of Nevada, Office of the Treasurer" to be received by the Board's Reno office located at 431 W. Plumb Lane, Reno, NV 89509, within 90 days of the effective date of the Board's Order.

14. Respondent Walgreens #11227 shall pay the *administrative fees* agreed to herein by *cashier's check*, *certified check* or *money order* made payable to the "Nevada State Board of Pharmacy" to be received by the Board's Reno office located at 431 W. Plumb Lane, Reno, NV 89509, within ninety (90) days of the effective date of the Board's Order.

15. Any failure by any Respondent to satisfy the obligations stated herein may result in additional discipline, up to and including suspension or revocation of each Respondent's respective registration/license, until all terms have been satisfied.

Signed this 10 day of June, 2015

S. PAUL EDWARDS, Esq.
General Counsel
Nevada State Board of Pharmacy

Signed this ___ day of June, 2015

PHUONG QUYNH DOAN, RPH
Certificate of Registration No. 18605

Signed this 10 day of June, 2015

Authorized Representative
WALGREENS PHARMACY #11227
Certificate of Registration No. PHC02513

DECISION AND ORDER

The Nevada State Board of Pharmacy hereby adopts the foregoing Stipulation as its decision as to Respondents PHUONG QUYNH DOAN, RPH., Certificate of Registration No. 18605 and WALGREENS PHARMACY #11227, Certificate of Registration No. PHC02513, in case numbers 14-076-RPH-A-N and 14-076-PH-N, respectively, and hereby orders that the terms of the foregoing Stipulation be made effective upon execution.

Signed this 10 day of June, 2015

Leo Basch, Acting President
Nevada State Board of Pharmacy

FILED
JUL 02 2015
NEVADA STATE BOARD OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **PHUONG QUYNH DOAN, RPH** **Certificate of Registration No. 18605,** **SUSAN BLAIR, RPH** **Certificate of Registration No. 17494,** **KENNY HOA PHAM, RPH** **Certificate of Registration No. 17592,** **MAILANI ESPIRITU, RPH** **Certificate of Registration No. 17117, and** **WALGREENS PHARMACY #11227** **Certificate of Registration No. PHC02513,** **Respondents.**	**CASE NO. 14-076-RPH-A-N** **CASE NO. 14-076-RPH-B-N** **CASE NO. 14-076-RPH-C-N** **CASE NO. 14-076-RPH-D-N** **CASE NO. 14-076-PH-N** **FINDINGS OF FACT, CONCLUSONS OF LAW AND ORDER**

This matter came before the Nevada State Board of Pharmacy (Board) at its regularly scheduled meeting on Wednesday, June 10, 2015, in Reno, Nevada. S. Paul Edwards, Esq., represented the Board in his capacity as its General Counsel. William J. Stilling, Esq., of Parsons Behle & Latimer, filed an Answer and Notice of Defense and appeared at the hearing on behalf of Respondents Phuong Quynh Doan, RPh., Certificate of Registration No. 18605; Susan Blair, RPh., Certificate of Registration No. 17494; Kenny Hoa Pham, RPh., Certificate of Registration No. 17592; Mailani Espiritu, RPh., Certificate of Registration No. 17117 and Walgreens Pharmacy #11227, Certificate of Registration No. PHC02513 (Walgreens).

Based on the evidence presented, including testimony, the Board enters the following findings of fact, conclusions of law and orders.

FINDINGS OF FACT

1. On October 22, 2014, a nurse with Northern Nevada Adult Mental Health Services (NAMHS) filed a complaint with the Board on behalf of patient K.Z. The nurse alleged that Respondent Walgreens and its pharmacists incorrectly filled a prescription for K.Z. by dispensing Brintellix 20 mg. tablets, instead of the Brintellix 5 mg. tablets K.Z.'s physician prescribed.

2. K.Z.'s physician wrote the subject prescription on or about August 14, 2014, which included an initial fill and four refills.

3. Walgreens accepted the prescription on August 15, 2014, and filled it a week later.

4. On October 10, 2014, K.Z. returned to Walgreens to pick up a refill of her medication. At that time, pharmacy staff informed her that the medication Walgreens dispensed in August was incorrect.

5. By that time, K.Z. had ingested thirty (30) of the erred medication.

6. K.Z. contacted the NAMHS nurse regarding the dispensing error. During a subsequent visit, the nurse noted that K.Z. displayed marked symptoms of agitation and nervousness. The nurse attributed those symptoms to the Brintellix overdose, but provided no evidence to support that suspicion.

7. According to Walgreen's records, the dispensing error occurred as follows:

a. Upon receipt of K.Z.'s prescription (Rx #389857), a pharmaceutical technician scanned it into the pharmacy computer system and entered it into the production queue for processing.

b. Pharmaceutical technician Delmi Zelaya (Ms. Zelaya) retrieved the prescription from the production queue for data entry. During data entry, Ms. Zelaya inadvertently entered the incorrect dosage.

c. Ms. Zelaya sent the prescription data into the data entry verification queue for approval by a pharmacist.

d. Respondent Ms. Doan performed data verification for Rx#389857. She failed to detect the dosage error during the data verification process. She approved the data entry and sent it to the queue for filling.

e. Rx#389857 then went into a holding status pending resolution of insurance issues. The prescription went back into production on August 22, 2014, and was assigned a new prescription number (Rx #391017).

f. Respondent Pham entered a Drug Utilization Review (DUR) override for Rx #391017at 12:07 p.m. The DUR warning related to the patient's insurance plan and indicated a potential drug-drug interaction with buproprion 100 mg. tablets.

g. Mr. Pham did not identify the dosage error during the DUR process.

h. Another pharmaceutical technician retrieved prescription Rx #391017 from the queue at 12:34 p.m. He filled the prescription and staged the labeled prescription bottle and contents, label set and stock bottle for a product review.

i. Respondent Ms. Blair performed the product verification. She did not detect that the prescription bottle contained Brintellix 20 mg. tablets, rather than the Brintellix 5 mg. tablets as prescribed.

j. Ms. Blair approved the prescription as accurate and complete and staged the final product for customer pickup.

k. The Audit/Board of Pharmacy Report indicates that Pharmacist Espiritu sold the medication to KZ. She attempted counseling, but K.Z. declined.

8. The foregoing findings are supported by the Answer(s) filed by the Respondents, and are further supported by the evidence, including testimony, presented to the Board during the hearing.

CONCLUSIONS OF LAW

Based on the forgoing, the Board concludes on matters of law as follows:

9. The Board has jurisdiction over this matter because at the time of the conduct set forth above, Respondents, and each of them, were either registered pharmacists or a registered pharmacy with the Board.

10. Ms. Doan and Walgreens stipulated separately in writing as to the factual and legal allegations relating to the First Cause of Action. The Board accepted that Stipulation and Order, along

with the penalties set forth therein. It makes no additional findings or conclusions regarding those allegations.

11. At Mr. Pham's request, the Board continued the hearing on the Second Cause of Action to the July 22, 2015 Board Meeting in Las Vegas, Nevada.

12. Although evidence exists to support the primary factual allegation underlying the Third Cause of Action—specifically that Respondent Ms. Blair did not detect the dosage error during product verification—the Board concludes that Ms. Blair did not violate the law.

13. As to the Fourth Cause of Action, based on new evidence presented for the first time during the hearing, Board Staff moved to dismiss the allegations against Ms. Espiritu, which request the Board granted.

14. Regarding the allegations in the Fifth Cause of Action, the Board found no violations of law outside of those addressed by Ms. Doan's and Walgreens' separate Stipulation and Order. Walgreens therefore bears no statutorily responsible for the violations alleged in the Second, Third or Fourth Causes of Action.

15. Each party is to bear its own costs and attorney fees.

IT IS SO ORDERED.

Signed and effective this 2 day of July, 2015.

Leo Basch, President
Nevada State Board of Pharmacy

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, Petitioner, v. PHUONG QUYNH DOAN, RPH Certificate of Registration No. 18605, SUSAN BLAIR, RPH Certificate of Registration No. 17494, KENNY HOA PHAM, RPH Certificate of Registration No. 17592, MAILANI ESPIRITU, RPH Certificate of Registration No. 17117, and WALGREENS PHARMACY #11227 Certificate of Registration No. PHC02513, Respondents.	CASE NO. 14-076-RPH-A-N CASE NO. 14-076-RPH-B-N CASE NO. 14-076-RPH-C-N CASE NO. 14-076-RPH-D-N CASE NO. 14-076-PH-N NOTICE OF INTENDED ACTION AND ACCUSATION

NEVADA STATE BOARD OF PHARMACY
APR 23 2015
FILED

Larry L. Pinson, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, makes the following that will serve as both a notice of intended action under Nevada Revised Statutes (NRS) 233B.127(3), and as an accusation under NRS 639.241.

I.

The Nevada State Board of Pharmacy (Board) has jurisdiction over this matter because, at the time of the events alleged herein, Respondents Phuong Quynh Doan (Ms. Doan), Certificate of Registration No. 18605; Susan Blair (Ms. Blair), Certificate of Registration No. 17494; Kenny Hoa Pham (Mr. Pham) Certificate of Registration 17592; and Mailani Espiritu (Ms. Espiritu), Certificate of Registration 17117, were pharmacists registered with the Board, and Respondent Walgreens Pharmacy #11227 (Walgreens), Certificate of Registration No. PHC02513, was a pharmacy registered with the Board.

II.

On March 5, 2014, the Board entered a Stipulation and Order (Order) in the case of Respondent Susan Blair (Case No. 13-039-RPH-N), and Respondent Walgreens #11227 (Case No. 13-039-PH-N). In its Order, the Board fined Ms. Blair and Walgreens #11227 for violations related to filling a prescription not in accordance with instructions from the prescriber.

III.

On or about October 22, 2014, Deborah Campanella, RN, Northern Nevada Adult Mental Health Services, filed a complaint with the Board on behalf of patient K.Z. In the complaint, Nurse Campanella alleged that Walgreens filled and dispensed K.Z.'s prescription for Brintellix 5 mg. tablets with Brintellix 20 mg. tablets.

IV.

On August 14, 2014, K.Z. saw her physician who prescribed a quantity of thirty (30) Brintellix 5 mg. tablets with instructions to take one tablet by mouth at bedtime. The physician authorized four refills of the prescription.

V.

Walgreens accepted the prescription on August 15, 2014, and filled it on August 22, 2014. K.Z. picked up the medication on August 25, 2014.

VI.

On October 10, 2014, K.Z. returned to Walgreens to pick up a subsequent refill of Brintellix. At that time, pharmacy staff informed K.Z. that the prescription Walgreens dispensed in August contained Brintellix 20 mg. tablets rather than the Brintellix 5 mg. tablets as prescribed.

VII.

K.Z. had ingested thirty (30) of the erred medication.

VIII.

K.Z. contacted Nurse Campanella regarding the dispensing error. In a subsequent

follow-up examination, Nurse Campanella noted that K.Z. was displaying marked symptoms of agitation and nervousness, possibly attributed to the Brintellix overdose.

IX.

According to pharmacy records, pharmaceutical technician James Wright scanned K.Z.'s Brintellix prescription (prescription number 389857) into the pharmacy computer system on August 15, 2014, and sent it to the production queue for processing.

X.

Pharmaceutical technician Delmi Zelaya (Ms. Zelaya) retrieved the Brintellix prescription from the production queue. During data entry, Ms. Zelaya inadvertently entered the Brintellix strength as 20 mg., rather than the 5 mg. as prescribed.

XI.

Ms. Zelaya sent the prescription data into the data entry verification queue for approval by the pharmacist prior to filling the medication.

XII.

Pharmacist Doan performed data verification for prescription number 389857. Mr. Doan failed to detect the error in the strength of Brintellix during the verification process. He approved the data entry and sent it to the queue for filling.

XIII.

Subsequent to data verification, the prescription went into a holding status pending resolution of insurance issues. Walgreens' prescription holding process is to file the original hard-copy prescription versus placing it in the "hold box."

XIV.

The insurance issues were resolved on August 22, 2014. The Brintellix prescription went back into production and assigned a new prescription number (391017). The Board investigation revealed that the original hard-copy prescription did not have a cancellation on the reverse side nor did it have any reference to the new prescription number. A search of the pharmacy

computer system showed no reference to the original prescription number 389857.

XV.

Per Walgreens' policy, prescriptions brought back into production after an insurance hold will retain the original data entry information, and go through another data entry review and verification by a pharmacist. The Audit/Board of Pharmacy Report (Report) indicates that pharmaceutical technician Zelaya performed another data entry on August 22, 2014, at 12:01 p.m. This is questionable as Ms. Zelaya was not on the schedule to work on August 22, 2014. The Report gave no indication of any other data entry reviews for that date.

XVI.

The Report did indicate that pharmacist Pham entered a Drug Utilization Review (DUR) override at 12:07 p.m., six minutes after the suspect data entry. The DUR warning related to the patient's insurance plan indicating a potential drug-drug interaction with buproprion 100 mg. tablets. Mr. Pham failed to identify the error in the strength of Brintellix during the DUR process.

XVII.

Pharmaceutical technician Mitchell Beardsley (Mr. Beardsley) retrieved prescription number 391017 from the queue at 12:34 p.m. Mr. Beardsley filled the prescription and staged the labeled prescription bottle and contents, label set and stock bottle for the pharmacist's final product review.

XVIII.

Ms. Blair performed the final product verification. Ms. Blair failed to detect that the prescription bottle contained Brintellix 20 mg. tablets rather than the Brintellix 5 mg. tablets as prescribed. Ms. Blair approved the prescription as accurate and complete and staged the final product for customer pickup.

XIX.

The Audit/Board of Pharmacy Report indicates that Pharmacist Espiritu attempted

counseling and that K.Z. declined. This is not consistent with the screenshot of the prescription profile in the pharmacy computer system which indicates that counseling was provided. During counseling, or the attempted counseling, Ms. Espiritu did not detect the error in the strength of Brintellix 20 mg.

FIRST CAUSE OF ACTION
(Respondent Phuong Quynh Doan)

XX.

By failing to detect during data verification that Brintellix 20 mg. tablets was erroneously selected during data entry, rather than the Brintellix 5 mg. tablets prescribed, Ms. Doan violated Nevada Administrative Code (NAC).639.945(1)(d) and/or (i), which violations are grounds for action pursuant to Nevada Revised Statute (NRS) 639.210(4), (11), and/or (12), and NRS 639.255.

SECOND CAUSE OF ACTION
(Respondent Kenny Hoa Pham)

XXI.

In failing to identify during the drug utilization review process that Brintellix 20 mg. tablets had been substituted for the Brintellix 5 mg. tablets prescribed, Mr. Pham violated NAC 639.945(1)(d) and/or (i), which violations are grounds for action pursuant to NRS 639.210(4), (11), and/or (12), and NRS 639.255.

THIRD CAUSE OF ACTION
(Respondent Susan Blair)

XXII.

In failing to strictly follow the instructions of K.Z.'s physician by verifying and dispensing a prescription for Brintellix 20 mg. tablets rather than the Brintellix 5 mg. tablets prescribed, Ms. Blair violated NAC 639.945(1)(d) and/or (i), which violations are grounds for action pursuant to NRS 639.210(4), (11), and/or (12), and NRS 639.255.

FOURTH CAUSE OF ACTION
(Respondent Mailani Espiritu)

XXIII.

In failing to provide adequate counseling on K.Z.'s new prescription, Ms. Espiritu

violated NRS 639.266(1) and NAC 639.707(1) and (2), as well as NAC 639.945(1)(i), which violations are grounds for action pursuant to NRS 639.210(4), (11) and/or (12), and under NRS 639.255.

FOURTH CAUSE OF ACTION
(Respondent Walgreens Pharmacy #11227)

XXVI.

As the pharmacy in which the foregoing violations, or any one of them, occurred, Respondent Walgreens is statutorily responsible for the actions of its employees, and is therefore subject to discipline pursuant to NAC 639.945(1)(d), (i) and (2), and/or NAC 639.707(1) and (2), which violations are grounds for action pursuant to NRS 639.266(1) and/or NRS 639.210(4), (11), and/or (12), and NRS 639.255.

Wherefore, it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to the certificates of registration of these respondents.

Signed this 22nd day of April, 2015.

Larry I. Pinson, Pharm.D., Executive Secretary
Nevada State Board of Pharmacy

NOTICE TO RESPONDENT

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements regarding your certificate of registration. To do so, you must mail to the Board within 15 days of your receipt of this Notice of Intended Action and Accusation a written statement showing your compliance.

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,	)	
	)	**CASE NO. 13-039-RPH-N**
Petitioner,	)	**13-039-PH-N**
v.	)	
	)	
SUSAN MARIE BLAIR, RPH	)	**STIPULATION AND ORDER**
Certificate of Registration No. 17494	)	
	)	
WALGREENS #11227	)	
Certificate of Registration No. PH02513-C	)	
	)	
Respondents.	)	
	)	
	)	
	/	

S. Paul Edwards, General Counsel for Petitioner the Nevada State Board of Pharmacy (Board), and Respondents Susan Marie Blair, RPh., Certificate of Registration #17494 and Walgreens Pharmacy #04854, Certificate of Registration #PH0253-C (collectively "Respondents"), by and through their counsel, William J. Stilling, of the law firm Parsons Behle & Latimer,

HEREBY STIPULATE AND AGREE THAT:

1. The Board has jurisdiction over these matters.

2. The Board served a Notice of Intended Action and Accusation (Accusation) on each of the Respondents on or about January 31, 2014.

3. Respondents filed a joint written Answer and Notice of Defense with the Board on February 26, 2014.

4. Respondents, and each of them, are fully aware of their right to a hearing on the matters alleged in the Accusation, their right to reconsideration, their right to appeal and any and all other rights which may be accorded to them pursuant to the Nevada Administrative Procedure Act and the Nevada Pharmacy Act.

5. Respondents, and each of them, hereby freely and voluntarily waive their rights to a hearing, reconsideration, appeal, and any and all other rights that may be accorded to them by the Nevada Administrative Procedure Act and the Nevada Pharmacy Act.

6. Respondents admit that evidence exists, and could be presented at a hearing, to establish a factual basis for the violations alleged in the Accusation, including:

a. On or about April 10, 2013, patient AJ received a prescription for zolpidem 10 mg and partial refills of that prescription on three subsequent occasions as a result of a Ms. Blair's belief that the scanned prescription on the computer screen when she checked the product for filling was a valid prescription that had been scanned on February 1, 2013. However, the earlier prescription had been superseded by a subsequent prescription for a lower dose and AJ's physician had not authorized refills for the April 10, 2013 prescription.

7. Based on Respondents' admissions and the Board's authority under NRS 639.255, cause for disciplinary action against Susan Blair and Walgreens #11227 exists under: (i) NAC 639.945(1)(d) and NRS 639.210(4) and (12); and (ii) NAC 639.945(2) respectively.

8. The foregoing admissions are for the purposes of this proceeding only, and shall have no force or effect in any other case or proceeding before the Board.

9. Based upon the Accusation and the foregoing admissions, Respondents stipulate to the following penalties, which are subject to approval and adoption by the Board:

a. Walgreens #11227 will pay a fine of $1,000.00 and an administrative fee of $500.00 as a penalty for being the owner of the business where the prescription was dispensed to AJ.

b. Susan Blair will pay a fine of $1,000.00 and an administrative fee of $500.00 as a penalty for filling the prescription for AJ not in accordance with instructions from the prescriber.

10. Walgreens #11227 will provide additional training to its pharmacists and technicians, as applicable, to ensure that they properly document and annotate prescriptions that are superseded by other prescriptions and that they properly close such prescriptions. Walgreens will provide documentation of such additional training upon request from the Nevada Board of Pharmacy.

11. Board Counsel will present this stipulation to the Board for approval at its next scheduled meeting on March 5, 2014 in Reno, Nevada. Respondents, and each of them, agree to appear at that meeting to answer questions put to them by members of the Board and Board Staff. The Board may discuss and deliberate regarding this stipulation, even if Respondents or their counsel are not present. The Board, at its sole discretion, may enter a decision and order accepting this stipulation and imposing discipline as recommended by the parties, but it is under no obligation to do so.

12. If the Board adopts the recommendations set forth above:

a. Respondents shall pay the fines agreed to herein by *cashier's check* or *certified check* or *money order* made payable to "State of Nevada, Office of the Treasurer" to be received by the Board's Reno office located at 431 W. Plumb Lane, Reno, NV 89509, within 90 days of the effective date of the Board's Order.

b. Respondents shall pay the administrative fees agreed to herein by *cashier's check, certified check* or *money order* made payable to the "Nevada State Board of Pharmacy" to be received by the Board's Reno office located at 431 W. Plumb Lane, Reno, NV 89509, within 90 days of the effective date of the Board's Order.

13. If the Board adopts the recommendations set forth above, any failure by any Respondent to satisfy those obligations may result in additional discipline, up to and including suspension or revocation of her registration/license, until all terms have been complied with.

14. If the Board adopts the recommendations set forth above, the Board and the Respondents agree to release each other from any and all claims arising from the facts set forth in the Accusation on file herein, whether known or unknown, that might otherwise have existed on or before the effective date of the Board's Order in this matter.

15. If the Board rejects any part or all of this stipulation, the parties agree that a full hearing on the merits of this matter may be heard by the Board, and that the hearing shall occur at the Board's June 2014 meeting in Reno, Nevada.

16. If the Board rejects any part, or all, of this stipulation, the terms and admissions herein may not be used or referred to in the full hearing on the merits of this matter.

I have fully considered the charges and allegations contained in the Notice of Intended Action and Accusation in this matter. I understand the rights to a hearing, reconsideration, appeal and any and all other rights accorded by the Nevada Administrative Procedure Act and the Nevada Pharmacy Act, including, if applicable, my right to be represented individually by counsel at my own expense.

Signed this ___ day of March, 2014

Authorized Representative for
Walgreens #11227
Certificate of Registration No. PH02513-C

Susan M. Blair
Susan Blair
Certificate of Registration
No. 17494

Signed this 5th day of March, 2014

S. Paul Edwards, Esq.
General Counsel
Nevada State Board of Pharmacy

DECISION AND ORDER

The Nevada State Board of Pharmacy hereby adopts the foregoing Stipulation as its decision as to Respondents Susan Marie Blair, RPh., Certificate of Registration #17494, and Walgreens Pharmacy #11227, Certificate of Registration #PH02513-C, and hereby orders that the terms of the foregoing Stipulation be made effective. This decision and order shall be effective upon execution.

3-5-2014
DATED

Leo Basch, Acting President
Nevada State Board of Pharmacy

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,	)	**CASE NO. 13-039-RPH-N**
	)	**CASE NO. 13-039-PH-N**
Petitioner,	)	
v.	)	
	)	**NOTICE OF INTENDED**
SUSAN MARIE BLAIR, RPH	)	**ACTION AND ACCUSATION**
Certificate of Registration No. 17494,	)	
	)	
WALGREENS #11227	)	
Certificate of Registration No. PH02513-C,	)	
	)	
Respondents.	)	
/		

NEVADA STATE BOARD OF PHARMACY
JAN 31 2014
FILED

Larry L. Pinson, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, makes the following that will serve as both a notice of intended action under Nevada Revised Statutes (NRS) 233B.127(3), and as an accusation under NRS 639.241.

I.

The Nevada State Board of Pharmacy (Board) has jurisdiction over this matter because at the time of the events alleged herein, respondent Susan Marie Blair was a registered pharmacist with the Board, and respondent Walgreens Pharmacy #11227 (Walgreens) was a pharmacy registered with the Board.

II.

On or about October 15, 2012, Dr. Z saw patient AJ and prescribed thirty (30) zolpidem 10mg tablets with instructions to take one tablet at bedtime. Dr. Z authorized two refills on the prescription. Walgreens filled and dispensed the medication (Rx 257094).

III.

On February 1, 2013, Dr. Z faxed a new zolpidem 10mg prescription for AJ authorizing one refill to Walgreens (Rx 21996). That same day, Walgreens faxed a return message to Dr. Z informing her that new Federal Drug Administration (FDA) guidelines for women recommended a maximum strength of zolpidem 5mg. Dr. Z concurred and faxed a new prescription for

zolpidem 5mg, quantity thirty, authorizing one refill (Rx 278437). Walgreens subsequently closed the zolpidem 10mg prescription (Rx 21996) without filling it.

IV.

On April 7, 2013, Walgreens faxed Dr. Z's office a request to refill the zolpidem 5mg prescription. Dr. Z denied the request based on a review of AJ's prescription monitoring report which indicated an excessive amount of zolpidem fills.

V.

During the investigation, the Board Investigator reviewed AJ's prescription monitoring report. The review revealed no unauthorized or excessive zolpidem use. AJ had elected to receive fifteen tablets every two weeks versus thirty tablets once a month.

VI.

On April 10, 2013, the closed prescription from February 1, 2013 (Rx 21996 Zolpidem 10mg, quantity 30) was scanned by pharmaceutical technician MT, and issued a new prescription number (Rx 292637). The prescription was partially filled with fifteen (15) Zolpidem 10mg tablets and verified as accurate by Ms. Blair. The prescription was partially filled (15 tablets) again on May 7, 2013, June 5, 2013, and June 30, 2013. Walgreens did not obtain prescriber authorization to fill or refill the 10mg strength of zolpidem.

VII.

In a written statement, Ms. Blair indicated "that the refill authorized from 4/10/13 for 10mg zolpidem was stored rather than closed when authorization was given to change the dosage to 5mg." In a subsequent interview, Ms. Blair admitted to reopening the closed zolpidem prescription and assigning it a new prescription number (292637-11227). She also admitted to not contacting the prescriber for authorization. Ms. Blair could provide no reason for opening and dispensing the closed prescription without prescriber authorization.

FIRST CAUSE OF ACTION

VIII.

In filling an unauthorized prescription (Rx 292637) and three subsequent unauthorized refills for AJ, namely zolpidem 10mg tablets, Respondent Susan Marie Blair, violated Nevada Administrative Code (NAC) 639.945(1)(d) and/or (i), which violations are grounds for action pursuant to Nevada Revised Statute (NRS) 639.210(4) and/or (11) and/or (12), or alternatively under NRS 639.255.

SECOND CAUSE OF ACTION

IX.

As the pharmacy in which the violations alleged above occurred, Walgreens #11227 violated NAC 639.945(1)(d) and/or (i), and is statutorily responsible for respondent Blair's actions pursuant to NAC 639.945(2), which is grounds for discipline pursuant to NRS 639.210(4), (11) and/or (12), and NRS 639.255.

THEREFORE it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to the certificates of registration of these respondents.

Signed this 31st day of January, 2014.

Larry L. Pinson, Pharm.D., Executive Secretary
Nevada State Board of Pharmacy

NOTICE TO RESPONDENT

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements regarding your certificate of registration. To do so, you must mail to the Board within 15 days of your receipt of this Notice of Intended Action and Accusation a written statement showing your compliance.

Section 9: Statement of Responsibility - MUST BE COMPLETED by an Authorized Person (NAC 639.945)

Statement of Responsibility

1. I am the Vice President (title) for Walgreen Co. (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be responsible for any violations of pharmacy law that may occur in the Pharmacy owned by such owner(s), shareholder(s), member(s), or partner(s).
3. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against the Pharmacy.
4. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) cannot require or permit the pharmacist(s) in said Pharmacy to violate any provision of local, state, or federal laws or regulations pertaining to the practice of pharmacy.
5. I further understand and acknowledge that Nevada law requires that each pharmacy located inside the State of Nevada employ only pharmacists, intern pharmacists, pharmaceutical technicians, and technicians in training that are licensed by the Nevada State Board of Pharmacy. (NRS 639.100).
6. I further understand and acknowledge that Nevada law requires that each pharmacy located outside the State of Nevada engaged in providing pharmacy services into Nevada employs at least one pharmacist licensed by the Nevada State Board of Pharmacy who will be responsible for any prescription dispensed to a patient located in Nevada and responsible for any acts or omissions of pharmacy personnel who are not registered with the Board. (NRS 639.2328).

Richard Gates

Print Name of Authorized Person

Richard Gates

Original signature of Authorized Person (copies or stamps not accepted)

08 / 26 / 2025

Date

Section 10: Affidavit for Pharmacies- MUST BE COMPLETED by pharmacies NOT CURRENTLY PERFORMING Sterile Compounding

Affidavit for Pharmacy License

I, Richard Gates hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

1. I am the Vice President (title) for Walgreen Co. (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I certify that upon licensure, the Pharmacy will not perform sterile compounding or ship sterile compounds into Nevada.
3. I understand and acknowledge that the Pharmacy and any of its staff members may be subject to discipline by the Board if the Pharmacy performs sterile compounding or ships any sterile compounds into Nevada without first obtaining written authorization from the Board to do so.
4. I certify that if the Pharmacy makes the decision to perform sterile compounding or to ship any sterile compounds into Nevada, the Pharmacy, through an authorized representative, will first notify the Board via a written request, and obtain written approval to perform sterile compounding or to ship any sterile compounds into Nevada.
5. I understand that if the Pharmacy seeks approval to perform sterile compounding or to ship any sterile compounds into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

FURTHER YOUR AFFIANT SAYETH NAUGHT.

Signature

SUBSCRIBED AND SWORN TO
Before me, a notary public this 20th day of August, 2025

Zeljka Borosa-Rajcevic
Notary Public

OFFICIAL SEAL
ZELJKA BOROSA RAJCEVIC
Notary Public, State of Illinois
Commission No. 977646
My Commission Expires September 8, 2027

CONFIDENTIAL/EXEMPT FROM
FREEDOM OF INFORMATION ACT AND
SIMILAR STATE REQUESTS

Ownership Information

Ownership & Leadership of Applicant Entity

Applicant: **Walgreen Co.**
108 Wilmot Rd., Deerfield, IL 60015

Ownership: The Applicant entity is wholly owned (100%) by Walgreens Boots Alliance, Inc.

Officers of Walgreen Co.
Michael Motz - CEO
Richard Gates - Senior Vice President, Chief Pharmacy Officer
Cherita Thomas - Secretary
Matthew Spina - CFO
Michael Handal - Licensing and Provider Enrollment Officer

Ownership & Leadership of Walgreens Boots Alliance, Inc.

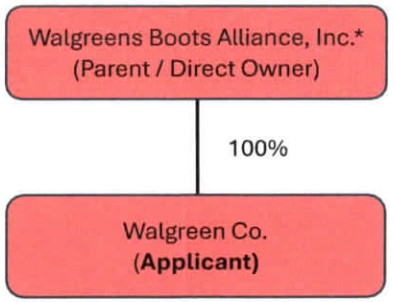
Ownership: Walgreens Boots Alliance, Inc. is wholly owned (100%) by Blazing Star Parent, LLC

Officers of Walgreens Boots Alliance, Inc.
Temporarily vacant - CEO
Mark Weisz - Sr VP, Global Tax
Manmohan Mahajan - Sr VP, Global Controller, CFO
Lanesha Minnix - Corporate Secretary

Please see the attached pre- and post-closing Corporate Organization chart for reference.

Proprietary and Confidential
Not a public record pursuant to
Section 7927.605 of the CPRA and
45 CFR Section 5.31

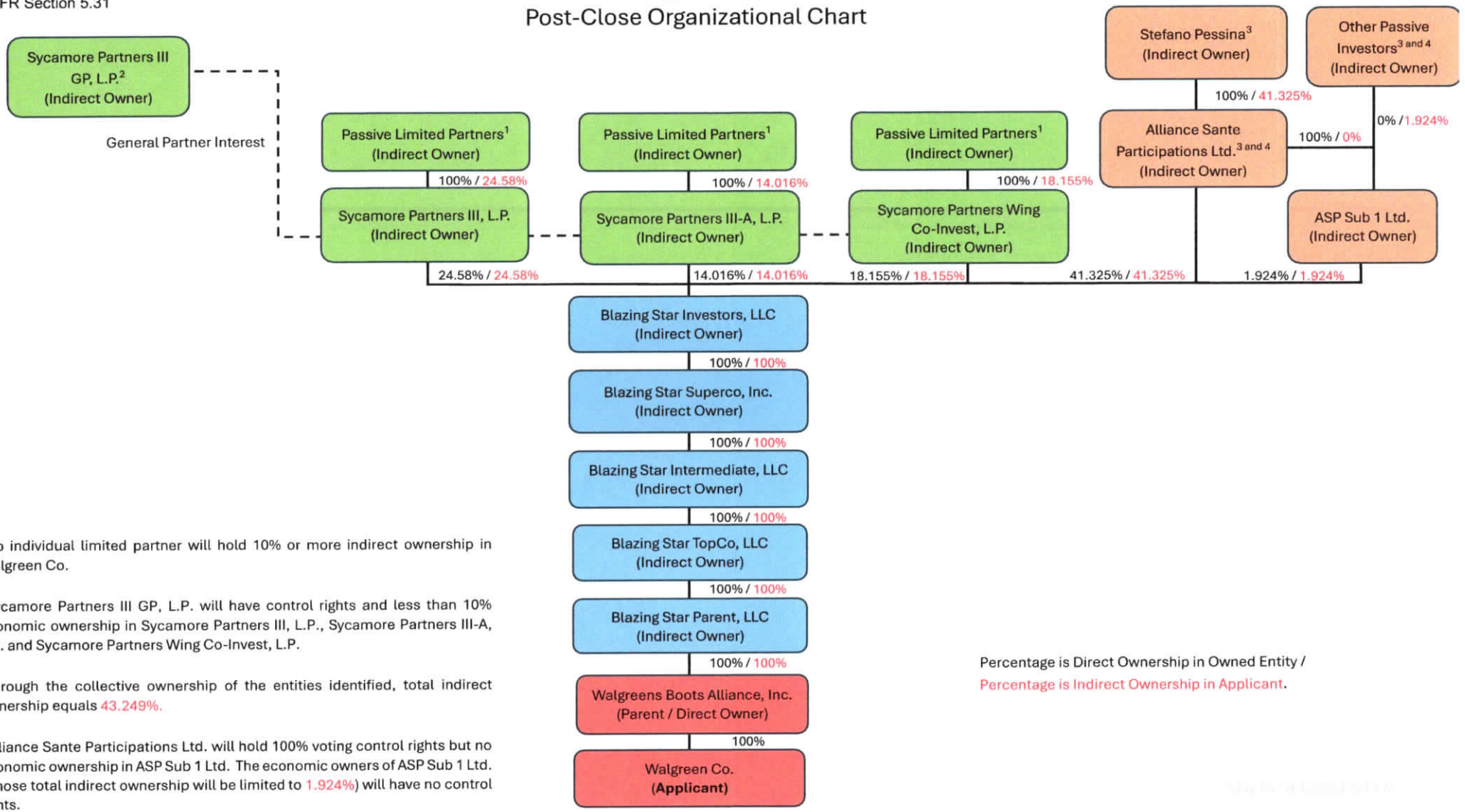
Walgreen Co.
Pre-Close Organizational Chart



Publicly Traded on Nasdaq Stock Market (WBA)

Proprietary and Confidential
Not a public record pursuant to
Section 7927.605 of the CPRA and
45 CFR Section 5.31

Walgreen Co.
Post-Close Organizational Chart



[1]No individual limited partner will hold 10% or more indirect ownership in Walgreen Co.

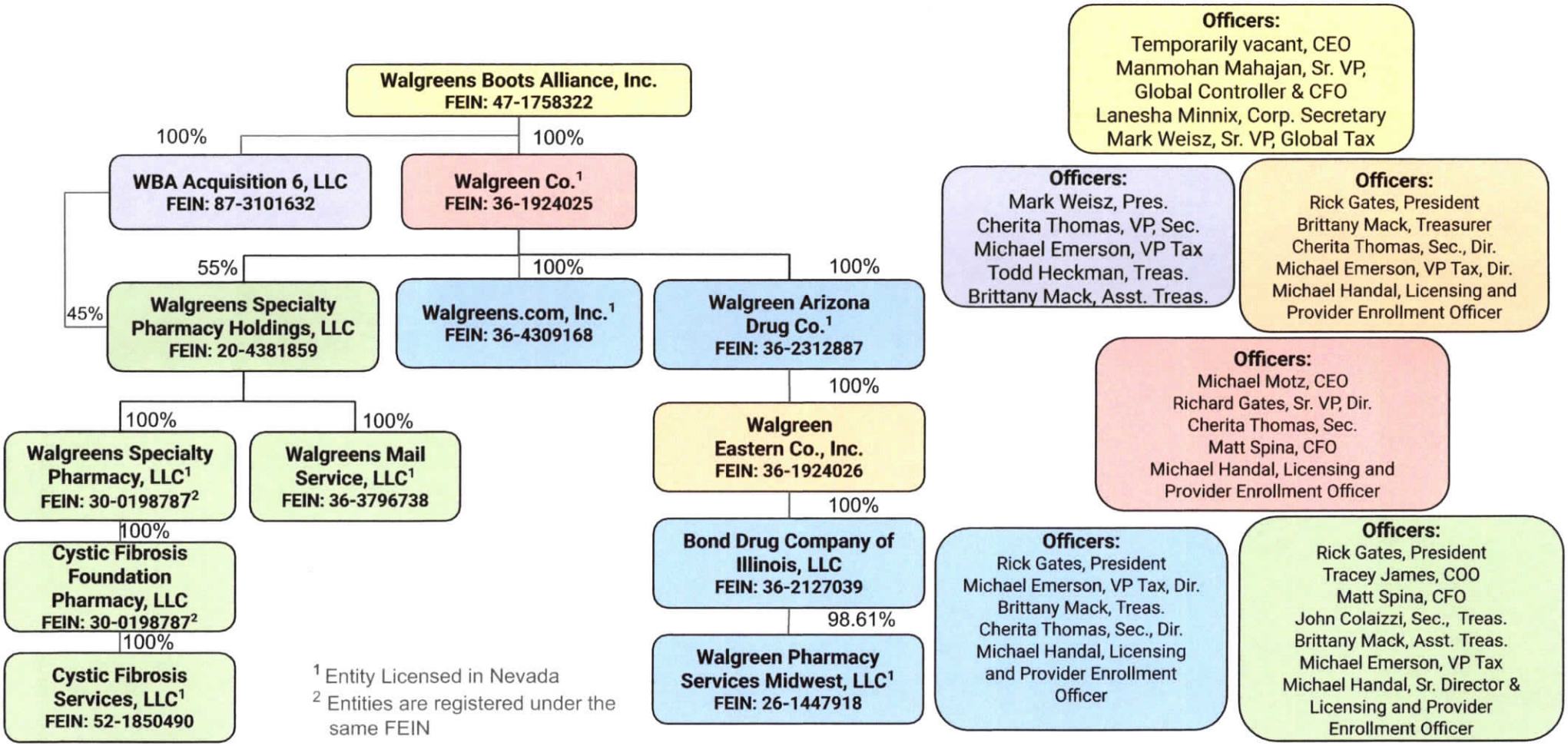
[2]Sycamore Partners III GP, L.P. will have control rights and less than 10% economic ownership in Sycamore Partners III, L.P., Sycamore Partners III-A, L.P. and Sycamore Partners Wing Co-Invest, L.P.

[3]Through the collective ownership of the entities identified, total indirect ownership equals 43.249%.

[4]Alliance Sante Participations Ltd. will hold 100% voting control rights but no economic ownership in ASP Sub 1 Ltd. The economic owners of ASP Sub 1 Ltd. (whose total indirect ownership will be limited to 1.924%) will have no control rights.

Percentage is Direct Ownership in Owned Entity /
Percentage is Indirect Ownership in Applicant.

Walgreen Co.
Post-Close Organizational Chart (cont.)



File Number 1084-348-1

STATE OF ILLINOIS

OFFICE OF THE SECRETARY OF STATE

To all to whom these Presents Shall Come, Greeting:

I, **Alexi Giannoulias,** *Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that*

WALGREEN CO., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON FEBRUARY 15, 1909, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE BUSINESS CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.

In Testimony Whereof, *I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this* 15TH *day of* MAY *A.D.* 2025 .

Authentication #: 2513501622 verifiable until 05/15/2026
Authenticate at: https://www.ilsos.gov

SECRETARY OF STATE

9FFFF

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Pharmacy Application

Non-Refundable $500.00 Fee

Rev (6/11/2024)

Facility Location	Application Type (check all applicable)	Pharmacy Type (check all applicable)	Services the Pharmacy will Provide (check all applicable)
☑ Nevada ☐ Out-of-Nevada	☐ New Pharmacy ☑ Ownership Change* ☐ Location Change * ☐ Service Modification* ☐ Name Change* (if only a Name Change occurred, submit a $50.00 fee with the application.) * Current license #: PH PH02587	☑ Retail/Community ☐ Hospital (# beds _____) ☐ Internet ☐ Nuclear ☐ Other:	☑ Retail/Community ☑ Dangerous drugs ☑ Controlled substances DEA #: FW1849112 ☐ Non-sterile Compounding ☐ Sterile Compounding ☐ Mail-Order Service ☐ Off-site Cognitive Services ☐ Long Term Care ☐ Hospital ☐ Other:

Days of Operation		Ownership Type (check applicable box)
☑ Monday	☑ Friday	☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9, 10, 11, 12)
☑ Tuesday	☑ Saturday	☑ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9, 10, 11, 12)
☑ Wednesday	☑ Sunday	☐ Partnership (complete sections 1, 2, 3, 4, 7, 9, 10, 11, 12)
☑ Thursday	☐ Holidays	☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9, 10, 11, 12)

Section 1: General Information

Pharmacy Name: WALGREENS #12540

Physical Address: 9705 PYRAMID WAY

City: Sparks State: NV Zip: 89441

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: (775)425-9400 Toll Free # (NAC 639.708, NRS 639.23286): N/A

Fax: (775)425-9409 Contact Email: rxm.12540@store.walgreens.com

Website: https://www.walgreens.com

Nevada Business License # (if applicable) NV19951143510

Supervising/Managing Pharmacist Name (NRS 639.220): BEAANDREA GARCIA

Supervising/Managing Pharmacist NV Pharmacist Registration # (if applicable): 23061

Section 2: List the name(s) of at least one NEVADA registered pharmacist who practices at the pharmacy, who may be the managing pharmacist or another pharmacist, who will be responsible for any prescriptions dispensed to a patient located in Nevada and responsible for any acts or omissions of pharmacy personnel who are not registered with the Board. NRS 639.2328. (Use a separate piece of paper if additional space is needed.)

Name: BEAANDREA GARCIA	NV Pharmacist Registration #: 23061
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:

Section 3: History of Company	**Yes**	**No**
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✔
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration from any jurisdiction?		✔
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been subject of an administrative action, board citation, cite fine, or proceeding relating to the pharmaceutical industry?	✔	
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✔
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✔

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name(s) of the owner(s), their credentials and their percent ownership. Write NA if not applicable. NRS 639.232. (Use a separate piece of paper if additional space is needed.)

Name: N/A	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:

1. The Board shall not issue a license to conduct a pharmacy:
   a) To any practitioner; or
   b) To any partnership, corporation, or association in which a practitioner has a controlling interest or owns more than 10 percent of the available stock.
2. This section does not:
   a) Apply to a hospital pharmacy or a health maintenance organization which holds a certificate of authority under chapter 695C of NRS.
   b) Prohibit ownership by a practitioner of a building in which a pharmacy is located, if space for the pharmacy is rented at the prevailing rate.

Section 5: Publicly Traded Corporation

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Does the number of stockholders/shareholders of the corporation exceed four? NRS 639.231 ☐ Yes ☐ No

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: Delaware

Parent Company (if any): Walgreens Boots Alliance, Inc.

Corporation/Organization Name: Walgreen Co.

Mailing Address: 108 Wilmot Rd

City: Deerfield State: IL Zip: 60015

Telephone: 847-224-1348 Email: licenseadministration@walgreens.com

Contact Person Name: Kayla Lechner

Does the number of stockholders/shareholders of the corporation or members exceed four? NRS 639.231 ☐ Yes ☒ No

Section 7: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Please check type of partnership (NAC 639.214) ☐ General ☐ Limited

Does the number of partners or members of the partnership exceed four? NRS 639.231 ☐ Yes ☐ No

Section 8: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Richard Gates

Print Name of Authorized Person Submitting Application (If the applicant is a partnership or corporation, the application must be signed by a partner or by an officer of the corporation). NAC 639.215

Richard Gates

Original signature of Authorized Person (copies or stamps not accepted)

08 / 26 / 2025

Date

Board Use Only	Date Received: 9/18/25	Amount: $500 CK JP03-3000111129

Section 11: Managing Pharmacist Acknowledgement, Professional/Personal History – REQUIRED TO BE COMPLETED BY THE MANAGING PHARMACIST FOR NEVADA LOCATED PHARMACY APPLICANTS ONLY

Managing Pharmacist Name: BEAANDREA GARCIA Pharmacist Registration #: 23061

Pharmacy Name: WALGREENS #12540

Initial each statement below to indicate you have read and agree with the following:

BBG — I understand that as the managing pharmacist I am responsible for compliance by the pharmacy and its personnel with all state and federal laws and regulations relating to the operation of the pharmacy and the practice of pharmacy. I understand my license can be revoked or that I can be subject of disciplinary action if such laws or regulations are knowingly violated in the pharmacy in which I am the managing pharmacist.

BBG — I understand within 48 hours after I report for duty as the managing pharmacist, I shall complete an inventory of all controlled substances of the pharmacy pursuant to 21 CFR Part 1304 and maintain a copy of the inventory in the file at the pharmacy.

BBG — I understand that if I cease to be managing pharmacist of the above-named pharmacy, I will jointly, with the new managing pharmacist, take an inventory of all controlled substances.

BBG — I understand that as the managing pharmacist I must ensure that all loss or theft of controlled substances are reported on forms provided by the Nevada State Board of Pharmacy and Department of Public Safety within 10 days after the date of discovery of theft or loss. NRS 453.568. Federal regulations require that registrants notify the Field Division Office of the Administration in his area, in writing, of the theft or significant loss of any controlled substance, disposal receptacles or listed chemicals within one business day of discovery of such loss or theft. The registrant shall also complete and submit to the Field Division Office in his area, DEA Form 106 regarding the loss or theft (21 C.F.R. §1301.76(b) and 21 U.S.C. §830(b)(1)(C)).

BBG — I understand that as the managing pharmacist I must notify the Nevada State Board of Pharmacy of all employment changes of pharmacy staff within 10 days of the change. NAC 639.540

Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?	☐	☑
2. Have you been charged, arrested, or convicted of a felony or misdemeanor in any state?	☐	☑
3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state?	☐	☑
4. Has your license been subjected to any discipline for violation of pharmacy or drug laws in any state?	☐	☑

If you marked YES to any questions above, include the following information and provide a signed statement of explanation. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Board Administrative Action:	State:	Date:	Case #:

Criminal Action:	State:	Date:	Case #:	County:	Court:

I certify under penalty of perjury that the information I have provided on this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Original signature of Managing Pharmacist (copies or stamps not accepted)

08 / 06 / 2025
Date

FILED
JAN 2 5 2024
NEVADA STATE BOARD
OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **WALGREENS PHARMACY #12540, Pharmacy License No. PH02587,** **Respondent.**	**CASE NO. 23-408-PH-N** **NOTICE OF INTENDED ACTION AND ACCUSATION**

J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, files the following document that will serve as both a notice of intended action under NRS 233B.127(3) and an accusation under NRS 622A.300(1) and NRS 639.241.

JURISDICTION

1. The Nevada State Board of Pharmacy ("Board") has personal jurisdiction over Respondent Walgreens #12540 ("Walgreens") because Walgreens is licensed by the Board to dispense dangerous drugs and controlled substances in Nevada. Walgreens holds pharmacy license number PH02587.

2. The Board has jurisdiction over the subject matter of this accusation because, as alleged below, Walgreens Pharmacy operated a pharmacy without having designated and/or employed a managing pharmacist to manage its pharmacy operations.

FACTUAL ALLEGATIONS

3. At all times relevant to this accusation, Walgreens operated a pharmacy at 9705 Pyramid Way in Sparks, Nevada. Between October 13, 2022, and October 3, 2023, Walgreens employed Bea Garcia, R.Ph. ("RPH Garcia"), as the managing pharmacist for its location on Pyramid Way.

4. On October 3, 2023, RPH Garcia began a period of maternity leave. Between October 3, 2023, and October 6, 2023, Chris Huynh, R.Ph. ("RPH Huynh"), temporarily assumed the duties of

managing pharmacist. Walgreens did not notify the Board that RPH Huynh had assumed these duties in RPH Garcia's absence.

5. RPH Huynh allegedly clashed with his co-employees and patients during his brief tenure as managing pharmacist. On October 6, 2023, these alleged clashes culminated in a disagreement involving RPH Huynh, Pharmacy Technician Deijunae Sandefur ("PT Sandefur"), Assistant Store Manager Ashley Miramontes ("ASM Miramontes"), and a patient who was waiting for a prescription. The patient allegedly left the pharmacy in tears.

6. Immediately after the incident described above, RPH Huynh announced that he was experiencing symptoms of COVID-19. He closed the pharmacy at approximately 3 p.m. that day and never returned to work at Walgreens.

7. In a subsequent complaint to the Board, RPH Huynh alleged that PT Sandefur and ASM Miramontes, both non-pharmacists, pressured him to fill a patient's prescription despite his professional concerns about the practitioner's dosing instructions. In a separate complaint to the Board, PT Sanderfur expressed concerns about alleged erratic behavior on the part of RPH Huynh.

8. Between October 6, 2023, and November 17, 2023, Walgreens conducted business as a pharmacy without having designated and/or employed a managing pharmacist for its pharmacy location on Pyramid Way.

9. On November 17, 2023, in response to the Board's investigation of the complaint(s) noted above, ASM Miramontes informed the Board that Tanya Saura, R.Ph. ("RPH Saura"), had agreed to serve as the managing pharmacist pending RPH Garcia's return from maternity leave in January 2024. Separately, RPH Saura indicated that she was unsure whether she had been selected for the role of managing pharmacist.

10. On or after November 17, 2023, after conferring with ASM Miramontes, RPH Saura confirmed that she had assumed the duties of managing pharmacist for Walgreens. RPH Saura stated that she had assumed the duties of managing pharmacist as of November 3, 2023.

11. Walgreens supplied no contemporaneous documentation to support RPH Saura's claim that she was designated the managing pharmacist for Walgreens effective November 3, 2023. In one conversation with Board staff, RPH Saura stated that she began her employment as a "staff pharmacist" for Walgreens on November 3, 2023.

12. As of November 30, 2023, Walgreens had not submitted a form or written communication reflecting its decision to designate RPH Saura as its managing pharmacist.

APPLICABLE LAW

13. Every pharmacy in Nevada must be licensed by the Board to dispense dangerous drugs and/or controlled substances. NRS 639.230; NRS 639.231.

14. Additionally, every pharmacy must be managed by a registered pharmacist, *approved by the Board*, who is responsible for compliance by the pharmacy and its personnel with all state and federal laws and regulations relating to the operation of the pharmacy and the practice of pharmacy. NRS 639.220(1).

15. Every pharmacy must notify the Board *before* designating a new managing pharmacist. NRS 639.220(4). The Board supplies licensees with a form for making the appropriate notification. The form may be downloaded from the Board's web site.

16. It is unlawful for any person who is not a registered pharmacist to manage a pharmacy or dispense dangerous drugs or controlled substances. NRS 639.284; NRS 639.100(1). A "registered pharmacist" is a natural person registered by the Board to engage in the practice of pharmacy only as authorized by Nevada law. NRS 639.015; NRS 639.120; NRS 639.127; NAC 639.205–.212.

17. A "managing pharmacist" is a registered pharmacist who is responsible for managing the operation of the pharmacy. NRS 639.0087.

18. The Board may revoke or suspend the license of any pharmacy that has violated any Nevada law or regulation relating to the practice of pharmacy. NRS 639.210(12); NRS 639.230(5).

19. The Board may revoke or suspend the license of any pharmacy upon finding that the pharmacy committed unprofessional conduct or conduct contrary to the public interest. NRS 639.210(4); NRS 639.230(5).

20. A pharmacy commits unprofessional conduct and/or conduct contrary to the public interest when the pharmacy performs its duties as the holder of a license or registration issued by the Board in an incompetent, unskillful, or negligent manner. NAC 639.945(1)(i).

21. A pharmacy commits unprofessional conduct and/or conduct contrary to the public interest when the pharmacy and/or its employees perform any act, task or operation for which licensure, certification or registration is required without the required license, certificate, or registration. NAC 639.945(1)(k).

22. Pursuant to NRS 639.230(5), NAC 639.702 and NAC 639.945(2), pharmacies, pharmacy managers, and/or pharmacists are responsible for the acts and omissions of the pharmacy employees under their supervision.

23. In addition to or in lieu of revoking or suspending a license or certificate of registration due to unprofessional conduct and/or conduct that violates Nevada law relating to the practice of pharmacy, the Board may impose an administrative fine upon the offending pharmacy. The fine may not exceed $10,000 for each offense. NRS 639.255(3).

COUNT ONE

Operating a Pharmacy Without a Managing Pharmacist

24. During the period between October 6, 2023, and November 17, 2023, Walgreens dispensed dangerous drugs and/or controlled substances to consumers in Nevada without having designated and/or employed a managing pharmacist qualified to supervise the operation of its pharmacy and/or the dispensing activities of its employees, agents, and/or representatives.

25. Walgreens' conduct as alleged above violated Nevada law relating to the practice of pharmacy, including NRS 639.100(1), NRS 639.220 and NRS 639.284.

26. Walgreens' conduct as alleged above was unprofessional and/or contrary to the public interest because Walgreens had a duty to designate a managing pharmacist to supervise its pharmacy operations and failed to do so. Having failed to designate a managing pharmacist, Walgreens performed its duties as the holder of a license issued by the Board in an incompetent, unskillful, or negligent manner. NAC 639.945(1)(i).

27. Walgreens' conduct as alleged was unprofessional and/or contrary to the public interest because Walgreens designated a managing pharmacist to supervise pharmacy operations without having obtained the Board's prior approval to the designation as required by NRS 639.220(1). Therefore, Walgreens caused RPH Saura and/or other of its employees to perform the duties of a managing pharmacist without the proper registration. NAC 639.945(1)(k).

28. For any one or all of the reasons stated above, Walgreens is subject to discipline pursuant to NRS 639.210(4), NRS 639.210(12), NAC 639.945(1)(i) and/or NAC 639.945(1)(k).

COUNT TWO
Failure to Notify the Board of Change to Managing Pharmacist

29. During the period between October 6, 2023, and November 17, 2023, Walgreens, dispensed dangerous drugs and/or controlled substances to consumers in Nevada without having notified the Board that it had designated and/or employed a new managing pharmacist to act in the place of RPH Garcia while RPH Garcia was on maternity leave.

30. Walgreens' conduct as alleged above violated Nevada law relating to the practice of pharmacy, including NRS 639.100(1), NRS 639.220(4), and/or NRS 639.284.

31. Walgreens' conduct as alleged above was unprofessional and/or contrary to the public interest because Walgreens had a duty to notify the Board, pursuant to NRS 639.220(4), before it designated and/or employed a new managing pharmacist to act in the place of RPH Garcia while she was on maternity leave. Having failed to notify the Board of a change to its managing pharmacist, Walgreens performed its duties as the holder of a license issued by the Board in an incompetent, unskillful, or negligent manner. NAC 639.945(1)(i)

32. For any one or all of the reasons stated above, Walgreens #12540 is subject to discipline pursuant to NRS 639.210(4), NRS 639.210(12), and/or NAC 639.945(1)(i).

WHEREFORE it is requested that the Nevada State Board of Pharmacy impose appropriate discipline with respect to the pharmacy license of Walgreens #12540.

DATED this 25th day of JANUARY 2024.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

FILED
APR 17 2024
NEVADA STATE BOARD
OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, Petitioner, v. WALGREENS PHARMACY #12540, Pharmacy License No. PH02587, Respondent.	Case No. 23-408-PH-N STIPULATION AND ORDER

J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, by and through its Senior General Counsel, Gregory L. Zunino, and Respondent Walgreens Pharmacy ("Respondent"), Pharmacy License No. PH12540, by and through counsel William J. Stilling, Esq., hereby stipulate and agree as follows:

1. The Nevada State Board of Pharmacy ("Board") has jurisdiction over Respondent and this matter.

2. The Board's staff properly served Respondent with the Notice of Intended Action and Accusation ("Accusation") on file in this matter, together with the Statement to Respondent and Notice of Hearing.

3. The Board and Respondent agreed to delay the date for submitting a Notice of Answer and Defense as both parties pursued settlement negotiations.

4. Respondent acknowledges that after having consulted with counsel, Respondent understands the terms of this Stipulation and Proposed Order ("Stipulation"), and Respondent has executed it knowingly and voluntarily.

5. Respondent is aware of the right to a hearing on the matters alleged in the Accusation, the right to reconsideration of a Board determination in a contested case, the right to appeal a Board determination in a contested case, and all other rights afforded to Respondent under NRS Chapter 233B, the Nevada Administrative Procedure Act, NRS Chapter 622A, which governs administrative procedure before the Board, NRS Chapter 639, the Nevada Pharmacy Act, and NRS Chapter 453, the Nevada Uniform Controlled Substances Act.

6. Conditioned on the acceptance of this Stipulation by the Board, and excluding the right to challenge any determination that Respondent has failed to comply with the provisions of this Stipulation, Respondent hereby freely and voluntarily waives the rights to a hearing, reconsideration, appeal, and other rights related to this action as identified above.

7. Respondent admits that evidence exists, and that Board staff prosecuting this case could present such evidence at an administrative hearing, to establish a factual basis for the violations alleged in Count One and Count Two of the Accusation.

8. To resolve this matter without incurring any further costs or the expenses associated with a hearing, the Board and Respondent agree to the imposition of the following penalties:

A. Respondent shall pay an administrative fine of Two Thousand and 00/100 Dollars ($2000.00). This sum shall be payable by *cashier's check, certified check* or *money order* written to the "State of Nevada, Office of the Treasurer." Respondent shall remit payment in full to the Board's Reno office, located at 985 Damonte Ranch Parkway, Suite 206, Reno, Nevada 89521, on or before May 31, 2024.

B. Respondent shall pay the sum of Five Hundred and 00/100 Dollars ($500.00) to partially reimburse the Board for recoverable attorney's fees and costs incurred in investigating and prosecuting this matter. This sum shall be payable by *cashier's check, certified check* or *money order* written to the "Nevada State Board of Pharmacy." Respondent shall remit payment in full to the Board's Reno office, located at 985 Damonte Ranch Parkway, Suite 206, Reno, Nevada 89521, on or before May 31, 2024

9. This Stipulation constitutes a full and final resolution of the Accusation in Case No. 23-408-PH-N. However, any failure by Respondent to comply with the terms stated herein may result in issuance by the Executive Secretary of an order to show cause, pursuant to NAC 639.965, directing Respondent to appear before the Board at the next regularly scheduled meeting for a show cause hearing. If such a hearing results in a finding of a violation by Respondent, the Board may impose additional discipline upon Respondent not inconsistent with the provisions of NRS Chapter 639.

10. The Board's Senior General Counsel will present this Stipulation to the Board for approval pursuant to NRS 622.330 at the Board's regularly scheduled public meeting on April 17, 2024, in Reno, Nevada. The Board Members and Staff may discuss and deliberate regarding this Stipulation, even if Respondent or its attorney fails to appear for the meeting.

11. The Board may accept this Stipulation, but it is not obligated to do so. If this Stipulation is approved by the Board, it shall be a public record pursuant to NRS 622.330 and shall be reported to the National Practitioner Data Bank pursuant to 42 U.S.C. § 1396r-2 and 45 CFR Part 60.

12. If the Board rejects any part or all this Stipulation, and unless the parties reach an alternative agreement on the record during the hearing, the parties agree that the Board may hear a full contested hearing on the merits of all alleged violations as stated in the Accusation. The terms and admissions herein may not be used, relied upon, or referred to by any party during any such hearing.

13. Subject to the approval of this Stipulation by the Board, the Board and Respondent agree to release each other from any or all additional claims arising from the facts set forth in the Accusation on file herein, whether known or unknown that might otherwise have been asserted by the Board on or before the effective date of this Order.

AGREED:

Signed this 15th **day of April 2024.**

WALGREENS PHARMACY #12540

By: _____
Name: John L. Colaizzi
Title: VP, Pharmacy Practice

Signed this 16th **day of April 2024.**

NEVADA STATE BOARD OF PHARMACY

_____
GREGORY L. ZUNINO
Senior General Counsel

Approved as to form and content:

_____
Bill Stilling, Esq.
Nevada Bar No. 9915
Attorney for Respondent Walgreens Pharmacy #12540

[redacted]

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13. Subject to the approval of this Stipulation by the Board, the Board and Respondent agree to release each other from any or all additional claims arising from the facts set forth in the Accusation on file herein, whether known or unknown that might otherwise have been asserted by the Board on or before the effective date of this Order.

AGREED:

Signed this ____ day of April 2024.

WALGREENS PHARMACY #12540

By:_____
Name:_____
Title:_____

Signed this ____ day of April 2024.

NEVADA STATE BOARD OF PHARMACY

_____
GREGORY L. ZUNINO
Senior General Counsel

Approved as to form and content:

William J. Stilling, Esq.
Nevada Bar No. 9915
Attorney for Respondent Walgreens Pharmacy #12540

[redacted]

As to Respondent Walgreens Pharmacy #12540, Pharmacy License No. PH02587, in Case No. 23-408-PH-N, the Nevada State Board of Pharmacy hereby adopts the foregoing Stipulation as its final decision in the matter and hereby orders that the terms of the foregoing Stipulation be made effective upon the date of entry set forth below.

IT IS SO ORDERED.

Entered this 17th day of April 2024.

Helen Park, President
Nevada State Board of Pharmacy

Section 9: Statement of Responsibility - MUST BE COMPLETED by an Authorized Person (NAC 639.945)

Statement of Responsibility

1. I am the Vice President (title) for Walgreen Co. (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be responsible for any violations of pharmacy law that may occur in the Pharmacy owned by such owner(s), shareholder(s), member(s), or partner(s).
3. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against the Pharmacy.
4. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) cannot require or permit the pharmacist(s) in said Pharmacy to violate any provision of local, state, or federal laws or regulations pertaining to the practice of pharmacy.
5. I further understand and acknowledge that Nevada law requires that each pharmacy located inside the State of Nevada employ only pharmacists, intern pharmacists, pharmaceutical technicians, and technicians in training that are licensed by the Nevada State Board of Pharmacy. (NRS 639.100).
6. I further understand and acknowledge that Nevada law requires that each pharmacy located outside the State of Nevada engaged in providing pharmacy services into Nevada employs at least one pharmacist licensed by the Nevada State Board of Pharmacy who will be responsible for any prescription dispensed to a patient located in Nevada and responsible for any acts or omissions of pharmacy personnel who are not registered with the Board. (NRS 639.2328).

Richard Gates

Print Name of Authorized Person

Richard Gates

Original signature of Authorized Person (copies or stamps not accepted)

08 / 26 / 2025

Date

Section 10: Affidavit for Pharmacies- MUST BE COMPLETED by pharmacies NOT CURRENTLY PERFORMING Sterile Compounding

Affidavit for Pharmacy License

I, Richard Gates hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

1. I am the Vice President (title) for Walgreen Co. (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I certify that upon licensure, the Pharmacy will not perform sterile compounding or ship sterile compounds into Nevada.
3. I understand and acknowledge that the Pharmacy and any of its staff members may be subject to discipline by the Board if the Pharmacy performs sterile compounding or ships any sterile compounds into Nevada without first obtaining written authorization from the Board to do so.
4. I certify that if the Pharmacy makes the decision to perform sterile compounding or to ship any sterile compounds into Nevada, the Pharmacy, through an authorized representative, will first notify the Board via a written request, and obtain written approval to perform sterile compounding or to ship any sterile compounds into Nevada.
5. I understand that if the Pharmacy seeks approval to perform sterile compounding or to ship any sterile compounds into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

FURTHER YOUR AFFIANT SAYETH NAUGHT.

Signature

SUBSCRIBED AND SWORN TO
Before me, a notary public this 20th day of August, 2025

Zeljka Borosa-Rajcevic
Notary Public

OFFICIAL SEAL
ZELJKA BOROSA RAJCEVIC
Notary Public, State of Illinois
Commission No. 977646
My Commission Expires September 8, 2027

CONFIDENTIAL/EXEMPT FROM
FREEDOM OF INFORMATION ACT AND
SIMILAR STATE REQUESTS

Ownership Information

Ownership & Leadership of Applicant Entity

Applicant: **Walgreen Co.**
108 Wilmot Rd., Deerfield, IL 60015

Ownership: The Applicant entity is wholly owned (100%) by Walgreens Boots Alliance, Inc.

Officers of Walgreen Co.
Michael Motz - CEO
Richard Gates - Senior Vice President, Chief Pharmacy Officer
Cherita Thomas - Secretary
Matthew Spina - CFO
Michael Handal - Licensing and Provider Enrollment Officer

Ownership & Leadership of Walgreens Boots Alliance, Inc.

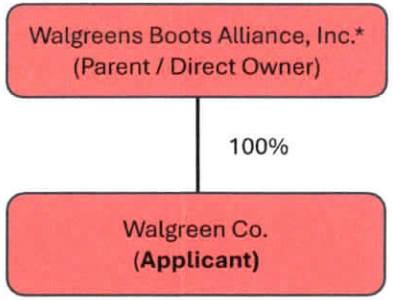
Ownership: Walgreens Boots Alliance, Inc. is wholly owned (100%) by Blazing Star Parent, LLC

Officers of Walgreens Boots Alliance, Inc.
Temporarily vacant - CEO
Mark Weisz - Sr VP, Global Tax
Manmohan Mahajan - Sr VP, Global Controller, CFO
Lanesha Minnix - Corporate Secretary

Please see the attached pre- and post-closing Corporate Organization chart for reference.

Proprietary and Confidential
Not a public record pursuant to
Section 7927.605 of the CPRA and
45 CFR Section 5.31

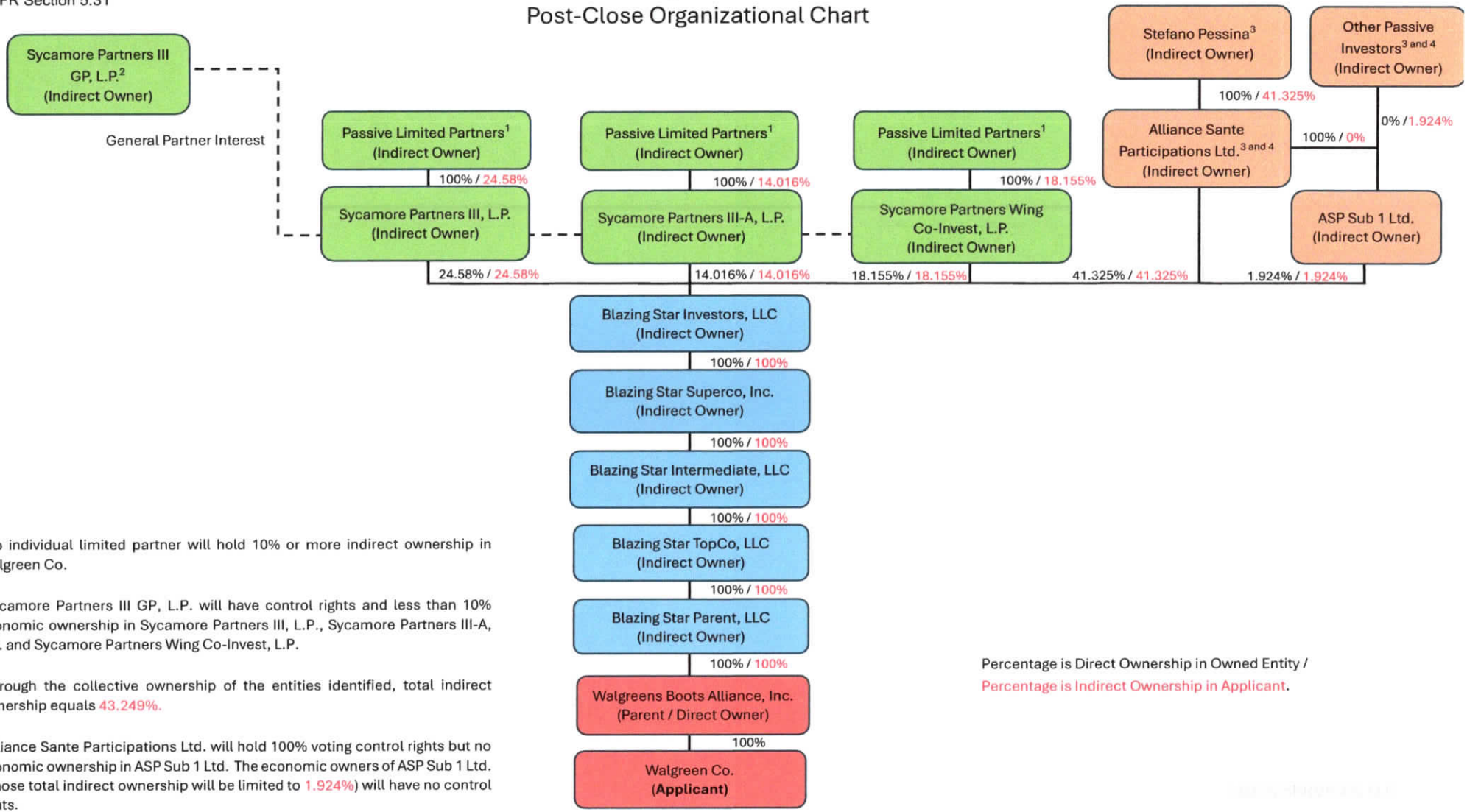
Walgreen Co.
Pre-Close Organizational Chart



Publicly Traded on Nasdaq Stock Market (WBA)

Proprietary and Confidential
Not a public record pursuant to
Section 7927.605 of the CPRA and
45 CFR Section 5.31

Walgreen Co.
Post-Close Organizational Chart



[1]No individual limited partner will hold 10% or more indirect ownership in Walgreen Co.

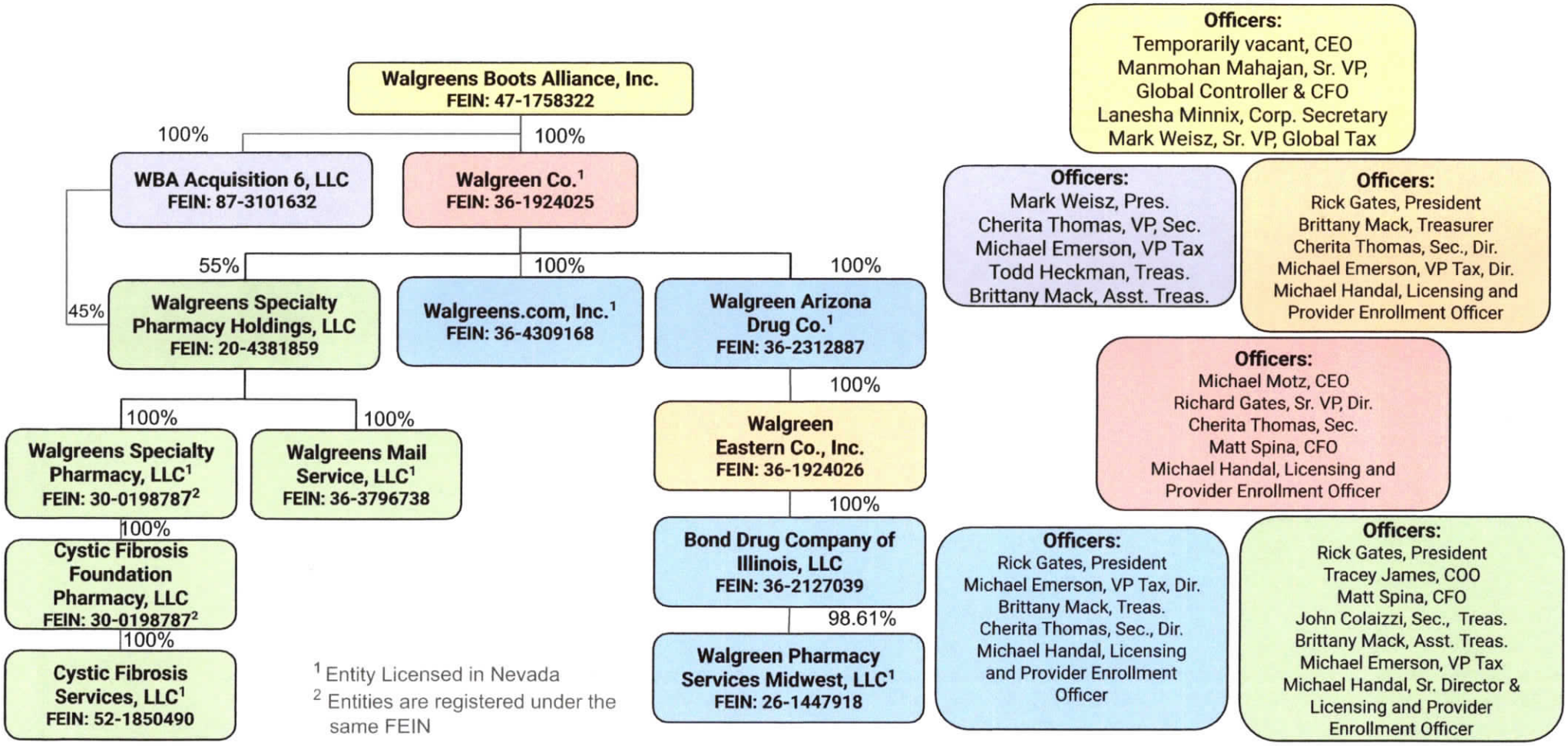
[2]Sycamore Partners III GP, L.P. will have control rights and less than 10% economic ownership in Sycamore Partners III, L.P., Sycamore Partners III-A, L.P. and Sycamore Partners Wing Co-Invest, L.P.

[3]Through the collective ownership of the entities identified, total indirect ownership equals 43.249%.

[4]Alliance Sante Participations Ltd. will hold 100% voting control rights but no economic ownership in ASP Sub 1 Ltd. The economic owners of ASP Sub 1 Ltd. (whose total indirect ownership will be limited to 1.924%) will have no control rights.

Percentage is Direct Ownership in Owned Entity /
Percentage is Indirect Ownership in Applicant.

Walgreen Co.
Post-Close Organizational Chart (cont.)



File Number 1084-348-1

STATE OF ILLINOIS

OFFICE OF THE SECRETARY OF STATE

To all to whom these Presents Shall Come, Greeting:

I, **Alexi Giannoulias,** *Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that*

WALGREEN CO., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON FEBRUARY 15, 1909, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE BUSINESS CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.

In Testimony Whereof, *I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this* 15TH *day of* MAY *A.D.* 2025 .

Authentication #: 2513501622 verifiable until 05/15/2026
Authenticate at: https://www.ilsos.gov

Alexi Giannoulias
SECRETARY OF STATE