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.

10

10A

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 02917	☒ 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: KabaFusion, LLC

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 North, Suite 550

City: Cerritos State: CA Zip: 90703

Telephone: 877-577-4844 Toll Free # (NAC 639.708, NRS 639.23286): 877-577-4844

Fax: 877-445-8821 Contact Email: _____

Website: www. KabaFusion.com

Nevada Business License # (if applicable) NV20141409934

Supervising/Managing Pharmacist Name (NRS 639.220): Kathryn Brandt

Supervising/Managing Pharmacist NV Pharmacist Registration # (if applicable): CA 66078

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 Fierros	NV Pharmacist Registration #: 22579
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: Florida

Parent Company (if any): KabaFusion Holdings LLC

Corporation/Organization Name: KabaFusion, LLC

Mailing Address: 17777 Center Court Drive N, Suite 550

City: Cerritos State: CA Zip: 90703

Telephone: 781-862-4844 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 KabaFusion, 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).

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 KabaFusion, 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.

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

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 $201

KabaFusion
Patient-Focused Infusion Therapy

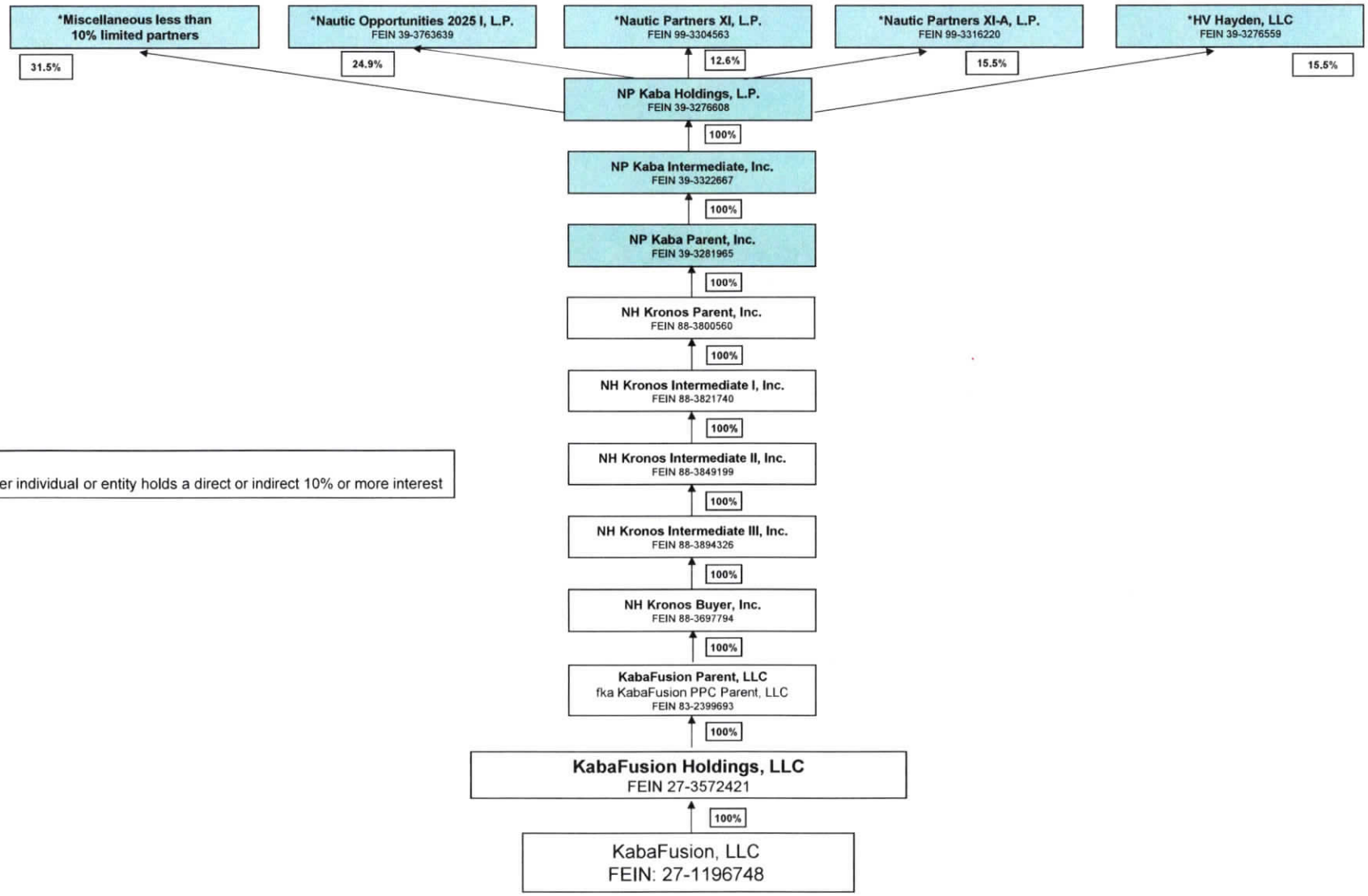
KabaFusion, LLC		
Name	**Title**	**Address**
Sohail Masood	Chief Executive Officer	17777 Center Court Drive North, Suite 550, Cerritos, CA 90703
Sohail Merchant	Chief Financial Officer	17777 Center Court Drive North, Suite 550, Cerritos, CA 90703
Aslam Masood	Secretary	17777 Center Court Drive North,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

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

Secretary of State
Certificate of Status

I, SHIRLEY N. WEBER, PH.D., California Secretary of State, hereby certify:

Entity Name:	KABAFUSION, LLC
Entity No.:	201017510002
Registration Date:	06/23/2010
Entity Type:	Limited Liability Company - Out of State
Formed In:	FLORIDA
Status:	Active

The above referenced entity is active on the Secretary of State's records and is qualified to transact intrastate business in California.

This certificate relates to the status of the entity on the Secretary of State's records as of the date of this certificate and does not reflect documents that are pending review or other events that may impact status.

No information is available from this office regarding the financial condition, status of licenses, if any, business activities or practices of the entity.

IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of November 25, 2025.

SHIRLEY N. WEBER, PH.D.
Secretary of State

Certificate No.: 392029631

To verify the issuance of this Certificate, use the Certificate No. above with the Secretary of State Certification Verification Search available at **biz**fileOnline.sos.ca.gov.

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: KabaFusion, LLC

Pharmacy/Wholesaler 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: Kathryn Middle: L Last: Brandt

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

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

Mailing Address: 17777 Center Court Drive, Suite 175

City: Cerritos State: CA Zip: 90703

Telephone: 877-577-4844 Email: KBrandt@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)	
University of Southern California		08/2007-5/2011	
Address	City	State	Zip
1985 Zonal Ave	Los Angeles	CA	90033
Diploma/Degree obtained, if any			
PharmD			

School Name		From - To (MM/YY – MM/YY)	
University of Hawaii, Hilo		08/1994-05/1997	
Address	City	State	Zip
200 W Kawili St	Hilo	HI	96720
Diploma/Degree obtained, if any			
BS & BA			

School Name		From - To (MM/YY – MM/YY)	
Orange Coast College		08/1989-05/1991	
Address	City	State	Zip
2701 Fairview Rd	Costa Mesa	CA	92626
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Newport Harbor High School		09/1985-06/1989	
Address	City	State	Zip
600 Irvine Ave	Newport Beach	CA	92663
Diploma/Degree obtained, if any			
H.S 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]			
07/2012- 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: 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)
KabaFusion, LLC			04/24-Present
Business Address	**City**	**State**	**Zip**
17777 Center Court Drive, Suite 175	Cerritos	CA	90703
Phone	**Title**		**Number of Employed Hours**
877- 577-4844	Director of Operations/Pharmacist-in-Charge		2,070+

Description of Duties

Establish and implement short- and long-range departmental goals, objectives, policies, and operating procedures. Directs support functions. Works with subordinate managers and account executives to evaluate monthly Profit and Loss data, formulate plans to improve performance, develop plans to achieve goals. Works with Corporate Sales and Corporate Development to develop and implement business strategy. Serve as facilitator for the needs of branch employees in order to expedite patient care and monitoring including overall support of order generation, compounding, picking, packing, and shipping.

Business Name			From - To (MM/YY – MM/YY)
KabaFusion, LLC			04/20-04/24
Business Address	**City**	**State**	**Zip**
17777 Center Court Drive, Suite 175	Cerritos	CA	90703
Phone	**Title**		**Number of Employed Hours**
877-577-4844	Director of Pharmacy		6,000+

Description of Duties

Responsible for overall functioning of the pharmacy of the branch. Supervised pharmacy staff. Management of the clean room drug preparation, sterile products preparation, dispensation and clinical pharmacy services. Coordinated orientation and training of pharmacy and other organizational employees. Participated in branch management and inter-departmental meetings. Performed oversight of performance improvement initiatives and coordinate department QA activities for pharmacy.

Business Name			From - To (MM/YY – MM/YY)
KabaFusion, LLC			04/18-04/20
Business Address	**City**	**State**	**Zip**
17777 Center Court Drive, Suite 175	Cerritos	CA	90703
Phone	**Title**		**Number of Employed Hours**
877-577-4844	Senior Clinical Pharmacist		4,000+

Description of Duties

Demonstrated ethical pharmacy practice and ensured compliance with all company policies and procedures, state and federal pharmacy rules and regulations, professional practice standards, and accrediting entities. Assessed patient suitability for home care and appropriateness of prescribed therapy .Ensured the patient database is complete and compiles the necessary information needed to design a patient-specific pharmacy plan of care with goals for therapy. Oversaw the work of pharmacy support personnel and ensures their job duties are completed in a timely manner.

Business Name			From - To (MM/YY – MM/YY)
Cresent Healthcare			05/11-04/18
Business Address	**City**	**State**	**Zip**
11980 Telegraph	Santa Fe Springs	CA	90670
Phone	**Title**		**Number of Employed Hours**
800-879-4844	Clinical Pharmacist		6,000+

Description of Duties

Managed ongoing immune globulin therapy for patients with chronic conditions, overseeing clinical assessments, pharmacy care plans, and drug utilization reviews to optimize outcomes and cost-efficiency. Collaborated with physicians, PBMs, and insurers on therapy recommendations and authorizations. Supervised pharmacy technicians and reviewed claims for billing accuracy. Provided drug information to healthcare providers and patients, addressed therapy-related issues, and documented medication incidents and equipment errors per company policy.

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, Kathryn Brandt, **certify that as the designated representative for**

KabaFusion, LLC,

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.

Kathryn Brandt

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

8/29/2025

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.

Kathryn Brandt

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

8/29/2025

Date

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

State of _____, ss. County of _____

I, _Kathryn Brandt_____, 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

8/29/2025

Date

Subscribed and Sworn to before me this _____ day of _____.

Please see attached

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 29TH day of AUGUST, 20 25, by KATHRYN BRANDT,
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

California State Board of Pharmacy
2720 Gateway Oaks Drive, Suite 100
Sacramento, CA 95833
Phone: (916) 518-3100 Fax: (916) 574-8618
www.pharmacy.ca.gov

Business, Consumer Services and Housing Agency
Department of Consumer Affairs
Gavin Newsom, Governor

INSPECTION REPORT

Pharmacy X Hospital Pharmacy ___ Clinic ___ Exempt Hospital ___ Wholesaler ___ Hypodermic ___

Date: 9/14/2023 Inspector: Suzy Patell

Firm: KABAFUSION, LLC Phone: (877) 577-4844

Address: 17777 CENTER COURT DR NORTH STE 175 City: CERRITOS Zip: 90703

Ownership: CORPORATION

Permit #: LSC101804 PHY58826 Permit Exp: 11/1/2023 DEA#: FK2243157 DEA Exp: 12/31/2025

Date of Self Assessment Form: 6/16/2023 Other Permit #: N/A Date of DEA Inventory: 1/23/2023

Hours M-F: 8AM-5PM Hours Saturday on call Hours Sunday: on call

PIC KATHRYN L BRANDT RPH66078 Administrator ___

RPH Consultant ___

Staff RPH Name:	License #:	Staff Name:	License #:
ALAN S CHOUM	RPH49799	ANDREW BARRIOS	TCH154852
KAREN A CHANG	RPH41961	CARLOS F CRUZ	TCH104713
HEIDY N RUIZ	RPH81622	ISABEL MARQUEZ SALINAS	TCH183463
GELLAN W KASHOU	RPH80135	JANNIN ARENAS ARIZMENDI	TCH178324
SARA POPKO	RPH85877	JIMINA J RETZER	TCH141513
JOSEPH S TSANG	RPH72029	KAREN Y FUNES	TCH120633
STEPHANIE M SHIEH	RPH71268	KHEMA C PEN	TCH123374
CHELSEA H VU	RPH81690	LORENA PEREZ	TCH187678
NIKITA MAINALY	RPH87182	MADALYN M ARROYO	TCH150511
		OSCAR R GARCIA	TCH17604
		RODRIGO SANDOVAL	TCH21767
		SAMMIE SOK	TCH62435
		SATINDER P SANDHU	TCH166006

Inspector Remarks:

Outpatient home infusion pharmacy with sterile compounding operations located in Suite 175, room 101 within an office building. ACHC and URAC accredited for specialty pharmacy, home infusion center, infusion pharmacy services, compounding pharmacy. Licensed in NV, UT, AZ, WA, OR, in addition to CA. Inspection conducted with PIC Kathryn Brandt and RPH Stephanie Shieh. Per PIC, Suite 275, which ~~used to~~ house prescription processing, billing and counseling operations ~~has been connected to and renamed as Suite 175~~. Is to be added to PHY license. change of permit form copy requested. w/in 3 days ltr
No CNSPs compounded; no ADRs to report, per PIC.
Documents reviewed: 9/1-9/13/2023

LSC RENEWAL INSPECTION:

Compounding Area: Sink for hand hygiene located outside anteroom. Eye wash station with squeeze bottle available at sink and in anteroom. Anteroom is positive pressure and ISO 8 certified with clean/dirty sides, bootie butler, garbing supplies, cleaning supplies, transfer cart at door to buffer room and leads to an ISO 7 positive pressure non-HD buffer room

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INSPECTION REPORT

with 4 ISO 5 vertical flow work benches, Exactamix 24 compounder, repeater pump, pass through window (with interlocking doors) to the non ISO classified pharmacy, rolling metal stool, table, bins.
Certification/Smoke pattern video: via CERTS 4/14/2023. Smoke video viewed onsite. Temperature and pressure gauges calibrated by CERTS 4/14/2023
Environmental viable sampling: viable volumetric air and surface sampling- bacterial and fungal- in all ISO areas via CERTS 4/14/2023. In-house surface sampling-TSA and MEA- performed monthly- last 8/9/2023.
Hazardous Drugs Compounding: none, per PIC
Record Keeping Requirements:

- Master Formula/Compounding Worksheets: Privigen 60g/600ml x 1 viaflex bag, w/9day refrigerated BUD; magnesium 2g/NS 250ml x14 w/9day refrigerated BUD; daptomycin 500mg/NS 100ml x7 elastomeric bulbs, w/9 day refrigerated BUD, 3:1 TPN x7 w/9 day refrigerated BUD reviewed. Education provided on compounding day as day 1 for BUD assignment.
- Label: date compounded; 'compounded by' notification; storage: available.
- Cleaning Documentation: daily (PreEmpt), weekly (PeriDox on ISO 5, horizontal, high touch areas), monthly (PeriDox) cleaning logs reviewed. Cleaning of ISO 5 LFWB discussed with PIC.
- Refrigerator/Freezer/Room/Incubators Temp., Pressure: logs available. Continuous monitoring via Cold Chain with notifications for temperatures and pressures. Incubators not on continuous monitoring- QA/QC concerns discussed with PIC.
- Training: written/match; post garbing and post media fill gloved fingertip sampling; media fill validation w/equipment; assessment of viable sampling, equipment related procedures; observational validation available for RPH Stephanie Shieh.

Protective Clothing: reviewed in competencies and P&Ps
Policy and Procedures:

- Actions when viable sampling levels are exceeded: trending discussed for data from CERTS and from in-house sampling.
- Training of staff: available.
- Hand hygiene and garbing: spot checked. Sink location discussed and workarounds in new USP 797 provided as resource.
- Cleaning of Facilities/Equipment: spot checked. PIC educated on language in new USP 797 for specific SOPs, based on facility and practices.
- Annual review by PIC: documented on policy table on or around 5/15/2023 for PIC.
- Recall of compounded drugs; ADRs: available
- Actions for out of range temperature variations within the pharmacy: discussed lack of documentation of at least daily temperatures for incubators when samples are being incubated.
- Qualitative/Quantitative Analysis/frequency: 2 x a year, potency testing via DynaLabs- last 5/9/2023; sterility using ET 3000 performed in-house, monthly- last 8/9/2023

Education, Discussion: New USP 797, 800 enforceable 11/1/2023.

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INSPECTION REPORT

I have reviewed, discussed,understand and received a copy of this form .

Pharmacist (sign) Brandt

Pharmacist (print) Katk Brandt

Inspector (sign) _____

Inspector (print) SUZY PATEL

Owner(sign) _____

Owner(print) _____

Additional information (for example - corrective plan of action, Quality Assurance outcomes, factors in mitigation, etc.) you want to submit for consideration may be sent on the attached form to my attention at the above address no later than 14 calendar days from the date above. Please include a copy of this form with any information that you submit.

Within 14 calendar days from the above date, please submit to me at the above address the following:

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INSPECTION REPORT

Pharmacy X Hospital Pharmacy ___ Clinic ___ Outsourcing Facility ___ Wholesaler ___ Hypodermic ___

Date: 8/14/2024 Inspector: Manisha Patel

Firm: KABAFUSION, LLC Phone: (877) 577-4844

Address: 17777 CENTER COURT DR NORTH STE 175 City: CERRITOS Zip: 90703

Ownership: CORPORATION

Permit #: LSC101804 Permit Exp: 11/1/2024 DEA#: GK2243157 DEA Exp: 12/31/2025

Date of Self Assessment Form: 6/16/2023 Other Permit #: N/A Date of DEA Inventory: 7/31/2024

Hours M-F: 8AM-5PM Hours Saturday: ON CALL Hours Sunday: ON CALL

PIC KATHRYN L BRANDT RPH66078 Administrator

RPH Consultant

Staff RPH Name:	License #:
KAREN A CHANG	RPH41961
ALAN S CHOUM	RPH49799
GELLAN W KASHOU	RPH80135
NAYEON KIM	RPH88939
NIKITA MAINALY	RPH87182
ERNEST P MINAYA	RPH72741
UZAIR A RAO	RPH46961
GEORGE J RICHARDS	RPH82948
STEPHANIE M SHIEH	RPH71268
JOSEPH S TSANG	RPH72029
CHELSEA H VU	RPH81690

Staff Name:	License #:
ANA C LUNA	TCH15281
ANDREW BARRIOS	TCH154852
BRIAN HSU	TCH183314
CARLOS E CRUZ	TCH104713
ERWIN U ESCOBAR	TCH20297
JIMINA J RETZER	TCH141513
KAREN Y FUNES	TCH120633
KHEMA C PEN	TCH123374
LINDA E LOPEZ	TCH69171
LORENA PEREZ	TCH187678
MADALYN M ARROYO	TCH150511
MICHELLE J YOO	TCH79449
OSCAR R GARCIA	TCH17604
RODRIGO SANDOVAL	TCH21767
SATINDER P SANDHU	TCH166006

Inspector Remarks:

Licensed Sterile Compounding Renewal Inspection

Here for the sterile compounding license renewal inspection and routine PHY inspection. Assisted by PIC Brandt and Supervising Pharmacist RPH Shieh.

Contact information:
PIC: Kathryn Brandt

- Email: KBrandt@kabafusion.com

INSPECTION REPORT

- Phone: 877-577-4844 ext. 1236, Cell: 562-850-5075

In advance of the onsite inspection, documents were sent via e-mail by PIC.

General Information:

- Description: Outpatient infusion pharmacy primarily provide immunoglobulin and infusion therapy for chronic diseases with an inpatient infusion suite (2 beds/~2 patients/day). Also licensed in Nevada, Utah, Washington, Oregon and Idaho.
- Sterile compounding:
  - Sterile to sterile, non-hazardous, Category 2; all patient specific
    - Average non-hazardous CSPs per day: ~3/day (limited number of compounds, examples, TPN, Benadryl)
    - Designated person: RPH Shieh
    - No compounding of allergenic extracts
- Non-sterile compounding: None
- Off-site record storage waiver: yes, Iron Mountain
- PIC and facility receiving BOP subscriber alerts
- Wholesaler: McKesson
- Reverse distributor: PharmaLink
- Waste: Stericycle

According to documents and statements provided by PIC:

- No changes to the physical layout of the sterile compounding facility in the past 12 months
- No changes to the sterile compounding equipment in the past 12 months
- No recalls related to CSPs in the past 12 months
- No adverse events related to pharmacy's CSPs from the past 12 months
- No FDA, DEA, or accreditation inspections in last 12 months
- No changes in types of sterile products compounded in the past 12 months
- No changes to list of sterile medications compounded in the past 12 months

Posted:

- Original license with renewal
- DEA registration
- Notice to Consumer (current)

Compounding Area:

- Anteroom leading to positive pressure buffer room
- Sink outside the anteroom
- Anteroom – line of demarcation, PPE, dedicated cleaning supplies, eye wash

INSPECTION REPORT

- Buffer room – continuous vertical air flow hoods, pass-through window in use

Certification: Last completed on 3/28/2024 under dynamic conditions

- PECs certified
- Microbial sampling
- Pressure gauge, temperature gauge certified
- Non-viable air sampling performed
- HEPA filters leak test passed
- Viable air and surface sampling performed
- Air balance/velocity certification
- Video of smoke studies reviewed onsite

Items Reviewed:

- Previous inspection
- Master formula, compounding log, label examples
- Patient centered labels: route, rate, storage, BUD, compounded by pharmacy verbiage
- Pharmacist verification occurs in the buffer room prior to mixing, final product is placed in the pass-through window for final verification and labeling
- Two months of the following reviewed:
    - Sterile compounding equipment calibration and maintenance logs
    - Room, refrigerator, incubator temperature logs (continually monitored and manually logged daily)
    - Freezers are not for medication storage/in use for ice packs only for shipping purposes
    - Differential pressure logs
    - Humidity logs
    - Cleaning logs, daily/monthly, rooms/hoods
        - Agents used in addition to sterile water: TB1 3300, sterile isopropyl alcohol 70%, sterile PeridoxRTU
- QA: End-product testing performed
- In-house surface sampling, monthly reviewed

Items Observed:

- Visual inspection of compounding areas and hoods
- Lint free towels, nail picks, and alcohol-based hand rub
- Pressure differentials between rooms
- Room, humidity, refrigerator, freezer continuously monitored
- Eye wash area
- Dedicated cleaning supplies

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Policies and Procedures Reviewed:

- Master Formulations Templates and Compounding Records
- Personnel Training and Evaluation (hand hygiene/garbing)
- Pharmacy Cleaning and Disinfection
- Pharmacy Environmental Monitoring

Training: Viewed for RPH and TCH

- Math calculations
- Repeater pump: Training and observation assessment
- Microbial surface sampling
- Cleaning/Disinfecting
- Hand hygiene/Garbing
- Aseptic Technique
- GFT and surface sampling
- Media Fill

Education:

- **Please note** the board may be in further communication with the facility post inspection.
- A PDF of the 2024 law book is available online at the Board's website: https://www.pharmacy.ca.gov/laws_regs/lawbook.pdf
- The May 2024 issue of The Script is available online. It includes information related to reproductive/gender affirming care, pharmacy mobile units, new CE requirements for pharmacists and technicians, and FAQs related to epinephrine standing orders. The March 2024 issue of The Script is also available online and is dedicated to AB 1286, the Patient Safety Measure, and includes FAQs to assist licensees with understanding the bill. Previous issues also are available in the newsletter archive.
- Send notification of all recalls, ADRs, and complaints to: compounding.report@dca.ca.gov
- November 1, 2023, is the compendial date for several USP General Chapters, including General Chapters <795> Pharmaceutical Compounding—Nonsterile Preparations, <797> Pharmaceutical Compounding—Sterile Preparations, <800> Hazardous Drugs—Handling in Healthcare Settings, and <825> Radiopharmaceuticals—Preparation, Compounding, Dispensing, and Repackaging. Consistent with the policy statement the Board released on September 12, 2023, it is the Board's expectation that licensees are moving forward with all necessary implementation activities to comply with the updated USP compounding standards. The statement is available on the BOP website:
https://www.pharmacy.ca.gov/about/compounding_policy.pdf
The Board has undertaken a review of its compounding regulations and identified changes necessary to clarify or make more specific requirements of federal law and USP General Chapters. During this transition period, licensees are encouraged to monitor the regulation process for updates, including signing up for the Board's subscriber alert system and by checking the BOP website: https://pharmacy.ca.gov/meetings/agendas/2023/23_apr_bd_mat_xiv.pdf
Licensees are reminded to also ensure continuing compliance with other laws, regulations, and requirements

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INSPECTION REPORT

that may apply to their activities, including, without limitation: the Federal Food, Drug, and Cosmetic Act (21 USC §§ 321–399i), including Section 503A thereof (21 USC § 353a); provisions of California's Sherman Food, Drug, and Cosmetic Law (Health and Safety Code §§ 109875–111929.4); and laws, regulations, and requirements related to radiopharmaceuticals and/or the handling of hazardous drugs, including requirements established by Cal/OSHA: https://www.dir.ca.gov/dosh/lawsandregulations.htm

Educational Links and References:

1. Revisions to USP Compounding General Chapters <795> and <797> https://go.usp.org/2022_Revisions_795_797

BUD Scientific Rationale for the 2021 Proposed Revisions to <795>
BUD Reference for the 2021 Proposed Revisions to <795>
BUD Scientific Rationale for the 2021 Proposed Revisions to <797>
BUD Reference for the 2021 Proposed Revisions to <797>

2. 9/29/23, Bulk Drug Substances Nominated for Use in Compounding Under Section 503A of the Federal Food, Drug, and Cosmetic Act.
https://www.fda.gov/media/94155/download

3. FDA Drug Establishments Current Registration Site:
https://www.accessdata.fda.gov/scripts/cder/drls/default.cfm

4. FDA to Compounders: Know Your Bulks and Excipients Suppliers:
https://www.fda.gov/drugs/human-drug-compounding/fda-compounders-know-your-bulks-and-excipients-suppliers

Licensee Remarks:

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INSPECTION REPORT

I have reviewed, discussed,understand and received a copy of this form .

Pharmacist (sign) Brandt

Pharmacist (print) Katie Brandt

Inspector (sign) _____

Inspector (print) MANISHA PATEL

Owner(sign) _____

Owner(print) _____

Additional information (for example - corrective plan of action, Quality Assurance outcomes, factors in mitigation, etc.) you want to submit for consideration may be sent on the attached form to my attention at the above address no later than 14 calendar days from the date above. Please include a copy of this form with any information that you submit.

Within 14 calendar days from the above date, please submit to me at the above address the following:

BOARD OF PHARMACY

LICENSING DETAILS FOR: PHY 58826

NAME: KABAFUSION, LLC

LICENSE TYPE: PHARMACY (COMMUNITY)

LICENSE STATUS: CLEAR

ADDRESS

17777 CENTER COURT DR NORTH STE 175
CERRITOS CA 90703
LOS ANGELES COUNTY

ISSUANCE DATE

NOVEMBER 1, 2022

EXPIRATION DATE

NOVEMBER 1, 2026

CURRENT DATE / TIME

NOVEMBER 24, 2025
12:49:1 PM

LICENSE RELATIONSHIPS

NAME: KABAFUSION, LLC

LICENSE/REGISTRATION TYPE: STERILE COMPOUNDING PHARMACY

LICENSE NUMBER: 101804 **PRIMARY STATUS:** CLEAR

ADDRESS :
17777 CENTER COURT DR NORTH STE 175
#101
CERRITOS CA 90703
LOS ANGELES COUNTY

NAME: BRANDT, KATHRYN LOUISE

LICENSE/REGISTRATION TYPE: REGISTERED PHARMACIST

LICENSE NUMBER: 66078 **PRIMARY STATUS:** CLEAR

ADDRESS NOT DISCLOSED

BOARD OF PHARMACY

LICENSING DETAILS FOR: PHY 58826

NAME: KABAFUSION, LLC

LICENSE TYPE: PHARMACY (COMMUNITY)

LICENSE STATUS: CLEAR

ADDRESS

17777 CENTER COURT DR NORTH STE 175
CERRITOS CA 90703
LOS ANGELES COUNTY

ISSUANCE DATE

NOVEMBER 1, 2022

EXPIRATION DATE

NOVEMBER 1, 2025

CURRENT DATE / TIME

AUGUST 12, 2025
5:50:21 AM

LICENSE RELATIONSHIPS

NAME: KABAFUSION, LLC
LICENSE/REGISTRATION TYPE: STERILE COMPOUNDING PHARMACY
LICENSE NUMBER: 101804 **PRIMARY STATUS:** CLEAR

ADDRESS :
17777 CENTER COURT DR NORTH STE 175
#101
CERRITOS CA 90703
LOS ANGELES COUNTY

- **NAME:** BRANDT, KATHRYN LOUISE
  LICENSE/REGISTRATION TYPE: REGISTERED PHARMACIST
  LICENSE NUMBER: 66078 **PRIMARY STATUS:** CLEAR

ADDRESS NOT DISCLOSED

CALIFORNIA STATE BOARD OF PHARMACY
2720 Gateway Oaks Drive, Suite 100
Sacramento, CA 95833
(916) 518-3100

Renewal Certificate

Retail Pharmacy Permit

License No. PHY 58826
Receipt No. 42520406

Valid Until: 11/1/2025

KABAFUSION, LLC
17777 CENTER COURT DR NORTH STE 175
CERRITOS, CA 90703-9320

In accordance with the Provisions of Chapter 9 of Division 2 of the Business and Professions Code, the firm name hereon is licensed at the address shown, and is subject to the rules and regulations of the California State Board of Pharmacy.

This permit is non-transferable. Contact the California State Board of Pharmacy within 30 days when there is a change of ownership, location, corporate officer, director, shareholder (more than 10 percent share change) administrator or pharmacist-in-charge.

This permit is valid only at the address shown.

The official status of this license can be verified at www.pharmacy.ca.gov

NON-TRANSFERABLE POST IN PUBLIC VIEW

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17777 CENTER COURT DR NORTH STE 175
CERRITOS, CA 90703-9320 3082

BOARD OF PHARMACY
2720 GATEWAY OAKS DR, SUITE 100
SACRAMENTO, CA 95833

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*Currently, information for Limited Liability Partnerships (e.g. law firms, architecture firms, engineering firms, public accountancy firms, and land survey firms), General Partnerships, and other entity types are **not contained** in the California Business Search. If you wish to obtain information about LLPs and GPs, submit a Business Entities Order paper form to request copies of filings for these entity types. Note: This search is not intended to serve as a name reservation search. To reserve an entity name, select Forms on the left panel and select Entity Name Reservation ? Corporation, LLC, LP.*

Basic Search

*A Basic search can be performed using an entity name or entity number. When conducting a search by an entity number, where applicable, **remove "C"** from the entity number. Note, **a basic search** will search **only ACTIVE entities** (Corporations, Limited Liability Companies, Limited Partnerships, Cooperatives, Name Reservations, Foreign Name Reservations, Unincorporated Common Interest Developments, and Out of State Associations). The basic search performs a contains ?keyword? search. The Advanced search allows for a ?starts with? filter. To search entities that*

KABAFUSION, LLC
(201017510002)

Certificate

Initial Filing Date	06/23/2010
Status	Active
Standing - SOS	Good
Standing - FTB	Good
Standing - Agent	Good
Standing - VCFCF	Good
Formed In	FLORIDA
Entity Type	Limited Liability Company - Out of State
Principal Address	17777 CENTER COURT DRIVE N # 550 CERRITOS, CA 90703
Mailing Address	17777 CENTER COURT DRIVE N # 550 CERRITOS,CA90703
Statement of Info Due Date	06/30/2026
Agent	1505 Corporation CSC - LAWYERS INCORPORATING SERVICE
CA Registered Corporate (1505) Agent Authorized Employee(s)	KOY SAECHAO 2710 GATEWAY OAKS DRIVE, SACRAMENTO, CA REBECCA VANG 2710 GATEWAY OAKS DRIVE, SACRAMENTO, CA ALEX JENKINS 2710 GATEWAY OAKS DRIVE, SACRAMENTO, CA

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An Advanced search is required when searching for publicly traded disclosure information or a status other than active.

An Advanced search allows for searching by specific entity types (e.g., Nonprofit Mutual Benefit Corporation) or by entity groups (e.g., All Corporations) as well as searching by ?begins with? specific search criteria.

Disclaimer: *Search results are limited to the 500 entities closest matching the entered search criteria. If your desired search result is not found within the 500 entities provided, please refine the search criteria using the Advanced search function for additional results/entities. The California Business Search is updated as documents are approved. The data provided is not a complete or certified record.*

Although every attempt has been made to ensure that the information contained in the database is accurate, the Secretary of State's office is not responsible for any loss, consequence, or damage resulting directly or indirectly from reliance on the accuracy, reliability, or timeliness of the information that is provided. All such information is provided "as is." To order certified copies or certificates of status, (1) locate an entity using the search; (2)select Request Certificate in the right-hand detail drawer; and (3) complete your request online.

KabaFusion, LLC

Advanced

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KABAFUSION, LLC
(201017510002)

Certificate

Initial Filing Date	06/23/2010
Status	Active
Standing - SOS	Good
Standing - FTB	Good
Standing - Agent	Good
Standing - VCFCF	Good
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Entity Type	Limited Liability Company - Out of State
Principal Address	17777 CENTER COURT DRIVE N # 550 CERRITOS, CA 90703
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KABAFUSION HOLDINGS LLC (201128510188)	09/23/2011	Terminated	Limited Liability Company - Out of State	
KABAFUSION HOLDINGS LLC (201528810258)	10/13/2015	Active	Limited Liability Company - Out of State	
KABAFUSION, LLC (201017510002)	06/23/2010	Active	Limited Liability Company - Out of State	

KABAFUSION, LLC (201017510002)

Certificate

Initial Filing Date	06/23/2010
Status	Active
Standing - SOS	Good
Standing - FTB	Good
Standing - Agent	Good
Standing - VCFCF	Good
Formed In	FLORIDA
Entity Type	Limited Liability Company - Out of State
Principal Address	17777 CENTER COURT DRIVE N # 550 CERRITOS, CA 90703
Mailing Address	17777 CENTER COURT DRIVE N # 550 CERRITOS,CA90703
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CA Registered Corporate (1505) Agent Authorized Employee(s)	KOY SAECHAO 2710 GATEWAY OAKS DRIVE, SACRAMENTO, CA REBECCA VANG 2710 GATEWAY OAKS DRIVE, SACRAMENTO, CA ALEX JENKINS 2710 GATEWAY OAKS DRIVE, SACRAMENTO, CA

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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

28R50066970O 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.

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. Mmie, 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. Mmie
(Signature)

1/20/2011
(Dated)

Walter Mmie
(Print Name)

Dated:

Ref: **Walter Molokie, 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.

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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.

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.

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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.

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
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.

Charlene Rigas 6/24/2020 Michael Rigas 6/24/2020

Witness (sign and date) (sign and date)

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.

Azlam 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)

10/13/25
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

4/7/23
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.

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

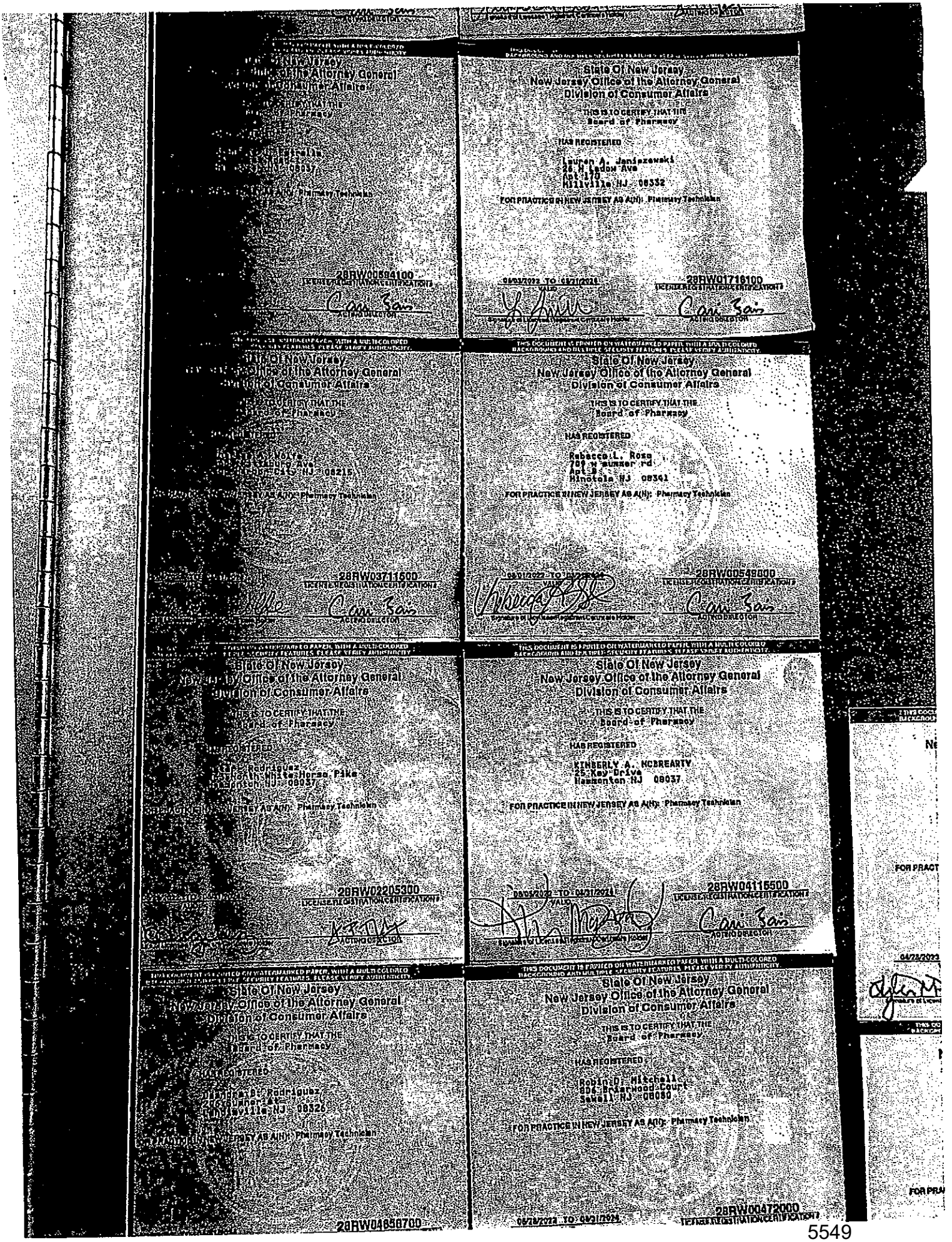
SEP 11 2023

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 Ladoo 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 2
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 Kay 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

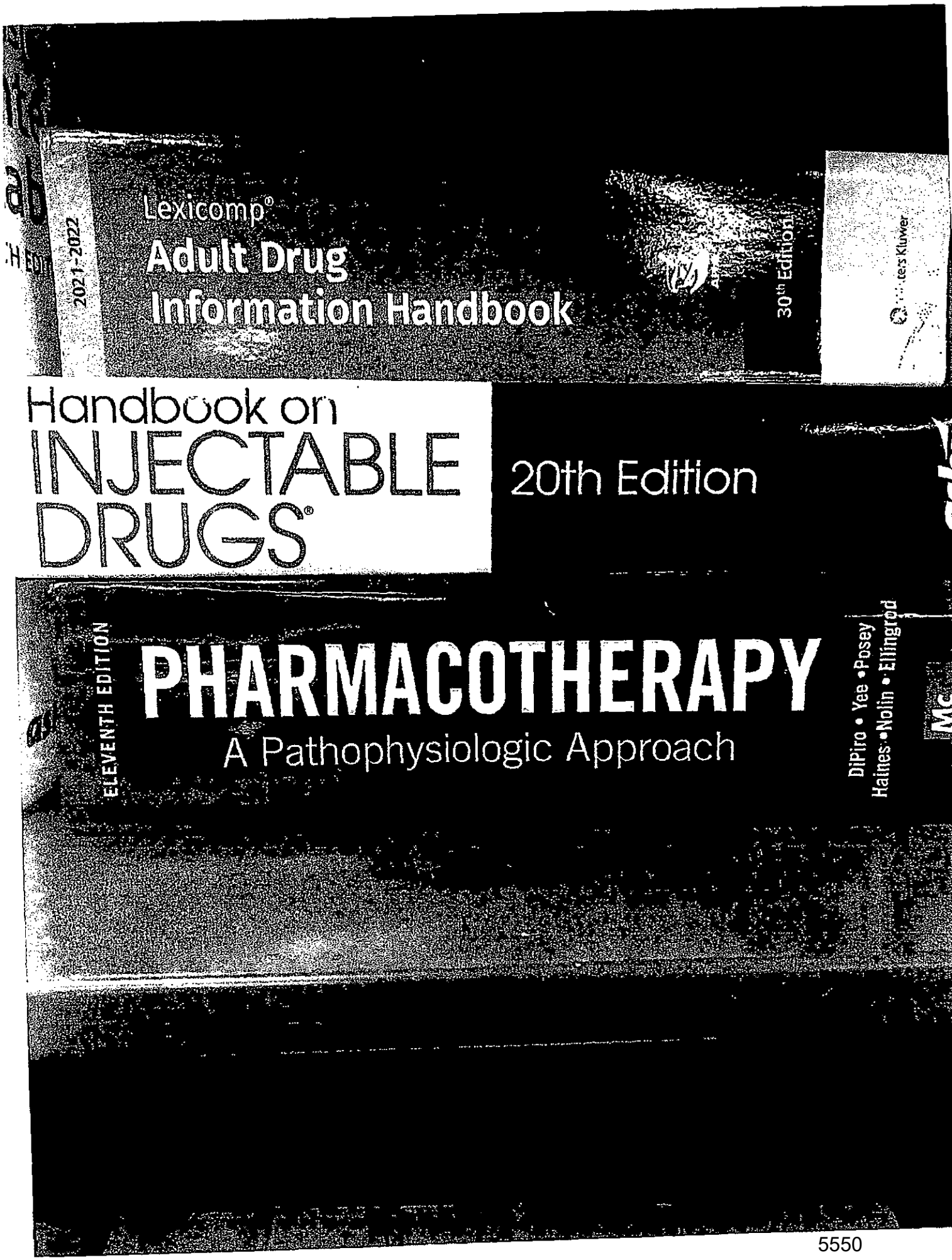
HAS REGISTERED

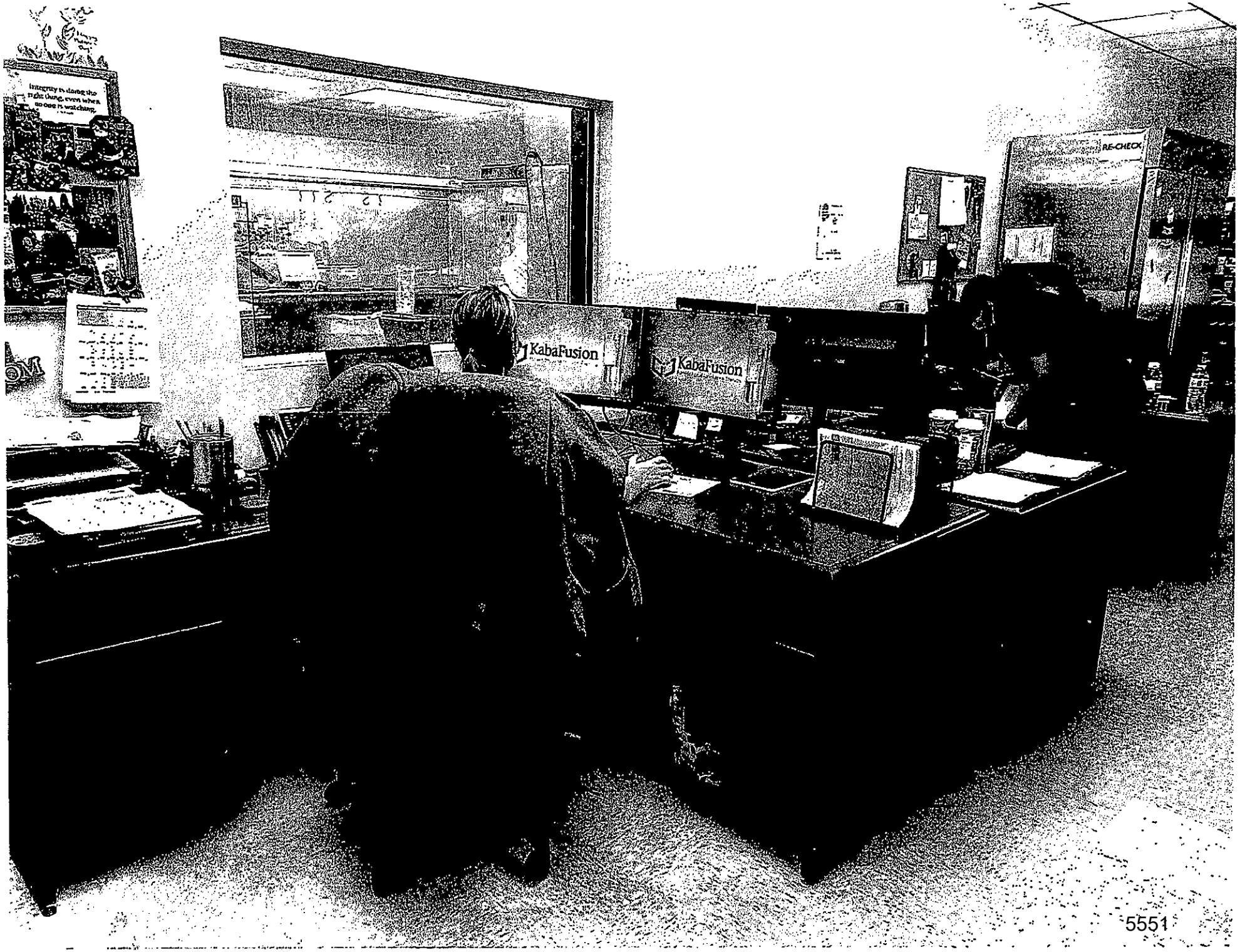
Robin D. Mitchell
806 Briarwood Court
Sewell NJ 08080

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


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
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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.

Adam 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

5571

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	Genoa Healthcare LLC
From:	To:
883 Paddock Avenue	883 Paddock Avenue, Suite S131
Meriden, CT 06450	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.

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 074.07 1 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

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.

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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

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 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	

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)

9-29-25
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

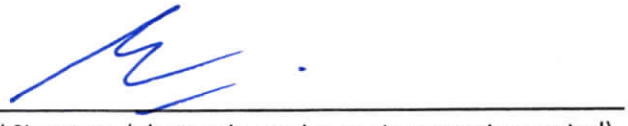
The Texas Department of State Health Services, Drugs and Medical Devices Division, Wholesaler Registration, 1100 W. 49th Street, Austin, TX 78756, is responsible for issuing registrations to wholesale drug distributors and drug manufacturers in Texas.

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.



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.

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 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

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)

9-29-25
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.

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.

---

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.

CORPORATE (WEST COAST)
17777 Center Court Dr., Ste. 550, Cerritos, CA 90703
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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	)	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)

9-29-25
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: 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)

9-29-25
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
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.

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: 4/7/23

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

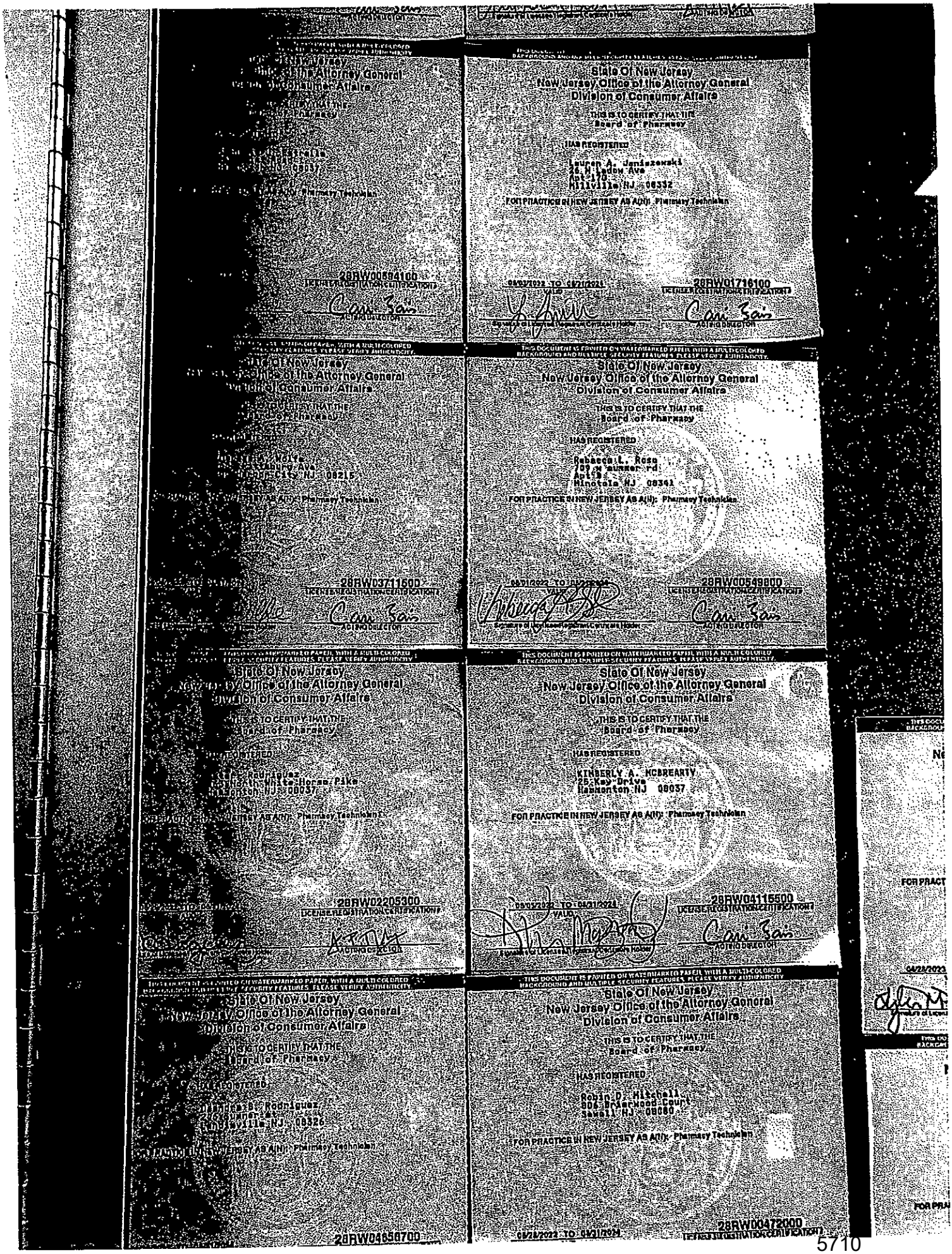
SEP 11 2023

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 B-3
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


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)

9-29-25
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.

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)

9-29-25
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
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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:

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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

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 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 Molokie
(Signature)

1/20/2011
(Dated)

WALTER MOLOKIE
(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.

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.

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 Knhafusion, 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.

---

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

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

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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: [signature]
Authorized Representative

Michael Rigas, Pharm.D., Chief Clinical Officer
Printed Name

DATED: 3/24/2018

[signature]
JOSEPH BRUNO, R.Ph., President
MAINE BOARD OF PHARMACY

DATED: 4/2/2018

[signature]
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 (i)(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

5860

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

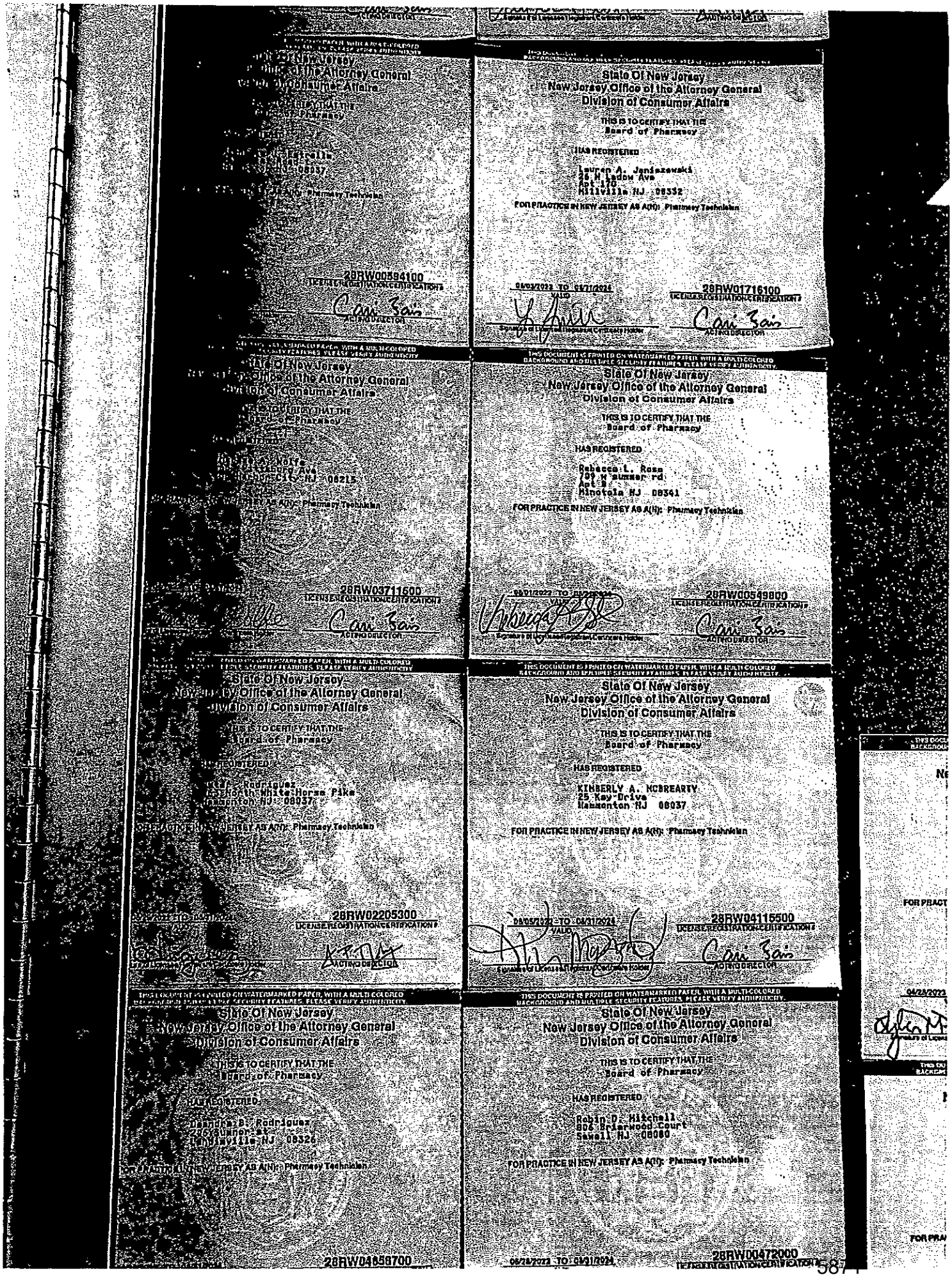
SEP 11 2023

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

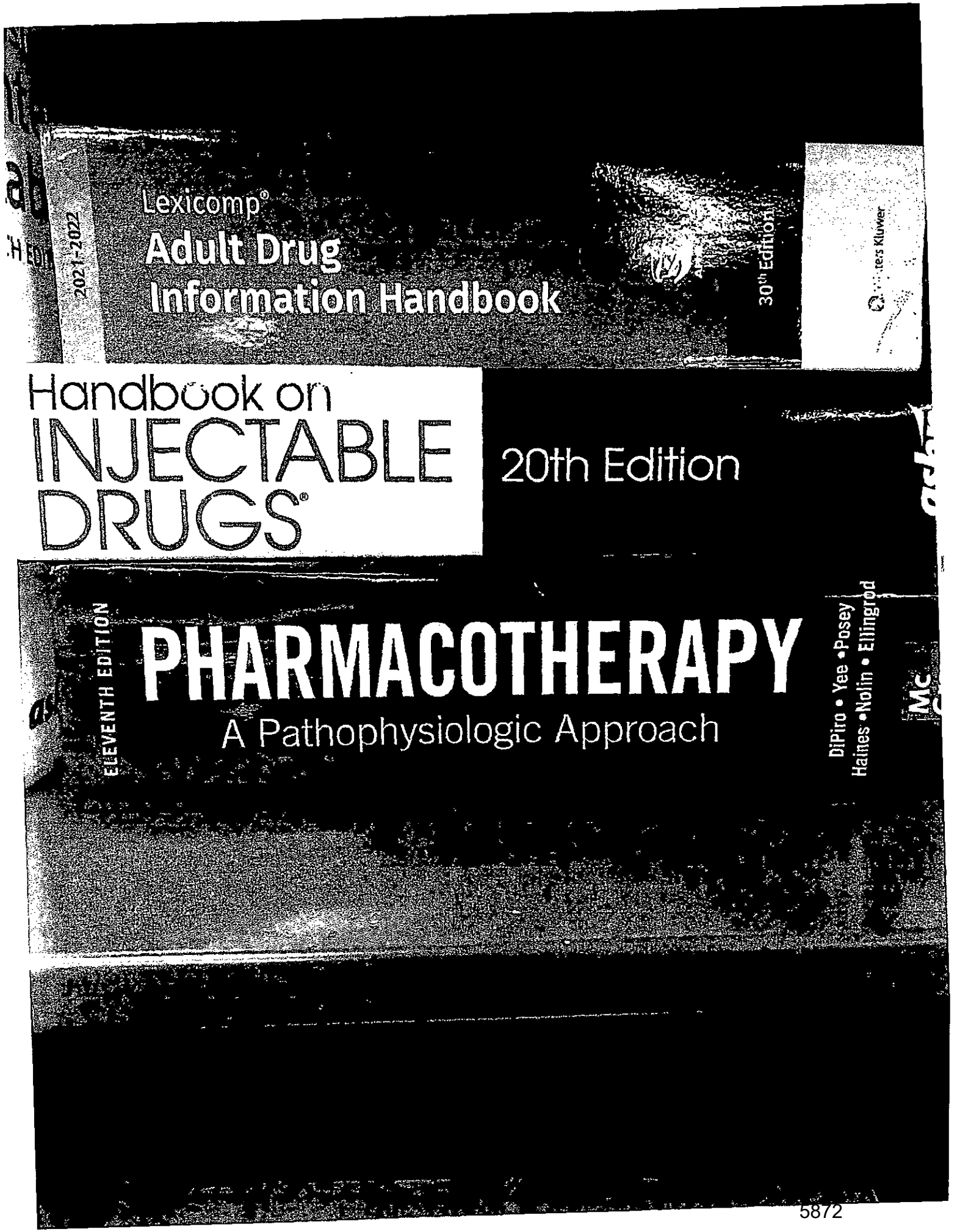
HAS REGISTERED

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

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.

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.

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.

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

5893

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

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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.

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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
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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)

9/22/2025
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				
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			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)

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.

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
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)

9-29-25

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.

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 MD

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.

Lina Bottendorfer
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

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.

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

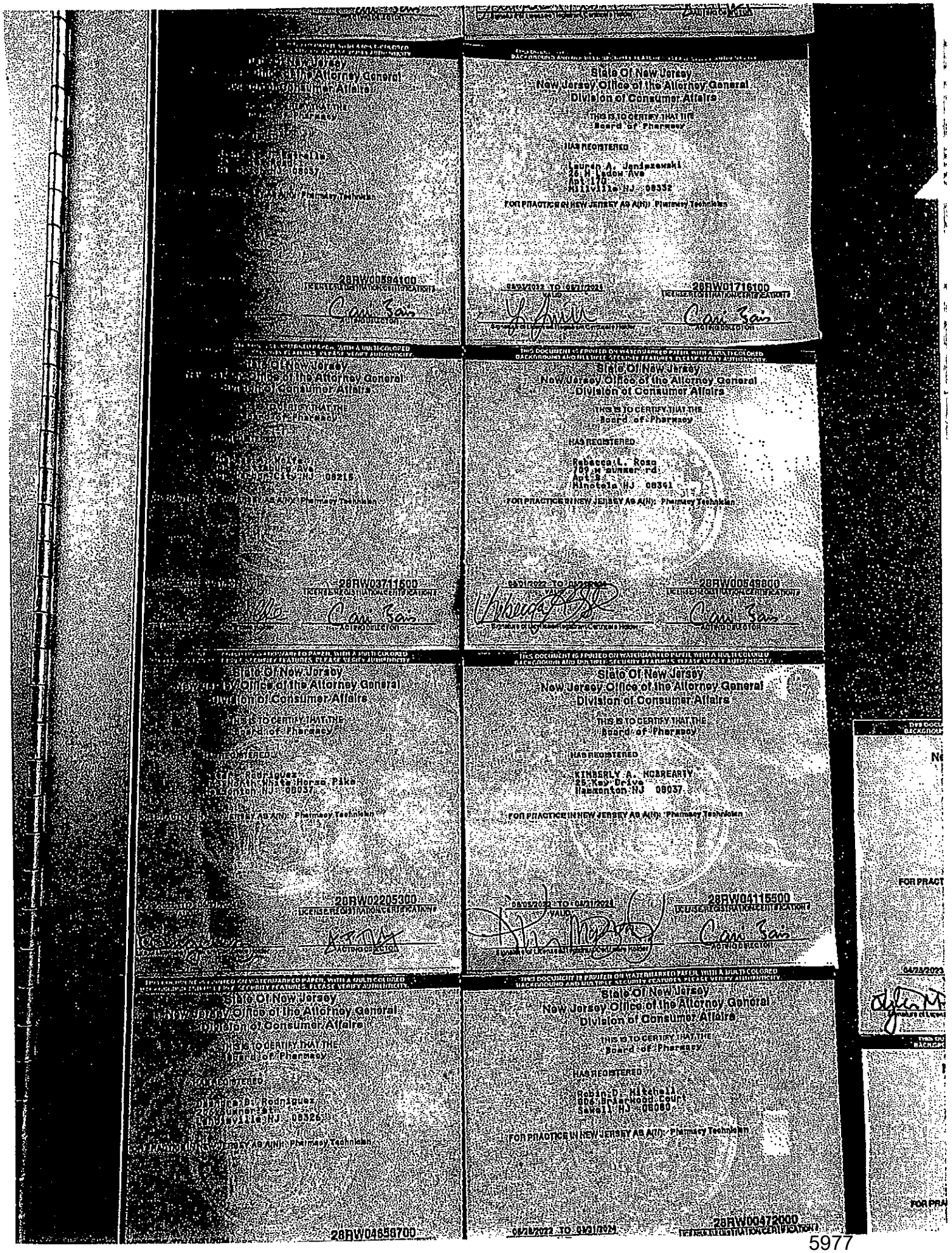
SEP 11 2023

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. Jandzewski
28 Hadon Ave
Apt 170
Millville NJ 08332

FOR PRACTICE IN NEW JERSEY AS A(N): Pharmacy Technician

04/01/2022 TO 03/31/2024
VALID

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 Bunker Rd
Apt 2
Pinetop NJ 08361

FOR PRACTICE IN NEW JERSEY AS A(N): Pharmacy Technician

04/01/2022 TO 03/31/2024
VALID

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

04/01/2022 TO 03/31/2024
VALID

28RW04115500
LICENSE/REGISTRATION/CERTIFICATE#

Cari Fais
ACTING DIRECTOR

State Of New Jersey
New Jersey Office of the Attorney General
Division of Consumer Affairs

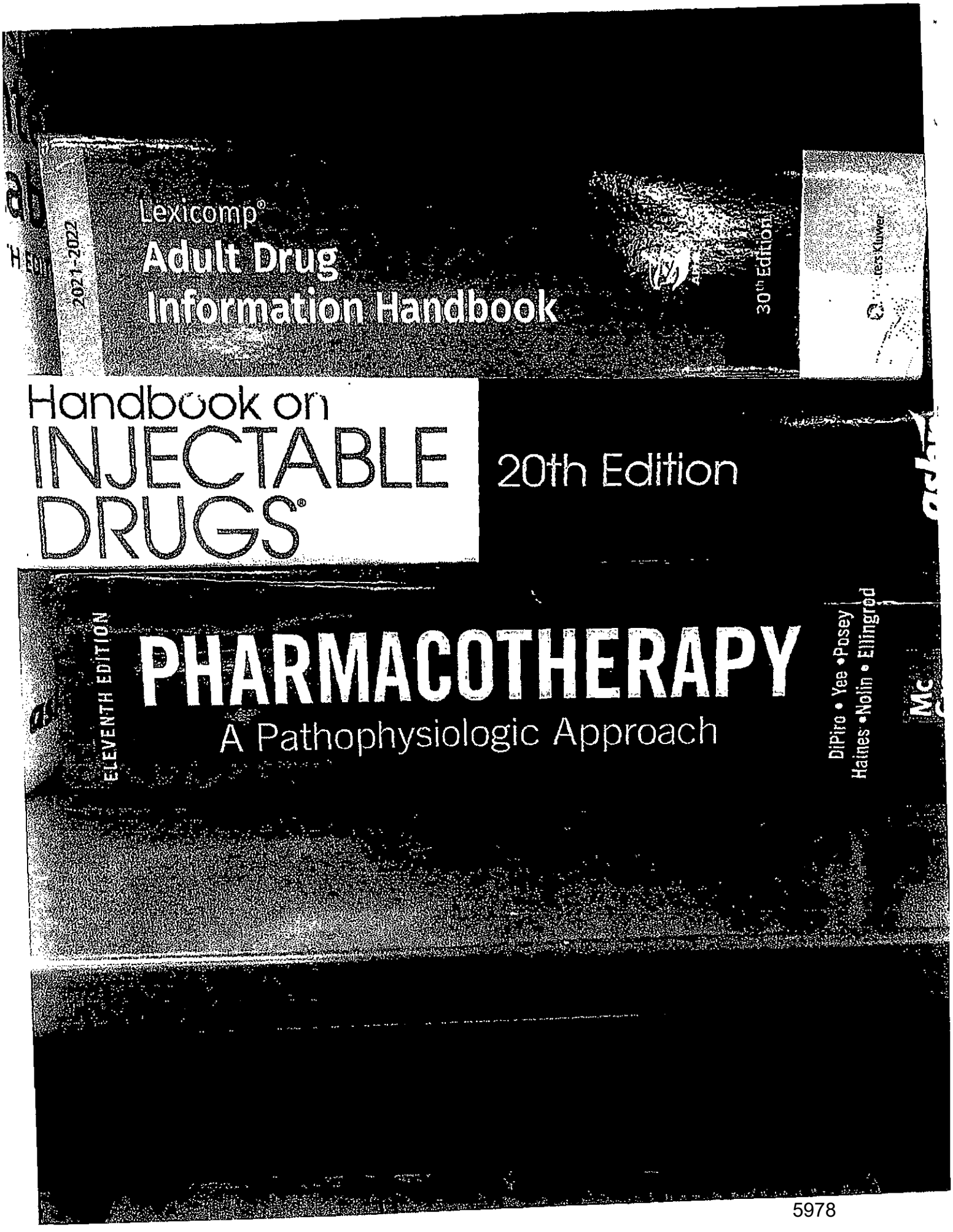
THIS IS TO CERTIFY THAT THE
Board of Pharmacy

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

MATTHEW J. PLATKIN
Attorney General

CARI FAIS
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

5998

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 Bankendorfer
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
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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.

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)

9-29-25
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

10B

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 02686	☒ 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: Home Care Services, Inc. dba KabaFusion NJ

Physical Address: 160 Raritan Center Pkwy, Suite 18

City: Edsion 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 Toll Free # (NAC 639.708, NRS 639.23286): 800-383-8393

Fax: 800-915-3423 Contact Email: kabafusionlicensing@kabafusion.com

Website: www.kabafusion.com

Nevada Business License # (if applicable) NV20111003754

Supervising/Managing Pharmacist Name (NRS 639.220): Kristy White

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

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: Sharon McDonald	NV Pharmacist Registration #: 22084
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: New Jersey

Parent Company (if any): KabaFusion Holdings LLC

Corporation/Organization Name: Home Care Services, Inc. dba KabaFusion NJ

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 Home Care Services, Inc. dba KabaFusion NJ (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 Home Care Services, Inc. dba KabaFusion NJ (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

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-CK5514

KabaFusion
Patient-Focused Infusion Therapy

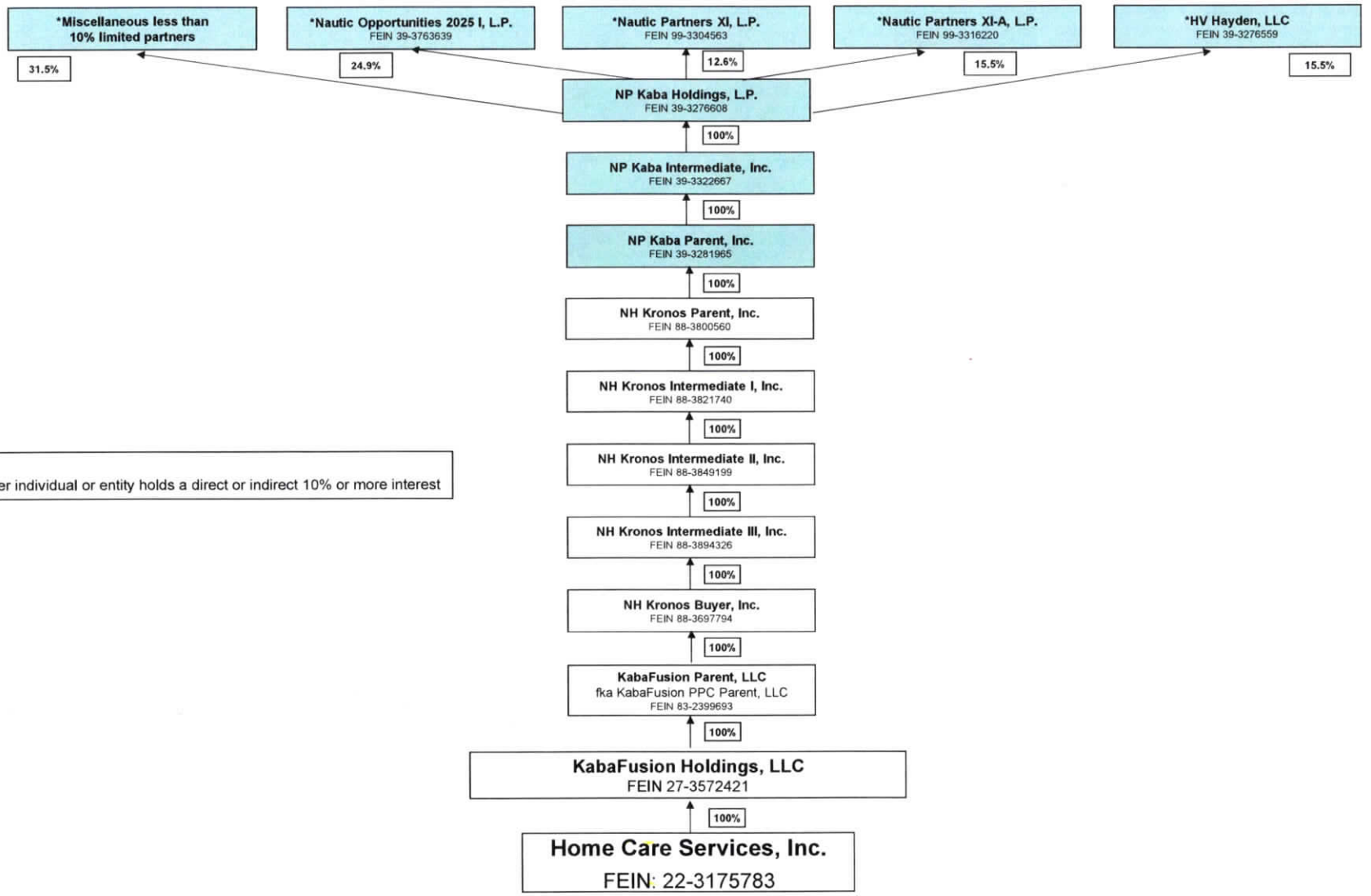
Home Care Services, Inc. dba KabaFusion NJ		
Name	**Title**	**Address**
Sohail Masood	Chief Executive Officer	17777 Center Court Drive North, Suite 550, Cerritos, CA 90703
Sohail Merchant	Chief Financial Officer	17777 Center Court Drive North, Suite 550, Cerritos, CA 90703
Aslam Masood	Secretary	17777 Center Court Drive North, Suite 550, Cerritos, CA 90703
Tina Benkendorfer	Chief Operating Officer	17777 Center Court Drive North, Suite 550, Cerritos, CA 90703

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

STATE OF NEW JERSEY
DEPARTMENT OF THE TREASURY
DIVISION OF REVENUE AND ENTERPRISE SERVICES
SHORT FORM STANDING

HOME CARE SERVICES, INC.
0100518413

I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic For-Profit Corporation was registered by this office on May 20, 1992.

As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey, and its Annual Reports are current.

I further certify that the registered agent and office are:

CORPORATION SERVICE COMPANY
PRINCETON SOUTH CORPORATE CENTER,
SUITE 160, 100 CHARLES EWING BLVD
EWING, NJ 08628

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my Official Seal at Trenton, this 25th day of November, 2025

Elizabeth Maher Muoio
State Treasurer

Certificate Number : 6170981488

Verify this certificate online at

https://www1.state.nj.us/TYTR_StandingCert/JSP/Verify_Cert.jsp

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: Home Care Services, Inc. dba KabaFusion NJ

Pharmacy/Wholesaler 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: wwww.kabafusion.com

Licensing Company Email: kabafusionlicensing@kabafusion.com

Section 2: Personal Information

First: Kristy Middle: L Last: White

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

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

Mailing Address: 160 Raritan Center Pkwy, Suite 18

City: Edison State: NJ Zip: 08837

Telephone: 800-383-8393 Email: kabafusionlicensing@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)	
Ernest Mario School of Pharmacy (Rutgers University)		08/98-05/04	
Address	**City**	**State**	**Zip**
160 Frelinghuysen Rd	Piscataway	NJ	08854
Diploma/Degree obtained, if any			
PharmD			

School Name		From - To (MM/YY – MM/YY)	
Long Branch High School		09/94-06/98	
Address	**City**	**State**	**Zip**
404 Indiana Ave	Long Branch	NJ	07740
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
04/17-Present	[redacted]			
11/08-04/17				
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)	
Home Care Services, Inc. dba KabaFusion NJ			05/22-Present	
Business Address		**City**	**State**	**Zip**
160 Raritan Center Pkwy, Suite 18		Edison	NJ	08837
Phone	**Title**		**Number of Employed Hours**	
800-383-8393	Director of Operations		6,000+	

Description of Duties

Responsible for overseeing all aspects of branch operations including pharmacy, sterile compounding, nursing, business development and intake. Ensures adherence with regulatory compliance, and operational policies and procedures. Works closely with interdisciplinary team to individualize therapy and disease management regimens to obtain optimal clinical and financial outcomes. Ensures the branch achieves and maintains ACHC and URAC accreditation.

Business Name			From - To (MM/YY – MM/YY)	
Home Care Services, Inc. dba KabaFusion NJ			07/19-05/20	
Business Address		**City**	**State**	**Zip**
160 Raritan Center Pkwy, Suite 18		Edsion	NJ	08837
Phone	**Title**		**Number of Employed Hours**	
800-383-8393	Director of Pharmacy		~2,080	

Description of Duties

Responsible for overall functioning of the pharmacy. Directed, coordinated, and supervised all pharmacy activities including management of the clean room, sterile product preparation, and clinical pharmacy services. Collected and analyzed Performance Improvement data and acted as Performance Improvement Coordinator for the branch. Worked closely with physicians, case managers, and discharge planners to develop customized care plans and treatment regimens for each patient.

Business Name			From - To (MM/YY – MM/YY)	
Home Care Services, Inc. dba KabaFusion NJ			08/13-07/19	
Business Address		**City**	**State**	**Zip**
160 Raritan Center Pkwy, Suite 18		Edsion	NJ	08837
Phone	**Title**		**Number of Employed Hours**	
800-383-8393	Pharmacy Manager		6,000+	

Description of Duties

Supervised pharmacy staff. Collaborated closely with interdisciplinary team to monitor and assess safety and effectiveness of drug therapies. Built solid patient and referral source relationships and delivered exceptional patient care. Assessed patients for appropriateness for home infusion therapy. Performed clinical pharmacist duties including medication profile review, patient-specific care plan design/review, and laboratory results review.

Business Name			From - To (MM/YY – MM/YY)	
Option Care			05/04-08/13	
Business Address		**City**	**State**	**Zip**
6 Industrial Way W, Suite C		Eatontown	NJ	07724
Phone	**Title**		**Number of Employed Hours**	
7325441995	Clinical Pharmacist		6,000+	

Description of Duties

Directly supervised pharmacy technicians involved in sterile product preparation and distribution activities to provide safe and efficient care for patients. Compounded sterile IV and complex intrathecal admixtures. Designed and monitored patient-specific pharmacy care plans. Checked prescriptions and patient profiles for appropriate dosage, concentration, drug interactions, allergies, and contraindications before dispensing. Provided patient and caregiver education and counseling.

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, Kristy White, **certify that as the designated representative for**

Home Care Services, Inc. dba KabaFusion NJ,

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

1. KW I am at least 21 years of age;
3. KW 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. KW I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. KW I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. KW 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. KW I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

Kristy White

Print Name (First, Last)

KW

Original Signature (electronic, copies or stamps not accepted)

9/9/2025

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.

Kristy White

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

9/9/2025

Date

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

State of New Jersey, ss. County of Middlesex

I, _Kristy White_, 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

9/9/2025

Date

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

Jo-Anne Ballo.

Notary Public Signature

Jo-Anne Ballo
Notary Public New Jersey
Commission #2318537
Middlesex County
My Comm. Exp. August 18, 2029

(Seal)

CA-20

THIS DOCUMENT IS PRINTED ON WATERMARKED PAPER, WITH A MULTI-COLORED BACKGROUND AND MULTIPLE SECURITY FEATURES. PLEASE VERIFY AUTHENTICITY.

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 PERMITTED

KABAFUSION NJ
KRISTY L WHITE
160 Raritan Center Parkway, Ste. 18
Edison NJ 08837

FOR PRACTICE IN NEW JERSEY AS A(N): Pharmacy

05/14/2025 TO 06/30/2026
VALID

28RS00669700
LICENSE/REGISTRATION/CERTIFICATION #

Signature of Licensee/Registrant/Certificate Holder

ACTING DIRECTOR

New Jersey Office of the Attorney General
Division of Consumer Affairs
THIS IS TO CERTIFY THAT THE
BOARD OF PHARMACY
HAS PERMITTED
KABAFUSION NJ
Pharmacy
05/14/2025 TO 06/30/2026
VALID
28RS00669700
License/Registration/Certificate #
SIGNATURE
ACTING DIRECTOR

PLEASE DETACH HERE

IF YOUR LICENSE/REGISTRATION/ CERTIFICATE ID CARD IS LOST PLEASE NOTIFY:
BOARD OF PHARMACY
PO BOX 45013
NEWARK, NJ 07101

PLEASE DETACH HERE

KABAFUSION NJ

YOUR LICENSE/REGISTRATION/CERTIFICATE NUMBER IS **28RS 00669700** . EXPIRATION DATE **2026**
PLEASE USE IT IN ALL CORRESPONDENCE TO THE DIVISION OF CONSUMER AFFAIRS. USE THIS SECTION TO REPORT ADDRESS CHANGES. YOU ARE REQUIRED TO REPORT ANY ADDRESS CHANGES IMMEDIATELY TO THE ADDRESS NOTED BELOW.

BOARD OF PHARMACY
PO BOX 45013
NEWARK, NJ 07101

PRINT YOUR NEW **ADDRESS OF RECORD** BELOW.
YOUR ADDRESS OF RECORD IS THE ADDRESS THAT WILL PRINT ON YOUR LICENSE/REGISTRATION/CERTIFICATE AND IT MAY BE MADE AVAILABLE TO THE PUBLIC.

HOME ☐
BUSINESS ☐

TELEPHONE
INCLUDE AREA CODE

PRINT YOUR NEW **MAILING ADDRESS** BELOW.
YOUR MAILING ADDRESS IS THE ADDRESS THAT WILL BE USED BY THE DIVISION OF CONSUMER AFFAIRS TO SEND YOU ALL CORRESPONDENCE.

HOME ☐
BUSINESS ☐

TELEPHONE
INCLUDE AREA CODE

If the law governing your profession requires the current license/registration/certificate to be displayed, it should be within reasonable proximity of your original license/registration/certificate at your principal office or place of business.

NEWLIC (Rev. 05/20/2025)

NEW JERSEY DIVISION OF
CONSUMER AFFAIRS

Elizabeth M. Harris
Acting Director



License Information

Accurate as of August 15, 2025 9:59 AM

Return to Search Results

Name: KABAFUSION NJ

Address: Edison,NJ

Profession/License Type: Pharmacy,Pharmacy

License No: 28RS00669700

License Status: Active

Status Change Reason: License Issuance

Issue Date: 5/14/2007

Expiration Date: 6/30/2026

Board Action: YES*

Please visit DCA's website to see the final disposition documents.

* A "YES" in the "Board Action" field indicates that the licensee has a public record of some form of action on file with the Board/Committee. Board actions may come in the form of a Consent Order, Cease and Desist Order, Interim Order, Reprimand, a finalized Uniform Penalty Letter, agreed upon Settlement Letter or Final Order. In some instances, "Yes" will represent that a public record of a pending matter such as an Administrative Complaint or a Provisional Order of Discipline may have been filed with the Board/Committee. Such documents represent the filing of allegations by the Attorney General, and do not represent a finding of misconduct until the matter is adjudicated by the Board. Contact the Board/Committee directly to obtain a copy of such documents.

To obtain copies of such documents not readily available on the "Actions (Disciplinary and Other)" page of the Board's website, or if no documents are displayed below, please contact the Board directly at NJBOPVerifications@dca.lps.state.nj.us.

Prerequisites

Supervisor Information

Prereq Type: Prerequisite
Licensee: KABAFUSION NJ **License No:** D09120000 **License Type:** CDS Pharmacy **License Status:** Active
Relationship: **Association Date:** **Expiration Date:** **Date Established:** 7/16/2007

Supervisor Information

Prereq Type: Prerequisite User
Licensee: White, Kristy L **License No:** 28RI02944100 **License Type:** Pharmacist **License Status:** Active
Relationship: **Association Date:** 7/16/2019 **Expiration Date:** **Date Established:**

Documents

28RS00669700 - KABUFUSION NJ - 06142007 - Re	Pages: 3
28RS00669700 - KABUFUSION NJ - 12222010 - Re	Pages: 3

Division
Division Home
Consumer Protection
Licensing Boards
File a Complaint
Adoptions & Rule Proposals
Internship Opportunities

Department
OAG Home
Contact OAG
FAQ OAG
OAG News
Services A to Z
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NJ Home
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Departments/Agencies
FAQs

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Legal Statement
Privacy Notice
Accessibility Statement

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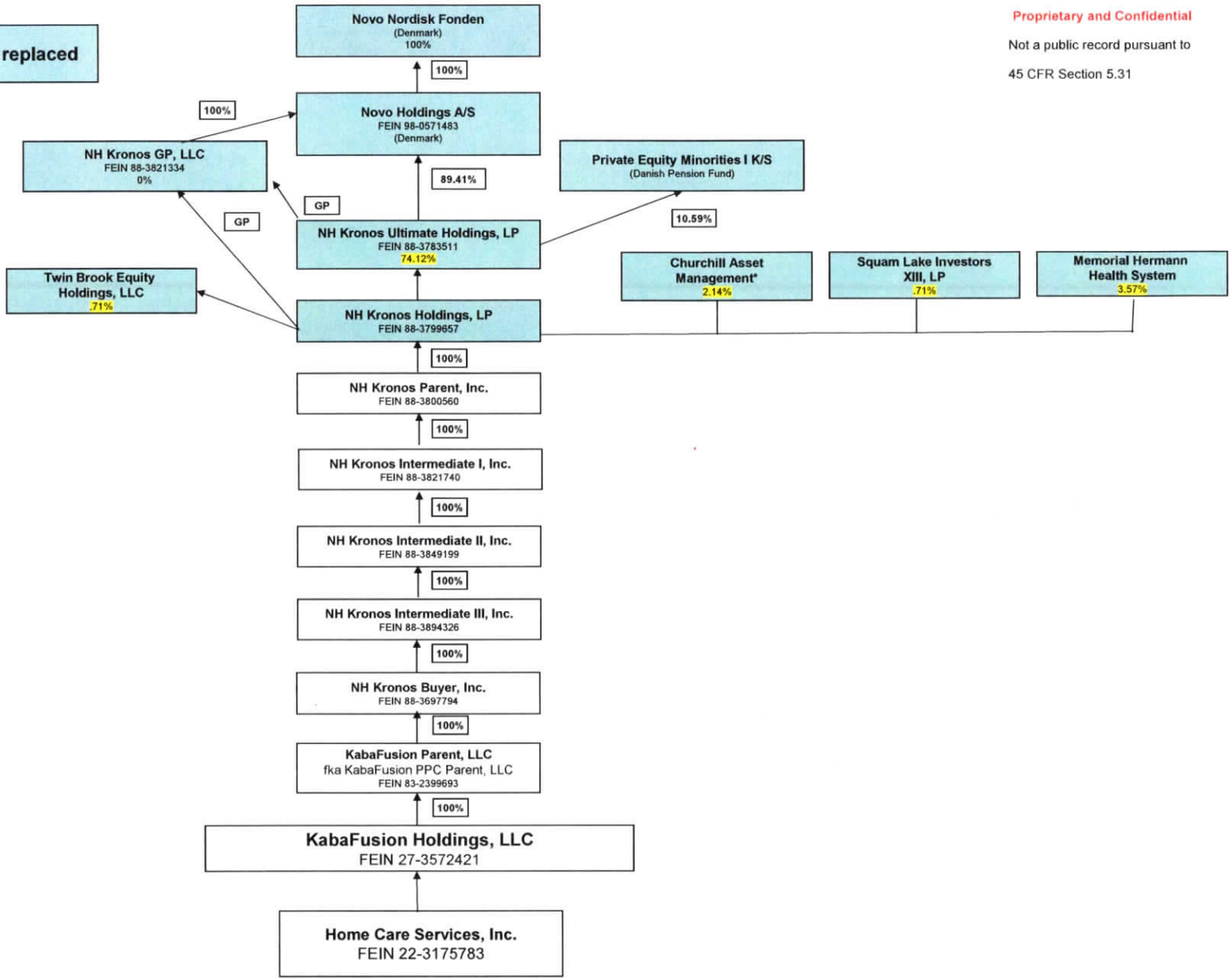
PRE CLOSE ORGANIZATION CHART

Entities shaded in blue are being replaced

Proprietary and Confidential

Not a public record pursuant to

45 CFR Section 5.31



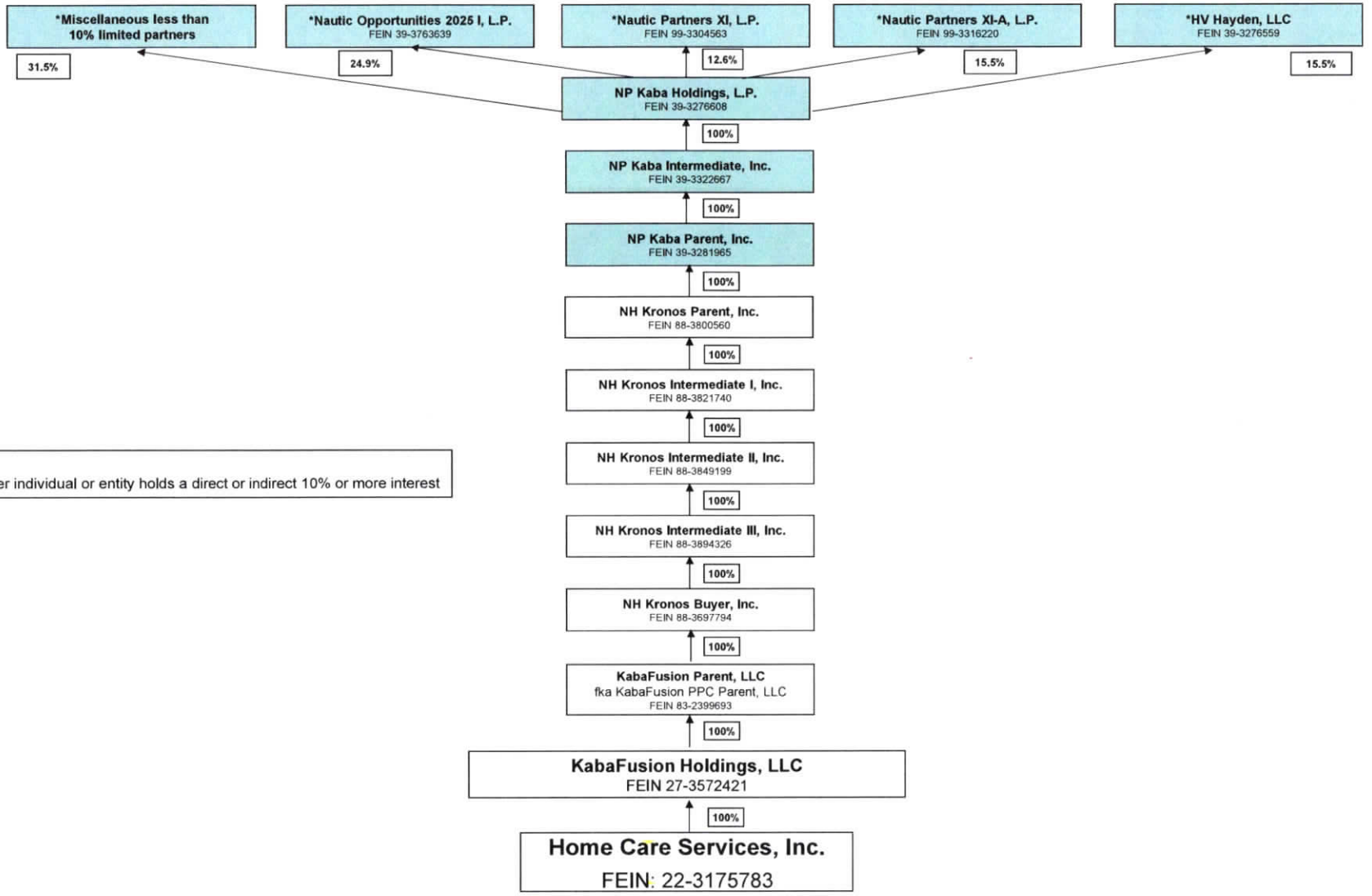
680321

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

KabaFusion
Patient Focused Infusion Therapy

Name: Sydney Kaiser
Date: 4/25/2024
Title: Pharmacy Tech
☐ INITIAL competency (new hire)
☑ ANNUAL competency

Hand Hygiene and Garbing: Training & Observation Assessment (Sink on Clean Side of Anteroom)

INSTRUCTIONS: Use the following key to indicate **ASSESSMENT LEVELS: MET, NOT MET, NOT APPLICABLE**
Date column represents skill/competency verification date
COMPETENCY SHOULD BE COMPLETED PRIOR TO COMPOUNDING AND ANNUALLY THEREAFTER

Skills and Knowledge	Assessment Level	Date Reviewed	Comments
HAND HYGIENE AND GARBING TASKS/ROUTINE			
Presents in clean appropriate attire and manner.	Met	4/25/24	
Does not wear or bring any prohibited items into classified areas (e.g., jewelry, food, etc)	Met	4/25/24	
Wipes down eyeglasses with appropriate agent if worn.	Met	4/25/24	
Is aware of lines of demarcation separating clean and dirty sides and observes required activities.	Met	4/25/24	
Dons beard cover if necessary.	Met	4/25/24	
Dons face mask to cover bridge of nose down to include chin. Dons bouffant ensuring all hair is covered.	Met	4/25/24	
Dons shoe covers or designated clean-area shoes one at a time, placing the covered or designated shoe on clean side of the line of demarcation, as appropriate.	Met	4/25/24	
Performs hand hygiene procedure by wetting hands and forearms, using a nail pick, soap, and warm water for at least 30 seconds. Uses timer or clock with a second hand in view of the sink.	Met	4/25/24	
Dries hands and forearms using lint-free towel. A patting or blotting motion should be used, not wiping.	Met	4/25/24	
Selects the appropriate size gown or coveralls examining for any holes, tears, or other defects.	Met	4/25/24	
Dons gown or coveralls and uses available mirror to ensure full closure.	Met	4/25/24	
Disinfects hands using a waterless alcohol-based surgical hand scrub and allows hands to dry thoroughly before donning sterile gloves in the buffer room (but not inside the PEC).	Met	4/25/24	
Dons appropriately sized sterile gloves ensuring a tight fit with no excess glove material at the fingertips. Gloves should be donned such that it goes over the wrist of the gown or coverall, so no skin is exposed.	Met	4/25/24	
Examines gloves ensuring that there are no defects, holes, or tears.	Met	4/25/24	
While engaging in sterile compounding activities, routinely disinfects gloves with 70% sIPA prior to work in the DCA and after touching items or surfaces that may contaminate gloves. Appropriate hand hygiene with surgical scrub is performed and gloves are changed if any holes or visible soiling is found during compounding (technician may verbalize this if not observed).	Met	4/25/24	
Removes and discards PPE on the dirty side of the ante-area or outside of cleanroom suite. Donning and doffing should not be performed at the same time (technician may verbalize this if not observed).	Met	4/25/24	
Note: Gowns may be hung inside out on a hook if it is to be reused within the same workday. Coveralls are not to be reused and must be discarded after each use.	Met	4/25/24	

The person assessed is immediately informed of all unacceptable activities (i.e., spaces lacking check marks, N/A, or N/0) and shown and informed of specific corrections.

Employee Signature/Credentials: S. Kaiser Completion Date: 04/25/24

Evaluator Signature/Credentials: DOO/PIC Completion Date: 4/25/24

Comments: _____

KabaFusion
Patient Focused Infusion Therapy

Name: Sydney Kaiser
Date: 4/25/2024
Title: Pharmacy Tech.
☐ INITIAL competency (new hire)
☑ ANNUAL competency

Aseptic Technique: Training & Observation Assessment

INSTRUCTIONS: Use the following key to indicate **ASSESSMENT LEVELS: MET, NOT MET, NOT APPLICABLE**
Date column represents skill/competency verification date
COMPETENCY SHOULD BE COMPLETED PRIOR TO COMPOUNDING AND ANNUALLY THEREAFTER

Skills and Knowledge	Assessment Level	Date Reviewed	Comments
ASEPTIC TECHNIQUE TASKS/ROUTINE			
Performs proper hand hygiene, garbing, and gloving procedures according to KabaFusion policies and procedures.	Met	4/25/24	
Disinfects ISO Class 5 device surfaces with an appropriate agent(s) per policy. The DCA or deck of the PEC is cleaned between each preparation, every 30 minutes during continuous compounding, in the case of any spills, or in the case of any known or suspected contamination.	Met	4/25/24	
Disinfects components/vials with 70% Sterile Alcohol (70% IPA) by wiping down prior to placing into ISO Class 5 work area.	Met	4/25/24	
Introduces only essential materials in a proper arrangement in the ISO Class 5 work area. Lot numbers and expiration dates are verified as applicable.	Met	4/25/24	
Compounder is able to identify type of airflow (vertical or horizontal) in the PEC that is being used.	Met	4/25/24	
Does not expose critical sites to contact contamination or worse than ISO Class 5 air. Does not interrupt, impede, or divert flow of first air to critical sites.	Met	4/25/24	
Ensures syringes, needles, and tubing remain in their individual packaging and are only opened in ISO Class 5 work area.	Met	4/25/24	
Performs manipulations only in the appropriate DCA at least six inches inside of the PEC or ISO Class 5 device.	Met	4/25/24	
Disinfects stoppers, injection ports, and ampule necks by wiping with sterile 70% IPA and allows sufficient time to dry.	Met	4/25/24	
Affixes needles to syringes without contact contamination. Syringes are manipulated without touching the tips or plungers.	Met	4/25/24	
All syringe and tubing connections are to be made aseptically.	Met	4/25/24	
Punctures vial stoppers and spikes infusion ports without contact contamination or blocking first air.	Met	4/25/24	
Disinfects sterile gloves routinely by applying sterile 70% IPA during prolonged compounding manipulations and prior to re-entry into PEC. Gloves must be allowed to dry completely before resuming compounding.	Met	4/25/24	
Cleans, sets up, and calibrates automated compounding devices (e.g., "TPN compounder") according to manufacturer's instructions.	Met	4/25/24	
Disposes of sharps and waste according to KabaFusion policy.	Met	4/25/24	
If contamination was suspected during the procedure, the preparation or compromised item was discarded. (This may be discussed verbally if not observed)	Met	4/25/24	
Labels preparation(s) correctly.	Met	4/25/24	

The person assessed is immediately informed of all unacceptable activities (i.e., spaces lacking check marks, N/A, or N/0) and shown and informed of specific corrections.

Employee Signature/Credentials: S. Kaiser Completion Date: 4/25/24

Evaluator Signature/Credentials: KAT DOO/PIC Completion Date: 4/25/24

Comments: _____

Pharmacy Name:	Home Care Services, Inc. DBA KabaFusion NJ	
Pharmacy Address:	160 Raritan Center Parkway, Suite 18, Edison, NJ 08837-3637	
NABP Business e-Profile ID:	789755	
VPP Inspection Date(s):	4/15/2024	
Sharing Acknowledgment:	YES	By typing "Yes" you acknowledge that all response documentation will be made available to the Boards of Pharmacy and state regulators upon their request

Facility Response to Verified Pharmacy Program® (VPP®) Inspection

Type of Response (Choose from Drop Down)	VPP Inspection Report Page No.	VPP Inspection Report Item No.	Facility Response/Corrective Action/Comments	Estimated Date of Completion For Corrective Action Taken	Attachment Included (Y/N)	Title of Document (Must be indicated at top of document attachment)
Other	115	55.0	The technician was re-trained and completed the hand hygiene competency to include washing up to the elbows with soap and water.	04/25/2024	Y	Hand hygiene and garbing: Training and Observation assessment competency, see lines 8 and 9.
Other	115	55.2	The technician was re-trained and completed the hand hygiene competency for the clean room with the sink on the clean side of the ante room.	04/25/2024	Y	Hand hygiene and garbing: Training and Observation assessment competency (Sink on Clean Side of Anteroom) - Full assessment was completed.
Other	116	55.5	The technician was re-trained and completed the hand hygiene competency that includes the 30 second duration and use of clock that is present in clear view of the sink.	04/25/2024	Y	Hand hygiene and garbing: Training and Observation assessment competency, see line 8.
Other	120	58.0	The technician was re-trained and completed the aseptic technique competency.	04/25/2024	Y	Aseptic Technique: Training and Observation Assessment. Full assessment was completed.
Other	122	58.5	The technician was re-trained and completed the aseptic technique competency.	04/25/2024	Y	Aseptic Technique: Training and Observation Assessment, see line 9.
Other	123	58.8	The technician was re-trained and completed the aseptic technique competency.	04/25/2024	Y	Aseptic Technique: Training and Observation Assessment, see line 13.

This VPP Inspection response and documentation has been provided directly by the pharmacy in response to its VPP Inspection. The content of this response has not been verified or modified by NABP at this point in time, except to check for completeness of any attachments provided.

Business Name Search

Required Fields [*]

Search Criteria

Business Name *

Home Care Services, Inc

Use "%" as a wildcard

Search **Cancel**

Show 10 **entries**

Business Name	Entity Id	City	Type	Incorporated Date
HOME CARE SERVICES, INC.	0100518413	Edison	DP (Domestic Profit Corporation)	5/20/1992

Showing 1 to 1 of 1 entries « Previous Next »

Support

Division of Revenue & Enterprise Services Web Site
Help

Policies & Procedures

Privacy Policy
Accessibility Policy
Security Policy

Department of the Treasury
P.O. Box 450
Trenton, NJ (New Jersey) 08646-0303

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National Association of Boards of Pharmacy®
Verified Pharmacy Program® Inspection Form

Business e-Profile ID:	789755		**Inspection Information**
Legal Business Name:	Home Care Services Inc.	**Conference Call Date:**	4/12/2024
Doing Business As (DBA):	KabaFusion NJ	**Start Time: 24-hour format (13:00)**	14:00
Address:	160 Raritan Center Pkwy, Ste 18	**End Time: 24-hour format (13:00)**	15:15
City:	Edison	**Onsite Inspection Date(s):**	4/15/2024
State:	New Jersey	**Start Time(s): 24-hour format (13:00)**	9:30
Zip Code:	08837	**End Time(s): 24-hour format (13:00)**	16:15
Telephone number:	1-732-906-9201	**Inspector Name(s):**	Leo R. Blais, R.Ph
Toll free number:	1-800-383-8393	**Inspection performed by (NABP, State, etc):**	NABP
Fax number:	1-800-915-3423	**Observer Name/Affiliation (if applicable):**	N/A
Website:	www.kabafusion.com	**Observer Name/Affiliation (if applicable):**	N/A

Focused Information

The following, if any, are specific Section(s) and/or Question(s) to which the facility may want to consider further response. The facility is encouraged to read the inspection report in its entirety and carefully. As this Focused Information section is not all inclusive, there may be Section(s) and/or Question(s) not noted below to which the facility may want to consider further response.

General Pharmacy- 47.06, 47.07, 47.10, 67.05

Sterile- 55.0, 55.2, 55.5, 58.0, 58.5, 58.8

Additional information on NABP's Inspection website.

NABP Disclaimer: NABP can only verify the authenticity of an Inspection Report if it is transmitted directly from NABP to an intended recipient. NABP cannot verify the authenticity of an Inspection Report transmitted from any other party.

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Pharmacy Hours of Operation	Check if 24/7 ☐		
	Open		Closed
	Start Time: (24-hour format)	End Time: (24-hour format)	(X)
Sunday			X
Monday	8:30	17:00	
Tuesday	8:30	17:00	
Wednesday	8:30	17:00	
Thursday	8:30	17:00	
Friday	8:30	17:00	
Saturday			X

Key Pharmacy Personnel	Name	Contact (e-mail)	e-Profile ID
Pharmacist in Charge	Kristy L. White	kwhite@kabafusion.com	151660
Nonsterile Designated person(s)	N/A		
Sterile Designated person(s)	Kristy L. White	kwhite@kabafusion.com	151660
Hazardous Designated person(s)	N/A		

Personnel Present at Time of Inspection	Name	Title	License or registration available and current (Y/N)
1	Kristy L. White	PIC	Y
2	John Pallis	Director of Pharmacy	Y
3	Lindsay J. Parizman	Director of Pharmacy	Y
4	Jonathan Castillo	Pharmacist	Y
5	Ichieh Elena Chou	Pharmacist-Per Diem	Y
6	Gloria Dall'Orso	Pharmacist	Y
7	Kyle Derikito	Pharmacist	Y
8	An Duong	Pharmacist	Y
9	David Girgis	Lead Clinical Pharmacist	Y
10	Elaine S. Johnson Barclay	Pharmacist	Y

4 Additional Pharmacists, 15 Technicians

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Business Licensure Information for State of Residence and Federal

(board of pharmacy, state controlled substance, DEA, FDA, etc)

License/Registration Agency	Business Name on License/Registration	Registration/License Type	Registration/License Number & Expiration Date
Drug Enforcement Administration	Home Care Services Inc.	DEA (Facility)	FH2279671 Exp: 10-31-2025
New Jersey State Board of Pharmacy	Kabafusion NJ	Pharmacy	28RS00669700 Exp:06-30-2024
List of states with non-resident licenses: CA, CO, CT, DE, DC, FL, IL, IN, KY, ME, MD, MI, MO, NV, NH, NY, NC, OH, PA, RI, SC, TX, VA, WI			

Documents collected as part of the inspection.
To obtain a copy of these documents please contact the facility directly. They are not included in the final report.

Document Name	Description

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	Type(s) of practice Type "X" for all that apply		Type(s) of practice Type "X" for all that apply
Traditional retail	X	Central Fill/Processing/Shared Services	X
Open to the Public		Nuclear Pharmacy	
Closed Door	X	Specialty Pharmacy	X
Drive-through window		White bagging/ clear bagging	
Mail- in state (eg prescriptions are mailed through USPS or through common carrier) *See table below*	X	Outsourcing Facility	
Mail- out of state (eg prescriptions are mailed through USPS or through common carrier) *See table below*	X	FDA Registered Drug Establishment (eg Manufacturer, repackager, relabeler)	
Local Delivery (if out of state describe in note)	X	Wholesale Distributor	
Veterinary Pharmacy (occasionally dispenses prescriptions for animals)		Provide prescription drugs for "Office Use" (eg distributes)	
Institutional (hospital or correctional facility)		Handles Medical Marijuana	
Long-Term Care (nursing home, residential care)		Nonsterile Compounding	
Investigational Drugs, Clinical Trials/Research		Nonsterile Hazardous Drug Compounding	
Telepharmacy		Sterile Compounding	X
Internet Pharmacy		Sterile Hazardous Drug Compounding	

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Compounded Nonsterile Preparations (CNSPs) Type "X" for all that apply		Compounded Sterile Preparations (CSPs) Type "X" for all that apply	
CNSPs with controlled substance(s)		CSPs with controlled substance(s)	
CNSPs with vitamins or nutritional supplements		CSPs with vitamins or nutritional supplements (includes total parenteral nutrition)	
CNSPs sold to other pharmacies - If so, list to whom – instate, out of state, under common ownership/shared services – central fill agreement; and state if patient specific or distributed		CSPs sold to other pharmacies - If so, list to whom - in state, out of state, under common ownership/shared services - central fill agreement; and state if patient specific or distributed	
Patient specific (compounded preparation labeled for an individually identified patient):		**Patient specific** (compounded preparation labeled for an individually identified patient):	
CNSPs for animals		CSPs for animals	
CNSPs for human patients		CSPs for human patients	X
Distributed (compounded preparation leaves the pharmacy without a patient-specific label eg non patient-specific):		**Distributed** (compounded preparation leaves the pharmacy without a patient-specific label eg non patient-specific):	
CNSPs for animals		CSPs for animals	
CNSPs for human patients		CSPs for human patients	
CNSPs to practitioners for office use		CSPs to practitioners for office use	
CNSPs to hospitals, clinics, or surgery centers		CSPs to hospitals, clinics, or surgery centers	

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Types of CNSPs:		Categories of CSPs:	
Aqueous		Category 1 CSPs	
Nonaqueous		Category 2 CSPs	X
Specific types:		Category 3 CSPs	
Solid oral preparations		Types of CSPs:	
Liquid oral preparations		Allergenic extracts	
Otic preparations		Allergenic extracts in addition to prescription patient sets	
Rectal preparations		Immediate Use	X
Vaginal preparations		Proprietary bag and vial systems	X
Topical preparations:		Blood-derived or other biological material (eg autologous serum)	
Nasal and sinus preparations:		Sterile injections/ sterile infusions	X
Other (please list):		Ophthalmic dosage forms	
		Baths and soaks for live organs and tissues	
		Implants/ Pellets	
		Other (please list):	

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Facility Size in Square Feet *(can be approximated)* and Number of PECs		Personnel	
Total Pharmacy size:	2469	Total Pharmacists:	16
Nonsterile Compounding Room size:	0	Number of Compounding Pharmacists:	16
Nonsterile Compounding powder hoods number:	0	Total Student Interns:	0
Nonsterile Hazardous Drugs (HD) Compounding Room size:	0	Total Technicians:	15
Nonsterile HD Compounding CVE/BSC/CACI hoods number:	0	Number of Compounding Technicians:	6
Sterile Compounding Ante Room size:	83	Of technicians, how many are nationally certified?	3
Sterile Compounding Clean/Buffer Room size:	148	Of technicians, how many are techs-in-training?	1
Sterile Compounding Number LAFW hoods/areas:	1	Total Other Unlicensed Personnel:	12
Sterile Compounding Number BSC hoods:	0	Ratio #Technician(s) : #Pharmacist(s) present at time of inspection:	1:1
Sterile Compounding Number CAI/CACI hoods:	0	If multiple compounding suites are present under this licensed location (eg outsourcing facilities or hospital health systems), describe in notes other spaces where compounding occurs (eg location name, approximate size of space, and number and type of PECs:	N/A
Negative Pressure Sterile HD Room size:	0		
Sterile HD Compounding Number of BSC hoods:	0		
Sterile HD Compounding Number of CACI hoods:	0		

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Indicate the drug name, dosage or strength, and the size of the CSP sample obtained for testing. (N/A if no sample)	N/A, No sample taken during this inspection.
Indicate the areas/rooms of the pharmacy entered to perform the CSP inspection. If the inspector did not fully garb and enter buffer room(s), indicate reason.	Ample observation area

	Volume Dispensed		Volume Distributed
Total Prescriptions Dispensed/day:	200	Total Orders Distributed/day:	0
% Veterinary Prescriptions	0%	% Veterinary Orders	0%
% Controlled Substance Prescriptions	0%	% Controlled Substance Orders	0%
% Nonsterile Compounded Prescriptions	0%	% Nonsterile Compounded Orders	0%
% Sterile Compounded Prescriptions	9%	% Sterile Compounded Orders	0%
% Hazardous Drugs (HD) Prescriptions	0%	% Hazardous Drugs (HD) Orders	0%

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Definitions: DISPENSE means to provide a prescription drug or compounded preparation pursuant to a patient-specific prescription. DISTRIBUTE means to provide a prescription drug or compounded preparation to a prescriber, another pharmacy, or health care entity for office use or stock and is NOT patient-specific, is not labeled with the patient name at the pharmacy.

States to which the pharmacy mails/delivers prescription drugs and volume dispensed, and volume distributed per day (or week or month):

Note: if not available, request information be sent to VPP and note that information was requested in grid.

State	Volume Dispensed	Volume DISTRIBUTED	/day, week, month
Alabama (AL)			
Alaska (AK)			
Arizona (AZ)			
Arkansas (AR)			
California (CA)	105	0	MONTH
Colorado (CO)	13	0	MONTH
Connecticut (CT)	50	0	MONTH
Delaware (DE)	4	0	MONTH
District of Columbia (DC)	41	0	MONTH
Florida (FL)	26	0	MONTH
Georgia (GA)			
Hawaii (HI)			
Idaho (ID)			
Illinois (IL)	8	0	MONTH
Indiana (IN)	12	0	MONTH
Iowa (IA)			
Kansas (KS)			
Kentucky (KY)	6	0	MONTH
Louisiana (LA)			
Maine (ME)	0	0	MONTH
Maryland (MD)	151	0	MONTH
Massachusetts (MA)	92	0	MONTH
Michigan (MI)	19	0	MONTH
Minnesota (MN)			
Mississippi (MS)			
Missouri (MO)	53	0	MONTH
Montana (MT)			

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States to which the pharmacy mails/delivers prescription drugs and volume dispensed, and volume distributed per day (or week or month):

Note: if not available, request information be sent to VPP and note that information was requested in grid.

State	Volume Dispensed	Volume DISTRIBUTED	/day, week, month
Nebraska (NE)			
Nevada (NV)	2	0	MONTH
New Hampshire (NH)	5	0	MONTH
New Jersey (NJ)	1871	0	MONTH
New Mexico (NM)			
New York (NY)	939	0	MONTH
North Carolina (NC)	10	0	MONTH
North Dakota (ND)			
Ohio (OH)	99	0	MONTH
Oklahoma (OK)	0	0	MONTH
Oregon (OR)			
Pennsylvania (PA)	95	0	MONTH
Rhode Island (RI)	17	0	MONTH
South Carolina (SC)	34	0	MONTH
South Dakota (SD)			
Tennessee (TN)			
Texas (TX)	168	0	MONTH
Utah (UT)			
Vermont (VT)			
Virginia (VA)	94	0	MONTH
Washington (WA)			
West Virginia (WV)			
Wisconsin (WI)	2	0	MONTH
Wyoming (WY)			
Other:			

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National Association of Boards of Pharmacy®
Verified Pharmacy Program® Inspection Form

General Pharmacy Inspection

The information and comments obtained in the Nonsterile Compounding, Sterile Compounding Inspections, and Hazardous Drug Compounding are based on USP Chapters <795>, <797>, and <800>.

An inspection against current Good Manufacturing Practices (cGMPs) was not conducted. There may be some overlap in concepts.

Facility Name: Home Care Services Inc. dba KabaFusion NJ
e-Profile ID: 789755
Inspection Date: 04/12/2024 & 04/15/2024

		Observation	Notes
	General Pharmacy		
1.00	Is the PIC (or pharmacy manager/director) present for the inspection? *If no, list the pharmacist on duty.*	Yes	
2.00	Is the PIC employed full-time at the pharmacy? *List the number of hours worked per week onsite.*	Yes	40
3.00	Are there any other businesses located at this address? *If yes, note type of business and name.*	No	
4.00	Does the pharmacy have any other websites? *Provide list of other names/URLs.*	No	
4.01	Does the pharmacy hold .pharmacy verification?	No	
5.00	Do any other websites link to the pharmacy website (such as a provider, or other affiliate)? *If yes, list.*	No	
6.00	Does the pharmacy allow patients to securely enter/update profile and medical information through the website (such as through a secure patient portal)?	No	
7.00	Are patients able to order or refill prescriptions through the website? *If yes, describe.*	No	
8.00	Are photographs allowed during the inspection (**no PHI**)?	Yes	
9.00	List of additional personnel **interviewed as part of the inspection, including name and title:**		John Pallis, Director of Pharmacy, Lindsay J. Parizman, Director of Pharmacy

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National Association of Boards of Pharmacy®
Verified Pharmacy Program® Inspection Form

General Pharmacy Inspection

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An inspection against current Good Manufacturing Practices (cGMPs) was not conducted. There may be some overlap in concepts.

Facility Name: Home Care Services Inc. dba KabaFusion NJ

e-Profile ID: 789755

Inspection Date: 04/12/2024 & 04/15/2024

		Observation	Notes
	Types of Practice Additional Questions **If any part of a question is no, enter "No" and explain the observation.**		
10.00	If the pharmacy mails or delivers filled prescriptions (patient specific, labeled with patient name when it leaves the pharmacy), are any of the deliveries to a provider or facility for administration to the patient? *If yes, indicate volume or percentage of deliveries going to a provider or facility in this state, and volume or percentage of deliveries going to a provider or facility in other states.*	No	
11.00	Does the pharmacy provide prescription products to a provider or facility for "office use" (not pursuant to a prescription received prior to delivery, not patient specific, not labeled with the patient name)? *If yes, indicate volume or percentage provided to a provider or facility within this state, and volume or percentage provided to a provider or facility in other states.*	No	
12.00	Does the pharmacy provide prescription products to providers or facilities (including other pharmacies) as a wholesale distributer (sold to the provider or facility for their use, administration, or providing/dispensing to patients)?	No	
13.00	If yes, is the percentage of product distributed at wholesale to providers or facilities within this state less than 5%? *Indicate actual percentage and if the percentage is based on number of units, number of prescriptions, dollar volume of total sales or dollar volume of prescription sales.*	No	
14.00	If yes, is the percentage of product distributed at wholesale to providers or facilities in other states less than 5%? *Indicate actual percentage and if the percentage is based on number of units, number of prescriptions, dollar volume of total sales or dollar volume of prescription sales.*	No	

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Inspection Date: 04/12/2024 & 04/15/2024

		Observation	Notes
	General Operations and Licensure **If any part of a question is no, enter "No" and explain the observation.**		
15.00	Are pharmacy licenses, permits, and registrations (state, controlled substance, DEA, etc) posted in customers' view and current? *If no, provide details such as closed-door pharmacy, expired licenses, etc.*	Yes	
16.00	Is the most recent board of pharmacy inspection report available for review? *Record the date of the last inspection and how frequently the pharmacy is routinely inspected by the board.*	Yes	12/10/2021 No routine schedule of inspections.
17.00	Were any deficiencies noted? *Indicate the deficiencies and note whether they were corrected.*	No	No deficiencies noted.
18.00	Does the pharmacy hold ANY wholesale, distributor, or manufacturer licenses? *Document information in the license grid above for Resident State and in the Notes for Non-Resident States.*	No	
19.00	Has this pharmacy been inspected by any other state for which it holds a license? *If yes, note the state and the date of the inspection and frequency of inspections by other states.*	Yes	California 5/12/2022 No deficiencies noted.
20.00	Is the pharmacy operating under an exemption or restriction granted by the state in which the pharmacy is located or by any other state in which the pharmacy is licensed? *If yes, note the exemption or restriction.*	Yes	New Hampshire Waiver of PDMP submission
21.00	Is the pharmacy operating under a waiver or variance granted by the state in which the pharmacy is located or by any other state in which the pharmacy is licensed? *If yes, note the waiver or variance.*	No	
22.00	Does the pharmacy have any additional restrictions, limitations, or waivers with regards to any federal licenses or registrations (FDA, DEA, etc)? *If yes, note the agency and additional item.*	No	

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		Observation	Notes
23.00	Has the pharmacy been inspected or visited by the DEA? *If yes, indicate the inspection/visit date and note any deficiencies. Also note how frequently the pharmacy is inspected/visited by the DEA.*	No	
24.00	Has the pharmacy been inspected by the FDA? *If yes, indicate the inspection date and note any deficiencies, significant correspondence, or if a "483" was issued and date, and response and date. Also note how frequently the pharmacy is inspected by the FDA.*	No	
25.00	Does the pharmacy hold any accreditations or certifications? *If yes, indicate which and collect most recent date of survey.*	Yes	ACHC 02/05/2023, URAC 11/01/2021
26.00	Has the pharmacy held any accreditations or certifications in the past that they no longer hold? *Provide a list and the reasons for such.*	No	
27.00	Does the pharmacy perform patient lab testing such as blood glucose tests, cholesterol tests, etc? *Verify that the lab director is current (usually the PIC is the lab director named). If yes, record the Clinical Laboratory Improvement Amendments (CLIA) waiver information, expiration date, and the name of lab director listed.*	N/A	
28.00	Does the pharmacy maintain all required records, including but not limited to prescription files and invoices on site? *Record how long records are kept. If not on site, where?*	Yes	10 year retention period
28.01	Are written and verbal prescriptions (reduced to writing) kept on site for the entire retention period? *If not, explain including how long they are stored on site?*	Yes	10 year retention period
28.02	Are electronic prescriptions (such as fax, e-scripts) kept on site for the entire retention period? *Describe how they are kept (electronically or printed and kept in hard copy).*	Yes	10 year retention period
28.03	Are all dispensing records (such as refills, verifications, DUR overrides) kept on site for the entire retention period? *Describe how they are kept (electronically or printed and kept in hard copy).*	Yes	10 year retention period
28.04	Are there systems in place to prevent a pharmacy record from being deleted after the prescription has been dispensed? *Describe how they are kept (electronically or printed and kept in hard copy).*	Yes	CPR PLUS does not allow a prescription to be deleted after being dispensed.

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		Observation	Notes
28.05	If record are stored off site are they secure in a HIPAA compliant manner and readily retrievable?	Yes	Iron Mountain Electronic Storage
29.00	Is there a statement in the P&P, or are other means used to ensure that the most stringent laws/regulations are followed? *Describe system details.*	Yes	Policy states that the most stringent policy will be followed. (19.00)
	Personnel **If any part of a question is no, enter "No" and explain the observation.**		
30.00	Are all pharmacist, pharmacy intern, and pharmacy technician (if applicable) licenses or registrations with the board current and in good standing? *Describe how this is documented.*	Yes	Facility prints primary source verification pre hire, and review them annually.
31.00	Is there a process for periodic verification of validity of licenses? *Describe the process.*	Yes	OIG exclusion list review is performed at corporate on a monthly basis
32.00	If pharmacists are providing patient services that require additional training or certification, are they appropriately trained and certified? *(Immunization, CPR, MTM, etc.). Mark NA if no patient services that require additional training/certification. If yes, list certifications and if current?*	N/A	
33.00	Does the pharmacy maintain the proper technician-to-pharmacist ratio? *Mark N/A if not required by resident state. Indicate ratio used and the maximum number of staff who work at the same time.*	Yes	2:1 state requirement, facility at 1:1
	Facility and Security **If any part of a question is no, enter "No" and explain the observation.**		
34.00	Does the pharmacy have a working security/alarm system in place? *If yes, describe.*	Yes	Doors, windows, motion, cameras
35.00	Are Schedule II controlled substances secured in a locked cabinet or safe? *If not, describe how controlled substances are secured or stored.*	N/A	No controlled substances on site.
36.00	Are there contingency plans in the event the pharmacy cannot be secured? *Describe how the drug products will be secured and handled.*	Yes	Staff will remain onsite with outside security, can transfer products to a sister site if needed.

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		Observation	Notes
37.00	Is the pharmacy clean and sanitary, and is there appropriate space for the prescription volume? *Look for clutter, or crowded counters or stacks of prescriptions to be checked. If no, document with photo.*	Yes	
37.01	Is the working area well lit and free of tripping hazards? *If no, document with photo.*	Yes	
37.02	Is there a sink with hot and cold running water?	Yes	
37.03	If the pharmacy destroys prescription products on site (such as expired, damaged, recalled, etc), do they appropriately document the destruction? *View destruction logs. Mark NA if no destruction on site.*	N/A	
37.04	Does the pharmacy return prescription products to the manufacturer, distributor, or send to a reverse distributor for destruction? *If yes, indicate name of reverse distributor used.*	Yes	Pharmalink is the vendor.
37.05	Does the pharmacy have a hazardous waste handling and collection system? For example, empty bottles that contained chemotherapy medications or warfarin, or hazardous drug compounding waste. *If yes, indicate how often the bin is emptied/collected and the vendor used.*	Yes	Stericycle, Quarterly Pick Up
38.00	Does the pharmacy have a private area for patient counseling and providing patient services? *Describe.*	Yes	Counseling performed in person in the facility conference room.
39.00	Is temperature in the drug storage area maintained to provide controlled room temperature of 20° to 25°C (68° to 77 °F), or more restrictive if warranted by specific drug product storage requirements? *Describe. Record the temperature at the time of inspection.*	Yes	Temperature is 69.7 at the time of inspection.
39.01	Is temperature monitoring in place to detect any excursions (24/7) by continuous monitoring or retroactive detection using min/max? Temperature records are maintained. *If yes, describe the process*	Yes	Coldchain is the system used to monitor temperatures in the building
39.02	Are excursion action plans in place including evaluating excursion effects on drug product integrity?	Yes	

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		Observation	Notes
40.00	Are the refrigerator and freezer restricted to drug products only (no food)?	Yes	Prominent signage on all refrigerators.
41.00	Does the pharmacy have a process for how the refrigerator temperature is monitored for excursions 24/7? *If yes, describe the process. Indicate range. How are excursions detected? How long are records maintained?*	Yes	Records are maintained indefinitely. Range 36 to 46 degrees Fahrenheit
41.01	Is the temperature in the refrigerator within the USP range (2°-8°C or 36°-46 °F) or as specified by FDA approved labeling for drug product storage? *Record the temperature of the refrigerator at the time of inspection.*	Yes	5 Refrigerators onsite: 39.9, 49.4, (being stocked Mean KineticTemperature 42.0), 40.8, 43.1, 40.8 degrees Fahrenheit
42.00	Does the pharmacy have a process for how the freezer temperature is monitored for excursions 24/7? *If yes, describe the process. Indicate range. How are excursions detected? How long are records maintained?*	N/A	No frozen drugs on site
42.01	Is the temperature in the freezer within the USP range (between −25° to −10°C or −13° to 14 °F) or as specified by FDA approved labeling for drug product storage? *Record the temperature of the freezer at the time of inspection.*	N/A	
43.00	Are there contingency plans in the event of power outage or refrigerator/freezer failure? *Describe process.*	Yes	2 onsite generators, redundant capacity in the onsite devices.
44.00	Are there contingency plans in the event of heating or air conditioning failure? *Describe processes.*	Yes	Contract with vendor for 24/7/365 coverage
45.00	Is there a plan of action if there are any temperature or humidity excursions to determine if the integrity of the products has been compromised?	Yes	
46.00	Does the pharmacy utilize any automated apparatuses for prescription processing/counting (such as robotics, Baker cells, etc)? *List numbers and types.*	No	
46.01	If yes, do they have and follow policies and procedures addressing cross-contamination and identification of drug products?	N/A	

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		Observation	Notes
	Product Receipt and Inventory **If any part of a question is no, enter "No" and explain the observation.**		
47.00	Does the pharmacy have a documented process for establishing sources (vendors) of prescription drugs? *Describe.*	Yes	Corporate Procurement Team identifies approved vendors
47.01	Does the pharmacy purchase all prescription drugs directly from the manufacturer?	No	
47.02	Does the pharmacy purchase (obtain) prescription drugs from other pharmacies? *If yes, list pharmacy source information, and circumstances leading to the purchase.*	No	
47.03	Does the pharmacy purchase (obtain) prescription drugs from wholesale distributors (non-manufacturer sources)? *List non-manufacturer sources.*	Yes	McKesson, Cardinal
47.04	Does the pharmacy require wholesale distributor sources to purchase prescription drugs directly from the manufacturer? *If yes, how is this verified?*	Yes	Corporate Procurement Team identifies approved vendors
47.05	Does the pharmacy purchase drugs from wholesale distributors that purchased the drug from other wholesale distributors? *If yes, Describe the due diligence steps to determine the source's legitimacy and legitimacy of the drugs sold by the vendor. (For instance, does the pharmacy examine transaction histories and limit the number of movements of drugs between wholesale distributors, and look for pharmacies in the supply chain?)*	No	
47.06	Does the pharmacy determine that all sources listed on transaction histories have requisite state licensing? *If yes, describe the process.*	No	Corporate Procurement Team identifies approved vendors
47.07	Does the pharmacy determine that all sources listed on transaction histories have reported to FDA's Wholesale Distributor database? *If yes, describe the process.*	No	Corporate Procurement Team identifies approved vendors
47.08	Does the pharmacy have a process to handle suspect and illegitimate product investigations? *If yes, describe the process.*	Yes	If discovered, quarantine product, notify procurement team who will conduct the investigation.

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47.09	Has the pharmacy conducted any suspect or illegitimate product investigations? *If yes, describe the details, including the drug, circumstances, outcome, and identification of agencies to whom reported.*	No	None to date.
47.10	Does the pharmacy ensure transaction data (transaction history, transaction information, transaction statement, also known as 3T data) is received at the same time or before the product is received? *Examine recent purchases to determine if the pharmacy is receiving and maintaining 3T data for a minimum of 6 years.*	No	Corporate Procurement Team identifies approved vendors and handles this process.
47.11	Does the pharmacy have a procedure to verify product (suspect or illegitimate) including quarantine of product and reporting?	Yes	
48.00	Does the pharmacy utilize paper DEA-222 forms to procure Schedule II substances? *If yes, how are they secured? Who has the authority (Power of Attorney) to sign the DEA-222 forms?*	N/A	No controlled drugs on site
49.00	Does the pharmacy utilize CSOS (electronic Schedule II ordering) to procure Schedule II substances? *If yes, who can place orders in CSOS?*	N/A	No controlled drugs on site
50.00	Is the receipt of Schedule II orders documented appropriately? *DEA-222 has the quantity and date on each line of product received, the CSOS record (electronic or paper printout) indicates verification of receipt and staff performing verification.*	N/A	No controlled drugs on site
51.00	Are invoices for controlled substances (Schedules I-V) that are received filed separately and are the invoices signed/initialed and dated upon receipt and every item checked in?	N/A	No controlled drugs on site
52.00	Are all orders received when the pharmacy is open? *Verify the orders are brought directly to the pharmacy still sealed and not delivered before the pharmacy is open.*	Yes	

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53.00	Does the pharmacy purchase any compounded products from other entities for dispensing to patients? *If so, describe which products and from where they are purchase (collect name and license of other entity).*	No	
54.00	Does the pharmacy have a system in place to track prescription drug products in order to detect diversion or theft? *Describe (for example, inventory or shrink report tools used, perpetual inventory in computer, etc).*	No	
54.01	Are incidents of diversion or resignation/termination of personnel for cause reported? *Indicate agencies/law enforcement to whom reports are made.*	Yes	Board of Pharmacy
55.00	Does the pharmacy keep a perpetual inventory log of all Schedule II controlled substances (including APIs, if applicable)?	N/A	No controlled drugs on site
56.00	Is the Schedule II perpetual inventory log reconciled regularly? *Indicate how often the Schedule II controlled substances are counted. View the perpetual log and verify that reconciliation is taking place.*	N/A	No controlled drugs on site
57.00	Is the most recent complete controlled substances inventory available for review? *Indicate the date of the last inventory and frequency taken (minimum every two years).*	N/A	No controlled drugs on site
57.01	Does the pharmacy maintain other required inventories (such as change in PIC, theft/loss, etc)?	N/A	No controlled drugs on site
58.00	Does the pharmacy stock and sell OTC pseudoephedrine (and/or ephedrine) products? If yes, indicate if the sale is recorded electronically or manually in a logbook.	N/A	
58.01	Are these products mailed, sent, or delivered into other states? *View logs. If yes, list the other states.*	N/A	

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59.00	Does the pharmacy stock and sell other OTC restricted products for which ID is required and a log kept of the sale? *If yes, indicate product types.*	N/A	
59.01	Are these products mailed, sent, or delivered into other states? *View logs. If yes, list the other states.*	N/A	
60.00	Are outdated, damaged, or recalled products segregated? *If yes, how often does the pharmacy check for out-of-date products? Does it include OTC products?*	Yes	Monthly review of inventory, CPR Plus tracks upcoming expiration dates.
60.01	Are all drugs within active-stock within expiration date? *Examine shelves, refrigerator and freezer.*	Yes	
60.02	How often is active-stock examined for drugs past the expiration date?		Monthly review of inventory, CPR Plus tracks upcoming expiration dates.
61.00	Does the pharmacy **prepackage** bulk containers of prescription medications into smaller containers for ease of use? *What BUD is used on the prepackaged container?*	No	
62.00	Does the pharmacy **prepack** multiple drugs into a single container for compliance packaging? *What BUD is used on the prepacked containers?*	No	
63.00	Does the pharmacy return to stock prescription drugs that were filled but never picked up?	Yes	
63.01	If yes, are they maintained in the appropriate container, with PHI removed and BUD adjusted?	Yes	

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	Prescription Processing **If any part of a question is no, enter "No" and explain the observation.**		
64.00	**Patient Profile:** Is patient profile data organized and readily accessible to facilitate consultation with the prescriber, patient, or caregiver? *Indicate who enters patient profile data into the computer system and how often it is updated?*	Yes	Intake team starts the process, managing pharmacist will verify and change as necessary with each phone counseling.
64.01	If the pharmacy dispenses veterinary prescriptions, does the information gathered and recorded include the species, and name of the animal/owner as required by resident state law? *Describe how it is indicated in the computer system that the patient is an animal? And how is it indicated in the system the prescription is a veterinary prescription?*	N/A	
65.00	**Prescription:** Are adequate processes in place to assure the integrity, legitimacy, and authenticity of prescription orders? *Staff is familiar with detecting fraud in hard copy, faxed, verbal, and electronic prescriptions.*	Yes	
65.01	Is there a procedure to follow when a prescription is suspected of (or actually is) fraudulent? *Describe the steps and reporting process.*	Yes	Pharmacist will reach out to prescriber, to determine validity of the order.
65.02	Are adequate processes in place for assuring that prescription medications are not prescribed or dispensed based on online medical consultations without there being a pre-existing prescriber-patient/client relationship? *Describe. Do the processes include comparing the physical addresses of the patient and prescriber?*	Yes	Physical addresses are compared. If there is a discrepancy, prescriber is contacted.
65.03	Does the pharmacy have electronic prescription capability? *Indicate whether it is for non-controlled substances, controlled substances, or both.*	Yes	Non-controlled only
65.04	If the pharmacy accepts electronic prescriptions for controlled substances, are they in compliance with federal regulations?	N/A	No controlled substances on site.
66.00	**Accuracy:** Is the accuracy of the information entered into the computer system verified (patient information and prescription information)? *Indicate how and by whom.*	Yes	Managing Pharmacist will verify at the first verification step.

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67.00	**DUR:** Does staff conduct prospective DUR prior to the dispensing of a medication or product? *Describe at what point in the process does the DUR take place?*	Yes	Pharmacist will conduct DUR during each phone call prior to dispensing.
67.01	Does the DUR include: • drug-drug interaction (Prescription and OTC), • drug-allergy interaction, • therapeutic duplication, • under- or over-utilization (including clinical abuse/misuse), • disease state or condition contraindication, • Incorrect dosage or duration of therapy, and • gender or age related contraindications. *Indicate if there are other parameters routinely included in the DUR.*	Yes	
67.02	In addition to the pharmacy DUR software, does the pharmacy staff obtain other information to use in the DUR process? *Describe.*	No	
67.03	Does the pharmacy have adequate resources/references related to the type of pharmacy practice it operates?	Yes	
67.04	Does the pharmacy report required data to the state PMP (in this state and the other states in which the pharmacy is licensed)? *Describe.*	Yes	
67.05	Does the pharmacy access state PMP/PDMP data for specific patients? *Verify there is a policy regarding access and follow-up or reporting and that pharmacist can access the PMP data.*	No	
67.06	Are DUR overrides/bypasses documented? *Indicate how the override is documented and who has override capability.*	Yes	Only pharmacist can override or bypass, it is recorded in CPR Plus

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National Association of Boards of Pharmacy®
Verified Pharmacy Program® Inspection Form

General Pharmacy Inspection

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Facility Name: Home Care Services Inc. dba KabaFusion NJ
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		Observation	Notes
67.07	Is the DUR process performed electronically by the computer system? ***Identify integrated drug database used.***	Yes	MediSpan
67.08	If the DUR is manual, is there a system to document: • How manual DUR is performed • Specific issues that were identified • Pharmacist that considered the identified issues and gave the okay to proceed	Yes	
67.09	If the pharmacy dispenses veterinary prescriptions, does it have a veterinary drug database integrated into the computer system for electronic DUR? *List veterinary product electronic database used. If not, list compendia used for performing manual DUR.*	N/A	
68.00	Are filled prescriptions verified for accuracy prior to dispensing? *Indicate process, by whom, and how documented.*	Yes	Pharmacists will verify at the final verification stage. They have a copy of the compounding record, and the original order.
69.00	Are filled prescriptions appropriately labeled? *Describe.*	Yes	Labels appear to be in compliance with the State of NJ regulations.
70.00	**Confidentiality**: Does the system have adequate safeguards to prevent a user from performing functions under a different user account or beyond what they are authorized to perform? *Password protected, access limited by job type, access revoked as appropriate such as upon termination. Record name/brand of pharmacy computer system used.*	Yes	Set by corporate, defined by job duties
70.01	Does the pharmacy destroy PHI including labeled prescription vials?	Yes	Shred-it is the vendor
71.00	**Mail/Delivery:** If applicable, are packing materials designed to maintain the physical integrity, stability, and purity of prescription medications and compounded preparations in transport?	Yes	
72.00	**Off-Site Processes:** Are any portions of the prescription processing (in the questions below) performed at a different location? ***Note: Please ask each question below to verify.***	No	

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		Observation	Notes
72.01	If yes, is the other location under common ownership? *If not commonly owned, explain if there is a central fill/shared services or other agreement in place. Record the name and license number for the other location.*	N/A	
72.02	If yes, is that location in a different state than this facility? *If so, explain.*	N/A	
72.03	If yes, are there policies and procedures for identifying who is responsible for each step of prescription processing?	N/A	
73.00	**Off-Site Inventory:** Does the pharmacy maintain any emergency kits in nursing homes, long-term care facilities, or other entities (such as hospice, EMTs, ambulances)? *Note name(s) of facilities or entities.*	No	
73.01	Do the emergency kits contain any compounded products? *If so, indicate whether sterile and/or nonsterile and are these stored, non-patient specific?*	N/A	
74.00	**Off-Site Inventory:** Does the pharmacy maintain any automated prescription dispensing devices outside the pharmacy such as Pyxis in a nursing home, or a secure mailbox device that patients access after hours, etc? *Note types and locations.*	No	
74.01	If yes, are the automated devices appropriately licensed, registered, or approved by the board of pharmacy? *Provide details.*	N/A	
74.02	Do the automated dispensing devices contain any compounded products? *If so, indicate whether sterile and/or nonsterile and are these stored, non-patient specific?*	N/A	
	Patient Counseling and Communication **If any part of a question is no, enter "No" and explain the observation.**		
75.00	Does the pharmacist provide counseling for all <u>new</u> prescriptions picked up at the pharmacy (proactively, no "offer")?	Yes	
75.01	Is an "offer" to counsel made for all <u>new</u> prescriptions picked up at the pharmacy? *Indicate who makes the "offer".*	N/A	
76.00	Does the pharmacist provide counseling for all <u>refilled</u> prescriptions picked up at the pharmacy (proactively, no "offer")?	Yes	

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		Observation	Notes
76.01	Is an "offer" to counsel made for all refilled prescriptions picked up at the pharmacy? *Indicate who makes the "offer".*	N/A	
77.00	Does the pharmacist provide counseling for refilled prescriptions picked up at the pharmacy when there is a change in therapy or other issue determined by the pharmacist (proactively, no "offer")?	Yes	
77.01	Is an "offer" to counsel made for all refilled prescriptions picked up at the pharmacy when there is a change in therapy or other issue determined by the pharmacist? *Indicate who makes the "offer".*	N/A	
78.00	Is patient counseling provided for delivered prescriptions? *Printed information sent to patient, toll-free number for patients to call, pharmacist calls patients directly, etc? Describe how.*	Yes	Counseling call made by a pharmacist to each patient prior to delivery.
79.00	Is patient counseling provided for mailed prescriptions? *Printed information sent to patient, toll-free number for patients to call, pharmacist calls patients directly, etc? Describe how.*	Yes	Counseling call made by a pharmacist to each patient prior to delivery.
80.00	Are patient package inserts (PPIs) provided with every fill and refill of medications for which they are required (such as hormone products, inhalers, etc)? *Describe how.*	Yes	Generated by CPR Plus
81.00	Are MedGuides provided with every fill and refill of medications for which they are required (such as NSAIDS, antidepressants, etc)? *Describe how.*	Yes	Generated by CPR Plus

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		Observation	Notes
82.00	Are REMS (Risk Evaluation Mitigation Strategy) implementation programs performed? Confirm that procedures are in place. *List programs (such as iPledge for isotretinoin, or Tikosyn).*	Yes	Soliris, Ultomiris
83.00	Is patient counseling, the offer to counsel, or the refusal of patient counseling documented? *Describe how.*	Yes	Indicated on the patient record in CPR Plus
84.00	Do patients have 24-hour access to a pharmacist? *Note: may not be required by the resident state. Describe how (such as posted contact information and hours of operation).*	Yes	New patient package lists the contact process for after hours.
85.00	Are processes in place to handle a drug recall?	Yes	
86.00	Does the pharmacy accept prescription drugs back for destruction as part of a drug take-back program?	No	
86.01	Does the take-back program include controlled substances?	N/A	
86.02	Does the pharmacy have a modified DEA registration for controlled substance take-back? *If yes, list.*	N/A	

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Facility Name: Home Care Services Inc. dba KabaFusion NJ
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		Observation	Notes
	Quality Assurance/Quality Improvement Program **If any part of a question is no, enter "No" and explain the observation.**		
87.00	Is there a documented continuous quality improvement (CQI) Program for the purpose of detecting, documenting, assessing, and preventing quality related events (QREs)? *If yes, list who oversees the program.*	Yes	Lindsay J. Parizman
87.01	Policies and procedures for the program are maintained in the pharmacy in an immediately retrievable form. *Indicate if hard copy, electronic, or both.*	Yes	Electronically
87.02	"Quality-Related Event" (QRE) is defined to mean any departure from the appropriate dispensing of a prescribed medication that is or is not corrected prior to the delivery and/or administration of the medication including (but not limited to): 1. a variation from the prescriber's prescription drug order such as incorrect drug, strength, form, or patient; or inadequate or incorrect packaging, labeling, or directions; 2. a failure to identify and manage over-utilization or under-utilization; therapeutic duplication; drug-disease contraindications; drug-drug interactions incorrect drug dosage or duration of drug treatment; drug-allergy interactions; or clinical abuse/misuse. 3. packaging or warnings that fail to meet recognized standards, the delivery of a medication to the wrong patient, or the failure to detect and appropriately manage a significant actual or potential problem with a patient's drug therapy.	Yes	
87.03	There is documentation of initial/ongoing (at least yearly) review and training of all pharmacy employees on the CQI program and processes. *For example, may be formal training or reviewed at a yearly meeting.*	Yes	
88.00	**Documentation of QREs** starts as soon as possible, but no more than three days, after determining their occurrence. *Indicate if documentation/forms are hard copy or electronic.*	Yes	Electronically prepared, and submitted.

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		Observation	Notes
88.01	Documentation includes all the pertinent data about the prescription involved including personnel involved at each step.	Yes	Staff responsible at each step are identified in CPR Plus
88.02	Documentation includes documenting the type of QRE details and how/who discovered the QRE.	Yes	
88.03	Documentation incudes possible contributing factors such as day and time the QRE occurred, number of pharmacists and technicians on duty, prescription volume that day, equipment failure, or other factors affecting work-flow at the time.	Yes	
88.04	Documentation includes steps taken to remediate including communications with the patient and the provider, and if the medication was ingested, disposition of the patient.	Yes	
89.00	**QRE data** collected is analyzed to assess causes and any contributing factors (root cause). *Indicate who performs the analysis and frequency (with each event, weekly, monthly, quarterly, etc).*	Yes	Lindsay J. Parizman quarterly review and submitted to corporate, and an annual review.
89.01	The pharmacy uses the findings of the analysis to formulate an appropriate response and develop pharmacy systems and workflow processes designed to prevent QREs and increase good outcomes for patients.	Yes	
89.02	For pharmacies utilizing a drug formulary, a periodic review of such formulary is undertaken to ensure that appropriate medications are being offered/selected in the best interest of patients.	No	
90.00	**Quality meetings** are held at least annually by staff members of the pharmacy to consider the effects on quality of the pharmacy system due to staffing levels, workflow, and technological support.	Yes	
90.01	The meeting reviews data showing evidence of the quality of care for patients and develops plans for improvements to increase good outcomes for patients.	Yes	

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		Observation	Notes
90.02	Improvements or changes made are evaluated for performance to measure the effectiveness of the CQI program.	Yes	
91.00	**Reporting:** Incidents of QREs are reported to a nationally recognized error reporting program, an outside peer review committee, or a patient safety organization. *Indicate which organizations are reported including if the pharmacy reports QREs to the board of pharmacy.*	Yes	Strategic Health Partners (SHP); no reports to the board of pharmacy
91.01	Adverse events are reported to the appropriate entities such as the board of pharmacy, MedWatch, FDA, VAERS, etc?	Yes	
91.02	Incidents involving malfunctioning or defective medical equipment or devices (blood glucose meters, DME, injection devices, etc) are documented and reported to the manufacturer or distributor.	Yes	
92.00	**Quality Self-Audits** are performed by the pharmacy at least quarterly (and upon change in PIC) to determine whether the occurrence of QREs has decreased and whether there has been compliance with preventative procedures, and to develop a plan for improved adherence with the CQI program in the future.	Yes	
93.00	**Consumer Surveys** are conducted at least yearly of patients who receive pharmaceutical products and services at the pharmacy. A statistically valid sampling technique may be used in lieu of surveying every patient. Each pharmacy should use the results of its consumer survey to evaluate its own performance at a particular time and over a period of time.	Yes	
94.00	**Patient Complaints** are documented, tracked, and investigated as appropriate and the information is used as part of the CQI program.	Yes	

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Sterile Compounding Inspection for USP <797>

Facility Name: Home Care Services Inc. dba KabaFusion NJ
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		Observation	Inspector Notes	USP Reference(s)
	Standard Operating Procedures (SOPs) for Compounded Sterile Preparations (CSPs)		**Please note NABP did not review each SOP for alignment on USP <797>. The SOP(s) described below is/are a reflection of any self-assessment completed by the pharmacy and/or shared with the inspector during the onsite inspection.**	
1.0	Does the pharmacy have a designated person(s) who meets the requirements in compliance with USP <797> standards? ***Inspector note: Per USP, "The compounding facility must designate one or more individuals (ie, the designated person(s)) to be responsible and accountable for the performance and operation of the facility and personnel in the preparation of CSPs and for performing other functions."*** ***If no, go to compliance statements.***	Yes		1.1.3, 2
1.1	The designated person(s) (for the QA program) has the training, experience, responsibility, and authority to perform the duties required of them.	Yes		18

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		Observation	Inspector Notes	USP Reference(s)
1.2	The designated person(s) is responsible and accountable for the performance and operation of the facility. ***Per USP, "The designated person(s) is responsible for ensuring that each area related to CSP preparation meets the classified air quality standard appropriate for the activities conducted in that area. The designated person(s) must also ensure that the ISO Class 5 areas are located, operated, maintained, monitored, and certified to have appropriate air quality."***	Yes		2, 4.2, 4.5
1.3	The designated person(s) is responsible for personnel performing sterile compounding or other related functions (eg, quality checks and prescription dispensing of compounded preparations).	Yes		2, 17
1.4	The designated person(s) reviews facility SOPs at least every 12 months to ensure that they reflect current practice and such review is documented.	Yes		2, 17
1.5	The designated person(s) ensures that SOP revisions are implemented.	Yes		2, 17

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		Observation	Inspector Notes	USP Reference(s)
1.6	The designated person(s) communicates all SOP revisions to all impacted personnel. ***Inspector note: USP <797> recommends that personnel should also document acknowledgment and communication of SOP changes and revisions.***	Yes		2, 17
1.7	The designated person(s) ensures that personnel demonstrate competency in performing every procedure that relates to their job function.	Yes		2, 17
1.8	The designated person(s) ensures that corrective actions are taken if problems, deviations, out-of-range results, failures, or errors are identified. ***Inspector note: Per USP, "Data collected in response to corrective actions must be reviewed to confirm that the actions taken have been effective."***	Yes		2, 5, 12
2.0	Has the pharmacy developed and implemented SOPs that describe sterile compounding processes and other support activities in compliance with USP <797> standards? ***Inspector note: In order for this to be answered yes, all topics must be addressed if applicable to their business practices.*** ***If no, document "missing" in Inspector Notes*** ***If yes, document the name, number, and version of each SOP in the Inspector Notes.***	Yes		17

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		Observation	Inspector Notes	USP Reference(s)
2.1	**Scope of Practice:** Types of CSPs that are prepared (eg, immediate use, allergenic extracts, Category 1, Category 2, Category 3). Roles and responsibilities of the designated person(s).		Category 2 – 19.2 Policy Personnel Validation and Competencies	1.5
2.2	**Personnel Training and Evaluation:** Description of initial and ongoing training and competency for the designated person(s), compounding personnel, personnel with direct oversight of compounding personnel, and personnel who only perform restocking or cleaning, and disinfecting duties outside of the primary engineering control (PEC). Description of media-fill testing procedures, hand hygiene and garbing competency, and aseptic manipulation competency. Training and competency assessment of personnel on all sterilization methods and equipment used by the facility. Frequency of training is defined.		Category 2 – 19.2 Policy Personnel Validation and Competencies	2, 2.2, 10 Box 1, Box 2, Table 2, Table 3
2.3	**Personal Hygiene and Garbing:** Description of the required garb, manner of storage, and order of garbing, including disinfection procedures for reusing goggles, respirators, and other reusable equipment. ***Inspector note: Per USP, the RABS (or pharmaceutical isolator) sleeve and glove changes should (not required) be changed per the manufacturer's recommendations and defined in the facility's SOPs.***		19.4 Policy Hand Hygiene and Garbing	3, 3.3

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		Observation	Inspector Notes	USP Reference(s)
2.4	**Facility Design and Engineering Controls:** Description of design requirements to maintain air quality standards and procedures for evaluating, maintaining, and certifying the areas used for compounding.		19.1 Policy Pharmacy Environmental Monitoring	4, 4.2
2.5	**Certification and Recertification:** Description of sampling sites and procedures.		19.1 Policy Pharmacy Environmental Monitoring	5, 5.1
2.6	**Microbiological Air and Surface Monitoring:** Description of the pharmacy's microbiological air and surface monitoring program which includes a diagram of the sampling locations, procedures for collecting samples, frequency of sampling, size of samples (eg, surface area, volume of air), time of day of sampling in relation to activities in the compounding area, and action levels that will trigger corrective actions and documentation requirements.		19.1 Policy Pharmacy Environmental Monitoring	6, 6.1, 6.2, 6.3
2.7	**Cleaning, Disinfection, and Application of Sporicidal Disinfectants and Sterile 70% IPA:** Description of procedures for cleaning, disinfecting, and applying sporicidal disinfectants and include the frequency, methods, locations of cleaning, and documentation requirements.		19.3 Policy Pharmacy Cleaning and Disinfection	7, 7.2 Box 7, Box 8

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		Observation	Inspector Notes	USP Reference(s)
2.8	**Equipment:** Description of procedures for the calibration, maintenance, cleaning, use of the equipment, and documentation requirements.		19.7 Policy - Compounding Facilities	9.1, 10, 20
2.9	**Components:** Description of procedures that address the selection, receipt, evaluation, handling, storage, and documentation of all CSP components, including all ingredients and container closures.		19.0 Policy Compounding Guidelines	9.3
2.10	**Master Formulation and Compounding Records:** Description of procedures for developing and maintaining MFRs and required information, documentation, and record-keeping requirements for MFRs and CRs.		19.8 Policy - Master Formulations Templates and Compounding Records	11.1, 11.2, 20
2.11	**Release Inspections and Testing:** Description of release testing procedures (eg, visual inspections and/or sterility and endotoxin testing), out-of-specification procedures, corrective action procedures, and documentation requirements.		19.0 Policy Compounding Guidelines	12, 18, 20
2.12	**Labeling:** Procedures for labeling and label verification (confirming against the prescription or medication order, the MFR, and the CR) in order to prevent errors, CSP mix-ups, and required displayed information.		19.0 Policy Compounding Guidelines	13

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		Observation	Inspector Notes	USP Reference(s)
2.13	**CSP handling, storage, packaging, shipping, and transport:** Processes and techniques for handling, storing, packaging, and transporting CSPs that include temperature monitoring, excursions, shipping containers, packaging requirements, and selected transportation modes.		9.8 Shipping and Cold Chain Management	19
2.14	**Documentation:** Record keeping requirements and procedures for documentation maintenance and storage. ***Inspector note: USP requires readily retrievable records for two years; however, it is acknowledged that state or accreditation organizations may require records for a longer period of time.***		10.12 Access Storage Removal and Retention	20
2.15	**Sterilization and Depyrogenation:** Description of methods used for establishing and verifying the effectiveness of the terminal sterilization and depyrogenation methods selected, as well as the methods for maintaining and cleaning the sterilizing and depyrogenation equipment. ***If not applicable to their business practices, inspector should answer statement as N/A.***			10

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		Observation	Inspector Notes	USP Reference(s)
2.16	**Immediate Use CSPs:** Description of processes followed to meet all conditions of exemption from the requirements for Category 1, Category 2, and Category 3 CSPs. ***If not applicable to their business practices, inspector should answer statement as N/A.***			1.3
2.17	**Blood/Biological Handling:** Description of processes used to avoid cross-contamination and meet applicable regulatory requirements. ***If not applicable to their business practices, inspector should answer statement as N/A.***			1.1.2
2.18	**Allergenic Extracts:** Description of procedures for training, competency assessments, personnel hygiene and garbing, facility requirements, cleaning and disinfecting, beyond use dates (BUDs), labeling, storage, shipping and transporting, and documentation. ***If applicable to their business practices, please complete the Allergenic Extracts module.*** ***If not applicable to their business practices, inspector should answer statement as N/A.***			21

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National Association of Boards of Pharmacy®
Verified Pharmacy Program® Inspection Form

Sterile Compounding Inspection for USP <797>

Facility Name: Home Care Services Inc. dba KabaFusion NJ
e-Profile ID: 789755
Inspection Date: 04/12/2024 & 04/15/2024

		Observation	Inspector Notes	USP Reference(s)
	CSPs - Immediate Use, Proprietary Vial/Bag Systems, and Blood-Derived			1
3.0	Does the pharmacy prepare and dispense compounded sterile preparations for direct and immediate use? ***If the pharmacy does not prepare and dispense compounded sterile preparations for direct and immediate use, the inspector should answer question as N/A.***	N/A		1.3
4.0	Does the pharmacy meet all conditions specified in USP <797> for CSPs compounded for direct and immediate use? ***Inspector note: Per USP <797>, all conditions must be met to qualify for exemptions of the requirements for Category 1, Category 2, and Category 3 CSPs.*** ***If no, go to compliance statements.*** ***If the pharmacy does not prepare and dispense compounded sterile preparations for direct and immediate use, the inspector should answer question as N/A.***	N/A		1.3
4.1	Aseptic techniques, processes, and procedures are followed. ***Inspector note: Per USP <797>, facility SOPs must describe procedures followed "to minimize the potential for contact with nonsterile surfaces, introduction of particulate matter or biological fluids, and mix-ups with other conventionally manufactured products or CSPs."***	N/A		1.3

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		Observation	Inspector Notes	USP Reference(s)
4.2	Personnel are trained and demonstrate competency in aseptic processes as they relate to assigned tasks and the facility's SOPs. ***Review personnel records to verify.***	N/A		1.3
4.3	Preparation is performed in accordance with evidence-based information for physical and chemical compatibility of the drugs. ***Inspector note: Examples of this include approved labeling and/or published or unpublished stability and compatibility studies.***	N/A		1.3
4.4	Preparation involves not more than three (3) different sterile products (eg, ingredients and/or components in a single container).	N/A		1.3
4.5	Unused components from a single-use container are discarded after the preparation for one individual patient is complete (ie, single-dose containers are not used for more than one patient).	N/A		1.3

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		Observation	Inspector Notes	USP Reference(s)
4.6	Administration begins within four hours of the start of the preparation, and if not, the preparation is discarded. ***If administration is not performed within the same facility/campus of the pharmacy and/or is outside the pharmacy's control, inspector should answer statement as N/A.***	N/A		1.3
4.7	Unless the person preparing the preparation is administering or witnessing administration, the preparation is labeled with names and amounts of all active ingredients, name or initials of preparer, and exact four-hour time period in which administration must begin. ***If administration is not performed within the same facility/campus of the pharmacy and/or is outside the pharmacy's control, inspector should answer statement as N/A.***	N/A		1.3
5.0	Does the pharmacy prepare proprietary bag and vial systems (ex. addEASE, ADD-Vantage, Mini Bag Plus, Vial2Bag) in compliance with USP <797> standards? ***Inspector note: Docking and activation of proprietary bag and vial systems for immediate administration to an individual patient is out of scope of USP <797> and may be performed outside of an ISO Class 5 environment.*** ***If no, go to compliance statements.*** ***If the pharmacy does not stock, prepare, and/or dispense any proprietary vial and bag systems, inspector should answer statement as N/A.***	Yes		1.4

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		Observation	Inspector Notes	USP Reference(s)
5.1	Docking for *future activation* and administration is performed in an ISO Class 5 environment and in accordance with requirements of USP <797>, with the exception of BUD assignment.	Yes		1.4
5.2	BUD assignment is not longer than specified in the manufacturer's labeling.	Yes		1.4
6.0	Does the pharmacy meet the conditions specified in USP <797> for CSPs to be prepared per approved labeling? ***Inspector note: Preparing a conventionally manufactured sterile product in accordance with the directions in the manufacturer's approved labeling is considered outside the scope of the USP chapter.*** ***If no, go to compliance statements.*** ***If the pharmacy only <u>compounds</u> sterile preparations (eg, does <u>not</u> prepare sterile preparations that strictly adheres to the conventionally manufactured approved labeling for preparation), inspector should answer statement as N/A.***	N/A		1.4
6.1	The product is prepared as a single dose for an individual patient.	N/A		1.4
6.2	The approved labeling includes information for the diluent, the resultant strength, the container closure system, and the storage time.	N/A		1.4

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		Observation	Inspector Notes	USP Reference(s)
7.0	Does the pharmacy perform compounding activities that require the manipulation of a patient's blood-derived or other biological material (eg, autologous serum)?	N/A		1.1.2
8.0	For compounding activities that require the manipulation of a patient's blood-derived or other biological material, does the pharmacy perform manipulations that are clearly separated from other compounding activities and equipment used in CSP preparation activities and are controlled by specific SOPs to avoid any cross-contamination? ***Inspector note: Per USP, a separate cart could be used for blood-derived or other biological materials (a separate area is not required by the chapter). Pharmacy should change garb. Pharmacy to have cleaning processes as part of SOPs to avoid cross-contamination.*** ***If the pharmacy does not compound with blood products or other biological materials, inspector should answer statement as N/A. If the inspector answers the compliance question as "no", please describe your observations.***	N/A		1.1.2
	Facility Design and Engineering Controls			**4**

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		Observation	Inspector Notes	USP Reference(s)
9.0	**Segregated Compounding Area (SCA):** Does the pharmacy use an SCA as an SEC in compliance with USP <797> standards for facility design and environmental control? ***Inspector note: Per USP, only Category 1 CSPs may be compounded in a SCA.*** ***If no, go to compliance statements.*** ***If pharmacy only uses a cleanroom suite for sterile compounding preparations, inspector should answer question as N/A.***	N/A		4.1, 4.1.1, 4.1.2, 4.2.1 Table 5
9.1	The facility is designed to afford a well-lighted and comfortable working environment.	N/A		4.2, 4.2.1
9.2	Only Category 1 CSPS are prepared in a SCA. ***If pharmacy is compounding Category 2 or Category 3 CSPs in a SCA, inspector should answer this statement as no and collect photographs and copies of the MFR, CR, and provide a description of their observations in the Inspector Notes.***	N/A		4.2.1, 4.2.3 Table 5

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		Observation	Inspector Notes	USP Reference(s)
9.3	The SCA is located away from unsealed windows, doors that connect to outdoors, and traffic flow. ***Inspector note: Per USP, "strong air currents from opened doors, personnel traffic, or air streams from the HVAC system can disrupt the unidirectional airflow of an open-faced PEC."***	N/A		4.2.1
9.4	The SCA is located away from environmental control challenges and separate from areas not related to compounding (ie, restrooms, warehouses, food preparation areas).	N/A		4.2.1
9.5	A visible perimeter establishes the boundaries of the SCA. ***Inspector note: Per USP, the SCA is defined as "a designated space, area, or room that is not required to be classified and is defined with a visible perimeter. The SCA must contain a PEC and is suitable for preparation of Category 1 CSPs only." USP further defines a perimeter as "a visible demarcation (such as a door, walls, or visible marking on the floor) that defines the SCA or AECA." The perimeter will be defined in the pharmacy's SOPs. Tape or an alternative method may be used to define this visible perimeter, since this is not a classified space.***	N/A		4.2.1 Glossary

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		Observation	Inspector Notes	USP Reference(s)
9.6	Access to the SCA is restricted to authorized personnel. ***Inspector note: Per USP, authorized personnel includes personnel involved in compounding processes, maintenance, and cleaning.***	N/A		4.2.1
9.7	Free-standing humidifiers/dehumidifiers and air conditioners are not located within the perimeter of the SCA.	N/A		4.2
9.8	Only furniture, equipment, and other materials necessary for performing compounding activities are permitted in the compounding area. ***Inspector note: Per USP, these items should be low-shedding, easily cleaned, and disinfected. This applies to items within the perimeter around the Primary Engineering Control (PEC).***	N/A		4.5
9.9	Shipping cartons or other corrugated or uncoated cardboard are not allowed in the SCA.	N/A		4.5
9.10	The SCA and all surfaces (walls, floors, counters, equipment) are clean, uncluttered, and dedicated to compounding.	N/A		4.2.1, 4.3.2
9.11	The sink is located inside the SCA or in close proximity and is located at least one meter away from the PEC.	N/A		4.4
9.12	The area within one meter of the PEC is dedicated only for sterile compounding (eg, not storage, hand hygiene, donning and doffing garb, or other highly particle-generating activities, such as patient care).	N/A		4, 4.2.1

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		Observation	Inspector Notes	USP Reference(s)
9.13	If overhangs or ledges are present in the SCA, are they easily cleanable? ***If no, describe observations in Inspector Notes.***	N/A		4.2.1, 4.3.2
10.0	Are surfaces smooth, impervious, free from cracks and crevices, and non-shedding so they can be cleaned and disinfected? ***Inspector note: this is a recommendation by USP.*** ***If no, describe in comments Inspector Notes (eg, peeling of Formica countertops)*** .	N/A		4.3.2
11.0	Are surfaces resistant to damage from cleaning, sanitizing, and sporicidal agents used? ***Inspector note: this is a recommendation by USP.*** ***If no, describe in comments inspector observations (ie observed rust on preparation cart or flaking of particle board on shelving).***	N/A		4.2.1, 4.3.2
12.0	**Cleanroom Suite:** Does the pharmacy use a Cleanroom Suite (ISO-classified anteroom and buffer room) as a SEC in compliance with USP <797> standards for facility design and environmental control? ***Inspector note: Per USP <797>, a cleanroom suite is required if compounding any Category 2 and Category 3 CSPs.*** ***If no, go to compliance statements.*** ***If pharmacy only uses an SCA for Category 1 CSPs, inspector should answer question as N/A.***	Yes		4.1, 4.1.1, 4.1.2, 4.2.1, 4.3.1 Table 5

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		Observation	Inspector Notes	USP Reference(s)
12.1	Access to the cleanroom suite is restricted to authorized personnel. ***Inspector note: Per USP, authorized personnel includes personnel involved in compounding processes, maintenance, and cleaning. Some examples pharmacies may use to demonstrate compliance with this statement (but are not specifically required by the chapter) include posting a sign or creating a badge access point for authorized personnel to enter the cleanroom suite.***	Yes		4.2.1
12.2	The facility is designed to afford a well-lit environment.	Yes		4.2, 4.2.1
12.3	The facility provides a comfortable working environment (eg, temperature and humidity settings so appropriate garb can be donned).	Yes		4.2.1
12.4	The anteroom and buffer room are separated from surrounding unclassified areas by fixed walls and doors.	Yes		4, 4.2.1
12.5	Controls are in place to minimize the flow of lower-quality air into the more-controlled areas. ***Inspector note: Per USP, "strong air currents from opened doors, personnel traffic, or air streams from the HVAC system can disrupt the unidirectional airflow of an open-faced PEC."***	Yes		4.2.1

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		Observation	Inspector Notes	USP Reference(s)
12.6	Anterooms providing access to only positive pressure buffer rooms meet at least ISO Class 8 specifications. ***If the pharmacy has a negative pressure room, inspector should answer statement as N/A.***	Yes		4.1.2, 4.2.1
12.7	The anteroom provides access to a negative pressure room and meets at least ISO Class 7 specifications. ***If the pharmacy does not compound hazardous drugs, inspector should answer statement as N/A.***	Yes		4.1.2, 4.2.1
12.8	The buffer room, where the PEC is placed, meets ISO Class 7 or better air quality specifications. ***Inspector note: If the PEC is a pharmaceutical isolator, the buffer room must be at least ISO Class 8 air quality or better and an anteroom is not required.*** ***Per USP <797>, a pharmaceutical isolator is defined as an enclosure that provides HEPA-filtered ISO Class 5 unidirectional air operated at a continuously higher pressure than its surrounding environment and is decontaminated using an automated system. It uses only decontaminated interfaces or rapid transfer ports for materials transfer. A CAI or CACI is not a pharmaceutical isolator.***	Yes		4.1.2, 4.2.1, 4.2.3

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		Observation	Inspector Notes	USP Reference(s)
12.9	Air supply to the anteroom and buffer room is introduced through HEPA filters in the ceiling.	Yes		4.2.1
12.10	Air returns are located low on the wall. ***If the pharmacy has a visual smoke study (as described in the USP chapter and compliance statement below), inspector should answer statement as N/A.***	Yes		4.2.1
12.11	A visual smoke study demonstrates an absence of stagnant air where particles can accumulate and is repeated if any equipment/placement changes when air returns are not located low on the wall. ***Inspector note: Per USP, "the smoke study, along with environmental monitoring, must be repeated whenever a change is made to the placement of equipment within the room or any other alteration is performed within the cleanroom suite that affects the quality of the air (eg, HVAC alterations, chapter of HEPA filter units)."*** ***If air returns are low on the wall, inspector should answer statement as N/A.***	Yes		4.2.1

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		Observation	Inspector Notes	USP Reference(s)
12.12	The anteroom has a line of demarcation to separate the dirty side from the clean side or has two separate anterooms, a dirty anteroom and a clean anteroom. ***Describe observations for the type of line of demarcation in the Inspector Notes.***	Yes		4.2.1
12.13	Personnel enter the dirty side/room first from the unclassified area and the clean side/room is located closest to the buffer room.	Yes		4.2.1
12.14	All surfaces (ceilings, walls, floors, doors, door frames, fixtures, shelving, work surfaces, counters, and cabinets) are smooth, impervious, free from cracks and crevices, and non-shedding.	Yes		4.2.1, 4.3.1
12.15	Junctures between ceilings and walls and between the walls and floors are sealed.	Yes		4.2.1, 4.3.1
12.16	If the ceiling consists of inlaid panels, the panels are caulked to seal them to the support frame. ***If the ceiling does not consist of inlaid panels, inspector should answer statement as N/A.***	Yes		4.2.1, 4.3.1
12.17	Walls are constructed of, or covered with, a durable material (eg, epoxy paint, heavy gauge polymer) and integrity of surface maintained.	Yes		4.2.1, 4.3.1

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12.18	Walls, if paneled, are joined together and sealed to the support structure. ***If walls are not paneled, inspector should answer statement as N/A.***	Yes		4.2.1, 4.3.1
12.19	Floors include coving to the sidewall or the juncture between floor and wall is caulked.	Yes		4.2.1, 4.3.1
12.20	If overhangs or ledges are present, they are easily cleanable. ***If there are no overhangs, ledges, utility pipes, windowsills, etc, inspector should answer statement as N/A.***	Yes		4.2.1, 4.3.1
12.21	Exterior lens surfaces of the ceiling light fixtures are smooth, mounted flush, and sealed.	Yes		4.2.1, 4.3.1
12.22	All other penetrations through the ceiling or walls (eg, camera domes) are sealed.	Yes		4.2.1, 4.3.1
12.23	The buffer room does not contain plumbed water sources (eg, sinks, eyewashes, showers, or floor drains).	Yes		4.4
12.24	The anteroom does not contain floor drains.	Yes		4.4

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13.0	Are **PECs** used to prepare CSPs located in the appropriate space (eg, buffer room or SCA) for category types prepared in compliance with USP <797> standards? ***Inspector to review certification reports and observe compounding area(s) to evaluate.*** ***If no, go to compliance statements.***	Yes		4.2.1, 4.2.2, 4.2.3 Table 4, Table 5
13.1	All compounded sterile preparations (that are not for immediate use) are compounded in a PEC.	Yes		1.3, 4, 4.1.2
13.2	PEC is certified to maintain ISO 5 classification or better conditions during dynamic operating conditions. ***The inspector should only answer yes if the PEC has been certified within the past six months.***	Yes		4.2.2, 4.2.3, 5
13.3	The PEC is located out of traffic patterns and away from room air currents that could disrupt the intended airflow patterns inside the PEC. ***Review certification report.***	Yes		4, 4.2.2, 4.2.3
13.4	Placement of the PEC allows for cleaning around the PEC.	Yes		4.2.3

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13.5	**Category 2 and Category 3**: PEC(s) are located in a cleanroom suite. ***If pharmacy only compounds Category 1 CSPs, inspector should answer this statement as N/A.***	Yes		4.2.3 Table 5
14.0	Does the pharmacy have any CAIs/CACIs used for sterile compounded preparations? ***If the pharmacy does not use any CAI/CACIs for compounding CSPs, inspector should answer question as N/A.***	N/A		4.2.3 Table 5
15.0	Are **CAIs/CACIs** (RABS) used for compounding sterile preparations operated in compliance with manufacturer specifications **and** USP <797> standards? ***If no, go to compliance statements.*** ***If the pharmacy does not use any CAI/CACIs for compounding CSPs, inspector should answer question as N/A.***	N/A		4.2.3
15.1	The documented recovery time is followed after opening the CAI/CACI transfer chamber to maintain ISO Class 5 air quality. ***Inspector note: The recovery time should come from the manufacturer of the CAI/CACI.***	N/A		4.2.3
15.2	Staff ensures that adequate recovery time is allowed after closing the CAI/CACI during compounding operations. ***Inspector note: The recovery time should come from the manufacturer of the CAI/CACI.***	N/A		4.2.3

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Facility Name: Home Care Services Inc. dba KabaFusion NJ
e-Profile ID: 789755
Inspection Date: 04/12/2024 & 04/15/2024

		Observation	Inspector Notes	USP Reference(s)
15.3	Sterile gloves are worn over the gloves attached to the CAI/CACI sleeve. ***Inspector note: Per USP, if using a RABS (ie, a CAI or CACI), disposable gloves should be (not required) worn inside the gloves attached to the RABS sleeves.***	N/A		3.3
16.0	Are there controls in place to minimize the influx of contaminants from materials (supplies and equipment) and personnel as they move from areas of lower quality to those of higher quality in compliance with USP <797> standards? ***Inspector note: An example of material movement from lower quality air to higher quality air includes movement from a non-classified area to an ISO Class 8 anteroom, ISO Class 8 anteroom to an ISO Class 7 buffer room, or from an ISO Class 7 buffer room to an ISO Class 5 PEC.*** ***If no, go to compliance statements.***	Yes		4.5
16.1	Before any item is introduced into the SEC, placed into the pass-through chamber, or brought into the SCA (providing that packaging integrity will not be compromised), it is wiped with a sporicidal disinfectant, EPA-registered disinfectant, or sterile 70% isopropyl alcohol (IPA) using low-lint wipers by personnel wearing gloves.	Yes		4.5

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16.2	Before any item is introduced into the PEC, it is wiped with sterile 70% IPA using sterile low-lint wipers and allowed to dry before use.	Yes		4.5
17.0	Does the pharmacy have the appropriate facility design and controls (including the fixtures, types of equipment, materials, and supplies that are stored) in the classified areas in compliance with USP <797> standards? ***If no, go to compliance statements.***	Yes		4, 9.1, 19.1
17.1	The sink used for hand hygiene, located outside of the anteroom, is placed in an appropriate area and clean space to minimize the risk of bringing contaminants into the anteroom. ***Inspector note: Inspector should evaluate the sink location in relation to the activities that occur where the sink is located as well as the distance between the sink and the entrance to the compounding suite/SCA. Examples that may not be considered appropriate include but are not limited to: sink is located in the bathroom, an adjacent suite or property, or in an employee breakroom where food is prepared.*** ***If the sink is located in the anteroom, inspector should answer statement as N/A.***	Yes		4.4

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17.2	The sink used for hand hygiene, located inside of the anteroom, is placed in an appropriate area to minimize the risk of bringing contaminants into the buffer room. ***Inspector note: Inspector should evaluate the sink location in relation to the doors and compounding activities. For example, the sink is where compounders perform hand hygiene close to where garb is stored (where it can easily get wet/splashed).*** ***If the sink is located outside the anteroom, inspector should answer statement as N/A.***	Yes		4.4
17.3	The doors into the anteroom from the general pharmacy area and from the anteroom into the clean/buffer room are prevented from both being open at the same time (eg, by interlocking, training of personnel, or signage).	Yes		4.2.1
17.4	The inside and outside doors of a pass-through are prevented from both being open at the same time (eg, by interlocking, training of personnel, or signage).	Yes		4.2.1

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17.5	Only furniture, equipment, and other materials necessary for performing compounding activities are permitted in a classified area or SCA. ***Inspector note: Per USP, items necessary for performing compounding activities are low-shedding and can be easily cleaned and disinfected. If no, describe the types of items that are observed. If appropriate, submit a photograph with inspection report.***	Yes		4.5, 9.1
17.6	Tacky mats are not used in the classified areas. ***Inspector note: Per USP <797>, "Tacky mats must not be placed within ISO-classified areas."***	Yes		4.2.1
17.7	Shipping cartons or other corrugated or uncoated cardboard are not permitted in the classified areas.	Yes		4.5
17.8	Carts used to transport components or equipment into classified areas are constructed from nonporous materials with cleanable casters and wheels.	Yes		4.5
17.9	Carts (including casters) are cleaned and disinfected prior to moving from the dirty side to the clean side of the anteroom.	Yes		4.5

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18.0	Does the pharmacy's facility design for maintaining (eg, recording, monitoring, and controlling) temperature and humidity (eg, HVAC) comply with USP <797> standards? ***Inspector note: Compounded preparations that are finished and stored will be addressed in the general pharmacy module. Inspector should be aware that USP cleanroom temperature recommendations may not be harmonized with USP, FDA, or manufacturer/supplier temperature requirements for drug storage.*** ***If no, go to compliance statements.***	Yes		4.2, 19.1 USP <659>
18.1	The compounding area temperature and humidity is maintained by a heating, ventilation, and air conditioning (HVAC) system. ***If inspector finds a free-standing air conditioner, humidifier, or dehumidifier within the classified area or the SCA, the inspector should answer statement as "No." Additionally, inspector should describe what they observed, where the equipment was located, and collect/submit photographs.***	Yes		4.2, 9.3.4, 19.1
18.2	The pharmacy records the temperature of the cleanroom suite on days when sterile compounding occurs. ***If pharmacy does not use a continuous recording system, describe the frequency of temperature recording in the notes.***	Yes		4.2, 9.3.4, 19.1

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18.3	The pharmacy records the humidity of the cleanroom suite on days when sterile compounding occurs. ***If pharmacy does not use a continuous recording system, describe the frequency of humidity recording in the notes.***	Yes		4.2, 9.3.4, 19.1
18.4	The pharmacy maintains records of temperature and humidity that are specific to the cleanroom suite. ***Temperature and humidity for drug storage areas will be documented in the general pharmacy module.*** ***If the pharmacy only uses an SCA, inspector should answer statement as N/A.***	Yes		4.2, 9.3.4, 19.1
18.5	The pharmacy can readily retrieve temperature and humidity records. ***If the electronic monitoring system is only capable of providing text message alerts for excursions alone (eg, a report cannot be generated for ongoing temperature conditions), inspector should answer statement as "No."***	Yes		4.2, 9.3.4, 19.1

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		Observation	Inspector Notes	USP Reference(s)
18.6	The pharmacy controls temperature and humidity to maintain appropriate working conditions if no overnight drug storage occurs and/or is following the most restrictive drug label. ***Inspector note: Per USP <797>, the cleanroom suite should be maintained at a temperature of 20°C or cooler and a relative humidity of 60% or below to minimize the risk of microbial proliferation and to provide comfortable conditions for compounding personnel attired in the required garb. CRT is defined as 20°C-25°C per USP <659>.***	Yes		4.2, 9.3.4, 19.1
18.7	The placement of the HVAC unit does not cause cross contamination or interfere with the functioning of the classified area. ***Inspector note: Air streams from the HVAC system(s) can disrupt the unidirectional airflow of an open faced PEC such as a laminar airflow workbench (LAFW).***	Yes		4, 4.2
18.8	Temperature monitoring devices are verified for accuracy at least every 12 months or as required by the manufacturer. ***Inspector note: Monitoring devices are typically calibrated or replaced.***	Yes		4.2, 9.3.4

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		Observation	Inspector Notes	USP Reference(s)
18.9	Humidity monitoring devices are verified for accuracy at least every 12 months or as required by the manufacturer. ***Inspector note: Monitoring devices are typically calibrated or replaced.***	Yes		4.2, 9.3.4
19.0	Does the pharmacy store drugs in the cleanroom suite overnight and/or for long periods of time? ***Inspector note: Long periods of time is not defined as pre-compounding preparation right before compounding activities are commenced.***	No		4.2, 9.3.4, 19.1
20.0	If the pharmacy is storing drugs inside the cleanroom suite overnight and/or long periods of time, are any of the drugs stored unable to tolerate temperature excursions?	No		4.2, 9.3.4, 19.1
21.0	What is the current temperature of the cleanroom suite/SCA? ***Record in the Inspector Notes.***	Yes	65.3 degrees Fahrenheit	4.2, 9.3.4, 19.1
22.0	What is the current relative humidity percentage of the cleanroom suite/SCA? ***Record in the Inspector Notes.***	Yes	56%	4.2, 9.3.4, 19.1

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23.0	Is the humidity maintained at less than 60% relative humidity (RH) in the compounding area to minimize risk of microbial proliferation?	Yes		4.2, 9.3.4, 19.1
24.0	Is differential positive pressure maintained in compliance with USP <797> standards? ***Inspector note: Per USP <797>, no pressure differential is required between the SCA and the surrounding area.*** ***If no, go to compliance statements.*** ***Inspector should view logs and current status (while observing compounding) to verify.*** ***If the pharmacy uses an SCA for sterile compounding environment, inspector should answer statement as N/A.***	Yes		4.2.1, 4.2.5, 5
24.1	The facility design creates room separation to allow positive pressure differentials between spaces (rooms) for movement of air from higher quality air to lower quality air. ***Inspector should review a graphic of the airflow contained in the certification report.***	Yes		4.2.1, 4.2.5, 5

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24.2	The facility has a system in place to continuously monitor pressure differentials (eg, magnehelic gauge). ***Per USP, pressure differentials need to be monitored continuously, but personnel are not specifically required to visually monitor pressure during compounding activities.***	Yes		4.2.1, 4.2.5, 5
24.3	The facility has a record system to record pressure differentials on days when compounding occurs. ***Inspector note: Per USP, the quantitative results from the pressure monitoring device must be reviewed and documented at least daily on the days when compounding is occurs.***	Yes		4.2.1, 4.2.5, 5
24.4	The differential positive pressure between unclassified and the first space in the compounding suite is at least 0.020 inch water column. ***Inspector note: Per USP, certifiers should confirm (this is a USP recommendation) positive pressure around doorways, pass-throughs and any opening in the cleanroom suite with smoke testing (to confirm positive pressure is maintained) with initial certification of the cleanroom suite.*** ***If no, record the observed pressure differential between the two identified spaces (eg, ISO Class 8 anteroom and the general pharmacy area).***	Yes		4.2.1, 4.2.5, 5

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24.5	The differential positive pressure between adjacent classified areas is at least 0.020 inch water column. ***If no, record the observed pressure differential between the two identified spaces (eg, ISO Class 8 anteroom and the ISO Class 7 buffer room).***	Yes		4.2.1, 4.2.5, 5
24.6	Pressure differential monitoring and quantitative results are reviewed and documented at least daily on days when compounding occurs.	Yes		4.2.1, 4.2.5, 5
25.0	Does the pharmacy have a policy in place to cease compounding when the pharmacy is unable to maintain positive pressure differentials (outside of anticipated variations due to opening and closing of doors)?	Yes		4.2.1, 4.2.5, 5
26.0	Are pressure differential monitoring procedures in place that include an alarm or alert when there is an excursion? ***Inspector note: USP <797> does not require there to be an alarm or an alert.***	Yes		4.2.5
27.0	Does the facility perform both sterile and nonsterile compounding?	No	Sterile Category 2 only.	4.2.1

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28.0	If the pharmacy performs nonsterile compounding and sterile compounding, are the designated areas separate and distinct from each other?	N/A		4.2.1
29.0	If PECs are placed into the same room that are used for both sterile and nonsterile compounding, is the pharmacy in compliance with USP <797> standards? ***Inspector note: Per USP <797>, PECs used for both sterile and nonsterile compounding may be placed in the same room only if the PECs are sufficiently effective that the room can continuously maintain ISO Class 7 classification.*** ***If no, go to compliance statements.*** ***If the pharmacy does not perform nonsterile compounding in the same room as sterile compounding, inspector should answer this question as N/A.***	N/A		4.2.1, 4.2.6
29.1	PECs used for nonsterile compounding are placed at least one meter away from PECs used for sterile compounding.	N/A		4.2.1
29.2	Particle-generating activity must not be performed while sterile compounding is in process.	N/A		4.2.1

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29.3	PECs are sufficiently effective that the room can continuously maintain ISO Class 7 classification air quality during nonsterile compounding.	N/A		4.2.1
30.0	Does the pharmacy prepare Category 2 and Category 3 CSPs from nonsterile components? ***Inspector note: Category 1 CSPs can be made from nonsterile components.*** ***If the pharmacy does not compound using nonsterile components, the inspector should answer question as N/A.***	N/A		4.2.1, 4.2.6
31.0	Does the pharmacy's presterilization procedures comply with USP <797> standards? ***If no, go to compliance statements.*** ***If the pharmacy does not compound using nonsterile components, the inspector should answer question as N/A.***	N/A		4.2.6
31.1	Presterilization procedures, such as weighing and mixing, are completed in an ISO Class 8 or better environment (eg, anteroom or buffer room). ***Inspector note: This statement only applies for Category 2 and Category 3.***	N/A		4.2.6

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31.2	Presterilization procedures, such as weighing and mixing, are performed in a single-use containment glove bag, CVE, BSC, or CACI to minimize the risk of airborne contamination. ***Inspector note: This statement only applies for Category 2 and Category 3. CVEs, BSCs, or CACIs used for presterilization procedures must be certified at least every six months.***	N/A		4.2.6
	Certification and Environmental Monitoring Inspector to review past two (2) Certification reports for the SEC and all PECs.			5
32.0	Does the pharmacy ensure that each area related to CSP preparation is certified to meet the classified air quality standard appropriate for the activities conducted in that area in compliance with USP <797> standards? ***If no, go to compliance statements.*** ***Inspector is to review current certification reports.***	Yes		5
32.1	The most recent PEC and SEC certification reports are available for review.	Yes		4.2, 5, 20

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32.2	Certification of all classified areas, including PECs, is performed at least every six months.	Yes		4.2.3, 5
32.3	Certification of all classified areas, including PECs, is performed whenever a device is relocated or a major service to the facility is performed. ***Inspector note: Classified areas must be recertified if there are changes to the area such as redesign, construction, replacement or relocation of any PEC, or alteration in the configuration of the room that could affect airflow or air quality.***	Yes		5
32.4	Certification reports are reviewed by the designated person(s). ***Inspector note: If the designated person(s) review is not documented, describe how it is ensured that the review occurred.***	Yes		4.2, 5
32.5	All ISO Class 5 PECs (laminar airflow workbenches or areas, BSCs, CAIs, CACIs, pharmaceutical isolators, IVLFZ, and robotic enclosures) have been certified within the last six months. ***If no, record the date of the last certification and include a copy of the certification report with the inspection report.***	Yes		4.2.3, 5

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32.6	All PECs meet ISO Class 5 air quality requirements with (total, nonviable) particle counts documented within the report. ***Inspector note: Per ISO definition, ISO Class 5 areas are certified as having less than 3,520 particles per cubic meter of air under dynamic operating conditions.*** ***If no, describe what occurred and the pharmacy's response to total airborne particle sampling results, data evaluation, and action level (eg, pharmacy took PEC out of service, pharmacy ordered new HEPA filter, PEC was repaired and re-certified).***	Yes		4.1.1, 5.1 Table 4
32.7	All ISO Class 7 and 8 SECs (clean/buffer rooms and anterooms) have been certified within the last six months. ***Inspector note: Per ISO definition, ISO Class 7 areas are certified as having less than 352,000 particles per cubic meter of air under dynamic operating conditions and ISO Class 8 areas are certified as having less than 3,520,000 particles per cubic meter of air under dynamic operating conditions.*** ***If no, record the date of the last certification and include a copy of the certification report with the inspection report.***	Yes		4.1.1, 4.1.2, 5.1 Table 4

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32.8	All SECs meet ISO Class 7 air quality requirements and ISO Class 8 air quality requirements where permitted, with particle counts documented within the report. ***If no, describe what occurred and the pharmacy's response (eg, pharmacy reduced BUD, pharmacy used an alternative facility, pharmacy followed mitigation strategies, and/or disaster planning processes).***	Yes		4.1.1, 5.1 Table 4
33.0	Does the certification report received by the pharmacy have all required elements documented for the pharmacy's designated person(s) to make an informed decision related to functionality of PEC and SEC environments in compliance with USP <797> standards? ***Inspector note: It is recommended that the designated person review the certification report in its entirety.*** ***If no, go to compliance statements.***	Yes		5, 20
33.1	The certification report includes information about the equipment used for performing each test including last calibration date (or date when next calibration is due). ***Inspector note: Per USP, "total particle count testing must be performed under dynamic operating conditions using calibrated electronic equipment" and "all impaction air samplers must be serviced and calibrated as recommended by the manufacturer."***	Yes		5.1, 6.1, 20

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33.2	The certification report includes the name of the certifier. ***Inspector note: Per USP <797>, a qualified certifier may have received training and education from professional organizations such as the American Society of Heating, Refrigerating, and Air-Conditioning Engineers (ASHRAE) and Controlled Environment Testing Association (CETA). Both organizations provide certification (Registered Certification Professional – Sterile Compounding Facilities), education, and resources.***	Yes		5
33.3	The certification report describes the "dynamic conditions" including the number of personnel in the cleanroom suite. ***Inspector note: Compounders can perform mock compounding activities and/or performing media-fill while the certifier is conducting testing. Number of personnel present in the SEC must be documented.***	Yes		5, 20
33.4	**SEC: Airflow testing** is performed and documented on the certification report to determine acceptability of the **air volume and room air exchange rate (ACPH)**. ***Inspector note: Per USP <797>, unclassified SCAs have no ACPH requirement.*** ***If pharmacy only compounds in an SCA, inspector should answer statement as N/A.***	Yes		4.2.4, 5 Table 6

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Sterile Compounding Inspection for USP <797>

Facility Name: Home Care Services Inc. dba KabaFusion NJ
e-Profile ID: 789755
Inspection Date: 04/12/2024 & 04/15/2024

		Observation	Inspector Notes	USP Reference(s)
33.5	**SEC:** All of the following ACPH required elements were documented on the certification report: the ACPH from HVAC, the ACPH contributed from the PEC, and the total ACPH. ***If pharmacy only compounds in an SCA, inspector should answer statement as N/A.***	Yes		4.2.4, 5
33.6	**The ISO Class 8 anteroom** is certified and documented as having a minimum of 20 ACPH with at least 15 ACPH of the total air change rate coming from HVAC through HEPA filters located in the ceiling. ***If the pharmacy has an ISO Class 7 anteroom, inspector should mark as N/A.***	Yes		4.2.4, 5 Table 6
33.7	**The ISO Class 7 buffer room and ISO Class 7 anteroom (if required)** is certified and documented as having a minimum of 30 ACPH with at least 15 ACPH of the total air change rate in a room coming from the HVAC through HEPA filters located in the ceiling. ***Inspector note: If the PEC is used to meet the minimum total ACPH requirements, the PEC must not be turned off, except for maintenance.***	Yes		4.2.4, 5 Table 6

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		Observation	Inspector Notes	USP Reference(s)
33.8	**SEC: Airflow testing** is performed and documented on the certification report to determine acceptability of the **room pressure differential** in doorways between adjacent rooms.	Yes		4.2.5, 5
33.9	**SEC:** The differential pressure measured was at least 0.020 inch water column positive from the cleanroom to the anteroom and between the anteroom and all adjacent spaces with the doors closed. ***Inspector note: No pressure differential is required between the SCA and the surrounding area.***	Yes		4.2.1, 4.2.5, 5
33.10	**SEC:** All SEC HEPA filters were leak tested (to confirm **HEPA filter integrity**).	Yes		5
33.11	**SEC:** All SEC HEPA filters with leaks were repaired. ***If leaks were not repaired, describe what actions pharmacy took (eg, pharmacy implemented mitigation strategies such as reduced BUD or used alternative pharmacy location).*** ***If no repairs were needed, inspector should answer statement as N/A.***	Yes		5

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		Observation	Inspector Notes	USP Reference(s)
33.12	**PEC: (Dynamic airflow) Smoke pattern tests** are performed for each PEC during dynamic operating conditions to demonstrate unidirectional airflow and sweeping action over and away from the CSPs. ***Inspector note: Per USP, "HEPA-filtered air must be supplied by the PEC at a velocity sufficient to sweep particles away from critical sites and maintain unidirectional airflow during operations. Proper design, control, and use minimizes turbulence and creation of eddies or stagnant air in the PEC."*** ***Describe if smoke pattern testing of PEC was documented thoroughly in the report or through video.***	Yes		4.2.2, 4.2.3, 5
33.13	**PEC: Dynamic airflow smoke pattern** confirms equipment and supplies necessary for performing compounding activities in the PEC do not disrupt unidirectional airflow. ***Inspector note: Per USP, "Proper placement of equipment in a PEC must be initially verified by a dynamic airflow smoke pattern test to demonstrate minimal disruption in airflow. The dynamic airflow smoke pattern test must be repeated if equipment is placed in a different location."***	Yes		4.2.2, 4.2.3, 4.5, 5, 9.1

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		Observation	Inspector Notes	USP Reference(s)
33.14	**PEC: Total (nonviable) particle count** testing was performed under dynamic operating conditions using calibrated electronic equipment. ***Inspector note: Per USP, "Measurements of total airborne particles must be taken in each PEC at locations where there is greatest risk to the exposed CSPs, containers, and closures...Measurements of total airborne particles in other classified areas, including the buffer room(s) and anteroom(s), should be taken at representative locations that reflect the quality of air in the room(s)."***	Yes		5, 5.1
33.15	**PEC:** All PEC HEPA filters were leak tested (to confirm **HEPA filter integrity**). ***Inspector note: The certification report for each PEC should show air velocities within the PEC.***	Yes		5
33.16	**PEC:** All PEC HEPA filters with leaks identified were repaired. ***If leaks were not repaired, describe what actions pharmacy took (example: PEC taken out of service until HEPA filter could be replaced).*** ***If no repairs were needed, inspector should answer statement as N/A.***	N/A		5

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		Observation	Inspector Notes	USP Reference(s)
33.17	**PEC-IVLFZ**: Pharmacy's integrated vertical laminar flow zone (IVLFZ) meets design, functional requirements, and certification requirements under USP <797>. ***Inspector note: Per USP <797>, "Strategic location of air returns in addition to full coverage of HEPA-filters above the work surface is required. Both static and dynamic smoke studies of air returns in addition to full coverage of HEPA-filtered air void of turbulence, dead air zones, and refluxing from the HEPA filters to and across the entire work area and to the air returns must be documented (eg, with video)."*** ***If pharmacy does not use an IVLFZ, inspector should answer statement as N/A.***	N/A		4.2.3
33.18	If a **robotic enclosure is used as the PEC**, or placed within the PEC, a dynamic airflow smoke pattern test must be performed initially and at least every 6 months thereafter to ensure that: 1) it is properly integrated into the facility, 2) there is no turbulence or refluxing at any critical site(s), 3) room air does not enter the PEC where sterile products and/or preparations may be exposed, and 4) all processes can be performed without introducing contamination to the direct compounding area(s). ***If pharmacy does not use a robotic enclosure, inspector should answer statement as N/A.***	N/A		4.2.3

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		Observation	Inspector Notes	USP Reference(s)
34.0	Was smoke testing performed in SEC to confirm all particle generating equipment (eg, computers, printers, refrigerators, PECs) do not disrupt airflow? ***Inspector note: This question will be N/A unless the pharmacy is new, has recently completed construction, or equipment has been moved within SEC since last certification.***	N/A		5
35.0	Does the pharmacy have an established environmental monitoring (eg, microbiological air and surface monitoring) program in compliance with USP <797> standards? ***Inspector note: Per USP, "The goals of a microbiological air and surface monitoring program are to determine whether contamination is present at unacceptable levels and to assess whether proper personnel practices are being followed, cleaning and disinfecting agents are effective, and environmental quality is maintained."*** ***If no, go to compliance statements.***	Yes		6, 6.1, 6.2
35.1	Environmental monitoring program (eg, viable air and/or surface monitoring) is performed initially in the selected sampling sites to establish a baseline level of environmental quality for each classified area, ie, each ISO Class 5 PEC, each ISO Class 7, and ISO Class 8 room.	Yes		6, 6.1, 6.2

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		Observation	Inspector Notes	USP Reference(s)
35.2	Environmental monitoring program (eg, viable air and/or surface monitoring) is performed in conjunction with the certification of new facilities and equipment.	Yes		6, 6.1, 6.2
35.3	Environmental monitoring program (eg, viable air and/or surface monitoring) is performed after any servicing of facilities or equipment.	Yes		6, 6.1, 6.2
35.4	Environmental monitoring program (eg, viable air and/or surface monitoring) is performed in response to identified problems (eg, positive growth in sterility tests of sterile compounded preparation).	Yes		6, 6.1, 6.2
35.5	Environmental monitoring program (eg, viable air and/or surface monitoring) is performed in response to identified trends (eg, repeated positive gloved fingertip and thumb sampling results, failed media fill testing, or repeated observations of air or surface contamination).	Yes		6, 6.1, 6.2

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		Observation	Inspector Notes	USP Reference(s)
35.6	Results from the environmental monitoring program (eg, viable air and/or surface monitoring) are reviewed in response to changes that could impact the sterile compounding environment (eg, change in cleaning agents) and in conjunction with personnel data (ie, training records, visual observations, competency assessments) to assess the state of control and to identify potential risks of contamination. ***Inspector note: Per USP, the program is reviewed to "assess risks for contamination, potential routes of contamination, and the adequacy of cleaning and disinfecting agents and procedures. Regular review of the sampling data must be performed to detect trends and the results of the review must be documented."***	Yes		6, 6.1, 6.2, 20 Table 4, Table 7, Table 8
35.7	The pharmacy ensures that viable air and surface sampling is performed by a trained and competent individual who is familiar with the methods and procedures for air sampling and surface testing. ***If sampling is conducted by internal personnel, inspector should verify that documented training and competencies are located in the employee file.***	Yes		6, 6.1, 6.2
35.8	Environmental monitoring program (eg, viable air and/or surface monitoring) describes/identifies corrective actions to minimize the risk of CSP contamination and that these corrective actions are documented.	Yes		6, 20

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		Observation	Inspector Notes	USP Reference(s)
36.0	Is surface sampling performed at the end of a compounding activity or shift but before the area has been cleaned and disinfected (to obtain a sample that is representative of the typical compounding conditions at the pharmacy)? ***Inspector note: this is a USP recommendation.***	Yes		6.1, 6.3
37.0	Does the pharmacy send out all air quality for viable airborne samples to an external lab (third party) for incubation and processing? ***If pharmacy exclusively does internal incubation and results processing, inspector should answer statement as N/A.***	Yes		6.2.2
38.0	Does the pharmacy send out all surfaces for viable particle samples to an external lab (third party) for incubation and processing? ***If pharmacy exclusively does internal incubation and results processing, inspector should answer statement as N/A.***	Yes		6.3

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		Observation	Inspector Notes	USP Reference(s)
39.0	For any samples that are sent to an external lab (third party), does the pharmacy receive a report from the third party confirming incubation parameters meet USP <797> requirements (eg, the correct temperature and the correct length of incubation time are documented in the report)? ***Inspector note: Incubation parameters are the same as seen in statements 40.6-40.7 and 41.4-41.5.*** ***This question applies for any air or surface sample sent to an external lab. If no, describe observations.***	Yes		6.2.2
40.0	Are processes for sampling and monitoring **air quality for viable airborne** particles in compliance with USP <797> standards? ***Inspector note: Per USP <797>, facilities performing any Category 3 compounding must adhere to the increased environmental monitoring requirements for all classified areas where Category 3 CSPs are compounded and increased environmental monitoring requirements apply at all times regardless of whether Category 3 CSPs are being compounded on a given day.*** ***Review six months of air sampling data to verify. If no, go to compliance statements.***	Yes	Category 2 only.	6.2, 6.2.1, 6.2.2, 6.2.3, 14.4.2 Box 5, Table 7

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		Observation	Inspector Notes	USP Reference(s)
40.1	All classified areas are sampled using a volumetric active air sampling device (impaction air sampler). ***Inspector note: This sampling must be performed during dynamic operating conditions (to obtain a sample that is representative of the typical compounding conditions at the pharmacy).***	Yes		6.1, 6.2.1
40.2	All classified areas are sampled at the **frequencies** specified by USP for volumetric active air sampling. ***Inspector note: Per USP <797>, Category 1 and Category 2 compounding frequency is every six months and Category 3 compounding frequency is monthly.*** ***For facilities compounding any Category 3 CSPs, this must be completed within 30 days prior to the commencement of any Category 3 compounding and at least monthly thereafter regardless of the frequency of compounding Category 3 CSPs.***	Yes		6.2.1, 14.4.2
40.3	At least one cubic meter (1000 L) of air is tested using the volumetric active air sampling device from each sample location.	Yes		6.2.2 Box 5

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		Observation	Inspector Notes	USP Reference(s)
40.4	All impaction air samplers are serviced and calibrated as recommended by the manufacturer.	Yes		6.1
40.5	The pharmacy uses an appropriate microbiological growth media for sampling. ***Inspector note: An appropriate microbiological growth media means a media that supports the growth of bacteria and fungi (eg, TSA), accompanied by a COA that verifies that the media meets expected growth promotion, pH, and sterilization requirements.***	Yes		6.2.2 Box 5
40.6	The pharmacy incubates all air samples for time and temperature in compliance with USP <797> following the one media device method. ***Inspector notes: Per USP <797> (Box 5), when using the one media device method, sampling media is to be covered, inverted, and incubated at 30°C–35°C for no less than 48 hours. Then, after examination and recording of results, further incubated at 20°C–25°C for no less than five additional days.*** ***If the pharmacy does not utilize this method or sends offsite, inspector should answer statement as N/A.***	N/A		6.2.2 Box 5

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		Observation	Inspector Notes	USP Reference(s)
40.7	The pharmacy incubates all air samples for time and temperature in compliance with USP <797> following the alternative two media device method. ***Inspector note: Per USP <797> (Box 5), two samples may be collected for each sample location and incubated concurrently to shorten the overall incubation period. Both samples are TSA, or one sample is TSA and the other fungal media (eg, malt extract agar [MEA] or sabouraud dextrose agar [SDA]). Each sample is incubated in a separate incubator, one sample at 30°C-35°C for no less than 48 hours the other sample at 20°C-25°C for no less than five days. If fungal media is used, incubate at 20°C-25°C for no less than five days.*** ***If the pharmacy does not utilize this method or sends offsite, inspector should answer statement as N/A.***	N/A		6.2.2 Box 6
40.8	Results for all plates are recorded for each sample and did not exceed USP <797> Table 7 action levels (or internal action levels if more restrictive). **ISO Class 5: >1 cfu/m^3/device** **ISO Class 7: >10 cfu/m^3/device** **ISO Class 8: > 100 cfu/m^3/device** ***Inspector note: Per USP <797>, if two sampling media devices are collected at a single location, all recovered growth on each must be documented and action levels applied to each sampling media separately.***	Yes		6.2.3 Table 7

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		Observation	Inspector Notes	USP Reference(s)
40.9	For any air sample locations exceeding action levels, pharmacy works with the assistance of a microbiologist to identify any microorganisms recovered to the genus level. ***Inspector note: Per USP <797>, an attempt must be made (meaning the lab attempted to identify the microorganisms and was unsuccessful).***	Yes		6.2.3
40.10	For any areas that exceed action levels, an investigation is conducted to attempt to determine cause and a corrective action plan is implemented.	Yes		6.2.3
41.0	Are processes for sampling and monitoring **surfaces for viable particles** in compliance with USP <797> standards? ***Review six months of surface sampling data to verify. If no, go to compliance statements.***	Yes		6.3
41.1	**Surfaces** and pass-through chambers in the cleanroom suite and SCA are sampled for microbial contamination for each classified area. ***Inspector note: Sampling locations must include work surfaces in each classified room, the interior of each ISO Class 5 PEC, and all pass-through chambers connecting to classified areas. USP recommends samples be taken from: equipment contained within the PEC, staging or working area near the PEC, and frequently touched surfaces.***	Yes		6.3, 6.3.1

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		Observation	Inspector Notes	USP Reference(s)
41.2	**Surfaces** within the cleanroom suite and SCA are sampled at the **frequencies** specified by USP for viable particle surface sampling. ***Inspector note: Category 1 and Category 2 CSP surface sampling frequency is monthly and Category 3 compounding is weekly, regardless of the frequency of compounding Category 3 CSPs.*** ***Additionally, surface sampling is to be performed within the PEC used to prepare Category 3 CSPs, at the end of each batch, before cleaning and disinfection occurs unless a self-enclosed robot is used. If a self-enclosed robot is used, frequency is at least once daily at the end of compounding operations.*** ***For facilities compounding any Category 3 CSPs, a surface sampling must be completed prior to assigning BUDs longer than the limits established in Table 13.***	Yes		6.3, 6.3.1, 14.4.2

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41.3	The pharmacy uses an appropriate microbiological growth media for sampling. ***Inspector note: An appropriate microbiological growth media means a surface sampling device with a raised convex surface for sampling flat surfaces is used that contain general microbial growth media that supports the growth of bacteria and fungi (eg, TSA supplemented with additives that neutralize effects of any disinfecting agent, eg, lecithin and polysorbate 80), accompanied by a COA that verifies that the media meets expected growth promotion, pH, and sterilization requirements. Per USP, "sterile swabs wetted with sterile water or a sterile neutralizing buffer may be used when sampling irregular surfaces and difficult-to-reach locations such as crevices, corners, and spaces between surfaces."***	Yes		6.3.2 Box 6
41.4	The pharmacy incubates all surface samples in compliance with USP <797> following the one media device method. ***Inspector notes: Per USP <797>, when using the one media device method, sampling media is to be covered, inverted, and incubated at 30°C-35°C for no less than 48 hours. Then, after examination and recording of results, further incubated at 20°C-25°C for no less than five additional days.*** ***If the pharmacy does not utilize this method or sends offsite, inspector should answer statement as N/A.***	Yes		6.3.2 Box 6

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		Observation	Inspector Notes	USP Reference(s)
41.5	The pharmacy incubates all surface samples in compliance with USP <797> following the alternative two media device method. ***Inspector note: Per USP <797>, two samples may be collected for each sample location and incubated concurrently to shorten the overall incubation period. Both samples are TSA, or one sample is TSA and the other fungal media (eg, MEA or SDA). Media must be supplemented with neutralizing additives (eg, lecithin and polysorbate 80). Each sample is incubated in a separate incubator, one sample at 30°C-35°C for no less than 48 hours the other sample at 20°C-25°C for no less than five days. If fungal media is used, incubate at 20°C-25°C for no less than five days. If the pharmacy does not utilize this method or sends offsite, inspector should answer statement as N/A.***	Yes		6.3.2 Box 7
41.6	Results for all plates are recorded for each sample and did not exceed USP <797> Table 8 action levels (or internal action levels if more restrictive). **ISO Class 5: >3 cfu/media device** **ISO Class 7: >5 cfu/media device** **ISO Class 8: > 50 cfu/media device** ***Inspector note: Per USP <797>, if two sampling media devices are collected at a single location, all recovered growth on each must be documented and action levels applied to each sampling media device separately.***	Yes		6.3.3 Table 8

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Sterile Compounding Inspection for USP <797>

Facility Name: Home Care Services Inc. dba KabaFusion NJ
e-Profile ID: 789755
Inspection Date: 04/12/2024 & 04/15/2024

		Observation	Inspector Notes	USP Reference(s)
41.7	For any surface sample locations exceeding action levels, pharmacy works with the assistance of a microbiologist to identify any microorganisms recovered to the genus level. ***Inspector note: Per USP <797>, an attempt must be made (meaning the lab attempted to identify the microorganisms and was unsuccessful).***	Yes		6.3.3
41.8	For any areas that exceed action levels, an investigation is conducted to determine cause, and a corrective action plan is implemented.	Yes		6.3.3
	Compounding Personal Hygiene and Garbing			
42.0	Does the pharmacy have a process to ensure all personnel entering the compounding area adhere to restrictions intended to minimize the risk of contamination in compliance with USP <797> standards? ***If no, go to compliance statements.***	Yes		3.1
42.1	Compounding personnel are required to report conditions that may contaminate the sterile preparation and environment to the designated person(s). ***Inspector note: Per USP <797>, examples of conditions that have a higher risk of contaminating the CSP and sterile environment includes: rashes, recent tattoos, oozing sores, conjunctivitis, or active respiratory infections.***	Yes		3, 3.1

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42.2	The designated person(s) is responsible for evaluating whether compounding personnel should be excluded from working in compounding areas before their conditions have been resolved. ***Inspector note: Per USP <797>, the designated person(s) may permit accommodations as long as the quality of the CSP and environment will not be affected.***	Yes		3, 3.1
42.3	Any accommodations permitted by the designated person(s) are documented.	Yes		3.1
42.4	Food (including mints, gum, etc) and drinks are not permitted in anterooms, buffer rooms, or segregated compounding areas.	Yes		3.1
43.0	Does the pharmacy stock the necessary garb to ensure minimum garbing requirements are continuously met in compliance with USP <797> standards? ***If no, go to compliance statements.***	Yes		3.3
43.1	The pharmacy stocks gowns and/or coveralls that are low-lint with sleeves that fit snugly around the wrists and an enclosed neck.	Yes		3.3
43.2	The pharmacy stocks shoe covers that are low lint.	Yes		3.3
43.3	The pharmacy stocks head covers that are low lint and cover the hair and ears.	Yes		3.3

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43.4	The pharmacy stocks facial hair covers (not masks) that are low-lint. ***If the pharmacy does not have personnel with beards, inspector should answer this statement as N/A.***	N/A		3.3
43.5	The pharmacy stocks masks that are low lint.	Yes		3.3
43.6	The pharmacy stocks sterile, powder-free gloves.	Yes		3.3
43.7	**Category 1 and Category 2:** All non-disposable garb used to prepare Category 1 and Category 2 CSPs is laundered before reuse. ***If only disposable items are used, inspector should mark as N/A.***	N/A		3.3
43.8	**Category 3 only:** The pharmacy stocks low lint face and neck coverings that ensure no skin is exposed. ***Inspector note: This is an additional garbing requirement for facilities preparing any Category 3 CSPs.*** ***If the pharmacy does not prepare Category 3 CSPs, inspector should answer statement as N/A.***	N/A		3.3, 14.4.2

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43.9	**Category 3 only:** The pharmacy stocks sterile, low lint outer garb (including sterile sleeves over gauntlet sleeves when a RABS is used). ***Inspector note: This is an additional garbing requirement for facilities preparing any Category 3 CSPs.*** ***If the pharmacy does not prepare Category 3 CSPs, inspector should answer statement as N/A.***	N/A		3.3
43.10	**Category 3 only:** All non-disposable garb used to prepare Category 3 CSPs is **laundered and resterilized** with a validated cycle before each use. ***Document whether laundering and sterilization is performed in-house or by an outside vendor.*** ***If only disposable items are used, inspector should answer statement as N/A.***	N/A		3.3, 14.4.2
	Media-Fill			
44.0	Is the media-fill testing simulation performed by the pharmacy in compliance with USP <797> standards? ***Inspector note: Per USP, "When performing a media-fill test, simulate the most difficult and challenging aseptic compounding procedures encountered by the person replacing all the components used in the CSPs with soybean-casein digest media. The simulation must capture elements that could potentially affect the sterility of the CSP."*** ***If no, go to compliance statements.***	Yes		2.3

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44.1	The simulation captures factors associated with the length of the process that can pose contamination risk (eg, operator fatigue, quality of equipment).	Yes		2.3
44.2	The simulation captures number of aseptic additions or transfers.	Yes		2.3
44.3	The simulation captures number, type, and complexity of manipulations.	Yes		2.3
44.4	The simulation captures number of personnel in the buffer room or SCA.	Yes		2.3
44.5	Does the facility define "the most difficult and challenging procedures" and the rationale for how they are the most challenging? ***Inspector note: Best practice is for this to be documented in an SOP. Inspectors may also find this information documented on a training/competency assessment checklist. For complex/variety of compounding practices, inspectors may find additional media fills are completed (more than what is required by the USP chapters).***	Yes		2.3, 20
45.0	Are the pharmacy's media-fill storage, review, and preparation processes in compliance with USP <797> standards? ***If no, go to compliance statements.***	Yes		2.3

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45.1	If pharmacy uses commercial sterile microbial growth media, a COA was obtained. ***If pharmacy does not use commercial sterile microbial growth media, inspector should answer statement as N/A.***	Yes		2.3
45.2	The COA for the commercial sterile microbial growth media includes statements from the supplier that the lot of the growth media will support the growth of microorganisms. ***If pharmacy does not use commercial sterile microbial growth media, inspector should answer statement as N/A.***	Yes		2.3
45.3	Storage of commercial sterile microbial growth media is in accordance with manufacturer instructions. ***If pharmacy does not use commercial sterile microbial growth media, inspector should answer statement as N/A.***	Yes		2.3
45.4	Commercial sterile microbial growth media is stored and used before its expiration date. ***Inspector note: Media is to be inoculated by the expiration date, meaning that the test needs to be started (not that incubation needs to be completed before the expiration date).*** ***If pharmacy does not use commercial sterile microbial growth media, inspector should answer statement as N/A.***	Yes		2.3

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		Observation	Inspector Notes	USP Reference(s)
45.5	Sterile-to-sterile media-fill testing microbial growth media (non-commercial) was prepared and growth promotion capability was demonstrated prior to use, following USP <71>. ***If pharmacy only uses commercial sterile microbial growth media, inspector should answer statement as N/A.***	N/A		2.3
45.6	Nonsterile starting components (commercially available nonsterile soybean-casein digest powder) are dissolved to make a 3% nonsterile solution, manipulated in a manner that simulates nonsterile-to-sterile compounding activities, with a minimum of one positive control container. ***If pharmacy does not perform sterile compounding using nonsterile ingredients, inspector should answer statement as N/A.***	N/A		Box 2
	Cleaning and Disinfection			7
46.0	Is the pharmacy equipped with the necessary cleaning and disinfecting equipment and supplies that comply with USP <797> standards? ***If no, go to compliance statements.***	Yes		7, 7.1.1, 7.1.2 <1072>
46.1	All cleaning and disinfecting supplies (eg, wipers, sponges, pads, and mop heads), with the exception of tool handles and holders, are low lint (and sterile if used within PEC).	Yes		7.1.2

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		Observation	Inspector Notes	USP Reference(s)
46.2	Reusable cleaning tools are made of cleanable materials (no wood handles or any other porous material).	Yes		7.1.2
46.3	Reusable cleaning tools are dedicated for use in the classified areas or SCA and are not removed from these areas except for disposal.	Yes		7.1.2
46.4	The pharmacy has the appropriate cleaners **EPA-registered disinfecting agent(s)** to adequately perform cleaning and disinfection. ***Inspector note: Examples of EPA-registered disinfectants include, but are not limited to: phenolics; oxidizers, such as peroxyacetic acid and sodium hypochlorite; quaternary ammonium; and hydrogen peroxide. If the agent is EPA-registered, a registration number will be on the label. Compounding personnel should have access to SDS and information/knowledge on dwell times. Per USP, Box 7, the pharmacy is to ensure the contact time specified by the manufacturer is achieved.***	Yes		7.1.1 Box 7 <1072>

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46.5	The pharmacy has the appropriate **EPA-registered sporicidal agent(s)** to adequately perform sporicidal disinfection. ***Inspector notes: Examples of EPA-registered agents include but are not limited to: oxidizers such as peroxyacetic acid, sodium hypochlorite, and hydrogen peroxide.*** ***Compounding personnel should have access to SDS and information/knowledge on dwell times. Per USP, Box 8, the pharmacy is to ensure the contact time specified by the manufacturer is achieved.*** ***Per USP, Inspector should check to see if agent is effective against Clostridium difficile.***	Yes		7.1.1 Box 7 <1072>
46.6	All cleaning and disinfectant agents are appropriately labeled including expiration dates. ***Inspector should verify that no expired agents are present.***	Yes		7.1.1
46.7	When used in the PEC, any cleaning and disinfecting agents that are not "ready-to-use" sterile formulations are diluted using sterile water. ***If only ready-to-use sterile formulations are used, inspector should answer statement as N/A.***	N/A		7.1.1
47.0	Does the pharmacy's documented **cleaning and disinfection** activities for surfaces in the classified areas and/or SCA comply with the **frequencies** specified in USP <797> Table 10? ***Review cleaning logs to verify. If no, go to compliance statements.***	Yes		7.2 Table 10

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47.1	All interior surfaces of the PEC are cleaned and disinfected on days when compounding occurs.	Yes		7.2 Table 10
47.2	All interior surfaces of the PEC are cleaned and disinfected when surface contamination is known or suspected.	Yes		7.2 Table 10
47.3	The removable work tray inside the PEC is cleaned and disinfected on days when compounding occurs. ***If the PEC is not equipped with a removeable work tray, inspector should answer statement as N/A.***	Yes		7.2 Table 10
47.4	All equipment inside the PEC is cleaned and disinfected on days when compounding occurs.	Yes		7.2, 9.1 Table 10
47.5	All work surfaces outside of the PEC (eg, counters, work tables) are cleaned and disinfected on days when compounding occurs.	Yes		7.2 Table 10
47.6	All pass-through chambers are cleaned and disinfected on days when compounding occurs. ***If the pharmacy is not equipped with a pass-through chamber, inspector should answer statement as N/A.***	Yes		7.2 Table 10

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47.7	Floors in the buffer room, anteroom, and/or SCA are cleaned and disinfected on days when compounding occurs.	Yes		7.2 Table 10
47.8	Sinks used for hand hygiene are cleaned and disinfected on each day of use.	Yes		4.4, 7.2, Table 10
47.9	Walls, doors, and door frames are cleaned and disinfected monthly.	Yes		7.2 Table 10
47.10	Storage and shelving bins are cleaned and disinfected monthly.	Yes		7.2 Table 10
47.11	All equipment outside the PEC are cleaned and disinfected monthly. ***Inspector note: Equipment in the SEC/SCA may include, but is not limited to: carts, refrigerators, computers, barcode readers, and label printers.***	Yes		7.2 Table 10
47.12	Ceilings in the buffer room and anteroom are cleaned and disinfected monthly. ***If the pharmacy performs compounding only in a SCA, inspector should answer statement as N/A.***	Yes		7.2 Table 10

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47.13	Ceilings in the SCA are required to be cleaned and disinfected only when visibly soiled and when surface contamination is suspected. ***If the pharmacy performs compounding only in a cleanroom suite, inspector should answer statement as N/A.***	Yes		7.2 Table 10
47.14	The surface of the removable work tray and the area underneath the removable work tray of the PEC is cleaned and disinfected monthly. ***If the PEC is not equipped with a removable work tray, inspector should answer statement as N/A.***	Yes		7.2 Table 10
48.0	Does the pharmacy's documented application of **sporicidal disinfectant** on surfaces comply with the **frequencies** specified for each CSP category in USP <797> Table 10? ***Inspector note: Per USP <797>, if the pharmacy prepares any Category 3 CSPs, the cleaning requirements for Category 3 must be followed at all times regardless of whether a Category 3 CSPs is prepared on any given day.*** ***Review cleaning logs to verify. If no, go to compliance statements.***	Yes		7.2, 14.4.2 Table 10

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		Observation	Inspector Notes	USP Reference(s)
48.1	**Sporicidal disinfectant** is applied to all interior surfaces of the **PEC** at the specified frequency. ***Inspector note: For Category 1 and Category 2 compounding only, the application frequency is monthly. For any Category 3 compounding, the application frequency is weekly.***	Yes		7.2, Table 10
48.2	Sporicidal disinfectant is applied to equipment inside the PEC at the specified frequency. ***Inspector note: For Category 1 and Category 2 compounding only, the application frequency is monthly. For any Category 3 compounding, the application frequency is weekly.***	Yes		7.2 Table 10
48.3	Sporicidal disinfectant is applied to work surfaces outside the PEC (eg, counters, work tables) at the specified frequency. ***Inspector note: For Category 1 and Category 2 compounding only, application frequency is monthly. For any Category 3 compounding, application frequency is weekly.***	Yes		7.2 Table 10

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48.4	Sporicidal disinfectant is applied to surfaces in the pass-through chambers at the specified frequency. ***Inspector note: For Category 1 and Category 2 compounding only, the application frequency is monthly. For any Category 3 compounding, the application frequency is weekly.*** ***If the facility is not equipped with a pass-through chamber, inspector should answer statement as N/A.***	Yes		7.2 Table 10
48.5	Sporicidal disinfectant is applied to the floors in the buffer room, anteroom, and SCA at least monthly. ***Inspector note: For Category 1 and Category 2 compounding only, the application frequency is monthly. For any Category 3 compounding, the application frequency is weekly.***	Yes		7.2 Table 10
48.6	Sporicidal disinfectant is applied to walls, doors, and door frames at least monthly. ***Inspector note: Per USP <797> Table 10, the application frequency is monthly for all category types.***	Yes		7.2 Table 10
48.7	Sporicidal disinfectant is applied to storage shelving and bins at least monthly. ***Inspector note: Per USP <797> Table 10, the application frequency is monthly for all category types.***	Yes		7.2 Table 10

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48.8	Sporicidal disinfectant is applied to equipment stored outside the PEC at least monthly. ***Inspector note: Per USP <797> Table 10, the application frequency is monthly for all category types.***	Yes		7.2 Table 10
48.9	Sporicidal disinfectant is applied to ceilings in the buffer room, anteroom, and SCA at least monthly. ***Inspector note: Per USP <797>, Table 10, the application frequency is monthly for all category types. Per USP, ceilings of the SCA are required to be cleaned, disinfected, and applied with sporicidal disinfectant only when visibly soiled and when surface contamination is suspected. The SCA may not have an accessible ceiling.***	Yes		7.2 Table 10
48.10	Sporicidal disinfectant is applied to sinks used for hand hygiene at least monthly. ***Inspector note: Per USP <797> Table 10, the application frequency is monthly for all category types.***	Yes		4.4, 7.2 Table 10

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48.11	Sporicidal disinfectant is applied to the work surface of the removable tray in the PEC and area underneath the removable work tray at least monthly. ***Inspector note: Per USP <797> Table 10, the application frequency is monthly for all category types.*** ***If the PEC is not equipped with a removable work tray, inspector should answer statement as N/A.***	Yes		7.2 Table 10
	Components			**9**
49.0	Does the pharmacy compound CSPs using active pharmaceutical ingredients (APIs) and non-API components? ***Inspector note: Per USP <797>, non-API components may include pharmaceutical excipients, sterile containers, and container closure systems.*** ***If the pharmacy does not compound using API or non-API components, inspector should answer this question as N/A.***	N/A		9.3
50.0	Is the pharmacy's selection of active API and non-API components in compliance with USP <797> standards? ***Verify by selecting products from the shelf of different suppliers and ask to see the COAs for those products. If no, go to compliance statements.*** ***If the pharmacy does not compound using API or non-API components, inspector should answer this question as N/A.***	N/A		9.3

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50.1	**APIs**: APIs used are compliant with the criteria in the USP–NF monograph, if one exists. ***If pharmacy does not compound CSPs that have a USP monograph, inspector should answer this statement as N/A.***	N/A		9.3.1
50.2	**APIs:** All APIs used have a COA that includes the specifications (eg, compendial requirements for quality) and that test results for the component show that the API meets expected quality.	N/A		9.3.1
50.3	**APIs:** All APIs used are manufactured by an FDA-registered facility. ***Inspector note: This is a Federal Food, Drug, and Cosmetic Act, Section 503A, requirement as well. If the API comes from a repackager, the pharmacy must be able to confirm the manufacturer of the API was registered as an Establishment with FDA.***	N/A		9.3.1
50.4	All **non-API components** comply with the criteria in the USP–NF monograph, if one exists.	N/A		9.3.1
50.5	All **non-API components** are accompanied by documentation (eg, COA, labeling) that include the specifications and test results and shows that the component meets the specifications.	N/A		9.3.1

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50.6	All **non-API components** used are manufactured by an FDA-registered facility. ***Inspector note: Per USP <797>, "If a component cannot be obtained from an FDA-registered facility, the designated person(s) must select an acceptable and reliable source (see USP <1197> Good Distribution Practices for Bulk Pharmaceutical Excipients). The compounding facility must establish the identity, strength, purity, and quality of the ingredients obtained from that supplier by reasonable means. Reasonable means may include but are not limited to visual inspections, evaluation of a COA supplied by the manufacturer, and/or verification by analytically testing a sample to determine conformance with the COA or other specifications."***	N/A		9.3.1
51.0	Does the pharmacy have processes in place to evaluate API and non-API components upon receipt and before use in compliance with USP <797> standards? ***Inspector note: Non-API components may be defined as excipients, containers, and container closure systems.*** ***If no, go to compliance statements.*** ***If the pharmacy does not compound with API or other non-API components, inspector should answer question as N/A.***	N/A		9.3.2, 9.3.3

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Sterile Compounding Inspection for USP <797>

Facility Name: Home Care Services Inc. dba KabaFusion NJ
e-Profile ID: 789755
Inspection Date: 04/12/2024 & 04/15/2024

		Observation	Inspector Notes	USP Reference(s)
51.1	APIs or other components have been evaluated for use in sterile drug preparation. ***Inspector note: Per USP <797>, "Components labeled with 'not for pharmaceutical use,' 'not for injectable use,' 'not for human use' or an equivalent statement must not be used to compound for these purposes." If no, photograph and describe in the notes column. Request copies of the invoices for products with these types of labels.***	N/A		9.3.2, 9.3.3
51.2	Upon receipt of each lot of a component, personnel verify the labeling and condition of each component and examine the external packaging for evidence of deterioration and other aspects of unacceptable quality (eg, outer packaging is damaged, temperature-sensing indicators show that the component has been exposed to excessive temperatures).	N/A		9.3.2, 9.3.3
51.3	Each lot of commercially available sterile, depyrogenated containers and container-closure systems are accompanied by a COA or other documentation showing conformance with established specifications for sterility and depyrogenation requirements.	N/A		9.3.1, 9.3.2, 9.3.3

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		Observation	Inspector Notes	USP Reference(s)
51.4	The date of receipt by the pharmacy is clearly marked on each API or component package that lacks a vendor expiration date and are assigned and labeled with an expiration date not to exceed one year after receipt by the pharmacy.	N/A		9.3.2, 9.3.3
51.5	All components are reinspected before use. ***Inspector note: Per USP <797>, all packages must be inspected to detect container breaks, looseness of the cap or closure, and deviation from the expected appearance, aroma, and/or texture of the contents that might have occurred during storage. Sterile container closures are visually reinspected to ensure that they are free from defects that could compromise sterility and that they are otherwise suitable for their intended use.***	N/A		9.3.2, 9.3.3
51.6	Any component found to be of unacceptable quality upon receipt or reinspection prior to use is promptly rejected, clearly labeled as rejected, and segregated from active stock to prevent use before appropriate disposal.	N/A		9.3.2, 9.3.3
51.7	Any other lots of that component from that vendor are examined to determine whether other lots have the same defect.	N/A		9.3.2, 9.3.3

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		Observation	Inspector Notes	USP Reference(s)
	Equipment and Supplies			9
52.0	Is the pharmacy equipped with the appropriate supplies and equipment used for compounding in compliance with USP <797> standards? ***If no, go to compliance statements.***	Yes		9, 9.1, 9.2
52.1	Supplies (eg, beakers, utensils, needles, syringes, filters, and tubing sets) that contact components are not reactive, additive, sorptive, and do not alter the quality of sterile compounded preparation. ***Inspector note: The appropriate supplies are available as applicable to the type of CSPs prepared (eg, non-PVC, silicone-free, able to withstand high heat, able to be sterilized).***	Yes		9.2
52.2	Any supplies that are in direct contact with CSPs are sterile and/or depyrogenated.	Yes		9.2
52.3	The equipment must be able to be cleaned using the required agents and tools without damaging the equipment and/or contaminating the compounded preparation. ***Inspector note: Equipment used in compounding are of suitable composition and the surfaces that contact components are not reactive or sorptive.***	Yes		9.1

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		Observation	Inspector Notes	USP Reference(s)
52.4	When nonsterile ingredients, products, components, or devices (eg, non-sterile APIs and nonsterile vials and closures) are used for compounding, the pharmacy has the appropriate equipment to sterilize the finished product. Per USP, "Injectable compounded preparations that contain nonsterile components or that come into contact with nonsterile devices (eg, containers, tubing) during any phase of the compounding procedure must be sterilized within 6 hours after completing the preparation to minimize the generation of bacterial endotoxins in CSPs." ***If the pharmacy does not perform compounding that requires sterilization, inspector should answer statement as N/A.***	N/A		9.1, 9.3.1, 10
53.0	Does the pharmacy operate and maintain records for all equipment used for compounding in accordance with manufacturer specifications and USP <797> standards? ***If no, go to compliance statements.***	Yes		9.1, 20
53.1	Automated, mechanical, or electronic equipment (monitoring equipment, autoclaves, ovens, etc) are periodically inspected and calibrated yearly or in accordance with the equipment manufacturer guidelines.	Yes		9.1, 9.3.4

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		Observation	Inspector Notes	USP Reference(s)
53.2	Automated compounding devices (ACDs) and other similar equipment (single channel or multi-channel) are assessed for accuracy and calibrated daily, prior to initial use, and a daily record is maintained. ***Inspector note: Per USP, "The precision of the equipment can be monitored based on an assessment of day-to-day variations in its accuracy measures. Compounding personnel must maintain a daily record of the accuracy measurements on the days the equipment is in use. Corrective actions must be implemented if accuracy measurements are outside the manufacturer's specification."***	Yes		9.1
53.3	Incubators used for environmental and personnel monitoring are placed in a location outside of the sterile compounding area and calibrated in accordance with manufacturer's instructions. ***If the pharmacy does not incubate samples and or/media-fills in-house, inspector should answer statement as N/A.***	Yes		6.1, 6.2.2, 6.3.2

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53.4	Incubators used for environmental and personnel monitoring are monitored for temperature during incubation periods either manually or by use of a continuous recording device. ***Inspector note: Incubators store media at 20˚C-25˚C and 30˚C-35˚C. If the pharmacy has more than one incubator, review records for both incubators.*** ***View incubator temperature records to verify. Evaluate the size of the incubator and volume of media it can store. If the pharmacy does not incubate samples and/or media-fills in-house, inspector should answer statement as N/A.***	Yes		6.2.2, 6.3.2 Box 5
	Compounding Personnel Observation - Inspector ***must*** observe personnel performing compounding and related activities. This section will require the inspector to observe the staff while performing compounding and related activities. If the inspector is unable to view activities from a window or other observation area, it is expected they will gown/garb into compounding area. It is acceptable for pharmacy staff to perform mock compounding activities (with sterile saline or other drug) as long as all observations can be viewed.			
54.0	**Personnel Preparation Observation:** Before entering the compounding area, do compounding personnel remove any items that are not easily cleanable or are not necessary for compounding in compliance with USP <797> standards? ***If no, go to compliance statements.***	Yes		3.1

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54.1	All outer garments such as hats, scarves, sweaters, bandanas, vests, coats, and jackets are removed.	Yes		3.1
54.2	Makeup and/or cosmetics are removed.	Yes		3.1
54.3	All hand, wrist, and other exposed jewelry, including piercings such as earrings, lip or eyebrow piercings, etc, are removed and any jewelry that cannot be removed is covered.	Yes		3.1
54.4	Earbuds or headphones are removed.	Yes		3.1
54.5	Electronic devices that are not necessary for compounding or other required tasks are prohibited from entering the compounding areas.	Yes		3.1
54.6	Nails are kept clean and neatly trimmed.	Yes		3.1
54.7	Any nail polish, artificial nails, or extenders are removed.	Yes		3.1
54.8	If worn, eyeglasses are wiped. ***If none of the pharmacy staff wear glasses, inspector should answer statement as N/A.***	Yes		3.1

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		Observation	Inspector Notes	USP Reference(s)
54.9	Any accommodations permitted by the designated person(s) have been documented. ***Inspector note: Per USP <797>, accommodations may be permitted as long as the quality of the CSP and environment will not be affected.***	N/A		3.1
55.0	**Hand Hygiene Observation:** Were compounding personnel entering the compounding area observed performing the appropriate hand washing procedures in compliance with USP <797> standards? ***If no, go to compliance statements.***	No	The technician being observed did not apply soap to the entire arm up to the elbow.	3.2 Box 3
55.1	All personnel entering the compounding area performed hand hygiene.	Yes		3.2 Box 3
55.2	The order of hand washing was performed in the appropriate sequence in relation to the placement of the sink. ***Inspector note: If hand hygiene is completed outside of a classified area, alcohol-based hand rub must be used prior to donning garb.***	No		3.2 Box 3

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		Observation	Inspector Notes	USP Reference(s)
55.3	Fingernails are cleaned under warm running water using a disposable nail cleaner (eg, nail pick). ***Inspector note: During observations, inspect whether nail picks are available for use when performing hand hygiene.***	Yes		3.2 Box 3
55.4	Brushes are not used for hand hygiene.	Yes		3.2 Box 3
55.5	Hands and forearms are washed up to the elbows with soap and warm water for at least 30 seconds. ***Inspector note: Compounding personnel describe method for ensuring they have washed for 30 seconds (example: clock or timer is available near the sink).***	Unknown	Did not witness use of the timer in the ante room by the compounding staff.	3.2 Box 3
55.6	Soap containers are not refilled or topped off.	Yes		3.2
55.7	Hands and forearms are completely dried up to the elbows with low-lint disposable towels or wipers.	Yes		3.2 Box 3
55.8	Hand dryers are not used for hand hygiene.	Yes		3.2 Box 3

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		Observation	Inspector Notes	USP Reference(s)
56.0	**Garbing Observation:** Were compounding personnel observed following the appropriate garbing procedures in compliance with USP <797> standards? ***If no, go to compliance statements.***	Yes		3.3
56.1	All personnel entering the compounding area are fully garbed (with the required garb as determined by the facility SOPs).	Yes		3.3
56.2	Compounding personnel entering the cleanroom suite and/or SCA adhere to the minimum garbing requirements in USP <797>. ***Inspector note: Per USP <797>, additional garbing requirements must be continuously met in the buffer room where Category 3 CSPs are prepared, regardless of whether Category 3 CSPs are compounded on a given day.***	Yes		3.3
56.3	Donning procedures are performed in an order that reduces the risk of contamination. ***Inspector note: USP recommends (not requires) the donning procedure to be performed in the anteroom.*** ***If no, inspector must describe in the notes column why a risk of contamination is a concern.***	Yes		3.3

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		Observation	Inspector Notes	USP Reference(s)
56.4	Doffing procedures are performed in an order that reduces the risk of contamination.	Yes		3.3
56.5	The order of garbing was performed in the appropriate sequence in relation to the placement of the sink. ***Inspector note: If hand hygiene is completed outside of a classified area, alcohol-based hand rub must be used prior to donning garb.***	Yes		3.2, 3.3
56.6	Sterile gloves are donned in a classified room or SCA. ***Inspector note: If hand hygiene is completed outside of a classified area, alcohol-based hand rub must be used prior to donning garb and again before sterile gloves are donned, see USP <797> FAQ #97.***	Yes		3.2
56.7	Skin is not exposed inside the ISO Class 5 PEC.	Yes		3.3
56.8	Garb is replaced immediately if it becomes visibly soiled or if its integrity is compromised.	Yes		3.3

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		Observation	Inspector Notes	USP Reference(s)
56.9	**Category 1 and Category 2 only:** Upon exit of the compounding area, all garb (except for gowns) is discarded or laundered prior to reuse. ***Inspector note: Gowns (disposable and non-disposable) may be reused within the same shift by the same person only if stored appropriately. If the facility prepares any Category 3 CSPs, additional garbing requirements must be followed and gowns must not be reused, inspector should answer statement as N/A.***	Yes		3.3
56.10	**Category 1 and Category 2 only:** Gowns reused within the same shift and by the same person are maintained in a manner that prevents contamination. ***Inspector note: Per USP <797>, gowns stored for reuse must be maintained in a classified area or adjacent to or within the SCA in a manner that prevents contamination (eg, away from sinks to avoid splashing). If the facility prepares any Category 3 CSPs, additional garbing requirements must be followed and gowns must not be reused; inspector should answer statement as N/A.***	N/A	Staff use a new gown for each entry.	3.3

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		Observation	Inspector Notes	USP Reference(s)
57.0	List the name(s) of the CSPs observed by the inspector as part of live compounding demonstration.	[redacted]	Cefazolin 2Gm IV Push, Invanse mini bags	
58.0	**Compounding Observation:** Are compounding personnel observed using the appropriate aseptic technique that ensures the quality of the CSP and the environment is maintained in compliance with USP <797> standards? ***If no, go to compliance statements.***	No		1, 2.1, 2.3
58.1	All sterile compounding is performed in a PEC with ISO Class 5 conditions or better. ***If the pharmacy only performs immediate use compounding, inspector should answer this statement as N/A.***	Yes		4.1.2

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		Observation	Inspector Notes	USP Reference(s)
58.2	**Category 2 and Category 3 only:** All PECs are placed in a cleanroom suite. ***Inspector note: Per USP, "If compounding only Category 1 CSPs, the PEC may be placed in an unclassified SCA."*** ***If the pharmacy only prepares Category 1 CSPs, inspector should answer this statement as N/A.***	Yes		4.1.2
58.3	Compounding personnel ascertain before use that components are of the correct identity, appropriate quality, within the expiration date, and have been stored under the proper conditions.	Yes		9.3.3
58.4	All items are wiped with a sporicidal disinfectant, EPA-registered disinfectant, or sterile 70% IPA prior to being introduced into the clean side of the anteroom, placed into a pass-through chamber, and/or brought into the SCA. ***Inspector note: The wiping procedure or agents used should not compromise the packaging integrity or render the product label unreadable. Disinfectant dwell time minimums, as specified by the manufacturer, are to be followed.***	Yes		8.1

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		Observation	Inspector Notes	USP Reference(s)
58.5	Before any item is introduced into the PEC, it is wiped with sterile 70% IPA using sterile low-lint wipers and allowed to dry before use. ***Inspector note: Per USP, "When sterile items are received in sealed containers designed to keep them sterile until opening, the sterile items may be removed from the covering as the supplies are introduced into the ISO Class 5 PEC without the need to wipe the individual sterile supply items with sterile 70% IPA. The wiping procedure must not render the product label unreadable."***	Unknown	The inspector observed that there was an inadequate amount of sterile IPA applied to the vials of drug being manipulated.	8.2
58.6	Aseptic processes and manipulations are performed in a manner intended to minimize the risk of contamination. ***Inspector note: Observe the compounder's technique to ensure proper aseptic technique is utilized such as: preparation occurs in the direct compounding area (DCA); the compounder does not interrupt first air during the compounding process; proper set up of equipment, supplies, and components that ensure first air is not interrupted; the compounder handles the syringe in a manner that does not introduce contaminates (touch contamination on the plunger rod); proper entry and exit of materials in ISO Class 5 PEC; and frequent sanitization of gloves.***	Yes		2.3
58.7	All critical sites (eg, vial stoppers, ampule necks, and IV bag septums) are wiped with sterile 70% IPA in the PEC and allowed to dry before puncturing.	Yes		7, 8.3

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58.8	Gloves are disinfected with sterile 70% IPA immediately before compounding and regularly throughout the compounding process. ***Inspector note: Per USP, best practice is to re-sanitize each time hands re-enter the PEC. This may not occur when compounder is staging the next batch.***	Unknown	The inspector observed that there was an inadequate amount of sterile IPA applied to the technicians gloves regularly.	3.3
58.9	Gloves are regularly inspected for holes, punctures, or tears, and are replaced immediately if such defects are detected.	Yes		3.3
59.0	Do compounding personnel adhere to the USP established time limits for components after initial puncture or entry in compliance with USP <797> standards? ***Look at punctured, stored containers and confirm if puncture time or BUD is noted on the container and stored within time limits. If no, go to the compliance statements.***	Yes		15

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		Observation	Inspector Notes	USP Reference(s)
59.1	Single dose containers (entered or punctured only in an ISO Class 5 air or cleaner air) are not used beyond 12 hours after initial puncture or entry or assigned BUD, whichever is shorter. ***Inspector note: This applies to conventionally manufactured single-dose vials, compounded single-dose CSPs used as components, and CSP stock solutions. The labeled storage requirements during that 12-hour period must be maintained. Additionally, per USP, "This time limit for entering or puncturing (a single-dose CSP or CSP stock solution) is not intended to restrict the BUD of the final CSP."***	Yes		15.1, 16.2
59.2	Multiple-use containers are not used for more than 28 days after initial puncture or entry, manufacturer specifications, or assigned BUD, whichever is shorter. ***Inspector note: This applies to conventionally manufactured multiple-dose vials and compounded multiple-dose CSPs used as components. Multiple-dose CSPs are required to meet the criteria for antimicrobial effectiveness testing (USP <51>) and must be stored under the conditions upon which its BUD is based (eg, refrigerator or controlled room temperature).***	Yes		14.5, 15.2, 16.1

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		Observation	Inspector Notes	USP Reference(s)
59.3	The remaining contents of opened single-dose ampules (or vials where container closure system has been removed) are discarded immediately. ***Inspector note: Ampules or vials where the container closure system has been removed must not be stored for any time period.***	Yes		15.1
59.4	Pharmacy bulk package containers of sterile drugs for parenteral use are only entered or punctured in an ISO Class 5 PEC. ***Inspector note: Per USP, the pharmacy bulk package system must be used according to the manufacturer's labeling.***	Yes		15.3
60.0	**Inspect several different finished compounded sterile preparations.** Are all the finished compounded sterile preparations free from any evidence of particulates, filaments, floaters, or signs of contamination? ***Inspector note: If found, request the compounded preparation to be quarantined and notify NABP immediately. Additionally, list the name(s) of the compounded preparation(s) observed; description of type of contamination suspected (eg, filament or floater); number of preparations affected (eg, two of the five vials on the shelf); lot or batch information; BUD assigned; and collect photographs, copy of MFR, and CR.***	Yes		12

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National Association of Boards of Pharmacy®
Verified Pharmacy Program® Inspection Form

Sterile Compounding Inspection for USP <797>

Facility Name: Home Care Services Inc. dba KabaFusion NJ
e-Profile ID: 789755
Inspection Date: 04/12/2024 & 04/15/2024

		Observation	Inspector Notes	USP Reference(s)
61.0	Are there procedures for in-process checks performed by a pharmacist? ***Inspector note: In-process checks are safety steps for complex, multi-step compounding processes or high risk drugs or high risk populations (eg, neonates).*** ***These checks indicate that appropriate procedures and packaging are followed for each step, including addressing pharmacist verification of steps performed by non-pharmacists and visual inspection of product. Documentation of the compounding accuracy is recommended to be performed by someone other than the compounder to ensure proper measurement, reconstitution, and component usage. Some checks may be done retrospectively and with the assistance of technology.***	Yes		2 Table 2, Table 3
62.0	**Cleaning and Disinfection Observation:** Does the pharmacy perform cleaning and disinfection activities in compliance with USP <797> standards? ***If inspector is unable to observe cleaning activities (due to timing of compounding activities observed), inspector should interview compounder(s) to have them walk through their normal process. If this occurs, inspector should record in notes column "process only."*** ***If no, go to compliance statements.***	Yes	Process Only	7
62.1	All cleaning and disinfection activities are performed by appropriately garbed personnel.	Yes	Process Only	7

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		Observation	Inspector Notes	USP Reference(s)
62.2	Cleaning and disinfection are performed on all surfaces in the classified area and SCA.	Yes	Process Only	7
62.3	Cleaning is performed in the direction of clean to dirty areas.	Yes	Process Only	7
62.4	Reusable cleaning tools are disinfected prior to and after each use.	Yes	Process Only	7.1.2
62.5	Only sterile cleaning, disinfecting, and sporicidal agents are permitted for use in the PEC. ***Inspector note: If pharmacy utilizes non-ready to use (RTU) agents, they must be diluted with sterile water. Per USP, "Once opened, sterile cleaning and disinfecting agents and supplies (eg, closed containers of sterile wipers) and sterile 70% IPA may be reused for a time period specified as by the manufacturer and/or described in the facility written SOPs."***	Yes	TB-1 daily, Peridox on Fridays	7.1.1, 7.1.2
62.6	Only sterile supplies and equipment are permitted for use in the PEC. ***Inspector notes: Non-disposable cleaning tools or handles must be properly disinfected prior to entering the PEC and prior to use.***	Yes	Process Only	7.1.1, 7.1.2
62.7	Compounding personnel are using the appropriate sterile cleaning, disinfecting, and sporicidal agents within the PEC.	Yes	Process Only	7.1.1

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		Observation	Inspector Notes	USP Reference(s)
62.8	Compounding personnel are using the appropriate cleaning and disinfecting procedures and techniques within the PEC. ***Inspector note: Per USP, "All cleaning, disinfecting, and application of sporicidal disinfectants must be documented according to the facility's SOPs"; "Cleaning must be performed in the direction of clean to dirty areas"; and when 70% sterile IPA is used, it is used last and allowed to dry. There are differing opinions on the best order of cleaning. Procedure includes using a sterile low-lint wiper to all surfaces. Allow surfaces to dry completely before beginning compounding.***	Yes	Process Only	7.1.2 Box 7, Box 8
62.9	The manufacturer's directions or published data for the minimum contact time is followed for each of the cleaning, disinfecting, and sporicidal disinfectant used. ***Per USP, contact times should be included in the SOP based on the agent used.***	Yes	Process Only	7.1.1 Box 7, Box 8

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		Observation	Inspector Notes	USP Reference(s)
62.10	Sterile 70% IPA is applied to all surfaces in the ISO Class 5 PEC at the frequencies specified by USP during active compounding. ***Inspector note: Per USP <797>, sterile 70% IPA must be applied: immediately before initiating compounding procedures, to the work surface of the PEC at least every 30 minutes (if the compounding process takes 30 minutes or less), to the work surface of the PEC immediately after compounding (when the compounding process takes more than 30 minutes), after each batch or lot is completed, and after cleaning and disinfecting.***	Yes	Process Only	7
	Sterilization and Depyrogenation			**10**
63.0	Does the pharmacy compound preparations with any nonsterile starting components? ***If the pharmacy does not compound preparations with any nonsterile starting components, inspector should answer question as N/A.***	N/A		10

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		Observation	Inspector Notes	USP Reference(s)
64.0	Are injectable compounded preparations that contain nonsterile components or that come into contact with nonsterile devices (eg, containers, tubing) during any phase of the compounding procedure, sterilized within six hours after completing the preparation? ***If no, describe observations and collect a copy of the master formulation record, a copy of the compounding record, and a copy of the process for sterilization.*** ***If the pharmacy does not compound with nonsterile components or devices, or they only compound sterile ophthalmic and/or sterile drugs administered by inhalation, inspector should answer question as N/A.***	N/A		10
65.0	**Filter Sterilization:** Does the pharmacy use the appropriate type of sterilization method, equipment, documentation, and testing in compliance with USP <797> standards? ***View compounding records for CSPs sterilized by filtration to verify.*** ***Inspector note: The sterilization method used must sterilize the CSP without degrading its physical and chemical stability (eg, affecting its strength, purity, or quality) or the packaging integrity.*** ***If no, go to compliance statements.*** ***If the pharmacy does not use this sterilization method, inspector should answer question as N/A.***	N/A		10.2 USP <1229.4>

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		Observation	Inspector Notes	USP Reference(s)
65.1	Sterilization by filtration is performed in an ISO 5 environment.	N/A		4.1.2, 10.2
65.2	Filters used have enough capacity to filter the required volumes. ***Inspector note: Per USP, "The filter dimensions and the CSP to be sterilized by filtration should permit the sterilization process to be completed without the need for replacement of the filter during the process."***	N/A		10.2
65.3	The 0.2 micron sterile micro-porous membrane filter used to sterilize CSP solutions is chemically and physically compatible with the CSP. Inspector note: Per USP <797>, sterilizing filters must be appropriate for pharmaceutical use. Sterilizing filters labeled "for laboratory use" or equivalent must not be used. "Sterilizing filters must be certified by the manufacturer to retain at least 107 microorganisms of a strain of Brevundimonas diminuta per square centimeter of upstream filter surface area under conditions similar to those in which the CSPs will be filtered (ie, pressure, flow rate, and volume filtered)."	N/A		10.2

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		Observation	Inspector Notes	USP Reference(s)
65.4	Confirmation of filter integrity (bubble testing) is performed and documented for each filter used with each batch sterilized by filtration. ***Inspector note: If multiple filters are required for the compounding process, each of the filters must be tested.*** ***If no, collect a copy of the master formulation record and compounding record.***	N/A		10.2
65.5	A prefiltration step is performed for any CSPs that are known to contain excessive particulate matter. ***Inspector note: The prefiltration step consists of using a filter with a larger nominal pore size (eg, 1.2 micron) or a separate filter of larger nominal pore size should be placed upstream of (ie, prior to) the sterilizing filter to remove gross particulate contaminants before the CSP is passed through the sterilizing-grade filter.***	N/A		10.2
65.6	CSPs that are prepared using a filter that failed integrity tests are either discarded or, after investigating the cause of the failure and selection of an appropriate filter, refiltered for sterilization not more than one additional time. ***If no, collect a copy of the master formulation record and compounding record.***	N/A		10.2
65.7	Single-use filters are only used once.	N/A		4.1.2, 10.2

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		Observation	Inspector Notes	USP Reference(s)
66.0	**Steam Sterilization:** Does the pharmacy use the appropriate type of sterilization method, equipment (autoclave), documentation, and testing in compliance with USP <797> standards? ***Inspector note: The sterilization method used must sterilize the CSP without degrading its physical and chemical stability (eg, affecting its strength, purity, or quality) or the packaging integrity.*** ***View documentation on compounding records for CSPs sterilized by steam to confirm. If no, go to compliance statements.*** ***If the pharmacy does not use this sterilization method, inspector should answer question as N/A.***	N/A		10.3 USP <1229.1>
66.1	The pharmacy has evaluated if steam sterilization would cause degradation of the drug. ***Inspector note: Per USP, compounded preparations that are degraded by moisture, pressure, or temperatures used may not be sterilized by steam heat.***	N/A		10.3
66.2	Steam supplied is free of contaminants and generated using water per manufacturer's specifications.	N/A		10.3

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		Observation	Inspector Notes	USP Reference(s)
66.3	Solutions are passed through a 1.2 micron or smaller filter into the final containers to remove particulates before sterilization.	N/A		10.3
66.4	Items are placed in the autoclave in a manner that allows steam to reach them without entrapment of air. ***Inspector note: The pharmacy should have the autoclave cycle validated for the size of the batch, sterilization temperature, and sterilization time to ensure the load will be sterile.***	N/A		10.3 USP <1229.1>
66.5	Sealed containers used are able to generate steam internally (eg, small amount of water in empty crimped vials).	N/A		10.3
66.6	The appropriate biological indicators (USP <1229>) are used to verify the effectiveness of each sterilization run or load and documented in the compounding record. ***Inspector note: Per USP <797>, "The effectiveness of steam sterilization must be verified and documented with each sterilization run or load by using appropriate biological indicators, such as spores of Geobacillus stearothermophilus (ATCC 12980, ATCC 7953, or equivalent; see Biological Indicators for Sterilization USP <1229.5>), and other confirmation methods such as physicochemical indicators (see Physicochemical Integrators and Indicators for Sterilization USP <1229.9>). The date, run, and load numbers of the steam sterilizer used to sterilize a CSP is documented in the compounding record."***	N/A		10.3 USP <1229.5> USP <1229.9>

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		Observation	Inspector Notes	USP Reference(s)
66.7	All items are directly exposed to steam under adequate pressure for the length of time necessary as determined by use of appropriate biological indicators to render the items sterile. ***Inspector note: Per USP <797>, the duration of the exposure period must include sufficient time for the entire contents of the CSP and other items to reach the sterilizing temperature. The CSP and other items must remain at the sterilizing temperature for the duration of the sterilization period (an example provided in the chapter is 20-60 minutes at 121°C saturated steam under a pressure of 15 psi, depending on the volume or size of the CSP being sterilized).*** ***Any parameters for the autoclave must be set through validation.***	N/A		10.3 USP <1229.1>
66.8	A calibrated data recorder or chart is used to monitor each cycle and to examine for cycle irregularities (eg, deviations in temperature or pressure) and results documented on the CR.	N/A		10.3, 20

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		Observation	Inspector Notes	USP Reference(s)
67.0	**Dry Heat Sterilization:** Does the pharmacy use the appropriate type of sterilization method, equipment, documentation, and testing in compliance with USP <797> standards? ***Inspector note: The sterilization method used must sterilize the CSP without degrading its physical and chemical stability (eg, affecting its strength, purity, or quality) or the packaging integrity. USP <1229.8> also applies.*** ***View documentation on compounding records for CSPs sterilized by dry heat to confirm. If no, go to compliance statements.*** ***If the pharmacy does not use this sterilization method, inspector should answer question as N/A.***	N/A		10.4 USP <1229.8>
67.1	The pharmacy has the appropriate dry heat sterilization equipment. ***Inspector note: Dry heat sterilization is usually performed in an oven designed for sterilization at 160°C or higher. The dry heat oven should be able to get to the appropriate temperature and pressure, for example, not be a toaster oven.***	N/A		10.4
67.2	Solutions are passed through a 1.2 micron or smaller filter into the final containers to remove particulates before sterilization.	N/A		10.4
67.3	During sterilization, sufficient space is left between materials to allow for circulation of hot air.	N/A		10.4

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		Observation	Inspector Notes	USP Reference(s)
67.4	CSPs and other items are exposed to dry heat for the length of time necessary for all items to reach sterilizing temperature of 160°C or higher. ***Inspector note: Per USP <797>, if lower temperatures are used, they are validated by biological indicators (see USP <1229.8>, Validation of Dry Heat Sterilization, Biological Indicators). The calibrated oven must be equipped with temperature controls and a timer.***	N/A		10.4
67.5	The appropriate biological indicators are used to verify the effectiveness each sterilization run or load and documented in the compounding record. ***Inspector note: Per USP <797>, "The effectiveness of dry heat sterilization must be verified and documented with each sterilization run or load by using appropriate biological indicators, such as spores of Bacillus atrophaeus (ATCC 9372; see Biological Indicators for Sterilization USP <1229.5>) and other confirmation methods (e.g., temperature-sensing devices). The date, run, and load numbers of the dry heat oven used to sterilize a CSP must be documented in the CR."***	N/A		10.4 USP <1229.5>
67.6	A calibrated data recorder or chart is used to monitor each cycle and the data is reviewed to identify cycle irregularities (eg, deviations in temperature or exposure time) and results documented on the CR.	N/A		10.4, 20

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		Observation	Inspector Notes	USP Reference(s)
68.0	**Dry Heat Depyrogenation:** Is the appropriate depyrogenation method used and documented in compliance with USP <797> standards? ***View documentation records of items depyrogenated to confirm.*** ***If the pharmacy does not use this method, inspector should answer question as N/A.***	N/A		10.1 USP <1228.1>
68.1	Glassware, metal, and other thermostable containers are exposed to dry heat for the length of time necessary for all items to be rendered pyrogen free.	N/A		10.1
68.2	The effectiveness of the dry heat depyrogenation cycle is established and documented. ***Inspector note: Per USP <797>, this must be done initially, re-established any time there are changes made to the cycle (eg, load conditions, duration, temperature), and verified at least annually by using endotoxin challenge vials (ECVs) to demonstrate that the cycle is capable of achieving a ≥ 3-log reduction in endotoxins (see Bacterial Endotoxins Test USP <85>). The verification must be documented.***	N/A		10.1 USP <1228.1> USP <85>
68.3	Items that are not thermostable are depyrogenated by multiple rinses with sterile, nonpyrogenic water (eg, sterile water for injection or sterile water for irrigation) and then thoroughly drained or dried immediately before use in compounding. ***Inspector note: USP <1228.4> Depyrogenation by Rinsing also applies.***	N/A		10.1 USP <1228.4>

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		Observation	Inspector Notes	USP Reference(s)
	Master Formulation and Compounding Records **Inspector should review a minimum of five (5) master formulation records and five (5) compounding records.**			11
69.0	Are **Master Formulation Records (MFRs)** created and maintained in compliance with USP <797> standards? ***If no, go to the compliance statements.***	Yes		11.1
69.1	The pharmacy creates and maintains MFRs for CSPs that are prepared for more than one patient.	Yes		11.1, 20
69.2	MFR changes and alterations are approved and documented according to the pharmacy's SOPs.	Yes		11.1
69.3	The pharmacy creates and maintains MFRs for CSPs that are prepared from nonsterile ingredients.	Yes		11.1, 20
69.4	The MFR includes the name, strength or activity, and dosage form of the sterile compounded preparation.	Yes		11.1, 20

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69.5	The MFR includes the identities and amounts of all ingredients.	Yes		11.1, 20
69.6	The MFR includes the type and size of container closure.	Yes		11.1, 20
69.7	The MFR includes complete instructions for preparing the sterile compounded preparation, including equipment, supplies, a description of the compounding steps, and any special precautions.	Yes		11.1, 20
69.8	The MFR includes a physical description of the final CSP.	Yes		11.1, 20
69.9	The MFR includes the BUD and storage requirements.	Yes		11.1, 14.2, 20
69.10	The MFR includes the reference source to support the stability of the CSP.	Yes		11.1, 20
69.11	The MFR includes quality control procedures (eg, pH testing, filter integrity testing).	Yes		11.1, 20

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69.12	The MFR includes other information as needed to describe the compounding process and ensure repeatability (eg, adjusting pH and tonicity, sterilization method).	Yes		11.1, 20
69.13	The MFR includes all required release tests, and if applicable, sterility test methods, process, number and endotoxin test and limits.	Yes		11.1, 12, 20
70.0	Are **Compounding Records (CR)** created and maintained in compliance with USP <797> standards? ***Inspector note: Per USP, a prescription or medication order or label may serve as the CR. Also, a copy of the MFR can be made that contains spaces for recording the information needed to complete the CR (eg, both the MFR and CR are on the same document/form). A CR may be kept electronically, if readily retrievable, as long as it contains all required information.*** ***If no, go to compliance statements.***	Yes		11.2 Box 10
70.1	The pharmacy creates and maintains CRs for all for immediate-use CSPs prepared for more than one patient. ***Inspector note: if pharmacy does not prepare any CSPs for immediate-use, inspector should answer compliance statement as N/A.***	Yes		11.2 Box 10

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		Observation	Inspector Notes	USP Reference(s)
70.2	The pharmacy creates and maintains CRs for all Category 1, Category 2, and Category 3 CSPs.	Yes		11.2 Box 10
70.3	The CR includes the name, strength or activity, dosage form of the CSP, and (if applicable) the MFR reference.	Yes		11.2 Box 10
70.4	The CR includes the date and time of preparation.	Yes		11.2 Box 10
70.5	The CR includes an assigned internal identification number (eg, prescription, order, or lot number).	Yes		11.2 Box 10
70.6	The CR includes the identity of the individual(s) involved in the compounding process.	Yes		11.2 Box 10
70.7	The CR includes identity of the individual(s) verifying the final CSP.	Yes		11.2 Box 10
70.8	The CR includes the name of each component.	Yes		11.2 Box 10

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Sterile Compounding Inspection for USP <797>

Facility Name: Home Care Services Inc. dba KabaFusion NJ
e-Profile ID: 789755
Inspection Date: 04/12/2024 & 04/15/2024

		Observation	Inspector Notes	USP Reference(s)
70.9	The CR includes the vendor/manufacturer, lot number, and expiration date for each component. ***Inspector note: this is required for CSPs prepared for more than one patient and for CSPs prepared from nonsterile ingredient(s).***	Yes		11.2 Box 10
70.10	The CR includes the weight or volume of each component.	Yes		11.2 Box 10
70.11	The CR includes the strength or activity of each component.	Yes		11.2 Box 10
70.12	The CR includes the total quantity compounded.	Yes		11.2 Box 10
70.13	The CR includes the final yield (eg, quantity, containers, number of units).	Yes		11.2 Box 10
70.14	The CR includes the assigned BUD and storage requirements.	Yes		11.2 Box 10
70.15	The CR includes results of quality-control procedures (eg, visual inspection, filter integrity testing, pH testing).	Yes		11.2, 12 Box 10

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		Observation	Inspector Notes	USP Reference(s)
70.16	The CR includes calculations made to determine and verify quantities and/or concentrations of components. ***Inspector note: Per USP, "If applicable, the CR must also include…Calculations."***	Yes		11.2 Box 10
70.17	The CR is verified by the pharmacist for appropriateness and accuracy with in-process and final checks. ***Inspector note: "Documentation must comply with all laws and regulations of the applicable regulatory jurisdiction."***	Yes		2, 11.2, 12.1, 13, 20 Box 10
71.0	Are the pharmacy's labels for CSPs in compliance with USP <797> standards and display all required information? ***If no, go to compliance statements.***	Yes		13 USP <7>
71.1	Information on the label is prominently and legibly displayed. ***Inspector note: Definition of labeling includes other accompanying materials with the CSP, which includes, "written, printed, or graphic matter on the immediate container or on or inside any package or wrapper in which it is enclosed." The shipping container is not included in the definition of the "label."***	Yes		13
71.2	Labeling meets any state or federal regulatory requirements.	Yes		13

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		Observation	Inspector Notes	USP Reference(s)
71.3	Labeling on the immediate container includes an assigned internal identification number (eg, barcode, prescription, order, or lot number).	Yes		13
71.4	Labeling on the immediate container includes the active ingredients and their amounts, activity, or concentration.	Yes		13
71.5	Labeling on the immediate container includes the storage conditions, if other than controlled room temperature.	Yes		13
71.6	Labeling on the immediate container includes the BUD. Per USP, "Each CSP label must state the date, or the hour and date, beyond which the preparation must not be used and must be discarded (ie, the BUD)."	Yes		13, 14.1
71.7	The compounded CSP label does not use the term "expiration date" or equivalent.	Yes		13, 14.1 USP <7>
71.8	Labeling on the immediate container includes the dosage form.	Yes		13
71.9	Labeling on the immediate container includes the total amount or volume when not obvious from the container.	Yes		13

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		Observation	Inspector Notes	USP Reference(s)
71.10	Labeling on the immediate container states that the CSP is a single-dose container (when space permits).	Yes		13
71.11	Labeling on the immediate container states that the CSP is a multiple-dose container.	Yes		13
71.12	Labeling includes the route of administration, as applicable.	Yes		13
71.13	Labeling includes any special handling instructions and/or warning statements, as applicable.	Yes		13
71.14	Labeling includes the compounding facility name and contact information if the CSP is to be sent outside of the facility or health care system in which it was compounded.	Yes		13
72.0	Does the label contain information identifying the CSP is a compounded preparation? ***Inspector note: Per USP, this is a recommendation/should.***	Yes		13 USP <7>

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		Observation	Inspector Notes	USP Reference(s)
	Establishing BUDs			**14**
73.0	**Category 1 and Category 2 CSPs:** Does the pharmacy assign BUDs for Category 1 and Category 2 CSPs in compliance with USP <797> standards? ***If no, go to compliance statements.***	Yes		14, 14.1, 14.2
73.1	The assigned BUD does not exceed the shortest expiration date of any of the individual commercially available starting components.	Yes		14.3
73.2	When assigning BUDs, the pharmacy ensures that the CSP formulation remains chemically and physically stable and that its packaging maintains its integrity for the duration of the assigned BUD.	Yes		14.3
73.3	**Category 1 CSPs:** BUDs for **Category 1 CSPs** prepared in an SCA do not exceed the limits established in Table 12. ***Inspector note: Per USP <797> Table 12, BUD maximum limits for Category 1 CSPs are defined as 12 hours at controlled room temperature (CRT 20°C-25°C) or 24 hours refrigerated (2°C-8°C).*** ***If no Category 1 CSPs are prepared, inspector should answer statement as N/A.***	N/A		14.3, Table 12

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		Observation	Inspector Notes	USP Reference(s)
73.4	**Category 2 CSPs:** BUDs for **aseptically processed (by filtration) Category 2 CSPs** that **do not** undergo sterility testing do not exceed the limits established in Table 13. ***Inspector note: Per USP <797> Table 13, BUD maximum limits for aseptically processed Category 2 CSPs using one or more nonsterile starting components are defined as: one day CRT; four days refrigerator; and 45 days freezer. Aseptically processed Category 2 CSPs using only sterile starting components are defined as: four days CRT; 10 days refrigerator; and 45 days freezer.*** ***If no aseptically processed Category 2 CSPs are prepared, inspector should answer statement as N/A.***	N/A		14.3, Table 13
73.5	**Category 2 CSPs:** BUDs for **aseptically processed (by filtration) Category 2 CSPs** where **sterility testing and endotoxin testing (if applicable) are performed** and passed do not exceed the limits established in Table 13. ***Inspector note: Per USP <797> Table 13, BUD maximum limits for aseptically processed Category 2 CSPs, that were sterility tested and passed, regardless of starting components being sterile or nonsterile, are defined as: 30 days CRT; 45 days refrigerator; and 60 days freezer.*** ***If no aseptically processed Category 2 CSPs are prepared, inspector should answer statement as N/A.***	N/A		14.3, 14.2.1, 14.2.3, Table 13

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		Observation	Inspector Notes	USP Reference(s)
73.6	**Category 2 CSPs:** BUDs for **terminally sterilized Category 2 CSPs** that **do not** undergo sterility testing do not exceed the limits established in Table 13. ***Inspector note: Per USP <797> Table 13, BUD maximum limits for terminally sterilized to probability of nonsterile unit (PNSU) of 10^{-6} (eg, dry heat, steam, irradiation) Category 2 CSPs are defined as: 14 days CRT; 28 days refrigerator; and 45 days freezer.*** ***If no terminally sterilized Category 2 CSPs are prepared, inspector should answer statement as N/A.***	N/A		14.3, 14.2.1, Table 13
73.7	**Category 2 CSPs:** BUDs for **terminally sterilized Category 2 CSPs** where **sterility testing and endotoxin testing (if applicable) are performed** and passed do not exceed the limits established in Table 13. ***Inspector note: Per USP <797> Table 13, BUD maximum limits for terminally sterilized to PNSU of 10^{-6} (eg, dry heat, steam, irradiation) Category 2 CSPs are defined as: 45 days CRT; 60 days refrigerator; and 90 days freezer. Endotoxin testing is required for Category 2 injectable CSPs compounded from one or more nonsterile component(s) and assigned a BUD that requires sterility testing.*** ***USP <797> recommends that all injectable Category 2 CSPs made from one or more nonsterile components are also endotoxin tested.*** ***If no terminally sterilized Category 2 CSPs are prepared, inspector should answer statement as N/A.***	N/A		14.3, 14.2.1, 14.2.3, Table 13

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		Observation	Inspector Notes	USP Reference(s)
74.0	Does the pharmacy ensure the assigned BUD does not exceed the shortest beyond use date of any individual compounded components? ***Inspector note: Per USP, "the BUD should generally not exceed the shortest BUD of any of the individual compounded components. However, there may be acceptable instances when the BUD of the final CSP exceeds the BUD assigned to compounded components (eg, pH-altering solutions). If the assigned BUD of the final CSP exceeds the BUD of the compounded components, the physical, chemical, and microbiological quality of the final CSP must not be negatively impacted." Other examples where this may occur: formula within a formula, preservative-free compounded component used in a preserved final CSP, "in-use" times for pharmacy bulk packages, and cyclosporine ophthalmic stock solution.*** ***If no, inspector should describe the observations, including the name of the component whose BUD was shorter than the assigned BUD of the final CSP.***	Yes		14.3

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		Observation	Inspector Notes	USP Reference(s)
75.0	Are BUDs for **Category 3 CSPs** assigned in compliance with all conditions outlined in USP <797> standards and do not exceed the maximum limits established in Table 14? ***Inspector note: If all of the conditions described for Category 3 CSPs are not met, the applicable BUD must not exceed the established maximum limits in Table 13 for Category 2 CSPs.*** ***If no, go to compliance statements.*** ***If the pharmacy does not prepare Category 3 CSPs, inspector should answer question as N/A.***	N/A		14.3, 14.4., 14.4.1, 14.4.2, 14.4.3, 14.4.4, Table 14
75.1	The assigned BUD does not exceed the shortest expiration date of any of the individual starting components.	N/A		14.3 Table 14
75.2	When assigning BUDs, the pharmacy ensures that the CSP formulation remains chemically and physically stable and its packaging maintains its integrity for the duration of the assigned BUD.	N/A		14.3 Table 15
75.3	BUDs for **Category 3 CSPs** do not exceed the maximum limits for aseptically processed (eg, filtered) established in Table 14. ***Inspector note: Per USP <797> Table 14, BUD maximum limits for aseptically processed Category 3 CSPs where sterility testing (and endotoxin testing, if applicable) had been performed and passed are defined as: 60 days CRT; 90 days refrigerator; and 120 days frozen.***	N/A		14.4.1 Table 14

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		Observation	Inspector Notes	USP Reference(s)
75.4	BUDs for **Category 3 CSPs** do not exceed the maximum limits for terminally sterilized established in Table 14. ***Inspector note: Per USP <797> Table 14, BUD maximum limits terminally sterilized Category 3 CSPs where sterility testing (and endotoxin testing, if applicable) had been performed and passed are defined as: 90 days CRT; 120 days refrigerator; and 180 days frozen.***	N/A		14.4.1 Table 14
75.5	**Category 3 CSPs** are supported by stability data obtained using methods described in USP <1225> or a validated noninferior stability-indicating analytical method. ***Inspector note: Per USP <797>, Category 3 CSPs must prepared according to the EXACT formulation (API and other ingredients of identical grade and procedures) from which the stability data is derived. Category 3 CSPs must be packaged and stored in container closure of the same materials of composition as used in study and the facility must have documentation of the stability study.*** ***View records to verify the preparation exactly matches the preparation cited in the documentation including concentration of all active ingredients, excipients, etc.***	N/A		14.4.3 Table 14 USP <1225>
75.6	**Category 3 CSPs** undergo sterility testing. ***Inspector note: Sterility testing is performed on all Category 3 CSPs.***	N/A		14.4.4 Table 14 USP <71>

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		Observation	Inspector Notes	USP Reference(s)
75.7	**Category 3 CSPs** undergo bacterial endotoxin testing. ***If all compounds prepared are ophthalmics and/or drug administered by inhalation, bacterial endotoxin is not required, inspector should answer statement as N/A.***	N/A		12.3, 14.4.4 Table 14 USP <85>
75.8	**Category 3 CSPs** undergo particulate matter testing. ***Inspector note: If the Category 3 CSP is an injection or an ophthalmic solution, particulate matter testing is also conducted once per formulation with acceptable results (See USP <788> Particulate Matter in Injections and USP <789> Particulate Matter in Ophthalmic Solutions).***	N/A		14.4.3 Table 14 USP <788>, <789>
75.9	**Category 3 CSPs** undergo an evaluation for the container closure system. ***Inspector note: The container closure system used is evaluated for and conforms to container closure integrity to the end of the BUD (see USP <1207> Package Integrity Evaluation— Sterile Products). Evaluation must be done once for each formulation and for each container closure system in which it will be packaged.***	N/A		14.4.3 Table 14 USP <1207>

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		Observation	Inspector Notes	USP Reference(s)
76.0	Are **multiple-dose CSPs prepared** in compliance with USP <797> standards? ***If no, go to compliance statements.*** ***If the pharmacy does not prepare multiple-dose CSPs, inspector should answer question as N/A.***	N/A		14.5
76.1	Multiple-dose CSPs are prepared as a Category 2 or Category 3 CSP only.	N/A		14.5
76.2	When preservatives are used, they are appropriate for the CSP formulation and the route of administration. Inspector note: Per USP <797>, "The preservative must not be inactivated by any ingredients in the CSP, and some preservatives are not always appropriate for the patient (eg, neonates) or route of administration (eg, intrathecal or ophthalmic injection)."	N/A		14.5

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		Observation	Inspector Notes	USP Reference(s)
76.3	Aqueous multiple-dose CSPs pass antimicrobial effectiveness testing in accordance with USP <51>. ***Inspector note: Per USP <797>, a test can be one test done for each formulation in the particular container-closure system in which it will be packaged, or test results provided by an FDA-registered facility or in appropriate peer-reviewed literature,, provided the sterile compounded preparation formulation and container-closure system used are exactly the same as those tested, unless a bracketing study is performed. The concentration of all other ingredients (including preservatives) must be the same throughout the bracketing study.*** ***Additionally, multiple-dose, nonpreserved, aqueous topical, and topical ophthalmic CSPs prepared as a Category 2 or Category 3 CSP are not required to pass antimicrobial effectiveness testing if the preparation is: For use by a single patient, labeled (in the label or labeling) to indicate that, once opened, it must be discarded after 24 hours when stored at controlled room temperature and/or that, once opened, it must be discarded after 72 hours when stored under refrigeration.***	N/A		14.5 USP <51>

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		Observation	Inspector Notes	USP Reference(s)
76.4	Multiple-dose CSPs are labeled to indicate the beyond use date of the CSP once it is opened or punctured. ***Inspector note: Labeling on the CSP should indicate that once the CSP container is entered or punctured, it must not be used for longer than the assigned BUD or 28 days (if supported by antimicrobial effectiveness testing results), whichever is shorter.*** ***Inspector should review the CR or final compounded preparation to verify the label contains this information.***	N/A		14.5
76.5	Container-closure systems used are evaluated for maintaining integrity (USP <1207>) for each formulation and fill volume. ***Inspector note: Per USP <797>, the container closure integrity test needs to be conducted only once on each formulation and on fill volume in the particular container closure system in which the multiple-dose CSP will be packaged.***	N/A		14.5 USP <1207>
	Finished Preparation Release Checks and Tests			**12**
77.0	Are all CSPs visually inspected for quality prior to release or dispensing in compliance with USP <797> standards? ***If no, go to compliance statements.***	Yes		12.1

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77.1	The CSP label is visually inspected to confirm that the CSP and its labeling match the prescription or medication order.	Yes		12.1
77.2	CSPs are visually inspected for quality characteristics such as discoloration, visible particulates, or cloudiness.	Yes		12.1
77.3	CSPs are visually inspected to verify container closure integrity (eg, checking for leakage, cracks in the container, or improper seals).	Yes		12.1

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		Observation	Inspector Notes	USP Reference(s)
77.4	A visual inspection is also repeated prior to release or dispense for CSPs that have been stored in the pharmacy and not released or dispensed on the day of preparation.	Yes		12.1
77.5	Any CSPs found to be of unacceptable quality (eg, observed defects) are promptly rejected, clearly labeled as rejected, and segregated from active stock to prevent use before appropriate disposal.	Yes		12.1
78.0	For any CSPs assigned beyond use dates that require sterility testing, does the pharmacy ensure that all testing is performed, evaluated, and documented in accordance with USP <71> or a validated alternative method that is noninferior to USP <71> testing and USP <797> standards? ***Inspector note: Alternative testing methods may not be accepted in all regulatory jurisdictions that the pharmacy conducts business.*** ***If no, go to compliance statements.*** ***If the pharmacy does not prepare any CSPs that require sterility testing, inspector should mark as N/A.***	N/A		12.2

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		Observation	Inspector Notes	USP Reference(s)
78.1	The required number of sterile compounded preparation units, as described in USP <71> and USP <797>, are tested. ***Inspector note: Per USP <71> Table 3, the minimum number of items to be tested for each medium is:*** ***Parenterals*** ***Not more than 100 containers = 10% or four containers, whichever is greater*** ***More than 100, but not more than 250 containers = 10 containers*** ***Large volume parenterals*** ***2% or 10 containers, whichever is less*** ***Non-parenterals (eye drops, inhalation, pellets, etc.)*** ***Not more than 200 containers = 5% or two containers, whichever is greater*** ***More than 200, but not more than 250 containers = 10 containers*** ***Per USP <797>, if the number of CSPs compounded in a single batch is less than what is needed for testing as specified in USP <71> Table 3, additional units must be compounded to be able to perform testing as follows:*** ****If 1-39 CSPs are compounded in a single batch, the sterility testing must be performed on a number of units equal to 10% of the number of CSPs prepared, rounded up to the next whole number.*** ****If more than 40 CSPs are prepared in a single batch, the sample sizes specified in USP <71> Table 3 must be used.***	N/A		12.2, 14.2.3 USP <71>

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National Association of Boards of Pharmacy®
Verified Pharmacy Program® Inspection Form

Sterile Compounding Inspection for USP <797>

Facility Name: Home Care Services Inc. dba KabaFusion NJ
e-Profile ID: 789755
Inspection Date: 04/12/2024 & 04/15/2024

		Observation	Inspector Notes	USP Reference(s)
78.2	Batch sizes of sterile CSPs do not exceed 250. ***Inspector Note: Per USP <797>, the maximum batch size for all sterile compounded preparation requiring sterility testing is limited to 250 final yield units.***	N/A		12.2, 14.2.3
78.3	Pharmacy is utilizing an alternative method for sterility assurance testing (other than USP <71>). ***Inspector note: Per USP, "If an alternative method is used for sterility testing, the method must be validated (see USP <1223>) and demonstrated to be suitable for that CSP formulation."*** ***If an alternative method is used, describe the method used and how the pharmacy ensures they are compliant with state-specific regulations.***	N/A		12.2 USP <71>, <1223>

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		Observation	Inspector Notes	USP Reference(s)
78.4	When sterility testing identifies a failure, the pharmacy has processes to investigate and identify any contributing factors. ***Inspector note: Per USP, "Sterility tests resulting in failures must prompt an investigation into the possible causes and must include identification of the microorganism, as well as an evaluation of the sterility testing procedure, compounding facility, process, and/or personnel that may have contributed to the failure. The source(s) of the contamination, if identified, must be corrected, and the facility must determine whether the conditions causing the sterility failure affect other CSPs. The investigation and resulting corrective actions must be documented."*** ***Additionally, some rapid sterility test methods do not allow for the identification of the recovered microorganisms. If one of these methods is used, the pharmacy is not in compliance with the chapter, as the investigation must include identification of the recovered microorganism.***	N/A		12.2

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		Observation	Inspector Notes	USP Reference(s)
79.0	For any CSPs assigned BUDs that require **bacterial endotoxin testing**, does the pharmacy ensure that all testing is performed and documented in compliance with USP <85> and USP <797> standards? ***Inspector note: Endotoxin limits reflect limits in an official monograph, or calculated as described in USP Chapter <85> for the route of administration for humans, and for animals based on weight.*** ***Although USP <797> refers to USP <85> Bacterial Endotoxins Test for calculating endotoxin limits for the appropriate route of administration, it does not address products administered epidurally or administered directly into the central nervous system. CSPs administered epidurally should have the same endotoxin limit as that of intrathecally administered CSPs.*** ***If no, go to compliance statements.*** ***If the pharmacy does not prepare CSPs that require bacterial endotoxin testing, inspector should answer question as N/A.***	N/A		12.3 USP <85>

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		Observation	Inspector Notes	USP Reference(s)
79.1	The pharmacy has an appropriate procedure for calculating/determining endotoxin limits. ***Per USP, there are endotoxin limits listed in USP product and compounded preparation monographs. The laboratory may be performing the calculation rather than the pharmacy; however, if done in house, this should be included in the pharmacy SOPs.*** ***If the dosage form does not require, inspector should answer statement as N/A.***	N/A		12.3
79.2	The pharmacy collects patient weight to make bacterial endotoxin calculation for an animal patient. ***If the dosage form does not require or the pharmacy does not compound sterile preparations for animals, inspector should answer statement as N/A.***	N/A		12.3
79.3	Bacterial endotoxins testing (USP <85>) is performed on all **injectable Category 2 CSPs** compounded from one or more nonsterile components that are assigned a BUD requiring sterility testing per Table 13. ***Inspector note: USP <797> recommends that all injectable Category 2 CSPs made from one or more nonsterile components is also endotoxin tested.***	N/A		12.3 Table 13 USP <85>

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		Observation	Inspector Notes	USP Reference(s)
79.4	Bacterial endotoxins testing (USP <85>) is performed on all **injectable Category 3 CSPs** compounded from one or more nonsterile components.	N/A		12.3 Table 13 USP <85>
79.5	Any CSPs with failed endotoxin testing are quarantined, not further released, and action is taken for any product released prior to receipt of failed test results. ***View testing records and note any products with failed results and actions taken.***	N/A		12.2, 12.3
	CSP Packaging, Shipping and Transport			**19**
80.0	Are processes and techniques for packaging and transporting CSPs in compliance with USP <797> standards? ***If no, go to compliance statements.***	Yes		19.1, 19.2, 19.3
80.1	The pharmacy uses the appropriate shipping containers and packaging materials (eg, coolers and light-resistant packaging) based on the product specifications.	Yes		19.2

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		Observation	Inspector Notes	USP Reference(s)
80.2	CSPs are appropriately packaged to protect against damage, leakage, contamination, degradation, and adsorption during storage and transport. ***Inspector should look at packaging materials used to ensure cushioning to prevent breakage of glass vials and ensure that container is generally clean without non-microbial growth that would come in direct contact with CSPs.***	Yes		19.2
80.3	Specific handling instructions when applicable, are included on the exterior of the container.	Yes		19.3
80.4	The pharmacy selects transport modes that ensure CSPs are delivered properly in undamaged, sterile, and stable conditions (eg, no undue exposure to heat, cold, or light). ***Inspector note: Transport modes include pneumatic tube transport systems and should not be used if the CSP is sensitive to shaking.***	Yes		19.3
	Quality Assurance and Quality Control			**18**
81.0	**Quality Assurance and Quality Control (QA/QC):** Does the pharmacy's SOP on quality assurance and quality control meet the requirements in compliance with USP <797> standards? ***If no, go to compliance statements.***	Yes		18 USP <1163>

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		Observation	Inspector Notes	USP Reference(s)
81.1	Description of procedures for complaint handling, adverse events, and recalls that include corrective action, investigation, reporting, and documentation requirements.	Yes		18.1, 18.2
81.2	**QA/QC Out-Of-Specification (OOS) SOPs:** The pharmacy's procedures for recall of out-of-specification dispensed CSPs includes a process to determine the severity of the problem and the urgency for implementation and completion of the recall.	Yes		18.1
81.3	**QA/QC OOS SOPs:** The pharmacy's procedures for recall of out-of-specification dispensed CSPs includes a process to determine the distribution of any affected CSP, including the date and quantity of distribution.	Yes		18.1
81.4	**QA/QC OOS SOPs:** The pharmacy's procedures for recall of out-of-specification dispensed CSPs includes a process to identify patients who have received the CSP.	Yes		18.1
81.5	**QA/QC OOS SOPs:** The pharmacy's procedures for recall of out-of-specification dispensed CSPs includes a process for the disposal and documentation of the recalled CSP.	Yes		18.1

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		Observation	Inspector Notes	USP Reference(s)
81.6	**QA/QC OOS SOPs:** The pharmacy's procedures for recall of out-of-specification dispensed CSPs includes a process to investigate and document the reason for failure.	Yes		18.1
82.0	Does the pharmacy ensure that QA and QC programs are conducted in compliance with USP <797> standards? ***If no, go to compliance statements.***	Yes		18, 20
82.1	The pharmacy has a formal QA/QC program with documented activities. ***Inspector note: Per USP, "Designated person(s) must ensure that the facility has formal, written QA and QC programs that establish a system of: adherence to procedures; prevention and detection of errors and other quality problems; evaluation of complaints and adverse events; and appropriate investigations and corrective actions."***	Yes		18
82.2	The pharmacy's QA/QC program is reviewed at least once every 12 months by the designated person(s) and the results of the review are documented.	Yes		18
82.3	The designated person(s) reviews all complaints to determine whether the complaint indicates a potential quality problem with the CSP.	Yes		18.2, 20

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		Observation	Inspector Notes	USP Reference(s)
82.4	All complaints and adverse events are thoroughly investigated. ***Inspector note: Per USP <797>, the timeframe is specified in the facility SOP. Additionally, USP states, "The investigation must consider whether the quality problem extends to other CSPs."*** ***If facility SOP permits a long investigation period, include in the inspector notes the SOP's expected time frame to complete an investigation. State may have a more aggressive time frame to complete an investigation and report quality events to the state.***	Yes		18.2, 18.3, 20
82.5	The record of each complaint is maintained by the pharmacy regardless of the source of the complaint (eg, email, telephone, or mail) and includes the minimum required information. ***Inspector note: Per USP <797>, the complaint record must contain the following information:*** ***-Name of the complainant or other unique identifier;*** ***-Date the complaint was received;*** ***-Nature of the complaint;*** ***-The response to the complaint; and*** ***-Results of any investigation and any follow-up.*** ***In addition, to the extent that the information is known, the following should be recorded:*** ***-The name and strength of the CSP and the assigned internal identification number (eg, prescription, order, or lot number).*** ***If no, inspector should document what is missing in the notes column.***	Yes		18.2, 20

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		Observation	Inspector Notes	USP Reference(s)
82.6	The pharmacy's QA/QC program includes documentation of steps necessary for completing a recall, including reporting the recall to appropriate regulatory agencies. ***Inspector note: Per USP, "The recall must be reported to appropriate regulatory bodies as required by laws and regulations of the applicable regulatory jurisdiction."***	Yes		18.1, 18.2
83.0	If a CSP is dispensed or administered **before the results of release testing are known**, does the pharmacy ensure procedures for recalls and out-of-specification notifications are conducted and documented in compliance with USP <797> standards? ***Inspector note: Per USP <797>, if a CSP is dispensed or administered before the results of release testing are known, the facility must have procedures in place to notify, recall, and investigate.*** ***If no, go to the compliance statements.***	Yes		18.1, 20
83.1	The pharmacy has a process in place to immediately notify the prescriber of a failure of specifications with the potential to cause patient harm (eg, sterility, strength, purity, bacterial endotoxin, or other quality attributes).	Yes		18.1
83.2	The pharmacy has a process in place to recall any unused dispensed CSPs and quarantine any stock remaining in the pharmacy.	Yes		18.1

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		Observation	Inspector Notes	USP Reference(s)
83.3	The pharmacy has a process in place to investigate if other lots are affected and recall if necessary.	Yes		18.1
	Personnel Training and Evaluation - **Verify records of all compounding personnel (up to 10).** **Use the records tab to document records reviewed.**			2
84.0	Is the pharmacy's documented hand hygiene and garbing competency evaluations compliant with USP <797> standards? ***Inspector note: Only "No" or "Missing" documents would cause this question to be answered no.*** ***If no, refer to the records review worksheet for details.***	Yes		2.2, 20 Box 1, Table 1
85.0	Is the pharmacy's documented aseptic manipulation competency evaluation compliant with USP <797> standards? ***Inspector note: Only "No" or "Missing" documents would cause this question to be answered no.*** ***If no, refer to the records review worksheet for details.***	Yes		2.3, 20 Box 2, Table 1
86.0	Is the pharmacy's documented training program and ongoing competency evaluation compliant with USP <797> standards? ***Inspector note: Only "No" or "Missing" documents would cause this question to be answered no.*** ***If no, refer to the records review worksheet for details.***	Yes		2, 2.1, 17 Table 2, Table 3

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Sterile Compounding Personnel Records Review

Select personnel with compounding responsibilities for your records review; preferably select staff performing compounding duties at time of inspection or staff identified during CR review.

- Recommend also pulling supervising personnel file.

- Inspector can consider pulling non-compounder employee file ("Other") who cleans and stocks compounding area but who does not compound (Note: frequency of competency assessment will be defined by pharmacy SOPs).

Review five (5) personnel files and document your observations. (For applicants seeking a Class E-S Non-Resident Sterile Compounding Inspection (Texas Sampling), review a total of 10 personnel records.)

- *Note: long-term employees may not have initial training available, if this is the case, you may select an alternative file. If an alternate file is not available, document length of service of long-term employee.

Inspector Note: soybean casein digest medium and trypticase soy broth are the same media.

Inspector Instructions	Demonstrating Knowledge and Competency of Core Skills (Section 2.1)
1. Use the drop-down list and make the appropriate selection for the Employee Title, Personnel Function, and CSP Category Type for the files reviewed. *Do not record the employee name, only the title or position. 2. Review the selected files to verify that the required training and competency records are present in the personnel file and comply with USP <797> standards for training and demonstrated competency. 3. Select the appropriate response for each item reviewed. -Select "Yes" if the document is present in the records and the competency evaluation was conducted in compliance USP <797> standards. -Select "No" if the document is present but is not compliant with USP <797> standards (eg, incorrect frequency of test, GFT and surface sample was not conducted after media-fill, failed tests did not include a corrective action, etc). Document the area(s) of non-compliance in the notes column. -Select "Missing" if the document is not present in the file. -Select "N/A" if the training does not apply, eg, long-term employees may not have initial training available. Document further in the notes column. 4. Use the notes column to document any pertinent information.	USP requirements: 1. Personnel who perform or oversee compounding *or support activities* must be trained in the SOPs and trained on maintaining the quality of the environment (See Table 2). 2. Compounding personnel and supervising personnel must complete training needed to demonstrate knowledge of principles and competency of skills for performing sterile manipulations and achieving and maintaining appropriate environmental conditions (See Table 2 and Table 3). This must be completed initially and every 12 months in at least the following areas: -Hand hygiene -Garbing -Cleaning and disinfection -Calculations, measuring, and mixing -Aseptic technique -Achieving and/or maintaining sterility (and apyrogenicity if compounding with nonsterile components) -Use of equipment -Documentation of the compounding process (eg, master formulation and compounding records) -Principles of high-efficiency particulate air (HEPA)-filtered unidirectional airflow within the ISO Class 5 area -Proper use of PECs -Principles of movement of materials and personnel within the compounding area 3. Personnel who only perform restocking or cleaning and disinfecting duties outside of the primary engineering control (PEC) must complete ongoing training as required by the facility's SOPs (See Table 3). 4. Personnel compounding only immediate-use CSPs must complete training as required by the facility's SOPs (See Table 3). 5. All training and evaluations must be documented.

Employee Record #	Employee Title	Personnel Function	CSP Category Type	Compounding SOPs	*Initial Training and Competency in Maintaining the Quality of the Environment	*Initial Training and Competency in Sterile Compounding Principles and Practices	Ongoing Training and Competency in Sterile Compounding Principles and Practices	Notes
				Compounders and Supervising Personnel: Initially and at least every 12 months Other Personnel (examples: persons who do not compound but clean/disinfect and restock or who perform in-process checks; persons who only compound immediate use): Initially and as defined by pharmacy SOPs				
#1	Pharmacist	Compounder	Category 2 only	Yes	Yes	Yes	Yes	

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#2	Pharmacist	Compounder	Category 2 only	Yes	Yes	Yes	Yes	
#3	Pharmacist	Compounder	Category 2 only	Yes	Yes	Yes	Yes	
#4	Pharmacist	Compounder	Category 2 only	Yes	Yes	Yes	Yes	
#5	Pharmacist	Compounder	Category 2 only	Yes	Yes	Yes	Yes	
#6	Pharmacy Technician	Compounder	Category 2 only	Yes	Yes	Yes	Yes	
#7	Pharmacy Technician	Compounder	Category 2 only	Yes	Yes	Yes	Yes	
#8	Pharmacy Technician	Compounder	Category 2 only	Yes	Yes	Yes	Yes	
#9	Pharmacy Technician	Compounder	Category 2 only	Yes	Yes	Yes	Yes	
#10	Pharmacy Technician	Compounder	Category 2 only	Yes	Yes	Yes	Yes	

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Hand Hygiene and Garbing Competency Evaluation (Section 2.2)
USP requirements: **1. The garbing and hand hygiene competency evaluation consists of a visual observation and gloved fingertip and thumb sampling (GFT) of both hands.** **2. The initial competency evaluation consists of three (3) separate and complete hand hygiene observation, followed by a full garbing procedure and a GFT after garbing. The initial three (3) successful completions must be in succession—failure of any of the three (3) initial garbing competency evaluations requires repeat testing until personnel successfully complete three (3) evaluations in a row.** **3. The pharmacy uses a microbiological growth media device (eg, plates, paddles, or slides) containing general microbial growth agar (eg, trypticase soy agar [TSA]) supplemented with neutralizing additives (eg, lecithin and polysorbate 80) that supports both bacterial and fungal growth.** **4. The media device is incubated at 30°C-35°C for no less than 48h and then at 20°C-25°C for no less than an additional five days.** **5. Failure is indicated by visual observation of improper hand hygiene and garbing procedures and/or GFT results that exceed the defined action levels. Action level after garbing: >0 cfu/total from both hands.** **6. Documentation includes, at minimum:** **-Name of the person evaluated** **-Evaluation date and time** **-Media and components used including manufacturer, expiration date, and lot number** **-Starting temperature for each interval of incubation** **-Dates of incubation** **-Results (the number of cfu per hand must be recorded; microbial identification of the cfu is not required by the chapter for GFT)** **-Results of the evaluation and any corrective actions** **-Name of the observer and personnel reading and documenting the results**

Employee Record #	Employee Title	Personnel Function	CSP Category Type	Hand Hygiene and Garbing Visual Observation	*Initial GFT x 3 (Post hand washing and garbing)	Subsequent GFT (Post handwashing and garbing)	Documented Failures and Retraining Needs (If none, please mark as N/A)	Notes
				Category 1 and 2 compounders: Initially and at least every 6 months Category 3 compounders: Initially at least every 3 months Supervising Personnel: Initially and at least every 12 months				
#1	Pharmacist	Compounder	Category 2 only	Yes	Yes	Yes	Yes	
#2	Pharmacist	Compounder	Category 2 only	Yes	Yes	Yes	Yes	

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#3	Pharmacist	Compounder	Category 2 only	Yes	Yes	Yes	Yes	
#4	Pharmacist	Compounder	Category 2 only	Yes	Yes	Yes	Yes	
#5	Pharmacist	Compounder	Category 2 only	Yes	Yes	Yes	Yes	
#6	Pharmacy Technician	Compounder	Category 2 only	Yes	Yes	Yes	Yes	
#7	Pharmacy Technician	Compounder	Category 2 only	Yes	Yes	Yes	Yes	
#8	Pharmacy Technician	Compounder	Category 2 only	Yes	Yes	Yes	Yes	
#9	Pharmacy Technician	Compounder	Category 2 only	Yes	Yes	Yes	Yes	
#10	Pharmacy Technician	Compounder	Category 2 only	Yes	Yes	Yes	Yes	

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Inspector Instructions	Aseptic Manipulation Competency (Section 2.3)
1. Use the drop-down list and make the appropriate selection for the Employee Title, Personnel Function, and CSP Category Type for the files reviewed. *Do not record the employee name, only the title or position. **2. Review the selected files to verify that the required training and competency records are present in the personnel file and comply with USP <797> standards for training and demonstrated competency.** **3. Select the appropriate response for each item reviewed.** **-Select "Yes" if the document is present in the records and the competency evaluation was conducted in compliance USP <797> standards.** **-Select "No" if the document is present but is not compliant with USP <797> standards (eg, incorrect frequency of test, GFT and surface sample was not conducted after media-fill, failed tests did not include a corrective action, etc). Document the area(s) of non-compliance in the notes column.** **-Select "Missing" if the document is not present in the file.** **-Select "N/A" if the training does not apply, eg, long-term employees may not have initial training available. Document further in the notes column.** **4. Use the notes column to document any pertinent information.** **5. Document in notes if initial aseptic manipulation competencies are present in files (*unless long-term employee).**	**USP requirements:** **1. Media-fill testing procedures simulate the most difficult compounding procedures encountered by personnel.** **2. The pharmacy conducts media-fill testing as described in Box 2.** **3. The final containers are incubated at 20°C-25°C and 30°C-35°C for a minimum of seven days at each temperature band.** **4. Failure is indicated by visible turbidity or other visual manifestations of growth in the media in one or more container closure unit(s) on or before 14 days.** **5. Immediately following the media-fill test, GFT is performed on both hands and inside of an ISO Class 5 PEC. Failure is indicated by visual observation of GFT results that exceed defined action levels. Action level after media-fill testing: >3 cfu/total from both hands.** **6. Immediately following the GFT, a surface sample of the direct compounding area inside the PEC is performed in accordance with USP standards for surface sample monitoring and action levels. Action level ISO Class 5: >3 cfu/media device.** **7. Failure in the media fill, GFT, or surface sampling constitutes an overall failure of the aseptic manipulation competency.** **8. Documentation includes, at minimum:** **-Name of the person evaluated** **-Evaluation date and time** **-Media and components used including manufacturer, expiration date, and lot number** **-Starting temperature for each interval of incubation** **-Dates of incubation** **-Results (for GFT, the number of cfu per hand must be recorded and for surface samples, the number of cfu per sample must be recorded. Note: microbial identification of the cfu is not required for media-fill testing)** **-Results of the evaluation and any corrective actions** **-Name of the observer and personnel reading and documenting the results**

Employee Record #	Employee Title	Personnel Function	CSP Category Type	Aseptic Manipulation Visual Observation	Media-fill	GFT (post media-fill)	Surface Sampling (post media-fill)	Documented Failures and Retraining Needs (If none, please mark as N/A)	Notes
				Category 1 and 2 compounders: Initially and at least every 6 months Category 3 compounders: Initially and at least every 3 months Supervising Personnel: Initially and at least every 12 months					
#1	Pharmacist	Compounder	Category 2 only	Yes	Yes	Yes	Yes	Yes	
#2	Pharmacist	Compounder	Category 2 only	Yes	Yes	Yes	Yes	Yes	

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#3	Pharmacist	Compounder	Category 2 only	Yes	Yes	Yes	Yes	Yes	
#4	Pharmacist	Compounder	Category 2 only	Yes	Yes	Yes	Yes	Yes	
#5	Pharmacist	Compounder	Category 2 only	Yes	Yes	Yes	Yes	Yes	
#6	Pharmacy Technician	Compounder	Category 2 only	Yes	Yes	Yes	Yes	Yes	
#7	Pharmacy Technician	Compounder	Category 2 only	Yes	Yes	Yes	Yes	Yes	
#8	Pharmacy Technician	Compounder	Category 2 only	Yes	Yes	Yes	Yes	Yes	
#9	Pharmacy Technician	Compounder	Category 2 only	Yes	Yes	Yes	Yes	Yes	
#10	Pharmacy Technician	Compounder	Category 2 only	Yes	Yes	Yes	Yes	Yes	

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GLOSSARY USP <797>
ACD: Automated compounding device.
ACPH: Air changes per hour.
Active pharmaceutical ingredient (API): Any substance or mixture of substances intended to be used in the compounding of a preparation, thereby becoming the active ingredient in that preparation and furnishing pharmacological activity or other direct effect in the diagnosis, cure, mitigation, treatment, or prevention of disease in humans and animals or affecting the structure and function of the body. Also referred to as *Bulk drug substance*. A conventionally manufactured drug product is not an API but is typically manufactured from an API(s).
Added substance: An ingredient that is necessary to compound a preparation but is not intended or expected to cause a pharmacologic response if administered alone in the amount or concentration contained in a single dose of the compounded preparation. The term is used synonymously with the terms *inactive ingredient, excipient, and pharmaceutical ingredient.*
Administration: The direct application of a sterile product or preparation to a single patient by injecting, infusing, or otherwise providing a sterile product or preparation in its final form.
Airlock: A space with interlocked doors, constructed to maintain air pressure control when items move between two adjoining areas (generally with different air cleanliness standards). The intent of an airlock is to prevent ingress of particulate matter and microbial contamination from a lesser-controlled area.
Alcohol-based hand rub: An alcohol-containing preparation (liquid, gel, or foam) designed for application to the hands of health care personnel to inactivate microorganisms and/or temporarily suppress their growth. Such preparations may contain one or more types of alcohol, other active ingredients, excipients, and humectants.
Allergenic extract compounding area (AECA): A designated space, area, or room that is not required to be classified, with a visible perimeter that is suitable for preparation of allergenic extract prescription sets.
Allergenic extract prescription set: Combinations of licensed allergenic extracts that would be mixed and diluted to provide subcutaneous immunotherapy to an individual patient, even though these allergenic extract combinations are not specified in the approved BLAs for the licensed biological products.
Allergenic extract: A biological substance used for the diagnosis and/or treatment of allergic diseases such as allergic rhinitis, allergic sinusitis, allergic conjunctivitis, bee venom allergy, and food allergy.
Anteroom: An ISO Class 8 or cleaner room with fixed walls and doors where personnel hand hygiene, garbing procedures, and other activities that generate high particulate levels may be performed. The anteroom is the transition room between the unclassified area of the facility and the buffer room.
Aseptic processing: A method by which separate, sterile components (eg, drugs, containers, or closures) are brought together under conditions that maintain their sterility. The components can either be purchased as sterile or, when starting with nonsterile components, can be separately sterilized prior to combining (eg, by membrane filtration or by autoclave).

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GLOSSARY USP <797>
Aseptic technique: A set of methods used to keep objects and areas free of microorganisms and thereby minimize infection risk to the patient. It is accomplished through practices that maintain the microbe count at an irreducible minimum.
Assigned trainer: One or more individuals assigned by the designated person(s) to be responsible and accountable for directly providing the training, observation, and/or evaluation of personnel for the preparation of CSPs.
Batch: More than one CSP prepared as described in the MFR in a single, discrete process, and expected to have uniform character and quality, within specified limits.
Beyond-use date (BUD): The date, or the hour and date, after which a CSP must not be used, stored, or transported. The date is determined from the date and time the preparation is compounded.
Biological safety cabinet (BSC), Class II: A ventilated cabinet with an open front and inward and downward unidirectional HEPA-filtered airflow and HEPA-filtered exhaust. A BSC used to prepare a CSP must be capable of providing an ISO Class 5 or better environment for preparation of the CSPs.
Biological safety cabinet (BSC): A ventilated cabinet that may be used for compounding. These cabinets are divided into three general classes (Class I, Class II, and Class III). Class II BSCs are further divided into types (Type A1, Type A2, Type B1, Type B2, and Type C1).
BLA: Biological license application.
Blood components: Any therapeutic constituent of blood separated by physical or mechanical means (eg, white cells, red cells, platelets, plasma, serum). It is not intended to include plasma-derived products (eg, albumin, coagulation factors, immunoglobulins) manufactured under an approved BLA or equivalent.
BMBL: Biosafety in Microbiological and Biomedical Laboratories.
Buffer room: An ISO Class 7 or cleaner room with fixed walls and doors where PEC(s) that generate and maintain an ISO Class 5 environment are physically located. The buffer room may only be accessed through the anteroom or another buffer room.
Bulk drug substance: See the entry for *Active pharmaceutical ingredient.*
Category 1 CSP: A CSP that is assigned a BUD of 12 hours or less at controlled room temperature or 24 hours or less refrigerated that is compounded in accordance with all applicable requirements for Category 1 CSPs in this chapter.
Category 2 CSP: A CSP that may be assigned a BUD of greater than 12 hours at controlled room temperature or greater than 24 hours refrigerated that is compounded in accordance with all applicable requirements for Category 2 CSPs in this chapter.

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Category 3 CSP: A CSP that may be assigned a BUD exceeding the limits in *Table 13* for Category 2 CSPs and is compounded in accordance with all applicable requirements for Category 3 CSPs in this chapter.
CDC: Centers for Disease Control and Prevention.
Certificate of analysis (COA): A report from the supplier of a component, container, or closure that accompanies the supplier's material and contains the specifications and results of all analyses and a description of the material.
CFU: Colony-forming units.
Classified area: An area that maintains an air quality classification based on the ISO standards required in this chapter (see also the definition for *ISO class).*
Cleaning agent: An agent, usually containing a surfactant, used for the removal of substances (eg, dirt, debris, microbes, and residual drugs or chemicals) from surfaces.
Cleaning: The process of removing substances (eg, organic and inorganic material) from objects and surfaces, normally accomplished by manually or mechanically using water with detergents or enzymatic products.
Cleanroom suite: A classified area that consists of both an anteroom and buffer room.
Component: Any ingredient used in the compounding of a preparation, including any active ingredient, added substance, or conventionally manufactured product.
Compounded sterile preparation (CSP): A preparation intended to be sterile that is created by combining, admixing, diluting, pooling, reconstituting, repackaging, or otherwise altering a drug product or bulk drug substance.
Compounded stock solution: A sterile mixture of components that is used to compound additional CSPs.
Compounding area: The area where compounding is occurring (ie, a cleanroom suite, inside the perimeter of the SCA, or AECA).
Compounding aseptic containment isolator (CACI): A type of RABS that uses HEPA filtration to provide an ISO Class 5 unidirectional air environment designed for the compounding of sterile HDs.
Compounding aseptic isolator (CAI): A type of RABS that uses HEPA filtration to provide an ISO Class 5 unidirectional air environment designed for compounding of sterile non-HDs.

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Compounding record (CR): Documents the compounding of each CSP.
Compounding: The process of combining, admixing, diluting, pooling, reconstituting, repackaging, or otherwise altering a drug product or bulk drug substance to create a sterile preparation.
Container closure system: Packaging components that together contain and protect the dosage form. This includes primary packaging components and secondary packaging components, if the latter are intended to provide additional protection.
Containment glove bag: A single-use disposable glove bag that is capable of containing airborne chemical particles.
Containment ventilated enclosure (CVE): A non-ISO classified full or partial enclosure that uses ventilation principles to capture, contain, and remove airborne contaminants through HEPA filtration and prevent their release into the work environment.
Conventionally manufactured product: A pharmaceutical dosage form, usually the subject of an application approved by the applicable national regulatory agency, that is manufactured under current good manufacturing practice conditions.
Critical site: A location that includes any component or fluid pathway surfaces (eg, vial septa, injection ports, and beakers) or openings (eg, opened ampules and needle hubs) that are exposed and at risk of direct contact with air (eg, ambient room or HEPA filtered), moisture (eg, oral and mucosal secretions), or touch contamination.
Designated person(s): One or more individuals assigned to be responsible and accountable for the performance and operation of the facility and personnel as related to the preparation of CSPs.
Direct compounding area (DCA): A critical area within the ISO Class 5 PEC where critical sites are exposed to unidirectional HEPA-filtered air, also known as first air.
Disinfectant: A chemical or physical agent used on inanimate surfaces and objects to destroy fungi, viruses, and bacteria. Sporicidal disinfectants are considered a special class of disinfectants that also are effective against bacterial and fungal spores.
Dynamic airflow smoke pattern test: A PEC test in which a visible source of smoke, which is neutrally buoyant, is used to observe air patterns within the unidirectional space (i.e., the DCA) under dynamic operating conditions (see the entry for *Dynamic operating conditions).* This test is not appropriate for ISO Class 7 or ISO Class 8 cleanrooms that do not have unidirectional airflow (see the entry for *Visual smoke study).*
Dynamic operating conditions: Conditions in the compounding area in which operating personnel are present and simulating or performing compounding. The conditions should reflect the largest number of personnel and highest complexity of compounding expected during routine operations as determined by the designated person(s).

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GLOSSARY USP <797>
ECV: Endotoxin challenge vial.
EPA: US Environmental Protection Agency.
Excipient: See the entry for *Added substance*.
FDA: US Food and Drug Administration.
Filter integrity test: A test (eg, bubble point test) of the integrity of a sterilizing-grade filter performed after the filtration process to detect whether the integrity of the filter has been compromised.
Final yield: The total number of containers prepared at the end of the compounding process prior to release testing.
First air: The air exiting the HEPA filter in a unidirectional air stream.
Formulation: The specific qualitative and quantitative composition of the final CSP.
Garb: Items such as gloves, garments (eg, gowns), shoe covers, head and facial hair covers, masks, and other items designed to reduce particle shedding from personnel and minimize the risk of contamination of CSP(s).
GFT: Gloved fingertip and thumb testing.
Hazardous drug (HD): Any drug identified by at least one of the following six criteria: carcinogenicity, teratogenicity or developmental toxicity, reproductive toxicity in humans, organ toxicity at low dose in humans or animals, genotoxicity, or new drugs that mimic existing HDs in structure or toxicity.
High-efficiency particulate air (HEPA) filtration: Being, using, or containing a filter designed to remove 99.97% of airborne particles measuring 0.3-micron or greater in diameter passing through it.
HVAC: Heating, ventilation, and air conditioning.
Integrated vertical laminar flow zone (IVLFZ): A designated ISO Class 5 area serving as the PEC within an ISO Class 7 or cleaner buffer room. In the IVLFZ, unidirectional airflow is created by placing HEPA filters over the entire surface of the worktables and by effective placement of air returns.
IPA: Isopropyl alcohol.

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ISO class: An air-quality classification from the International Organization for Standardization.
ISO: International Organization for Standardization.
Label: The part of the labeling on the immediate container.
Labeling: All labels and other written, printed, or graphic matter on the immediate container or on or inside any packaging system or wrapper in which the article is enclosed, except any outer shipping container.
Laminar airflow system (LAFS): A device or zone within a buffer room that provides an ISO Class 5 or better air quality environment for sterile compounding. The system provides a unidirectional HEPA-filtered airflow.
Laminar airflow workbench (LAFW): A device that is a type of LAFS that provides an ISO Class 5 or better air quality environment for sterile compounding. The device provides a unidirectional HEPA-filtered airflow.
Line of demarcation: A visible line on the floor that separates the clean and dirty sides of the anteroom.
Low-lint wiper: A wiper exhibiting few, if any, fibers or other contamination, visible without magnification, which is separate from or easily removed from the wiper material in a dry condition.
Master formulation record (MFR): A detailed record of procedures that describes how the CSP is to be prepared.
MEA: Malt extract agar.
Media-fill test: A simulation used to qualify processes and personnel engaged in sterile compounding to ensure that the processes and personnel are able to prepare CSPs without contamination.
Monograph: A quality documentary standard within *USP–NF* that articulates the quality expectations for a medicine including for its identity, strength, purity, and performance. It also describes the tests to validate that a medicine and its ingredients meet these criteria.
Multiple-dose container: A container of sterile product for parenteral administration (eg, injection or infusion) that is designed to contain more than one dose of the sterile product. A multiple-dose container is usually required to meet the antimicrobial effectiveness testing criteria. See <659>Injection Packaging Systems, Multiple-dose container.

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One-step disinfectant cleaner: A product with an EPA-registered (or equivalent) claim that it can clean and disinfect a nonporous surface in the presence of light to moderate organic soiling without a separate cleaning step.
Oversight: The review, monitoring, and supervision of actions taken by personnel, bearing responsibility for those actions, and being available for consultation if and when needed, even if not physically present.
Pass-through chamber: An enclosure with sealed doors on both sides that should be interlocked. The pass-through chamber is positioned between two spaces for the purpose of minimizing particulate transfer while moving materials from one space to another.
Perimeter: A visible demarcation (such as a door, walls, or visible marking on the floor) that defines the SCA or AECA.
Pharmaceutical isolator: An enclosure that provides HEPA-filtered ISO Class 5 unidirectional air operated at a continuously higher pressure than its surrounding environment and is decontaminated using an automated system. It uses only decontaminated interfaces or rapid transfer ports for materials transfer. [Note—A CAI or CACI is not a pharmaceutical isolator.]
Pharmacy bulk package: A conventionally manufactured sterile product for parenteral use that contains many single doses intended for use in a pharmacy admixture program. A pharmacy bulk package may either be used to prepare admixtures for infusion or, through a sterile transfer device, for filling sterile containers. See <659>*Injection Packaging Systems, Pharmacy bulk package.*
Positive-pressure room: A room that is maintained at higher pressure than the adjacent spaces, and therefore the net airflow is out of the room.
PPE: Personal protective equipment.
Preservative: A substance added to inhibit microbial growth.
Primary engineering control (PEC): A device or zone that provides an ISO Class 5 air quality environment for sterile compounding.
Probability of a nonsterile unit (PNSU): The probability of an item being nonsterile after it has been exposed to a verified sterilization process. A PNSU value can only be applied to terminal sterilization. [Note—This is also called the sterility assurance level (SAL).]
Pyrogen: A substance that induces a febrile reaction in a patient.
Quality assurance (QA): A system of procedures, activities, and oversight that ensures that the compounding process consistently meets quality standards.

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GLOSSARY USP <797>
Quality control (QC): The sampling, testing, and documentation of results that, taken together, ensure that specifications have been met before release of the CSP.
Reconstitution: The process of adding a diluent to a conventionally manufactured product to prepare a sterile solution or suspension.
Release inspection and testing: Visual inspection and testing performed to ensure that a preparation meets appropriate quality characteristics.
Repackaging: The act of removing a sterile product or preparation from its original primary container and placing it into another primary container, usually of smaller size without further manipulation.
Restricted-access barrier system (RABS): An enclosure that provides HEPA-filtered ISO Class 5 unidirectional air that allows for the ingress and/or egress of materials through defined openings that have been designed and validated to preclude the transfer of contamination, and that generally are not to be opened during operations. Examples of RABS include CAIs and CACIs.
SDA: Sabouraud dextrose agar.
Secondary engineering control (SEC): The area where the PEC is placed (eg, a cleanroom suite or an SCA). It incorporates specific design and operational parameters required to minimize the risk of contamination within the compounding area.
Segregated compounding area (SCA): A designated space, area, or room that is not required to be classified and is defined with a visible perimeter. The SCA must contain a PEC and is suitable for preparation of Category 1 CSPs only.
Single-dose containers: A container of sterile product for parenteral administration (eg, injection or infusion) that is designed for use with a single patient as a single injection/infusion. A single-dose container usually does not contain a preservative. See <659> Injection Packaging Systems, Single-dose container.
SOP: Standard operating procedure.
Specification: The tests, analytical methods, and acceptance criteria to which any component, CSP, container closure system, equipment, or other material used in compounding CSPs must conform to be considered acceptable for its intended use.
Sporicidal disinfectant: A chemical or physical agent that destroys bacterial and fungal spores when used in sufficient concentration for a specified contact time. It is expected to kill all vegetative microorganisms.

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GLOSSARY USP <797>
Stability: The extent to which a product or preparation retains physical and chemical properties and characteristics within specified limits throughout its expiration or BUD.
Sterility assurance level (SAL): See the entry for *Probability of a nonsterile unit* (PNSU).
Sterility: The absence of viable microorganisms.
Sterilization by filtration: Passage of a gas or liquid through a sterilizing-grade membrane to yield filtrates that are sterile.
Sterilizing-grade filter: Filter membranes that are documented to retain 100% of a culture of 10^7 microorganisms of a strain of *Brevundimonas diminuta* per square centimeters of membrane surface under a pressure of not less than 30 psi. Such filter membranes are nominally 0.22- or 0.2-µm pore size.
Terminal sterilization: The application of a lethal process (eg, steam, dry heat, irradiation) to sealed containers for the purpose of achieving a predetermined PNSU of greater than 10−6 or a probability of less than one in one million of a nonsterile unit.
TSA: Trypticase soy agar.
Unclassified space: A space not required to meet any air cleanliness classification based on the ISO.
Unidirectional airflow: Air within a PEC moving in a single direction in a uniform manner and at sufficient velocity to sweep particles away from the DCA.
Verify: To confirm that a method, process, system, or equipment will perform as expected under the conditions of actual use.
Visual smoke study: A test, used in ISO Class 7 and ISO Class 8 rooms that do not have unidirectional airflow, in which a visible source of smoke, which is neutrally buoyant, is used to verify an absence of stagnant airflow. This test does not need to be performed under dynamic operating conditions and is not appropriate for PECs (see the entry for *Dynamic airflow smoke pattern test*).
Workflow management system: Technology comprised of hardware and/or software that allows for automation to assist in the verification of components of, and preparation of, CSPs and to document components and processes.

SUMMARY OF UNSATISFACTORY CONDITIONS

	DEFICIENCY	CHECK IF *
1)	The technician being observed did not apply soap to the entire arm up to the elbow.	
2)	The order of hand washing was not performed in the appropriate sequence in relation to the placement of the sink.	
3)	Did not witness use of the timer in the ante room by the compounding staff to assure hand washing was at least 30 seconds.	
4)	Compounding personnel observed were not using the appropriate aseptic technique that ensures the quality of the CSP and the environment is maintained in compliance with USP <797> standards.	
5)	The inspector observed that there was an inadequate amount of sterile IPA applied to the vials of drug being manipulated. The inspector observed that there was an inadequate amount of sterile IPA applied to the technicians gloves regularly.	
6)		
7)		
8)		
9)		
10)		

***IMMEDIATE CORRECTIVE ACTION IS REQUIRED (I.E., CONTINUING OPERATION WOULD CONSTITUTE A THREAT TO PUBLIC HEALTH AND WELFARE)**

Pharmacy Name:	Home Care Services, Inc. DBA KabaFusion NJ
Pharmacy Address:	160 Raritan Center Parkway, Suite 18, Edison, NJ 08837-3637
NABP Business e-Profile ID:	789755
VPP Inspection Date(s):	4/15/2024
Sharing Acknowledgment:	YES — By typing "Yes" you acknowledge that all response documentation will be made available to the Boards of Pharmacy and state regulators upon their request

Facility Response to Verified Pharmacy Program® (VPP®) Inspection

Type of Response (Choose from Drop Down)	VPP Inspection Report Page No.	VPP Inspection Report Item No.	Facility Response/Corrective Action/Comments	Estimated Date of Completion For Corrective Action Taken	Attachment Included (Y/N)	Title of Document (Must be indicated at top of document attachment)
Other	115	55.0	The technician was re-trained and completed the hand hygiene competency to include washing up to the elbows with soap and water.	04/25/2024	Y	Hand hygiene and garbing: Training and Observation assessment competency, see lines 8 and 9.
Other	115	55.2	The technician was re-trained and completed the hand hygiene competency for the clean room with the sink on the clean side of the ante room.	04/25/2024	Y	Hand hygiene and garbing: Training and Observation assessment competency (Sink on Clean Side of Anteroom) - Full assessment was completed.
Other	116	55.5	The technician was re-trained and completed the hand hygiene competency that includes the 30 second duration and use of clock that is present in clear view of the sink.	04/25/2024	Y	Hand hygiene and garbing: Training and Observation assessment competency, see line 8.
Other	120	58.0	The technician was re-trained and completed the aseptic technique competency.	04/25/2024	Y	Aseptic Technique: Training and Observation Assessment. Full assessment was completed.
Other	122	58.5	The technician was re-trained and completed the aseptic technique competency.	04/25/2024	Y	Aseptic Technique: Training and Observation Assessment, see line 9.
Other	123	58.8	The technician was re-trained and completed the aseptic technique competency.	04/25/2024	Y	Aseptic Technique: Training and Observation Assessment, see line 13.

This VPP Inspection response and documentation has been provided directly by the pharmacy in response to its VPP Inspection. The content of this response has not been verified or modified by NABP at this point in time, except to check for completeness of any attachments provided.

KabaFusion

Name: Sydney Kaiser
Date: 4/25/2024
Title: Pharmacy Tech.
☐ INITIAL competency (new hire)
☑ ANNUAL competency

Aseptic Technique: Training & Observation Assessment

INSTRUCTIONS: Use the following key to indicate **ASSESSMENT LEVELS: MET, NOT MET, NOT APPLICABLE**
Date column represents skill/competency verification date
COMPETENCY SHOULD BE COMPLETED PRIOR TO COMPOUNDING AND ANNUALLY THEREAFTER

Skills and Knowledge	Assessment Level	Date Reviewed	Comments
ASEPTIC TECHNIQUE TASKS/ROUTINE			
Performs proper hand hygiene, garbing, and gloving procedures according to KabaFusion policies and procedures.	Met	4/25/24	
Disinfects ISO Class 5 device surfaces with an appropriate agent(s) per policy. The DCA or deck of the PEC is cleaned between each preparation, every 30 minutes during continuous compounding, in the case of any spills, or in the case of any known or suspected contamination.	Met	4/25/24	
Disinfects components/vials with 70% Sterile Alcohol (70% IPA) by wiping down prior to placing into ISO Class 5 work area.	Met	4/25/24	
Introduces only essential materials in a proper arrangement in the ISO Class 5 work area. Lot numbers and expiration dates are verified as applicable.	Met	4/25/24	
Compounder is able to identify type of airflow (vertical or horizontal) in the PEC that is being used.	Met	4/25/24	
Does not expose critical sites to contact contamination or worse than ISO Class 5 air. Does not interrupt, impede, or divert flow of first air to critical sites.	Met	4/25/24	
Ensures syringes, needles, and tubing remain in their individual packaging and are only opened in ISO Class 5 work area.	Met	4/25/24	
Performs manipulations only in the appropriate DCA at least six inches inside of the PEC or ISO Class 5 device.	Met	4/25/24	
Disinfects stoppers, injection ports, and ampule necks by wiping with sterile 70% IPA and allows sufficient time to dry.	Met	4/25/24	
Affixes needles to syringes without contact contamination. Syringes are manipulated without touching the tips or plungers.	Met	4/25/24	
All syringe and tubing connections are to be made aseptically.	Met	4/25/24	
Punctures vial stoppers and spikes infusion ports without contact contamination or blocking first air.	Met	4/25/24	
Disinfects sterile gloves routinely by applying sterile 70% IPA during prolonged compounding manipulations and prior to re-entry into PEC. Gloves must be allowed to dry completely before resuming compounding.	Met	4/25/24	
Cleans, sets up, and calibrates automated compounding devices (e.g., "TPN compounder") according to manufacturer's instructions.	Met	4/25/24	
Disposes of sharps and waste according to KabaFusion policy.	Met	4/25/24	
If contamination was suspected during the procedure, the preparation or compromised item was discarded. (This may be discussed verbally if not observed)	Met	4/25/24	
Labels preparation(s) correctly.	Met	4/25/24	

The person assessed is immediately informed of all unacceptable activities (i.e., spaces lacking check marks, N/A, or N/0) and shown and informed of specific corrections.

Employee Signature/Credentials: S Kaiser Completion Date: 4/25/24

Evaluator Signature/Credentials: DOO/PIC Completion Date: 4/25/24

Comments:

KabaFusion
Patient Focused Infusion Therapy

Name: Sydney Kaiser
Date: 4/25/2024
Title: Pharmacy Tech
☐ INITIAL competency (new hire)
☑ ANNUAL competency

Hand Hygiene and Garbing: Training & Observation Assessment (Sink on Clean Side of Anteroom)

INSTRUCTIONS: Use the following key to indicate **ASSESSMENT LEVELS: MET, NOT MET, NOT APPLICABLE**
Date column represents skill/competency verification date
COMPETENCY SHOULD BE COMPLETED PRIOR TO COMPOUNDING AND ANNUALLY THEREAFTER

Skills and Knowledge	Assessment Level	Date Reviewed	Comments
HAND HYGIENE AND GARBING TASKS/ROUTINE			
Presents in clean appropriate attire and manner.	Met	4/25/24	
Does not wear or bring any prohibited items into classified areas (e.g., jewelry, food, etc)	Met	4/25/24	
Wipes down eyeglasses with appropriate agent if worn.	Met	4/25/24	
Is aware of lines of demarcation separating clean and dirty sides and observes required activities.	Met	4/25/24	
Dons beard cover if necessary.	Met	4/25/24	
Dons face mask to cover bridge of nose down to include chin. Dons bouffant ensuring all hair is covered.	Met	4/25/24	
Dons shoe covers or designated clean-area shoes one at a time, placing the covered or designated shoe on clean side of the line of demarcation, as appropriate.	Met	4/25/24	
Performs hand hygiene procedure by wetting hands and forearms, using a nail pick, soap, and warm water for at least 30 seconds. Uses timer or clock with a second hand in view of the sink.	Met	4/25/24	
Dries hands and forearms using lint-free towel. A patting or blotting motion should be used, not wiping.	Met	4/25/24	
Selects the appropriate size gown or coveralls examining for any holes, tears, or other defects.	Met	4/25/24	
Dons gown or coveralls and uses available mirror to ensure full closure.	Met	4/25/24	
Disinfects hands using a waterless alcohol-based surgical hand scrub and allows hands to dry thoroughly before donning sterile gloves in the buffer room (but not inside the PEC).	Met	4/25/24	
Dons appropriately sized sterile gloves ensuring a tight fit with no excess glove material at the fingertips. Gloves should be donned such that it goes over the wrist of the gown or coverall, so no skin is exposed.	Met	4/25/24	
Examines gloves ensuring that there are no defects, holes, or tears.	Met	4/25/24	
While engaging in sterile compounding activities, routinely disinfects gloves with 70% sIPA prior to work in the DCA and after touching items or surfaces that may contaminate gloves. Appropriate hand hygiene with surgical scrub is performed and gloves are changed if any holes or visible soiling is found during compounding (technician may verbalize this if not observed).	Met	4/25/24	
Removes and discards PPE on the dirty side of the ante-area or outside of cleanroom suite. Donning and doffing should not be performed at the same time (technician may verbalize this if not observed).	Met	4/25/24	
Note: Gowns may be hung inside out on a hook if it is to be reused within the same workday. Coveralls are not to be reused and must be discarded after each use.	Met	4/25/24	

The person assessed is immediately informed of all unacceptable activities (i.e., spaces lacking check marks, N/A, or N/0) and shown and informed of specific corrections.

Employee Signature/Credentials: S. Kaiser Completion Date: 04/25/24

Evaluator Signature/Credentials: DOO/PIC Completion Date: 4/25/24

Comments: _____

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)	Address	City	State	Zip
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

28R50066970O 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.

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)

10/13/25
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.

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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.

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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.

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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.

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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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.

Charlene Rigas 6/24/2020 Michael Rigas 6/24/2020

Witness (sign and date) (sign and date)

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.

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17777 Center Court Dr., Ste. 550, Cerritos, CA 90703
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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 — 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.

Aslam Masood
Original Signature (electronic, copies or stamps not accepted)

10/13/25
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

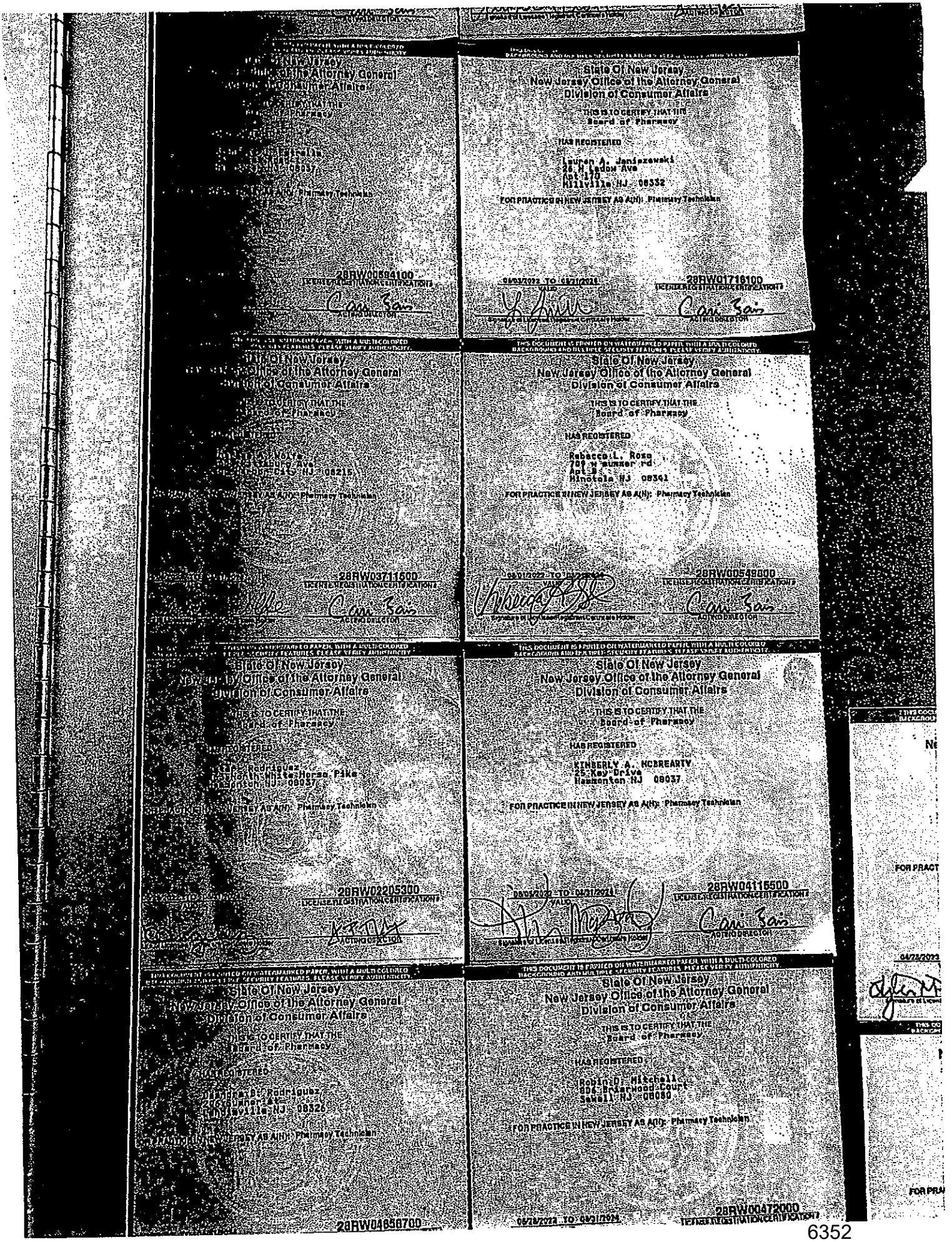
SEP 11 2023

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
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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 Ladoo Ave
Apt 170
Millville NJ 08332

FOR PRACTICE IN NEW JERSEY AS A(N): Pharmacy Technician

08/03/2022 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 2
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 Kay 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

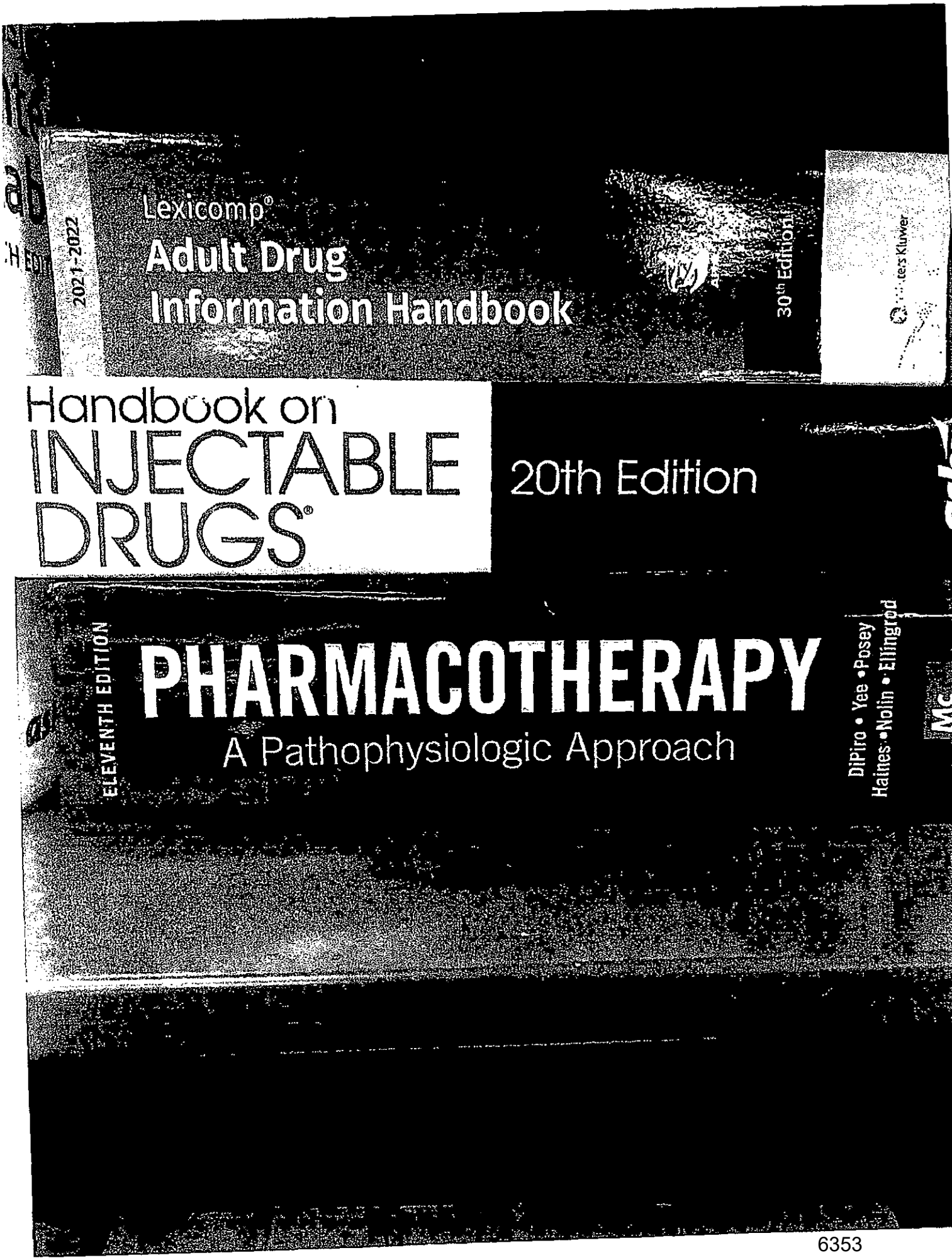
HAS REGISTERED

Robin D. Mitchell
806 Briarwood Court
Sewell NJ 08080

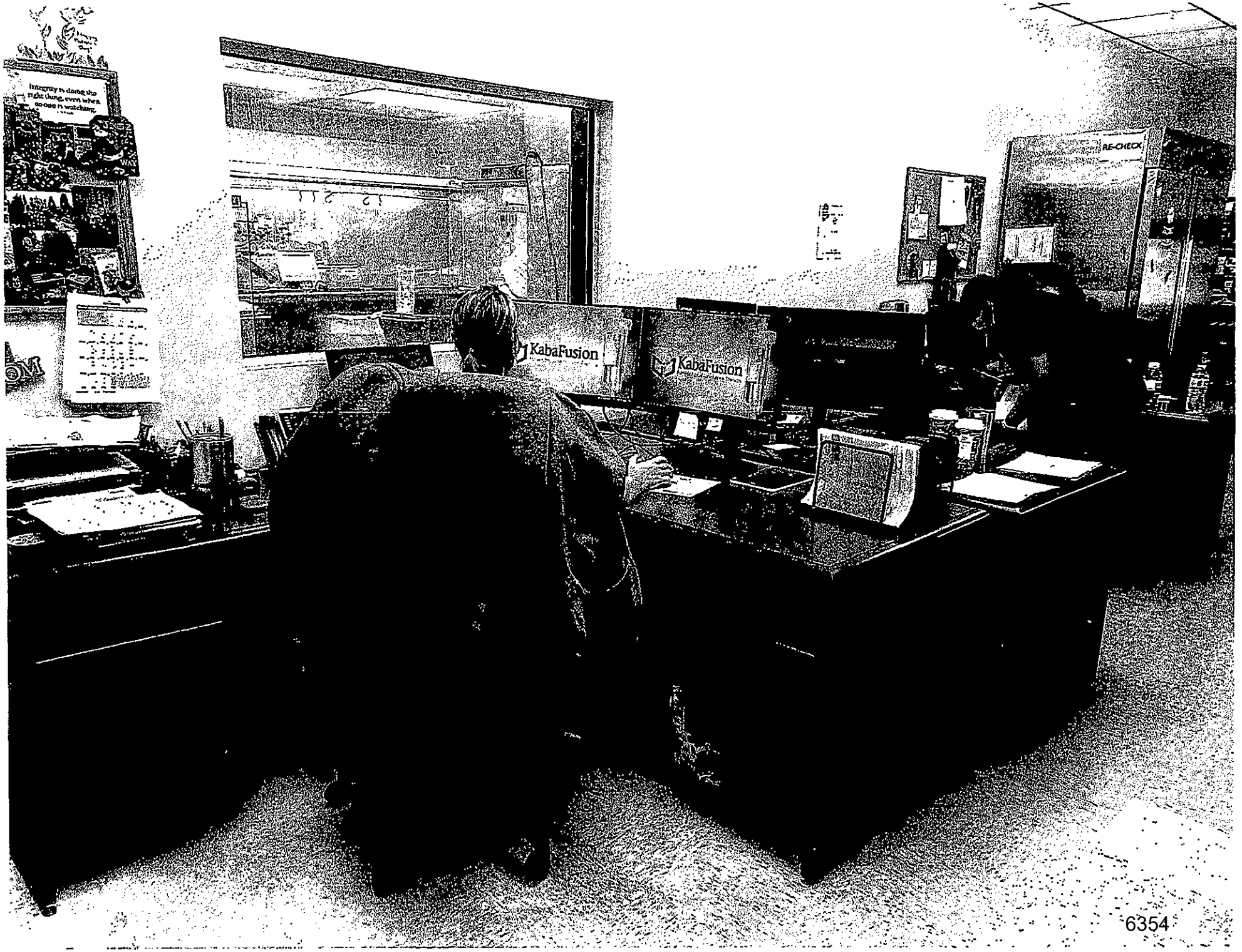
FOR PRACTICE IN NEW JERSEY AS A(N): Pharmacy Technician

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

6353


KabaFusion
KabaFusion
RE-CHECK
6354

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.

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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.

Adam 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

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

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

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# 28RS00659700

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 # 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

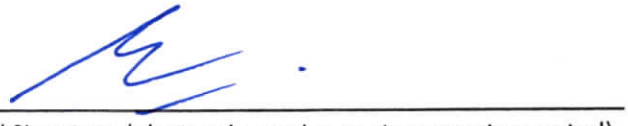
The Texas Department of State Health Services, Drugs and Medical Devices Division, Wholesaler Registration, 1100 W. 49th Street, Austin, TX 78756, is responsible for issuing registrations to wholesale drug distributors and drug manufacturers in Texas.

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.



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.

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 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

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)

9-29-25
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.

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.

---

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.

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)
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.

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

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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
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.

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

6502

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)

9-29-25
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

6511

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

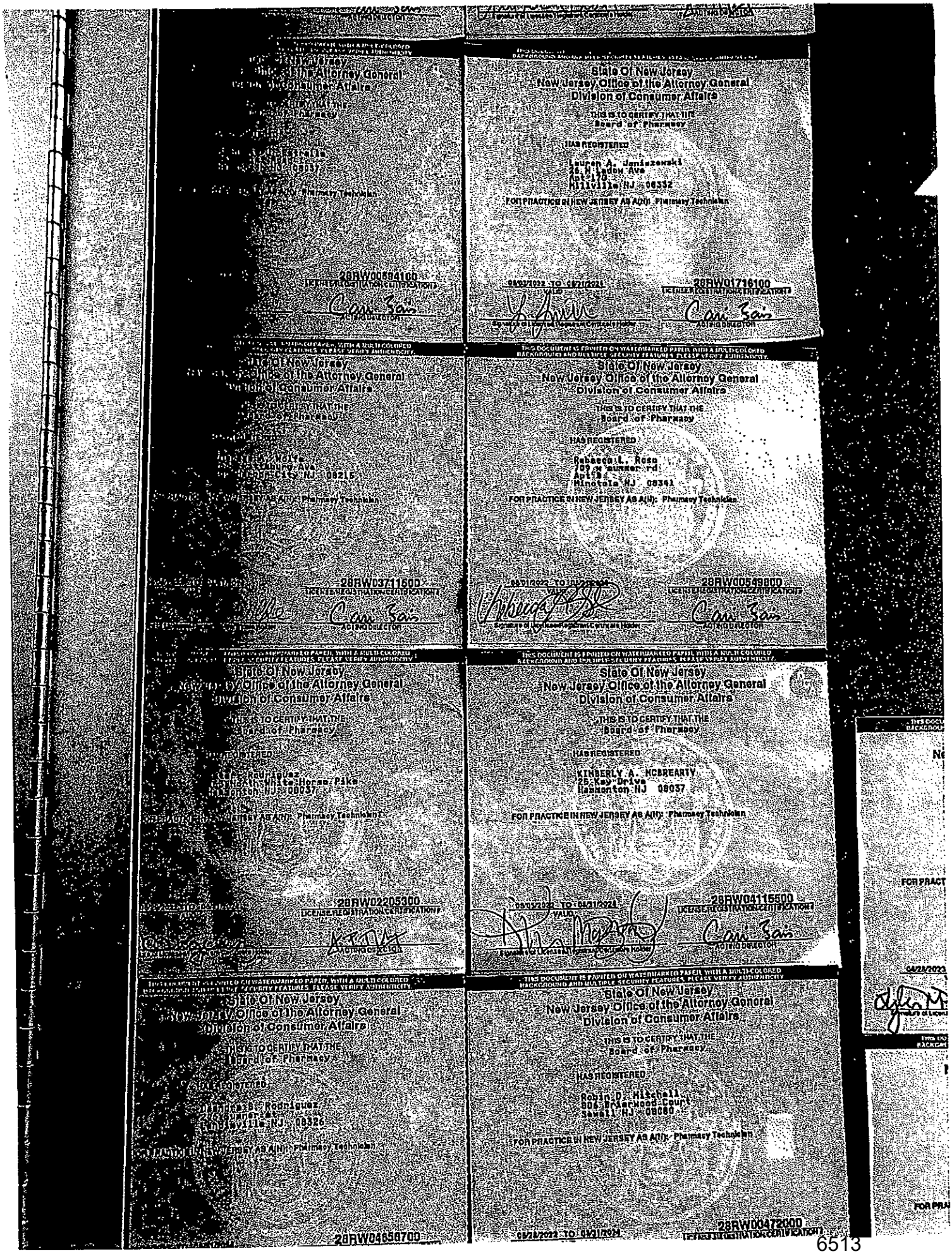
SEP 11 2023

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 Ladow Ave
Apt 170
Millville NJ 08332

FOR PRACTICE IN NEW JERSEY AS A(n): Pharmacy Technician

08/21/2022 TO 08/21/2024
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 Sumner Rd
Apt 9-S
Hinotala NJ 08341

FOR PRACTICE IN NEW JERSEY AS A(n): Pharmacy Technician

08/21/2022 TO 08/21/2024
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
Rahnanton NJ 08037

FOR PRACTICE IN NEW JERSEY AS A(n): Pharmacy Technician

08/21/2022 TO 08/21/2024
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
804 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

Wolters Kluwer

Handbook on INJECTABLE DRUGS®

20th Edition

PHARMACOTHERAPY

A Pathophysiologic Approach

ELEVENTH EDITION

DiPiro • Yee • Posey
Haines • Nolin • Ellingrod

Mc

6514


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)

9-29-25
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

6535

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.**

This letter is to advise you that the Commission voted to ***approve*** the Certificate of Need for the referenced project.

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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
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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

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 S0066970O 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 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 Molokie
(Signature)

1/20/2011
(Dated)

Walter Molokie
(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.

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.

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

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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)
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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.

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

6663

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

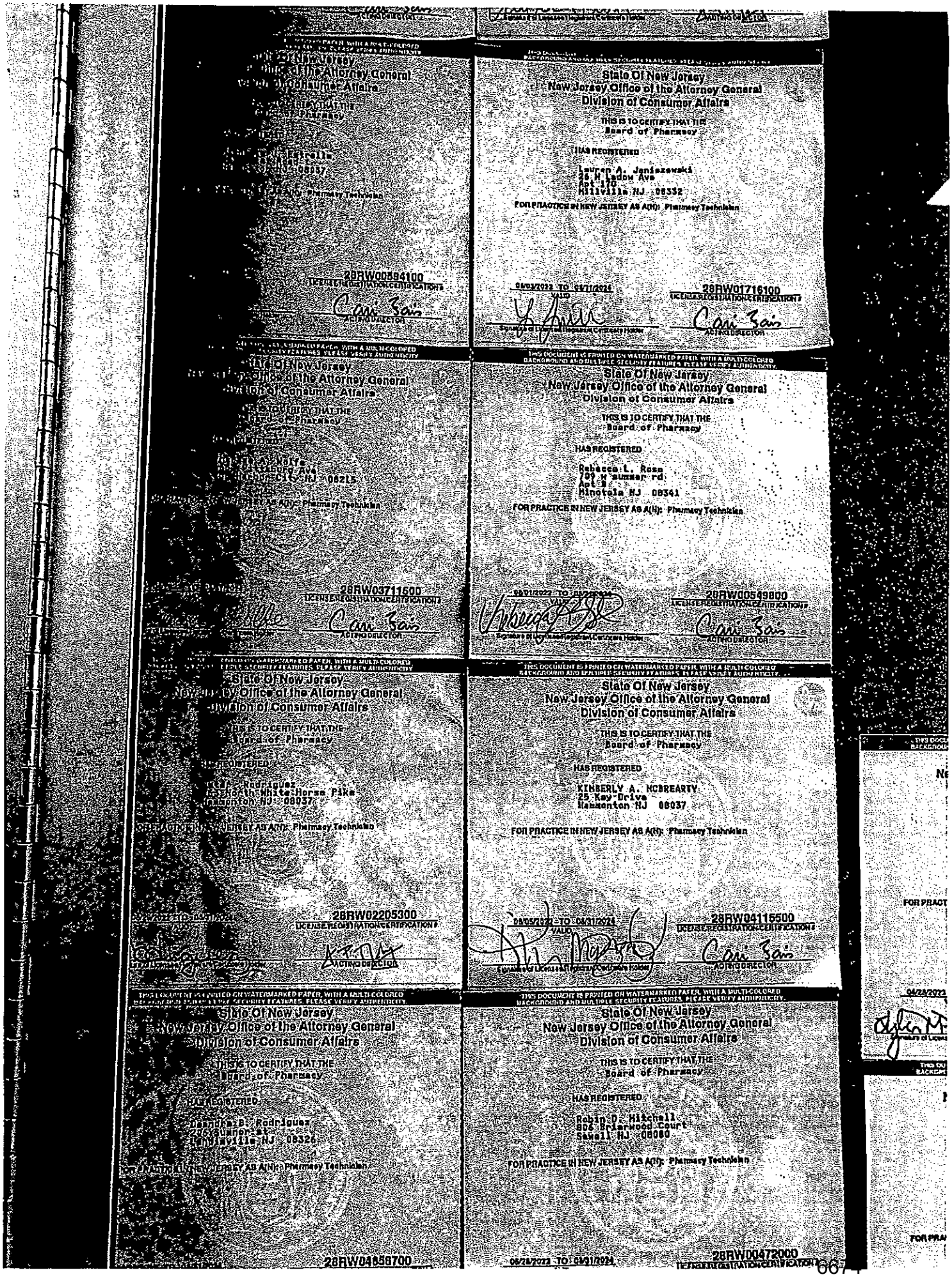
SEP 11 2023

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

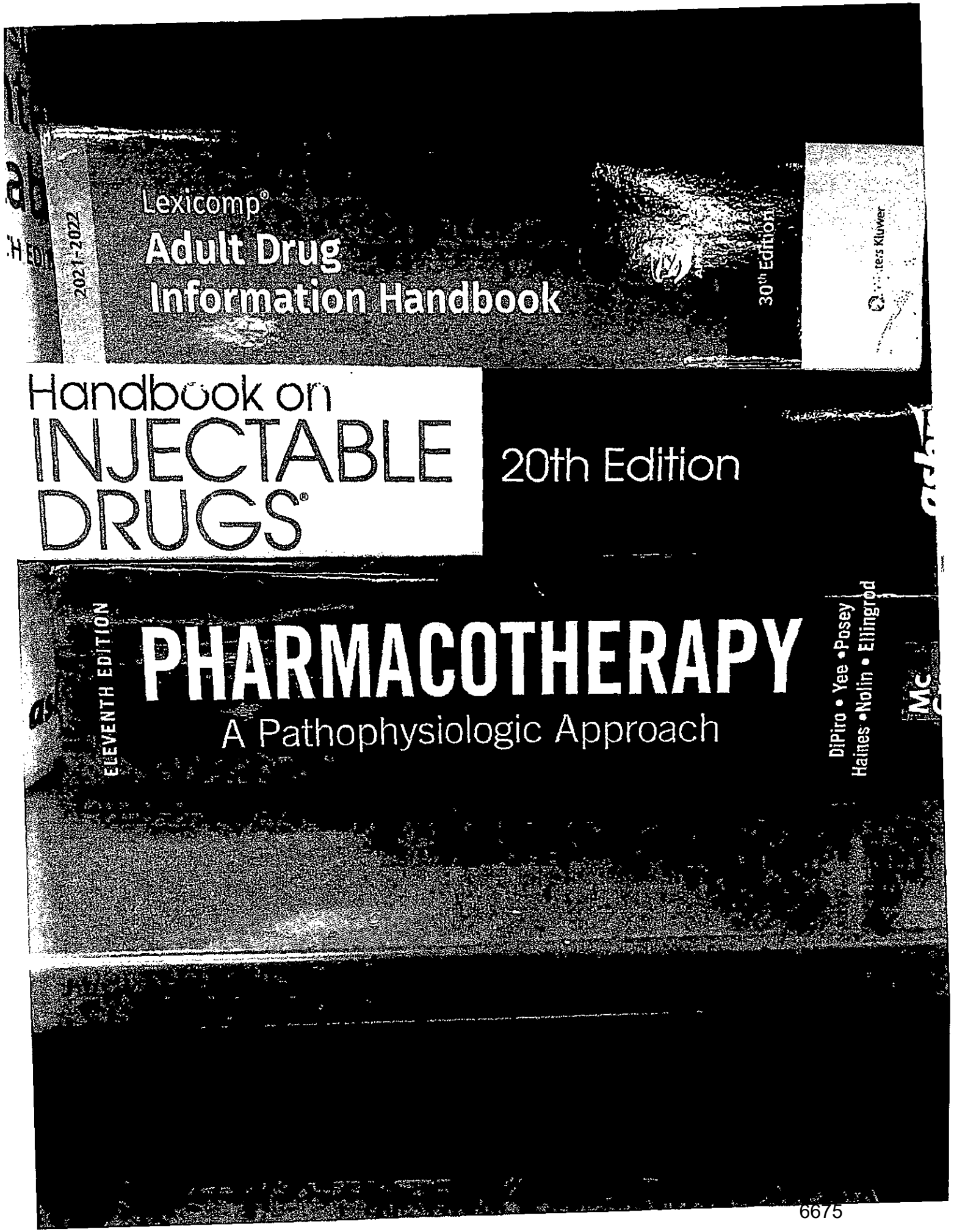
HAS REGISTERED

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

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

6675


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.

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.

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

6696

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
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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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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 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.

Lina Bottendorfer

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

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.

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

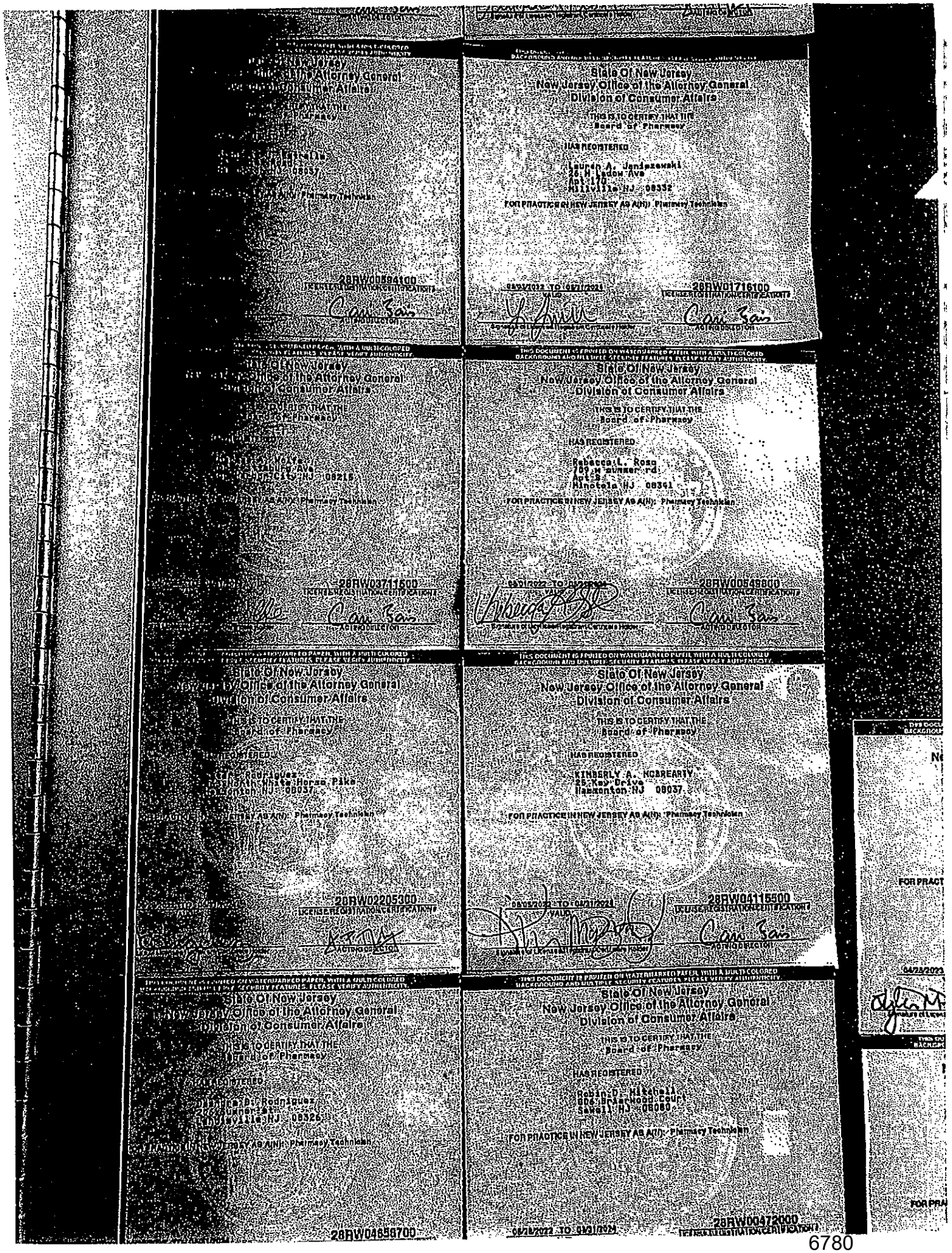
SEP 11 2023

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

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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. Jendzejewski
28 Haddon Ave
Apt 170
Millville NJ 08332

FOR PRACTICE IN NEW JERSEY AS A(N): Pharmacy Technician

04/01/2022 TO 03/31/2024
VALID

28RW01716100
LICENSE REGISTRATION CERTIFICATE

Carl Sam
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 Bunker Rd
Apt 2
Pinetola NJ 08361

FOR PRACTICE IN NEW JERSEY AS A(N): Pharmacy Technician

04/01/2022 TO 03/31/2024
VALID

28RW00549800
LICENSE REGISTRATION CERTIFICATE

Carl Sam
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

04/01/2022 TO 03/31/2024
VALID

28RW04115500
LICENSE REGISTRATION CERTIFICATE

Carl Sam
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

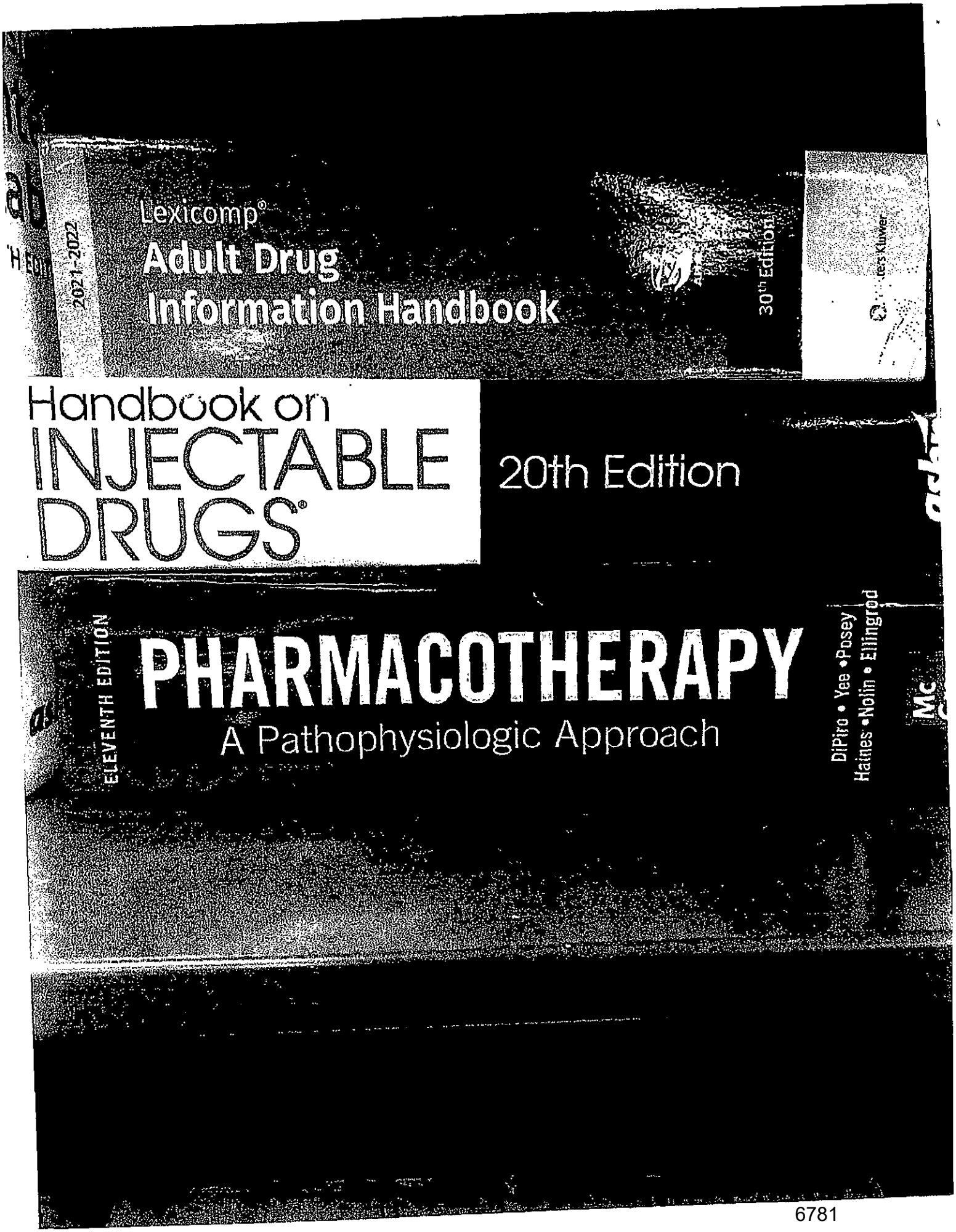
HAS REGISTERED

Robin D. Mitchell
606 Braewood Court
Sewell NJ 08080

FOR PRACTICE IN NEW JERSEY AS A(N): Pharmacy Technician

04/01/2022 TO 03/31/2024

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


Integrity is doing the right thing, even when no one is watching.
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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.

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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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Attorney General

CARI FAIS
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

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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

6801

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.**

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)

9-29-25
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

10C

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 PH04680	☒ Retail/Community ☐ Hospital (# beds _____) ☐ Internet ☐ Nuclear ☐ Other:	☒ Retail/Community ☒ Dangerous drugs ☒ Controlled substances DEA #: FW8792889 ☐ 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: Premise Health Wellness Center

Physical Address: 5410 Maryland Way #100RX

City: Brentwood State: TN Zip: 37027

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: 615-238-0335 Toll Free # (NAC 639.708, NRS 639.23286): 844-407-7557

Fax: 615-238-0336 Contact Email: taxlicenserenewals@walgreens.com

Website: https://www.walgreens.com/

Nevada Business License # (if applicable) NV19951143510

Supervising/Managing Pharmacist Name (NRS 639.220): Benjamin Rapp

Supervising/Managing Pharmacist NV Pharmacist Registration # (if applicable): 22245

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: Benjamin Rapp	NV Pharmacist Registration #: 22245
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: 2/15/1909

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: 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:

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

TENNESSEE DEPARTMENT OF HEALTH
DIVISION OF HEALTH RELATED BOARDS

ID NUMBER: 0000006784
EXPIRATION DATE: 09/30/2025

This is to certify that all requirements of the State of Tennessee have been met.

PHARMACY BOARD
PHARMACY
PREMISE HEALTH WELLNESS CENTER

COMMISSIONER OF HEALTH

WALGREENS #21278
P O BOX 901
DEERFIELD IL 60015-0901

13594225

56392

State of Tennessee Department of Health

BOARD OF PHARMACY
PHARMACY
PREMISE HEALTH WELLNESS CENTER
5410 MARYLAND WAY STE. 100RX
BRENTWOOD TN 37027

This is to certify that all requirements of the State of Tennessee have been met.

ID NUMBER: 0000006784
EXPIRATION DATE: 09/30/2025

CONTROLLED SUBSTANCE REGISTRATION

Jennifer L. Rotnamy Esq
ASSISTANT COMMISSIONER, HEALTH LICENSURE & REGULATION

COMMISSIONER, DEPARTMENT OF HEALTH

6859

Last Updated: 8/29/2025

For more information, please contact
Health Care Facilites
(615)741-7221 or 800-310-4650

Health Care Facilities

Licensed Facilities

Current Listings

Type = Pharmacy
County = All
Results = 1

Click here to return to the search page

1

Premise Health Wellness Center
5410 Maryland Way Ste. 100RX
Brentwood, TN 37027
615-238-0335

Qualifications
Controlled Subs

Pharmacist: RAPP, BENJAMIN HUGH

Facility License Number: 00006784
Status: Licensed
Date of Original Licensure: 09/25/2019
Date of Expiration: 09/30/2025
No Disciplinary Actions

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
FW8792889	05-31-2028	$888

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N,3, 3N,4,5	CHAIN PHARMACY	04-25-2025

WALGREEN CO.
DBA PREMISE HEALTH WELLNESS CENTER
5410 MARYLAND WAY STE 100RX
BRENTWOOD, TN 370275064

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
FW8792889	05-31-2028	$888

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N,3, 3N,4,5	CHAIN PHARMACY	04-25-2025

WALGREEN CO.
DBA PREMISE HEALTH WELLNESS CENTER
5410 MARYLAND WAY STE 100RX
BRENTWOOD, TN 370275064

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

Form DEA-223 (9/2016)

DEPARTMENT OF HEALTH
TENNESSEE BOARD OF PHARMACY
COMMUNITY INSPECTION
COMPLIANCE INSPECTION

PHARMACY: Premise Health Wellness	
STREET: 5410 Maryland Way, Ste 100RX	
CITY: Brentwood	ZIP: 37027
DATE OPENED: —	TELEPHONE NO.: (615) 238-0335
LICENSE NO.: 6784	EXPIRY DATE: 9/30/25
DEA NO.: FN8792889	EXPIRY DATE: 5/31/25
PHARMACIST IN CHARGE/Duty: Benjamin Kapp	LIC NO.: 23937 / EXPIRY DATE: 6/30/25

Inspected by: Rita Golden — Date: 2/22/24

This Inspection Satisfactory: Yes ☒ No ☐

☐ Opening ☐ Relocation ☐ New Ownership ☐ Follow-up ☐ Counseling Compliance ☒ Periodic ☐ Remodeling

Compliance Yes	Compliance No	PERSONNEL
✓		1. Appropriate identification/Name Tags
✓		2. D. Ph./Tech ration 1:1
✓		3. Personnel/apparel clean
✓		4. Tech registry & Affidavit

Compliance Yes	Compliance No	PHYSICAL REQUIREMENTS
✓		5. Certificates Displayed
✓		6. RX Dept. – Sufficient Space/Counseling
✓		7. Fully enclosed when applicable
✓		8. Key Lockable/Key Control

Compliance Yes	Compliance No	DRUGS AND EQUIPMENT
✓		9. Dispensing area clean, orderly, well lighted
✓		10. Sink, hot and cold water
✓		11. Refrigeration
✓		12. References, periodicals
✓		13. Vials and closures (child-proof)
✓		14. Shelves and drug stock clean
✓		15. Drugs in-date
na		16. Labels correct on repackaging
✓		17. Legend drugs stored in RX Dept.
✓		18. Syringes/insulin, restricted products non-accessible

✓		19. RXs numerically filed
✓		☐ All C's together ☒ C-11's separate ☐ Multiple file method
✓		20. Patients identifiable
✓		21. Prescribers identifiable
✓		22. New verbal RXs initialed by appropriate personnel
✓		23. Date of original dispensing
✓		24. Initials of dispensing D.Ph.
✓		25. Quantity dispensed indicated
na		26. Appropriate Emergency C-11 RXs
✓		27. Computer labels applied appropriately to RXs
✓		28. Pharmacist Signature Log
na		29. Daily Print Out

Compliance Yes	Compliance No	DRUG PRODUCT SUBSTITUTION
✓		30. Authorization documented on Rx
✓		31. Manufacturer indicated on Rx or System
✓		32. Approved products used.

Compliance Yes	Compliance No	PATIENT COUNSELING
✓		33. Patient profiles
✓		34. Drug Utilization Review
✓		35. Patient Counseling

Compliance Yes	Compliance No	CONTROLLED SUBSTANCE RECORDS
✓		36. Readily retrievable
✓		37. All C-11 records separate
✓		38. DEA Form 222 Copy 3 on hand & completed
na		39. Drug Receipt date on invoices
		40. Record of drug transfers
✓		41. ☒ Schedule V sales record book ☒ Methamphetamine Sales Log
✓		42. Last DEA Inventory (date) 8/7/23
✓		42. Last Theft/loss report (date) NONE
✓		43. Access to Control Substance Monitoring Database

Pharmacy Hours: M-F 8-5

ITEMS TO BE CORRECTED: **RESPONSE REQUIRED** YES ☐ NO ☒

Immediately							
Needs Improvement							
Within 30 Days							

Remarks or Recommendations:

I Benjamin Kapp (Pharmacist Signature) hereby acknowledge and understand all notations made on this report; and confirm that I will notify the Board of Pharmacy within 30 days, in writing, of the correction of all deficiencies. (If noted.)

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: **Walgreens.com, Inc.**
108 Wilmot Rd., Deerfield, IL 60015

Ownership: The Applicant entity is wholly owned (100%) by Walgreen Co.

Officers of Walgreens.com, Inc.
Richard Gates - President
Brittany Mack - Treasurer
Cherita Thomas - Secretary & Director
Michael Emerson - Vice President, Tax & Director
Michael Handal - Licensing and Provider Enrollment Officer

Ownership & Leadership of Walgreen Co.

Ownership: Walgreen Co. is wholly owned (100%) by Walgreens Boots Alliance, Inc.

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

Ownership & Leadership of Walgreens Boots Alliance, Inc.

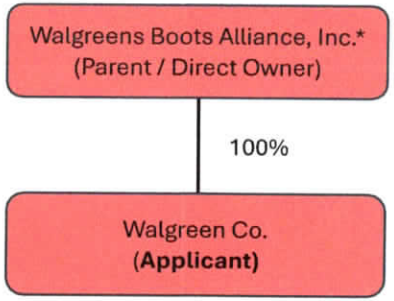
Ownership: Walgreens Boots Alliance, Inc. is wholly owned (100%) by Blazing Star Parent, LLC

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

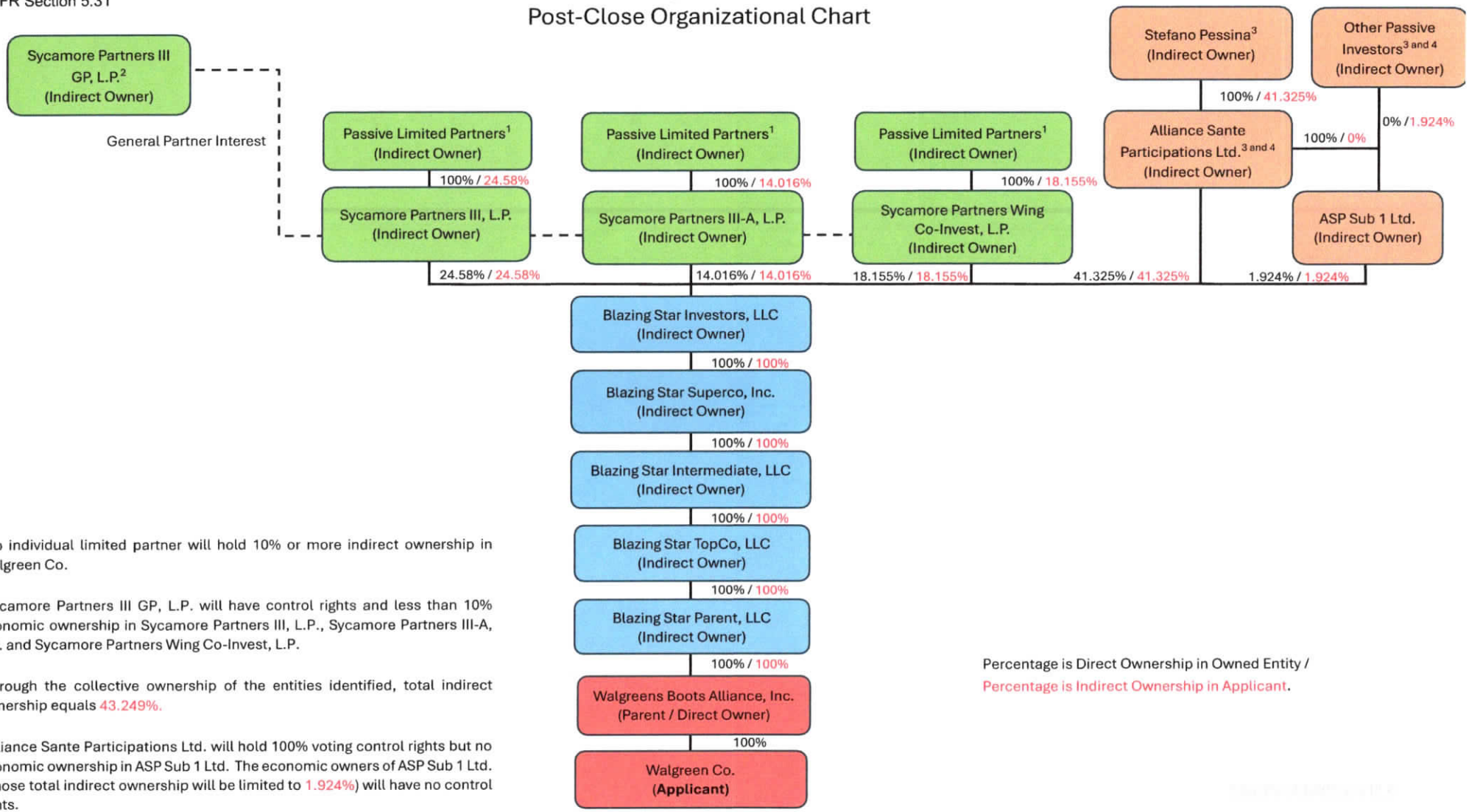
Walgreen Co.
Pre-Close Organizational Chart



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.

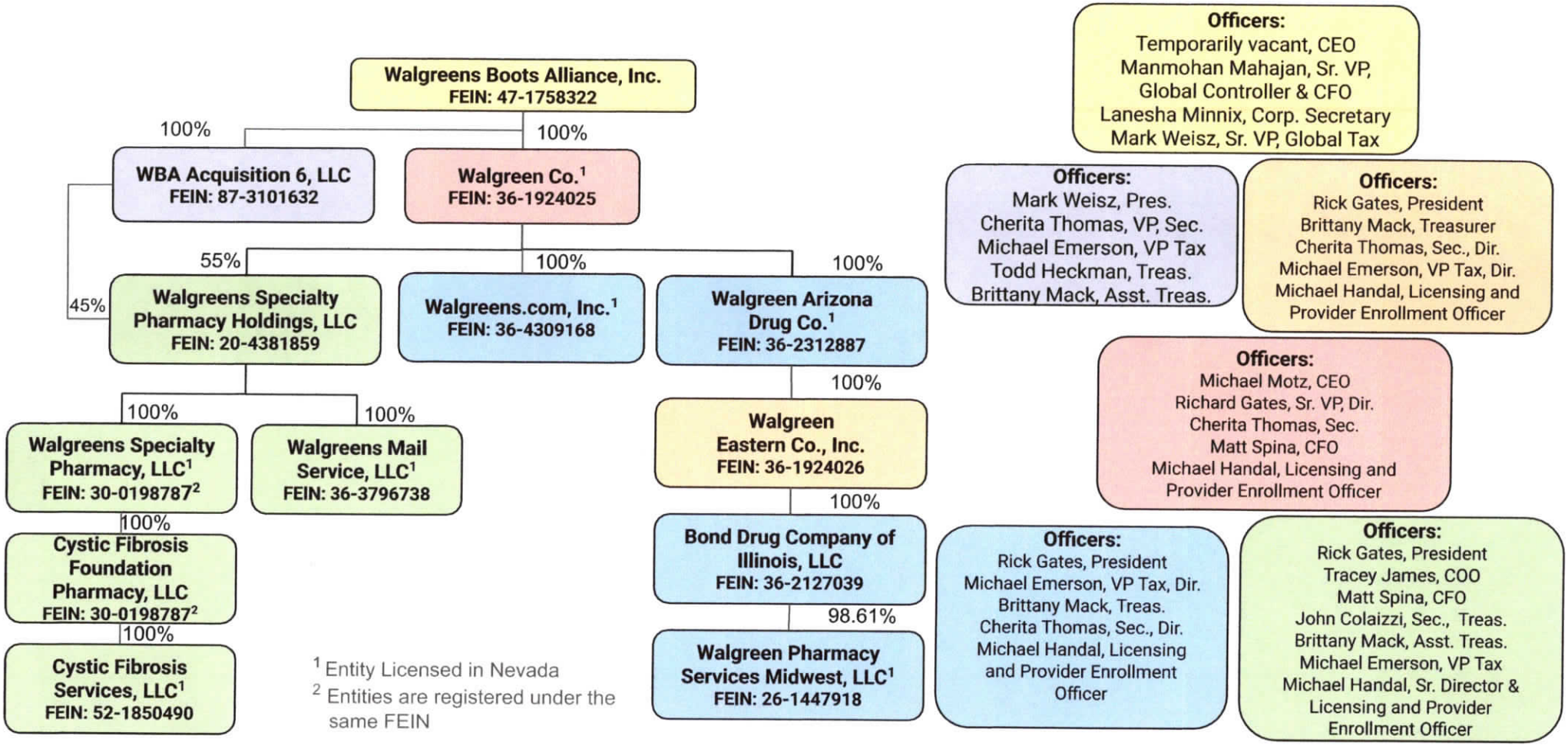
[2]Sycamore Partners III GP, L.P. will have control rights and less than 10% economic ownership in Sycamore Partners III, L.P., Sycamore Partners III-A, L.P. and Sycamore Partners Wing Co-Invest, L.P.

[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

10D

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 03682	☐ Retail/Community ☐ Hospital (# beds _____) ☐ Internet ☐ Nuclear ☒ Other: Closed door, limited service	☐ Retail/Community ☐ Dangerous drugs ☐ Controlled substances DEA #: FW6417857 ☐ 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

Physical Address: 2225 S Price Rd

City: Chandler State: AZ Zip: 85286

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: 480-752-5667 Toll Free # (NAC 639.708, NRS 639.23286): 877-250-5823

Fax: 480-752-5622 Contact Email: mashal.durrani@walgreens.com

Website: https://www.walgreens.com/

Nevada Business License # (if applicable) N/A

Supervising/Managing Pharmacist Name (NRS 639.220): Marshal Durrani

Supervising/Managing Pharmacist NV Pharmacist Registration # (if applicable): 19355

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: Mashal Durrani	NV Pharmacist Registration #: 19355
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: IL

Parent Company (if any): Walgreen Co.

Corporation/Organization Name: Walgreens.com, Inc.

Mailing Address: 108 Wilmot Rd

City: Deefield 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: 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: _____

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.

Cherita Thomas

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

Cherita Thomas

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

08 / 29 / 2025

Date

Board Use Only	Date Received: 9/19/25	Amount: $500 ck JP05-300911129

ARIZONA STATE BOARD OF PHARMACY
P.O. Box 18520 Phoenix, AZ 85005
602-771-ASBP (2727)
FAX: 602-771-2749
http://www.azpharmacy.gov

Receipt Date: 09/18/2023
Receipt Number: 2023156588
Receipt Amount $: 480.00

Pharmacy - Limited Service

PERMIT NO
Y003063

EXPIRES
10/31/2025

Issued to :

Walgreens
Walgreens.com Inc.
P. O. BOX 901
DEERFIELD, IL 60015

Walgreens
2225 S. PRICE ROAD
CHANDLER , AZ 85286

Kam Gandhi
EXECUTIVE DIRECTOR

ARIZONA STATE BOARD OF
PHARMACY
P.O. Box 18520
Phoenix, AZ 85005
602-771-ASBP (2727)
FAX: 602-771-2749

WALLET CARD

NAME : Walgreens.com Inc.
LICENSE NUMBER : Y003063
EXPIRES : 10/31/2025

http://www.azpharmacy.gov

- **Your license must be available for inspections during business hours.**
- **Permit holder(s) must display permit in the location to which it is issued.**
- **Please note it is your responsibility to keep this license/permit current.**

Important Information

LICENSE HOLDER (pharmacist, intern, technician, technician-trainee)

• Holder of this license number, printed above, is authorized in accordance with A.A.C. R4-23-201(A), A.A.C. R4-23-301(A) or A.A.C R4-23-1101(A), to perform the duties associated within their profession. By holding this license, the licensee agrees to comply with state & federal law.
• You are required by law to notify the Board of any home address and/or employment change within 10 business days

PERMIT HOLDER (pharmacy, non-prescription retailer (OTC), wholesale, manufacture, CMG, DME)

• Holder of this permit number, printed above, is authorized to conduct business according to the classification specified in A.R.S. § 32-1908(A); A.A.C. R4-23-601 and A.A.C. R4-23-607. By holding this permit, the permittee agrees to comply with state & federal law
• In-state pharmacy, wholesaler & manufacture permit holder(s) who plan to remodel or move locations, must submit a change-of-location/remodel form within 30 days prior to move/remodel. In-state non-prescription (OTC), compressed medical gas (CMG) & DME providers who plan to move locations must notify the board within 10 business days of move.
• Out-of-State permit holders must notify the Board of location changes, in writing, within 10 business days of move. A revised copy of your state permit shall be submitted to the Board, when available.

Arizona State Board of Pharmacy

Physical Address: 1110 W. Washington St., Suite 260,
Phoenix, AZ 85007
Mailing Address: P.O. Box 18520, Phoenix, AZ 85005
(P): 602-771-2727 (F): 602-771-2749 www.azpharmacy.gov

CERTIFICATION OF ARIZONA STATE BOARD OF PHARMACY PERMIT FOR THE ENTITY LISTED BELOW :

This document is not a license/registration/permit but serves as the primary source of verification.

Name :	Walgreens
Address :	2225 S. Price Road Chandler AZ 85286
Registration No :	Y003063
Permit Type :	Pharmacy
Sub Type :	Limited Service
Date Issued :	05/01/1999
Expiration Date :	10/31/2025
Status :	OPEN
Discipline :	No

Kam Gandhi

Executive Director
Arizona State Board of Pharmacy

Date: 09/02/2025

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
FW6417857	05-31-2028	$888

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N,3, 3N,4,5	CHAIN PHARMACY	04-25-2025

WALGREENS.COM, INC.
DBA: WALGREENS
2225 S. PRICE ROAD
CHANDLER, AZ 85286

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
FW6417857	05-31-2028	$888

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N,3, 3N,4,5	CHAIN PHARMACY	04-25-2025

WALGREENS.COM, INC.
DBA: WALGREENS
2225 S. PRICE ROAD
CHANDLER, AZ 85286

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

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Form DEA-223 (9/2016)

S = SATISFACTORY N/I = NEEDS IMPROVEMENT V = VIOLATION N/A = NOT APPLICABLE / NONE OBSERVED

DEMOGRAPHICS

AZ permit# : Y003063

AZ Permit Exp.Date : 10/31/2025

Business Name : Walgreens

Address : 2225 S. Price Road

Zip : 85286

City : Chandler

State : AZ

Phone : (480) 752-8200

Fax : (480) 752-8250

Inspection Date : 04/26/2024

PIC : Nicole Robert

Pic License Exp Date : 2024-01-31T00:00:00

DEA # : FW6417857

DEA # Exp. date : 05/31/2025

Inspection Reviewed With : PIC

Reviewers License# : S021993

Inspection type : Routine

Inspection Conducted By : Steve Haiber

Facility Data

# Rxs/Week	RPh Hours/Week	# Rxs/Hours
38000		0

PERMITS

1	Arizona	☑ S	☐ N/I	☐ V	☐ N/A
	Posted	ARS § 32-1933(A); R4-23-606(A)			

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2	DEA Posted	☑ S ☐ N/I ☐ V ☐ N/A	ARS § 36-2522(A)(2); 21 CFR 1301.35(c)
3	Suppliers Non dispensing pharmacy	☐ S ☐ N/I ☐ V ☑ N/A	ARS § 32-1929; R4-23-601(A); R4-23-604(A); R4-23-605(A); R4-23-607(A)

LICENSES

1	Pharmacists	☑ S ☐ N/I ☐ V ☐ N/A	ARS § 32-1925(A); R4-23-201(A)
2	Interns / Graduate interns None on staff	☑ S ☐ N/I ☐ V ☐ N/A	ARS § 32-1923(B); R4-23-301(G)
3	Technicians / Trainees	☑ S ☐ N/I ☐ V ☐ N/A	ARS § 32-1925(A); R4-23-1101(A); R4-23-1102(D); R4-23-1103(B)(2)
4	Current renewal licenses maintained	☑ S ☐ N/I ☐ V ☐ N/A	ARS § 32-1933(B)

PHARMACY

1	Drug storage and security Non dispensing pharmacy / no drug stocked or dispensed / pharmacy performs shared service order processing functions involving patient profiling, order entry, order adjudication, DUR, order entry verification. Once approved by a pharmacist the prescription order remains in a shared processing queue accessible by a fulfillment pharmacy for product selection, labeling, manifesting and shipment to the patient.	☑ S ☐ N/I ☐ V ☐ N/A	R4-23-609(G)(H)

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2	Personnel and security procedures Closed door / limited service pharmacy / each employee assigned RFID badge for entry into pharmacy	☑ S ☐ N/I ☐ V ☐ N/A	R4-23-610
3	Facilities	☑ S ☐ N/I ☐ V ☐ N/A	R4-23-611(A)
4	Drug supply None	☐ S ☐ N/I ☐ V ☑ N/A	R4-23-611(B)
5	Quarantine expired drugs	☐ S ☐ N/I ☐ V ☑ N/A	R4-23-611(B)(4)
6	Equipment	☐ S ☐ N/I ☐ V ☑ N/A	R4-23-612
7	Policies and procedures Maintained on line	☑ S ☐ N/I ☐ V ☐ N/A	R4-23-610(A); R4-23-611(B)

TECHNICIANS

1	Training program Training documentation maintained electronically	☑ S ☐ N/I ☐ V ☐ N/A	R4-23-1105(B)(D)
2	Training program - compounds Non dispensing pharmacy	☐ S ☐ N/I ☐ V ☑ N/A	R4-23-1105(C)

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3	Activities - trainees	☑ S ☐ N/I ☐ V ☐ N/A	R4-23-1104(A)
	Compliant		
4	Activities - technicians	☑ S ☐ N/I ☐ V ☐ N/A	R4-23-1104(A)(B)
	Compliant		
5	Policies and procedures	☑ S ☐ N/I ☐ V ☐ N/A	R4-23-1104(F)(G)
	Maintained on line		

COUNSELING

1	Documentation	☑ S ☐ N/I ☐ V ☐ N/A	R4-23-402(G)(H)
	Closed door limited service pharmacy / no face to face patient contact / all contact via telephone / documentation maintained within patient profile		
2	Oral consultation	☑ S ☐ N/I ☐ V ☐ N/A	R4-23-402(C)(D)(E)
	Pharmacist available via toll free number for consult		
3	Written information	☐ S ☐ N/I ☐ V ☑ N/A	R4-23-402(C)(I)
	Non dispensing pharmacy / the required written documentation provided by the dispensing pharmacy		

PRESCRIPTION AUDIT

S = SATISFACTORY N/I = NEEDS IMPROVEMENT V = VIOLATION N/A = NOT APPLICABLE / NONE OBSERVED

1	Prescription files	☑ S ☐ N/I ☐ V ☐ N/A	ARS § 32-1964; ARS § 36-2525(C)(1)(2)
	(3) file - all paper prescription files maintained by dispensing pharmacy / all prescription orders processed at this pharmacy maintained within electronic (imaged) format accessible via CRT		
2	Prescription label	☐ S ☐ N/I ☐ V ☑ N/A	ARS § 32-1968(D); ARS § 36-2525(L)
	Non dispensing pharmacy		
3	CII prescriptions	☐ S ☐ N/I ☐ V ☑ N/A	ARS § 32-1968; 36-2525(A) to (G); R4-23-407(A)
4	CIII - CV prescriptions	☐ S ☐ N/I ☐ V ☑ N/A	ARS § 32-1968; 36-2525(A)(C)(2)(H)(I); R4-23-407(A)
5	Non-controlled prescriptions	☐ S ☐ N/I ☐ V ☑ N/A	ARS § 32-1968; R4-23-407(A)
6	Transfers	☐ S ☐ N/I ☐ V ☑ N/A	R4-23-407(D)
7	Telephone	☐ S ☐ N/I ☐ V ☑ N/A	ARS § 32-1968(A)(5); R4-23-402(A)(1)(2)
8	Refill authorizations	☐ S ☐ N/I ☐ V ☑ N/A	ARS § 32-1968(A)(6); R4-23-402(A)(13); R4-23-407(E)(5)
9	Facsimile	☐ S ☐ N/I ☐ V ☑ N/A	R4-23-407(E)
10	Electronically transmitted	☐ S ☐ N/I ☐ V ☑ N/A	R4-23-407(F); R4-23-408(H)

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11	Patient information	☐ S ☐ N/I ☐ V ☑ N/A	R4-23-402(A)(3)(4)
12	Allergies / medical conditions	☐ S ☐ N/I ☐ V ☑ N/A	R4-23-402(A)(3)(b)
13	Brand / generic	☐ S ☐ N/I ☐ V ☑ N/A	ARS § 32-1963.01
14	Foreign prescriptions	☐ S ☐ N/I ☐ V ☑ N/A	ARS § 32-1969
15	Prescription blank advertising prohibited	☐ S ☐ N/I ☐ V ☑ N/A	R4-23-404(B); ARS § 32-1901.01(B)(25)
16	Prescription audit numbers		

COMPUTER REQUIREMENTS

1	Security	☑ S ☐ N/I ☐ V ☐ N/A	R4-23-408(F)
	Inter-com plus system / shared network accessible by Walgreens retail and mail service pharmacy locations		
2	Log books / printout	☑ S ☐ N/I ☐ V ☐ N/A	R4-23-408(C)(4)
	Electronically maintained		
3	Reports	☑ S ☐ N/I ☐ V ☐ N/A	R4-23-408(B)(5)(6)
	Available upon request		

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4	Policies and procedures Maintained on line	☑ S ☐ N/I ☐ V ☐ N/A	R4-23-408(A)

IMMUNIZATIONS

1	Certification Pharmacy does not perform this activity	☐ S ☐ N/I ☐ V ☑ N/A	ARS § 32-1974(D)(K); R4-23-411(A)
2	Recordkeeping	☐ S ☐ N/I ☐ V ☑ N/A	ARS § 32-1974(F)(3); R4-23-411(F)(I)
3	Reporting requirements	☐ S ☐ N/I ☐ V ☑ N/A	ARS § 32-1974(F); R4-23-411(F)(2)
4	Current certificate maintained	☐ S ☐ N/I ☐ V ☑ N/A	R4-23-411(C)(2)
5	Administration without a prescription	☐ S ☐ N/I ☐ V ☑ N/A	ARS § 32-1974(A)(B); R4-23-411(A)
6	Prescription only administration	☐ S ☐ N/I ☐ V ☑ N/A	ARS § 32-1974(C)(I); R4-23-411(A)(4); (B); (I)

MECHANICAL STORAGE / COUNTING DEVICES

1	Cell identification Pharmacy does not stock or dispense drug	☐ S ☐ N/I ☐ V ☑ N/A	R4-23-615(A)(1)
2	Paper / electronic log	☐ S ☐ N/I ☐ V ☑ N/A	R4-23-615(A)(2)(3)

S = SATISFACTORY N/I = NEEDS IMPROVEMENT V = VIOLATION N/A = NOT APPLICABLE / NONE OBSERVED

3	Training	☐ S ☐ N/I ☐ V ☑ N/A	R4-23-615(C)(1)(D)
4	Maintenance	☐ S ☐ N/I ☐ V ☑ N/A	R4-23-615(C)(2)(D)
5	Accuracy validation testing	☐ S ☐ N/I ☐ V ☑ N/A	R4-23-615(C)(3)(D)
6	Return by approval only	☐ S ☐ N/I ☐ V ☑ N/A	R4-23-615(B)(G)
7	Policies and procedures	☐ S ☐ N/I ☐ V ☑ N/A	R4-23-615(E)

MECHANICAL COUNTING DEVICES

1	Training Pharmacy does not stock or dispense drug	☐ S ☐ N/I ☐ V ☑ N/A	R4-23-616(A)(1)(B)
2	Maintenance	☐ S ☐ N/I ☐ V ☑ N/A	R4-23-616(A)(2)(B)
3	Accuracy validation testing	☐ S ☐ N/I ☐ V ☑ N/A	R4-23-616(A)(3)(B)
4	Policies and procedures	☐ S ☐ N/I ☐ V ☑ N/A	R4-23-616(C)

CONTROLLED SUBSTANCE RECORDS

S = SATISFACTORY N/I = NEEDS IMPROVEMENT V = VIOLATION N/A = NOT APPLICABLE / NONE OBSERVED

1 CIIs purchase / sale / disposal — ☑ S ☐ N/I ☐ V ☐ N/A
ARS § 36-2523(A); ARS § 36-2524; R4-23-601(D);R4-23-1003(A)(4)(B)

Pharmacy holds a DEA registration - pharmacy does not order, handle, stock or dispense control drug

2 CIII - CVs purchase / sale / disposal — ☑ S ☐ N/I ☐ V ☐ N/A
ARS § 36-2523(A); R4-23-601(D); R4-23-612(11); R4-23-1003(A)(4)

Pharmacy holds a DEA registration - pharmacy does not order, handle, stock or dispense control drug

3 Inventory — ☐ S ☑ N/I ☐ V ☐ N/A
ARS § 36-2523(B); R4-23-1003

Maintained / zero inventory CSI available for 6/9/2022 & 6/9/2023 / documentation for C2 combined with C3-5 *** PIC ADVISED TO MAIN TAIN SEPARATE DOCUMENTATION OF C2 INVENTORY FROM C3-5 INVENTORY ***

4 Audit — ☐ S ☐ N/I ☐ V ☑ N/A
ARS § 36-2523

Not performed

5 DEA 106 Theft/Loss reporting — ☐ S ☐ N/I ☐ V ☑ N/A
R4-23-1003(A)(2); 21 CFR 1301.76(b)

None reported

MISCELLANEOUS

1 Badges - name / title — ☐ S ☑ N/I ☐ V ☐ N/A
R4-23-402(K); R4-23-671(B)(4); R4-23-1104(E)

Worn, name only *** PIC ADVISED TO MODIFY EMPLOYEE NAME BADGE PROCESS TO INCLUDE THE EMPLOYEE TITLE ON THE NAME BADGE ***

2 Sales of drugs to practitioners — ☐ S ☐ N/I ☐ V ☑ N/A
ARS § 32-1981(7)(d); R4-23-601(D); R4-23-1003(A)(4)

None

S = SATISFACTORY N/I = NEEDS IMPROVEMENT V = VIOLATION N/A = NOT APPLICABLE / NONE OBSERVED

3	Schedule V register	☐ S ☐ N/I ☐ V ☑ N/A	ARS § 36-2525(J)
	None		
4	Delivery	☐ S ☐ N/I ☐ V ☑ N/A	ARS § 32-1901.01(B)(23); R4-23-402(I)
	None		
5	CQA training / Policies and procedures	☑ S ☐ N/I ☐ V ☐ N/A	ARS § 32-1973; R4-23-620
	STARS event reporting process / routine meetings held		
6	Non-controlled substances purchase / sale / disposal	☐ S ☐ N/I ☐ V ☑ N/A	R4-23-601(D)
	Non dispensing pharmacy		
7	Dextromethorphan sales restrictions	☐ S ☐ N/I ☐ V ☑ N/A	ARS 32-1978
	No OTC sales		
8	Federal medication guides	☐ S ☐ N/I ☐ V ☑ N/A	21 CFR part 208
	Non dispensing pharmacy		
9	Pharmacy to pharmacy transfer of drugs (intracompany)	☐ S ☐ N/I ☐ V ☑ N/A	R4-23-601(D); R4-23-1003(A)(4)
	No drug stocked or handled		

METHAMPHETAMINE PRECURSORS

S = SATISFACTORY N/I = NEEDS IMPROVEMENT V = VIOLATION N/A = NOT APPLICABLE / NONE OBSERVED

1	Storage No drug stocked or sold from this pharmacy	☐ S ☐ N/I ☐ V ☑ N/A	ARS § 32-1977(B)
2	Documentation	☐ S ☐ N/I ☐ V ☑ N/A	ARS § 32-1977(C); 21 CFR 1314
3	Self-certification	☐ S ☐ N/I ☐ V ☑ N/A	21 CFR 1314.35; 21 CFR 1314.40

SHARED SERVICES

1	Current resident / nonresident permit Pharmacy provided front end processing support for retail and fulfillment pharmacy	☑ S ☐ N/I ☐ V ☐ N/A	R4-23-621(A)
2	Same owner / written contract / common electronic file Walgreens / Intercom plus - shared file system	☑ S ☐ N/I ☐ V ☐ N/A	R4-23-621(B)
3	Notification to patients Signage posted at each retail pharmacy who receives shared service support and provided in writing to mail service patients	☑ S ☐ N/I ☐ V ☐ N/A	R4-23-621(C)
4	Maintain manual / electronic records Intercom plus system - electronic shared records	☑ S ☐ N/I ☐ V ☐ N/A	R4-23-621(D)

S = SATISFACTORY N/I = NEEDS IMPROVEMENT V = VIOLATION N/A = NOT APPLICABLE / NONE OBSERVED

5	Work outside pharmacy	☐ S ☑ N/I ☐ V ☐ N/A	R4-23-621(F)
	95 technicians & 45 pharmacists working remotely from home - tethered to pharmacy permit Y003063 / (2) remote pharmacists located o utside AZ directly tethered to Y003063 *** PIC ADVISED THAT A LICENSEE PERFORMING REMOTE SHARED WORK OUTSIDE AZ MUST BE TET HERED TO A PHARMACY HOLDING AN AZ PERMIT LOCATED WITHIN THE STATE WHERE THE REMOTE EMPLOYEE RESIDES. ***		
6	Policies and procedures	☑ S ☐ N/I ☐ V ☐ N/A	R4-23-621(E)
	Maintained on line		

COMPOUNDING PRACTICES (GENERAL)

1	Documentation product compounded	☐ S ☐ N/I ☐ V ☑ N/A	R4-23-410(C)(1)(e); R4-23-410(I)(K)
	Pharmacy does not perform this activity		
2	Patient label	☐ S ☐ N/I ☐ V ☑ N/A	R4-23-410(I)(4)
3	Beyond-use dates	☐ S ☐ N/I ☐ V ☑ N/A	R4-23-410(I)(4)(b); R4-23-410(B)(3)(d)
4	Equipment	☐ S ☐ N/I ☐ V ☑ N/A	R4-23-410(F)(G)
5	Product produced in excess	☐ S ☐ N/I ☐ V ☑ N/A	R4-23-410(B)(2); R4-23-410(J)
6	Component removed from original container	☐ S ☐ N/I ☐ V ☑ N/A	R4-23-410(I)(6)
7	Compounds for medical practitioners	☐ S ☐ N/I ☐ V ☑ N/A	R4-23-410(B)(3); R4-23-601(D); R4-23-1003(A)(4)

S = SATISFACTORY N/I = NEEDS IMPROVEMENT V = VIOLATION N/A = NOT APPLICABLE / NONE OBSERVED

8	Patient written list	☐ S ☐ N/I ☐ V ☑ N/A	R4-23-410(I)(5)
9	Protective apparel	☐ S ☐ N/I ☐ V ☑ N/A	R4-23-410(C)(2)(c)
10	Facility	☐ S ☐ N/I ☐ V ☑ N/A	R4-23-410(E)
11	Components for compounding/storage	☐ S ☐ N/I ☐ V ☑ N/A	R4-23-410(B)(H)
12	Policies and procedures	☐ S ☐ N/I ☐ V ☑ N/A	R4-23-410(D)(G)(H)(I)(K)

STERILE COMPOUNDING

1	Compounding area Pharmacy does not perform this activity	☐ S ☐ N/I ☐ V ☑ N/A	R4-23-670(A)(E)(F)
2	Equipment	☐ S ☐ N/I ☐ V ☑ N/A	R4-23-670(B)
3	Sterile product reference	☐ S ☐ N/I ☐ V ☑ N/A	R4-23-670(B)(6)
4	Certification hood / environment	☐ S ☐ N/I ☐ V ☑ N/A	R4-23-670(D)(14)(g)
5	Documentation routine cleaning / maintenance	☐ S ☐ N/I ☐ V ☑ N/A	R4-23-670(D)(14)(g)

S = SATISFACTORY N/I = NEEDS IMPROVEMENT V = VIOLATION N/A = NOT APPLICABLE / NONE OBSERVED

6	Personnel protective clothing	☐ S ☐ N/I ☐ V ☑ N/A	R4-23-670(E)(3)(F)(2)
7	Annual / semi-annual media fill tests	☐ S ☐ N/I ☐ V ☑ N/A	R4-23-670(E)(4)(F)(3)
8	Documentation of product compounded	☐ S ☐ N/I ☐ V ☑ N/A	R4-23-410(C)(1)(e); R4-23-410(I)(K)
9	Beyond-use dates	☐ S ☐ N/I ☐ V ☑ N/A	R4-23-670(D)(14)(d); R4-23-410(B)(3)(d)
10	Process / product validation testing	☐ S ☐ N/I ☐ V ☑ N/A	R4-23-670(D)(14)(f)
11	Policies and procedures	☐ S ☐ N/I ☐ V ☑ N/A	R4-23-670(C)(D)

AUDIT

Date Of Inventory : 06/09/2023

Inventory Taken : Close

Date Of Audit : 04/26/2024

Name & Strength of Drug	Initial Inventory	Total Purchased	Total Accounted For	Closing Inventory	Sales (Rx & log)	Total Can Account for	Difference	Percentage
No CS drug stocked or dispensed								

NOTES

Routine inspection - Walgreens (Y003063)

Items in need of improvement
CS Inventory - Maintained / zero inventory CSI available for 6/9/2022 & 6/9/2023 / documentation for C2 combined with C3-5 *** PIC ADVISED TO MAINTAIN SEPARATE DOCUMENTATION OF C2 INVENTORY FROM C3-5 INVENTORY ***
Employee Name Badges - Worn by each employee - name only *** PIC ADVISED TO MODIFY EMPLOYEE NAME BADGE PROCESS TO INCLUDE THE EMPLOYEE TITLE ON THE NAME BADGE ***
Work Outside the Pharmacy - 95 technicians & 45 pharmacists working remotely from home - tethered to pharmacy permit Y003063 / (2) remote pharmacists located outside AZ directly tethered to Y003063 *** PIC ADVISED THAT A LICENSEE PERFORMING REMOTE SHARED WORK OUTSIDE AZ MUST BE TETHERED TO A PHARMACY HOLDING AN AZ PERMIT LOCATED WITHIN THE STATE WHERE THE REMOTE EMPLOYEE RESIDES. ***

S = SATISFACTORY N/I = NEEDS IMPROVEMENT V = VIOLATION N/A = NOT APPLICABLE / NONE OBSERVED

Facility - #21147-S

State	Store #	Name	Date Of Action	Agency	Disciplinary (Y/N)	Disciplinary Action	Reason for Agency Action	Controlled substance matter?	Fine	WAG Legal Entity	Location type
TX	21147	TX #21147 eCom Agreed Board Order 080718	8/7/2018	BOP			Dispensed in accordance with prescription but dose was lower than recommended dose for weight of child and failed to clarify dose with prescriber	No	$ 3,000.00	Walgreen Co.	
CA	21147	#21147 CA - CI 2019 85884 (11.04.19)	11/4/2019	BOP	No		Rxs dispensed with incorrect prescriber name	Yes	$ 5,000.00	Walgreen Co.	
TX	21147	BOP (TX) AZ-21147 ABO 2020-00101 SISTER STATE DISCIPLINE - REPRIMAND 05.20.2020	5/20/2020	BOP			Misfill	No	$ 1,000.00	Walgreen Co.	
CA	04517, 02445, 21147	#04517_#02445_#21147 CA Settlement Case No. 6906 (07.29.20)	7/29/2020	BOP	Yes	Settlement	Dispensing erroneous prescriptions	Yes	$ -	Walgreen Co.	
OR	21147	BOP (OR) #21147 CHANDLER, AZ CASE 2019-0775 REPRIMAND LICENSING 03.18.2021	3/18/2021	BOP	Yes	REPRIMAND	LICENSING	No	$ -	Walgreen Co.	
CA	04517, 02445, 21147	#04517 CA, #02445 FL, #21147 AZ - Settlement (06.28.21)	6/28/2021	BOP	Yes	Settlement	Dispensing erroneous prescriptions	Yes	$ -	Walgreen Co.	
CA	21147	BOP CA #21147 - Citation CI 2019 85020 - 08.09.21	8/9/2021	BOP	No		Violation of duty to review drug therapy	No	$ 5,000.00	Walgreen Co.	
CA	21147	BOP CA #21147 - Citation CI 2021 92485 - 08.12.21	8/12/2021	BOP	No		Violation of duty to review drug therapy	No		Walgreen Co.	
CA	02445, 04517, 21147	Walgreens Stipulated Settlement in Case No. 6906	12/9/2021	BOP	Yes	FINE	DUR	Yes	$ 6,928.75	Walgreen Co.	
HI	21147	WALGREENS.COM, INC. #21147 CASE PHA 2021-54-L SETTLEMENT AGREEMENT - PAYMENT 02.22.2022	3/25/2022	BOP	Yes	FINE	SISTER STATE DISCIPLINE	No	$ 1,000.00	Walgreen Co.	
NM	06346, 02445, 21147	BOP (NM) #06346 - #02445 - #021147 SETTLEMENT CASE 2020-070 04.22.2022	4/22/2022	BOP	Yes	FINE	MISFILL	No	$ 12,000.00	Walgreen Co.	
CA	21147	BOP CA 21147 (05823) - CI 2022 98670 - 01.13.23	1/13/2023	BOP	No	Citation	Recordkeeping	Yes	$ 500.00	Walgreen Co.	
HI	02445, 04517, 21147	WALGREENS #02445 HI CASE PHA 2021-55-L SETTLEMENT AGREEMENT 03.25.2022	2/7/2023	BOP	Yes	FINE	SISTER STATE DISCIPLINE	No	$ 2,000.00	Walgreen Co.	
NY	21147	BOP NY #21147 Mail Service - Violation Statement and fine 3805863 - 01.31.23	2/17/2023	BOP	Yes	Fine	Sister state discipline - shipping medication out of state without prescription	No	$ 500.00	Walgreens.com Inc	Mail service
AL	21147	WALGREENS.COM (21147) CASE 23-L-0036 AGREEMENT 03.08.2024	3/8/2024	BOP	No	FINE	RECIPROCAL DISCIPLINE	No	$ 10,000.00		
MN	21147	BOP MN #21147 - CONSENT ORDER - SAV A TRIP $10000 - 01.29.25	1/29/2025	BOP	Yes	FINE	TECHNICIAN SUPERVISION	No	$ 10,000.00	Walgreens.com Inc.	Mail service

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, Cherita Thomas 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 Secretary (title) for Walgreen Arizona Drug 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 3 day of September, 2025

Sharon A. Hann
Notary Public

OFFICIAL SEAL
SHARON A HANN
NOTARY PUBLIC, STATE OF ILLINOIS
MY COMMISSION EXPIRES 12/12/2025

Location Name	License Type	License Number	Location Address - Line 1	Location Addres	Location City	Location State
NONRESIDENT LICENSES						
WALGREENS CENTRAL FILL #21372	NONRES RX CDS \	PH04379	120 N 83RD AVE SUITE 200		Tolleson	AZ
WALGREENS SPECIALTY PHARMACY #21213	NONRES RX CDS \	PH04148	5149 W THUNDERBIRD RD # 51		Glendale	AZ

STATE OF ARIZONA

Office of the
CORPORATION COMMISSION

CERTIFICATE OF GOOD STANDING

I, the undersigned Executive Director of the Arizona Corporation Commission, do hereby certify that:

WALGREEN ARIZONA DRUG CO.

ACC file number: 00449518

was incorporated under the laws of the State of Arizona on 01/22/1954;

That all annual reports owed to date by said corporation have been filed or delivered for filing, and all annual filing fees owed to date have been paid; and

That, according to the records of the Arizona Corporation Commission, said corporation is in good standing in the State of Arizona as of the date this Certificate is issued.

This Certificate relates only to the legal existence of the above named entity as of the date this Certificate is issued, and is not an endorsement, recommendation, or approval of the entity's condition, business activities, affairs, or practices.

IN WITNESS WHEREOF, I have hereunto set my hand, affixed the official seal of the Arizona Corporation Commission, and issued this Certificate on this date: **06/15/2021**

Matthew Neubert, Executive Director

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.

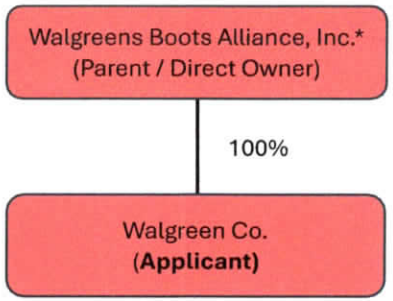
Ownership: Walgreens Boots Alliance, Inc. is wholly owned (100%) by Blazing Star Parent, LLC

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

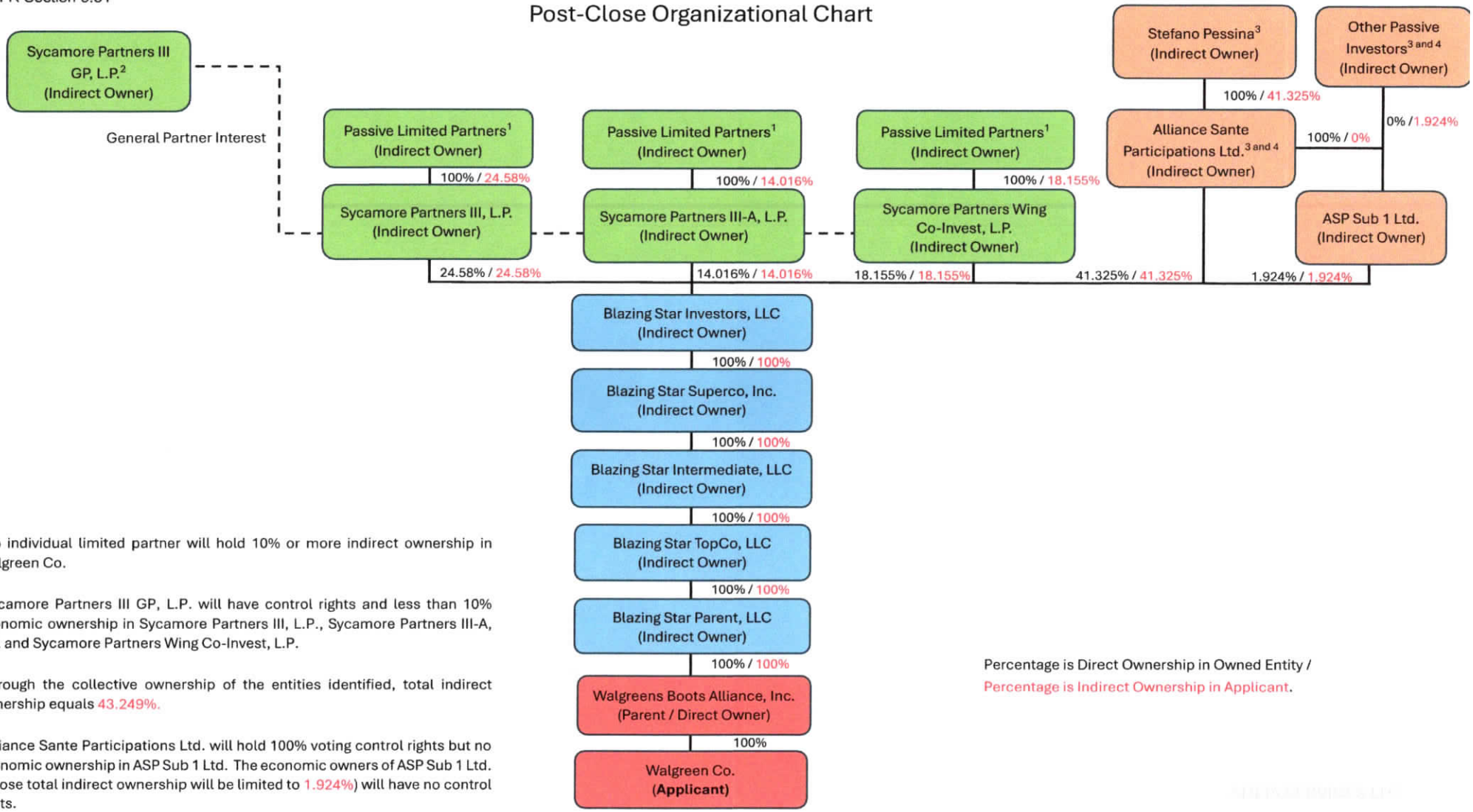
Walgreen Co.
Pre-Close Organizational Chart



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.

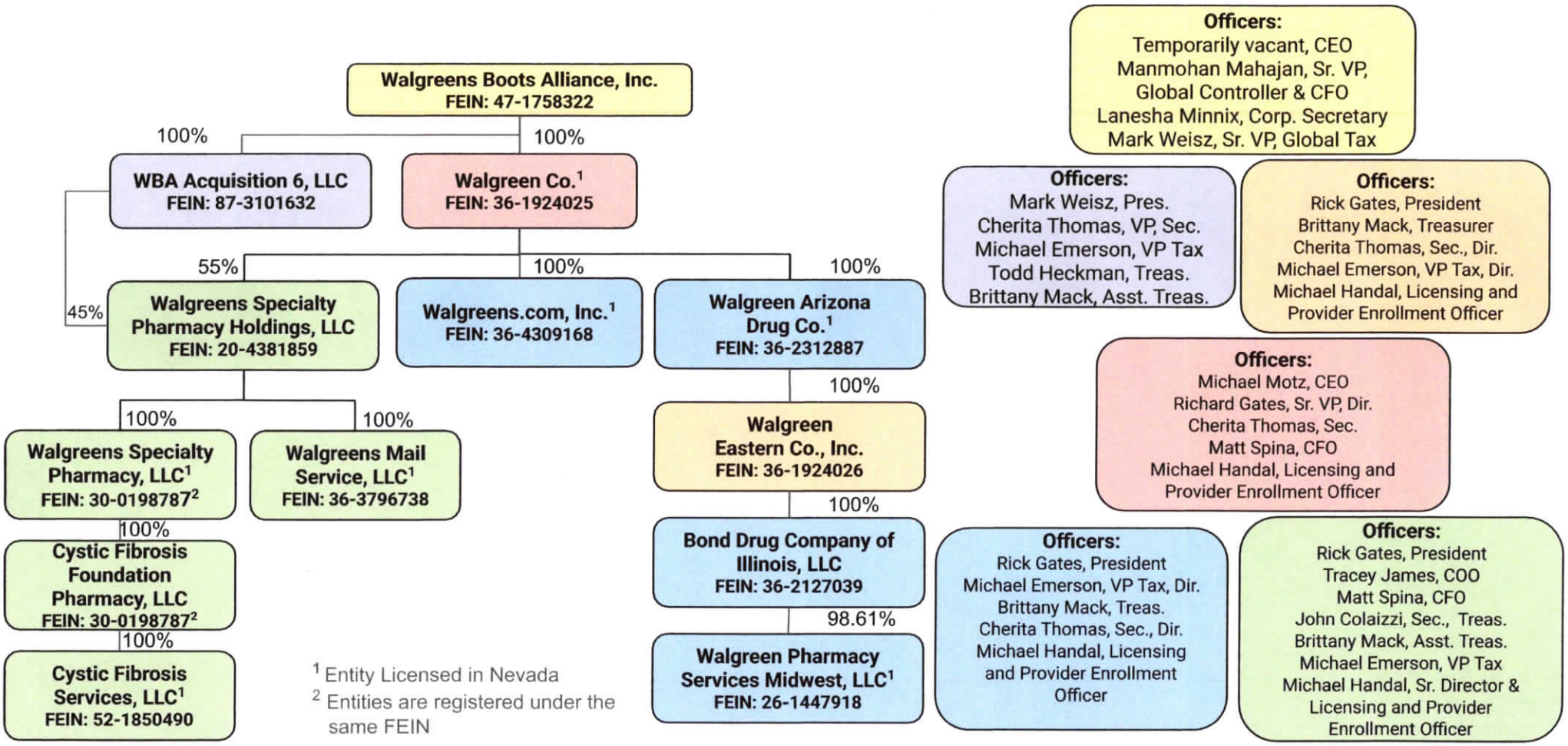
[2]Sycamore Partners III GP, L.P. will have control rights and less than 10% economic ownership in Sycamore Partners III, L.P., Sycamore Partners III-A, L.P. and Sycamore Partners Wing Co-Invest, L.P.

[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.)



10E

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 02755	☒ 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: Walgreens #04580-2

Physical Address: 2900 N. Commerce Pkwy

City: Miramar State: FL Zip: 33025

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: 786-362-8201 Toll Free # (NAC 639.708, NRS 639.23286): 800-999-2655

Fax: N/A Contact Email: Cristina.lorenzo@walgreens.com

Website: https://www.walgreens.com/

Nevada Business License # (if applicable) NV20141257270

Supervising/Managing Pharmacist Name (NRS 639.220): Cristina Celdran

Supervising/Managing Pharmacist NV Pharmacist Registration # (if applicable): 24198

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: Cristina Celdran	NV Pharmacist Registration #: 24198
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: IL

Parent Company (if any): Walgreens Arizona Drug Co.

Corporation/Organization Name: Walgreen Pharmacy Services Midwest, LLC

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: 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:

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.

Cherita Thomas

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

Cherita Thomas

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

08 / 29 / 2025

Date

Board Use Only	Date Received: 9/18/25	Amount: $500-ck JP03-300011129

Your license number is PH 24065.

Please use it in all correspondence with your board/council. Each licensee is solely responsible for notifying the Department in writing of the licensee's current mailing address and practice location address. If you have not received your renewal notice 90 days prior to the expiration date shown on this license, please visit www.FLHealthSource.gov and click "Renew A License" to renew online.

The Medical Quality Assurance Online Services Portal gives you the ability to manage your license to perform address updates, name changes and much more.

STATE OF FLORIDA
DEPARTMENT OF HEALTH
DIVISION OF MEDICAL QUALITY ASSURANCE

DATE	LICENSE NO.	CONTROL NO.
FEBRUARY 6, 2025	**PH 24065**	**152194**

THE PHARMACY
NAMED BELOW HAS MET ALL REQUIREMENTS OF
THE LAWS AND RULES OF THE STATE OF FLORIDA.

QUALIFICATION(S):
Special Closed System

EXPIRATION DATE: **FEBRUARY 28, 2027**

WALGREEN PHARMACY SERVICES MIDWEST, LLC
Walgreens #4580-2
2900 N. COMMERCE PKWY
MIRAMAR, FL - 33025-3959

Ron DeSantis
GOVERNOR

Joseph A. Ladapo, MD, PhD
STATE SURGEON GENERAL

Scan QR Code for
License Authentication

DISPLAY IF REQUIRED BY LAW

STATE OF FLORIDA
DEPARTMENT OF HEALTH
DIVISION OF MEDICAL QUALITY ASSURANCE

DATE	LICENSE NO.	CONTROL NO.
FEBRUARY 6, 2025	PH 24065	152194

THE PHARMACY
NAMED BELOW HAS MET ALL REQUIREMENTS OF
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WALGREEN PHARMACY SERVICES MIDWEST, LLC Expiration Date: **FEBRUARY 28, 2027**

REGISTRANT SIGNATURE

Department of Health

Walgreen Pharmacy Services Midwest, LLC

Walgreens #4580-2

License Number: PH24065

Data As Of 9/2/2025

Profession	Pharmacy
License	PH24065
License Status	Clear/
Qualifications	Special Closed System
License Expiration Date	2/28/2027
License Original Issue Date	05/13/2009
Address of Record	2900 N. Commerce Pkwy MIRAMAR, FL 33025-3959
Discipline on File	No
Public Complaint	No

Secondary Locations

No secondary locations found.

Discipline/Admin Action

Emergency Actions

No Emergency Actions Found

Discipline Cases

No Discipline Found

Public Complaints

No Public Complaint Found

If a link does not appear for the case number, we do not have a scanned copy of the final order available in our database. To obtain a paper copy, please contact Public Records by clicking the link below:

Discipline Public Records Request

You may also contact Public Records by telephone at (850) 245-4252, option 4 or by written correspondence at:
Division of Medical Quality Assurance
Public Records
4052 Bald Cypress Way, Bin C01
Tallahassee, FL 32399-3251

Please include the following:
1. Full name and license number of the practitioner;
2. Name and address where documents are to be sent; and
3. If you require certification of the documents, a $25 fee will be charged, in addition to the duplicating charges. Certification of the requested records will not be done unless specifically requested. An invoice will be sent to you and payment will be expected within thirty days. Upon receipt of payment, material will be sent to you.

Supervising Practitioners

Name	Relationship	Profession	License	Effective Date
ASHWORTH, RICHARD	PHARMACY AFFILIATE	PHARMACY AFFILIATE		03/11/2016
CELDRAN, CRISTINA M	RX DPT MGR/COR/POR	PHARMACIST	43008	09/18/2014
LEGUTKI, AMELIA	PHARMACY AFFILIATE	PHARMACY AFFILIATE		11/17/2016

Name	Relationship	Profession	License	Effective Date
NIELSEN, ALAN	PHARMACY AFFILIATE	PHARMACY AFFILIATE		03/11/2016
SAINE-ROSE, STEVENS	PHARMACY AFFILIATE	PHARMACY AFFILIATE		03/11/2016
SMYSER, COLLIN	PHARMACY AFFILIATE	PHARMACY AFFILIATE		03/11/2016

Click on the License Number to view License Details for that Practitioner

The information on this page is a secure, primary source for license verification provided by the Florida Department of Health, Division of Medical Quality Assurance. This website is maintained by Division staff and is updated immediately upon a change to our licensing and enforcement database.

STATE OF FLORIDA
DEPARTMENT OF HEALTH
INVESTIGATIVE SERVICES
INV359 - Community Requirements

File # 16736
Insp # 184125

NAME	PERMIT NUMBER	DATE OF INSPECTION
Walgreen Pharmacy Services Midwest, LLC	24065	02/14/2024
DOING BUSINESS AS		
WALGREENS #4580-2		
STREET ADDRESS	**TELEPHONE #**	**EXT**
2900 N. Commerce Pkwy	786-362-8201	
CITY	**COUNTY**	**STATE/ZIP**
MIRAMAR	BROWARD	FL/33025-3959

Additional Information

Business Operation Hours

Saturday Hours 8:00 am to 10:00 pm	Sunday Hours 8:00 am to 10:00 pm
M-T-W-TH-F Y	Weekly Hours 8:00 am to 10:00 pm
Monday N	Tuesday N
Wednesday N	Thursday N
Friday N	Saturday N
Sunday N	

Registered Pharmacist / Intern / Tech

License # PS32569	Licensee Name Ruth-Ann Desaugust
License Type Registered Pharmacists	
License # PS26172	Licensee Name Wanda Dangher
License Type Registered Pharmacists	
License # PS26041	Licensee Name Maria Colosimo
License Type Registered Pharmacists	
License # PS31514	Licensee Name Wendy Breslow
License Type Registered Pharmacists	
License # PS14423	Licensee Name Howard Becks
License Type Registered Pharmacists	
License # PS49802	Licensee Name Theresa Lynn Babani
License Type Registered Pharmacists	
License # PS45369	Licensee Name Miday Leon
License Type Registered Pharmacists	
License # PS46868	Licensee Name Sumaira Karim
License Type Pharmacy Tech	
License # PS14538	Licensee Name Mark Kalick
License Type Registered Pharmacists	
License # PS38878	Licensee Name John Jacob
License Type Registered Pharmacists	
License # PS33478	Licensee Name Jose Irizarry
License Type Registered Pharmacists	
License # PS45406	Licensee Name Sttacy Courtney Graham
License Type Registered Pharmacists	
License # PS42705	Licensee Name Maria Villanueva
License Type Registered Pharmacists	
License # PS44363	Licensee Name Magaly Ortheus
License Type Registered Pharmacists	
License # PS44568	Licensee Name Naila Allen

License Type Registered Pharmacists	
License # PS43911	Licensee Name Candace Andar
License Type Registered Pharmacists	
License # PS37156	Licensee Name Ivette Dowe
License Type Registered Pharmacists	
License # PS43991	Licensee Name Stephanie Lo
License Type Registered Pharmacists	
License # PS38369	Licensee Name Peter Lue
License Type Pharmacy Tech	
License # PS29110	Licensee Name Frank Marx
License Type Registered Pharmacists	
License # PS39479	Licensee Name Pritesh Modi
License Type Registered Pharmacists	
License # PS44842	Licensee Name Kajal Patel
License Type Registered Pharmacists	
License # PS25001	Licensee Name Onelio Piedra
License Type Registered Pharmacists	
License # PS48305	Licensee Name Gerald Salvatico
License Type Registered Pharmacists	
License # PS37336	Licensee Name Funmilola Savage
License Type Registered Pharmacists	
License # PS 44179	Licensee Name Takenya Walker
License Type Registered Pharmacists	
License # PS49529	Licensee Name Victoria Tam
License Type Registered Pharmacists	
License # PS45315	Licensee Name Yenyy Vargas
License Type Registered Pharmacists	
License # PS42705	Licensee Name Maria Villanueva
License Type Registered Pharmacists	
License # PS 49748	Licensee Name Jonelli Walla
License Type Registered Pharmacists	
License # PS 42828	Licensee Name John P. Cook
License Type Registered Pharmacists	
License Type Registered Pharmacists	License # PS 41706
Licensee Name Jeremy Wooddard	
License # PS 46378	Licensee Name Donna Louis
License Type Registered Pharmacists	
License # PS 38369	Licensee Name Peter Lue
License Type Registered Pharmacists	
License # PS 45507	Licensee Name Juan Palacios
License Type Registered Pharmacists	
License # PS 52972	Licensee Name Jessica Ruiz
License Type Registered Pharmacists	
License # PS 44179	Licensee Name Takenya Walker
License Type Registered Pharmacists	
License # PS 41706	Licensee Name Jeremy Woodard
License Type Registered Pharmacists	
License # PS 53261	Licensee Name Ileana Espinoza Abrahante
License Type Registered Pharmacists	
License # PS 47478	Licensee Name Mary Awadallah
License Type Registered Pharmacists	
License # PS 49802	Licensee Name Theresa Babani
License Type Registered Pharmacists	

License # PS 31514	Licensee Name Wendy Breslow
License Type Registered Pharmacists	
License # PS 52857	Licensee Name Rosie Cadette
License Type Registered Pharmacists	
License # PS 26041	Licensee Name Maria Colosimo
License Type Registered Pharmacists	
License # PS 32569	Licensee Name Ruth Desauguste
License Type Registered Pharmacists	
License # PS 42786	Licensee Name Michael Fournier
License Type Registered Pharmacists	
License # PS 51644	Licensee Name Wilmiris Irizarry
License Type Registered Pharmacists	
License # PS 45369	Licensee Name Miday Leon
License Type Registered Pharmacists	
License # PS 43991	Licensee Name Stephanie Lo
License Type Registered Pharmacists	
License # PS 29110	Licensee Name Frank Marx
License Type Registered Pharmacists	
License # PS 54265	Licensee Name Lidice Menendez
License Type Registered Pharmacists	
License # PS 49250	Licensee Name Elio Miglio
License Type Registered Pharmacists	
License # PS 54130	Licensee Name Adexis Mitchell
License Type Registered Pharmacists	
License # PS 39479	Licensee Name Pritesh Modi
License Type Registered Pharmacists	
License # PS 44363	Licensee Name Magalie Ortheus
License Type Registered Pharmacists	
License # PS 25001	Licensee Name Onelio Piedra
License Type Registered Pharmacists	
License # PS 23044	Licensee Name Vivian Ripak
License Type Registered Pharmacists	
License # PS 55453	Licensee Name Adamaris Rivera
License Type Registered Pharmacists	
License # PS 35806	Licensee Name Elizabeth A. Stone
License Type Registered Pharmacists	
License # RPT 75161	Licensee Name Joana Pascual
License Type Pharmacy Tech	
License # RPT 13575	Licensee Name Maria Rivera
License Type Pharmacy Tech	
License # RPT 75055	Licensee Name Alejandro Rodriguez
License Type Pharmacy Tech	
License # RPT 32000	Licensee Name Alcibiades Sinclair
License Type Pharmacy Tech	
License # RPT 72788	Licensee Name Rickesha Stuart
License Type Pharmacy Tech	
License # RPT 72722	Licensee Name Shaquoria Stuarts
License Type Pharmacy Tech	
License # RPT 14017	Licensee Name Jose Ubiera
License Type Pharmacy Tech	
License # RPT 64091	Licensee Name Romy Verrier
License Type Pharmacy Tech	
License # RPT 66321	Licensee Name Alberto Vila

License Type Pharmacy Tech	
License # RPT 8735	Licensee Name Darryl Walton
License Type Pharmacy Tech	
License # RPT 75053	Licensee Name Yusuf Washington
License Type Pharmacy Tech	
License # PS46457	Licensee Name Linda Pardo
License Type Registered Pharmacists	
License # PS36869	Licensee Name Farah Arias
License Type Registered Pharmacists	
License # PS48623	Licensee Name Daphney Pata
License Type Registered Pharmacists	
License # PS57233	Licensee Name Giselle Hermida
License Type Registered Pharmacists	
License # PS20681	Licensee Name Andra Sager
License Type Registered Pharmacists	
License # PS58083	Licensee Name Christine Daoud
License Type Registered Pharmacists	
License # PS35514	Licensee Name Narges Wilson
License Type Registered Pharmacists	
License # PS48734	Licensee Name Cristina Varela
License Type Registered Pharmacists	
License # PS56011	Licensee Name Makita Reed
License Type Registered Pharmacists	
License # PS46921	Licensee Name Julio Duarte
License Type Registered Pharmacists	
License # PS57491	Licensee Name Jesse Lee
License Type Registered Pharmacists	
License # RPT75076	Licensee Name Carol Jones
License Type Pharmacy Tech	
License # RPT82419	Licensee Name Alexandra Polite
License Type Pharmacy Tech	
License # RPT13925	Licensee Name Erica Puntervold
License Type Pharmacy Tech	
License # RPT83691	Licensee Name Yarenis Vergel
License Type Pharmacy Tech	
License # RPT9179	Licensee Name Barbara Sainrilus
License Type Pharmacy Tech	
License # RPT84558	Licensee Name Tyquanna Tutt
License Type Pharmacy Tech	
License # RPT75089	Licensee Name Alisa Whitaker
License Type Pharmacy Tech	
License # PS 43008	Licensee Name Cristina Celdran
License Type Registered Pharmacists	

ACS Manager

Optional Information

Basic License Data - PSD

DEA Reg #	

License Relations

Pharmacy Affiliate

ASHWORTH, RICHARD	License #
LEGUTKI, AMELIA	License #
NIELSEN, ALAN	License #
SAINE-ROSE, STEVENS	License #
SMYSER, COLLIN	License #

RX DPT MGR/COR/POR

CELDRAN, CRISTINA M	License # 43008

INV 359 - Community Requirements

Signage Requirements Section

Signage stating the hours the pharmacy department is open. [64B16-28.1081(2), F.A.C.]	Yes
"Prescription Department Closed" sign with bold letters not less than 2 inches in width and height is displayed in a prominent place where it is easily read by patrons. [64B16-28.109, F.A.C.]	Yes
Patient Consultation Area sign is posted. [64B16-30.003, F.A.C] [64B16-28.1035, F.A.C.]	Yes

Community Requirements General Section

Outdated medications removed from active stock. [64B16-28.110, F.A.C.] [64B16-28.1191, F.A.C.]	N/A
Prescription Department is open for a minimum of 20 hours per week. [64B16-28.1081(1), F.A.C.]	Yes
All controlled substance prescriptions (electronic, faxed, verbal and written) contain required information. [893.04(a)(b)(c), F.S.] [21CFR1306.05]	Yes
Certified daily log or signed printout maintained. [21CFR1306.22(f)(3)] [64B16-28.140(3)(d), F.A.C.]	Yes
Prescription department has current copy of laws and rules, references and equipment necessary to the professional practice of pharmacy. [64B16-28.102(5)(a), F.A.C.]	Yes
Technicians properly identified. [64B16-27.100(2), F.A.C.] [64B16-27.4001, F.A.C.] [64B16-27.410, F.A.C.] [64B16-27.420, F.A.C.]	Yes
Legend drugs properly stored within confines of pharmacy department and maintained at appropriate temperature to preserve therapeutic activity. [64B16-28.118, F.A.C.]; [64B16-28.120, F.A.C.]; [64B16-28.102, F.A.C.]	N/A
Documentation of destruction or return of controlled substances. [64B16-28.303, F.A.C.]	N/A
Generic equivalent sign is posted. [465.025(7), F.S.]	N/A

Additional Community Requirements

Prescription department is operating under clean, sanitary, and uncrowded health conditions. [64B16-28.102, F.A.C.]	Yes
Prescription department has a sink with running water easily accessible to the prescription counter. [64B16-28.102, F.A.C.]	Yes
Pharmacist is on the premises and on duty when the prescription department is open. [64B16-28.109, F.A.C.]	Yes
Pharmacy maintains a written policy and procedure manual regarding the number of registered pharmacy technician positions and the pharmacy operates within the established ratio as defined by rule. [64B16-27.410(2)(a), F.A.C.]	Yes
Pharmacists, technicians, and interns are licensed in the State of Florida. [465.015(1)(a), F.S.]	Yes
Upon receipt of a new or refill prescription, a verbal and printed offer to counsel is made to the patient or the patient's agent. [64B16-27.820(1), F.A.C.]	N/A
Medication is properly labeled for dispensing to patient. [64B16-28.108, F.A.C.]	N/A
Unclaimed prescriptions are maintained in stock for no more than one year past dispensing date. [64B16-28.1191, F.A.C.]	N/A
Manufacturer containers are properly labeled. [499.003(26), F.S.]	N/A
Customized medication packages are labeled properly with beyond use date of not more than 120 days from the date of preparation but not later than the beyond use date for any of the medications in the package. [64B16-28.108(6)9., F.A.C.]	N/A
Continuous Quality Improvement Program described in the Pharmacy policy and procedure manual and quarterly summarization of Quality-Related Events are available for inspection. [64B16-27.300, F.A.C.] [766.101(1)(a)(l), F.S.] *last observed 12/2023*	Yes
Pharmacy maintains patient profile with allergy information and medications dispensed. [64B16-27.800, F.A.C.]	N/A
Compounding records include compounding date, lot number, expiration date, name and manufacturer of ingredients, package size, number of units, technician compounding and pharmacist verifying the final compound. [64B16-28.140(4), F.A.C.]	N/A
The pharmacy maintains an audit trail for all drugs from receipt or acquisition to sale or disposition [499.005, F.S.] [61N-1.012, F.A.C.]	Yes
Invoices for medications purchased from a Florida licensed wholesaler/distributor are retrievable for inspection. [499.005(14), F.S.]	N/A
Facility engaged in non-sterile office use compounding for human use is registered with FDA as an outsourcing facility. [64B16-27.700(3)(g), F.A.C.]	N/A
Signage indicating that any patient receiving testing, screening, or treatment services is advised to seek follow-up care from his or her primary care physician. [465.1895(9), F.S.]	N/A
Human Trafficking signage is posted in a conspicuous place accessible to employees that is at least 11 inches by 15 inches in size, printed in a clearly legible font and in at least a 32-point type which gives instructions in English and Spanish on how to report to the National Human Trafficking Resource Center. [456.0341, F.S.]	Yes

Requirements for Dispensing Controlled Substances

Controlled substance inventory taken on a biennial basis and available for inspection. [893.07(1)(a), F.S.] [21CFR1304.11]	N/A

DEA 222 forms properly completed or records of CSOS orders electronically completed, linked to the original order, archived and retrievable. [893.07(2), F.S.] [21CFR 1305.13(e)] [21CFR1305.22(g)]	N/A
Controlled substance records and prescription information in computer system are retrievable and maintained for 4 years. [465.022(12)(a), F.S.] [64B16-28.140, F.A.C.] [21CFR1306.22] [21CFR1304.04]	N/A
Pharmacy is reporting to law enforcement any instance of fraudulent prescriptions within 24 hours or close of business on next business day of learning of instance. Reports include all required information. [465.015(3), F.S.]	N/A
Record of theft or significant loss of all controlled substances is being maintained and reported to the sheriff and board within 24 hours of discovery. [893.07(5)(b), F.S.] [465.022(11)(b), F.A.C.]	N/A
Pharmacy is reporting to the PDMP within 24 hours of dispensing controlled substance. [893.055(4)(3)(a), F.S.]	N/A

Pharmacy Ships Medicinal Drugs to Patients [64B16-28.10801, F.A.C]

Pharmacy has policies and procedures in place to ensure that medicinal drugs are not adulterated at the time of receipt by the patient or their agent.	
Pharmacy has policies and procedures in place to provide instructions to the patient on reporting concerns with delivery and storage of medicinal drugs.	

Automated Pharmacy System [465.0235, F.S.]

Pharmacy maintains a record of the medicinal drugs dispensed, including the identity of the pharmacist responsible for verifying the accuracy of the dosage and directions and providing patient counseling.	
Pharmacy maintains written policies and procedures to ensure the proper, safe, and secure functioning of the automated pharmacy system for a minimum of 4 years.	

Pharmacy engages in Centralized Prescription Filling [64B16-28.450, F.A.C.]

Pharmacies have the same owner or have a written contract specifying the services to be provided by each pharmacy.	
Current P&P Manual available for inspection designating at minimum: types of medications that may be filled, procedures for communicating orders, procedures for securely transporting the filled prescriptions.	
The central fill pharmacy is identified by name and address or a by a code available at the originating pharmacy.	
If a controlled substance, the word "central fill" appears on the face of the original prescription.	
The originating pharmacy keeps a record of receipt of the filled prescription, including the date of receipt, method of delivery and the name of the originating pharmacy's employee accepting delivery.	

Internet Pharmacy

A toll-free telephone number is provided to facilitate communication between patients in this state and a pharmacist at the pharmacy who has access to the patient's records. [465.0197 (3)(e), F.S.]	
Toll free number is disclosed on the label affixed to each container of dispensed medicinal drugs. [465.0197(3)(e), F.S.]	
Documentation of a valid, unexpired pharmacy license, permit or registration in the state in which the dispensing facility is located and from which the medicinal drugs shall be dispensed. [465.0197(3)(a) F.S]	

Remarks:

This Pharmacy is a Call Center and does not stock or dispense any Medications. Inspection completed with PDM Cristina Celdran PharmD.

I have read and have had this inspection report and the laws and regulations concerned herein explained, and do affirm that the information given herein is true and correct to the best of my knowledge.

Inspector Signature

MENDEZ, JUAN CARLOS

Date:2/14/2024

Representative:

Cristina Celdran

Date:2/14/2024

Facility - #04580

State	Store #	Name	Date Of Action	Agency	Disciplinary (Y/N)	Disciplinary Action	Reason for Agency Action	Controlled substance matter?	Fine	WAG Legal Entity
CA	04580	BOP CA #04580 - CI 2021 96451 - 08.05.22	8/5/2022	BOP	No	Citation	Operating w/o a NRP license	No	$ 5,000.00	Walgreen Co.
HI	04580	HAWAII - FL- #04580-2 MIRAMAR, FL CASE 2022-96-L MISFILL 04.24.2023	4/24/2023					Yes		

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: **Walgreens.com, Inc.**
108 Wilmot Rd., Deerfield, IL 60015

Ownership: The Applicant entity is wholly owned (100%) by Walgreen Co.

Officers of Walgreens.com, Inc.
Richard Gates - President
Brittany Mack - Treasurer
Cherita Thomas - Secretary & Director
Michael Emerson - Vice President, Tax & Director
Michael Handal - Licensing and Provider Enrollment Officer

Ownership & Leadership of Walgreen Co.

Ownership: Walgreen Co. is wholly owned (100%) by Walgreens Boots Alliance, Inc.

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

Ownership & Leadership of Walgreens Boots Alliance, Inc.

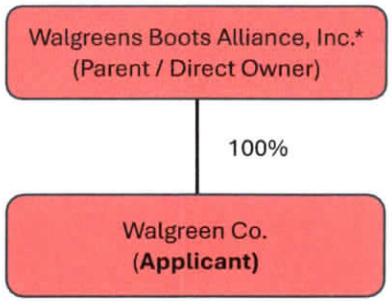
Ownership: Walgreens Boots Alliance, Inc. is wholly owned (100%) by Blazing Star Parent, LLC

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

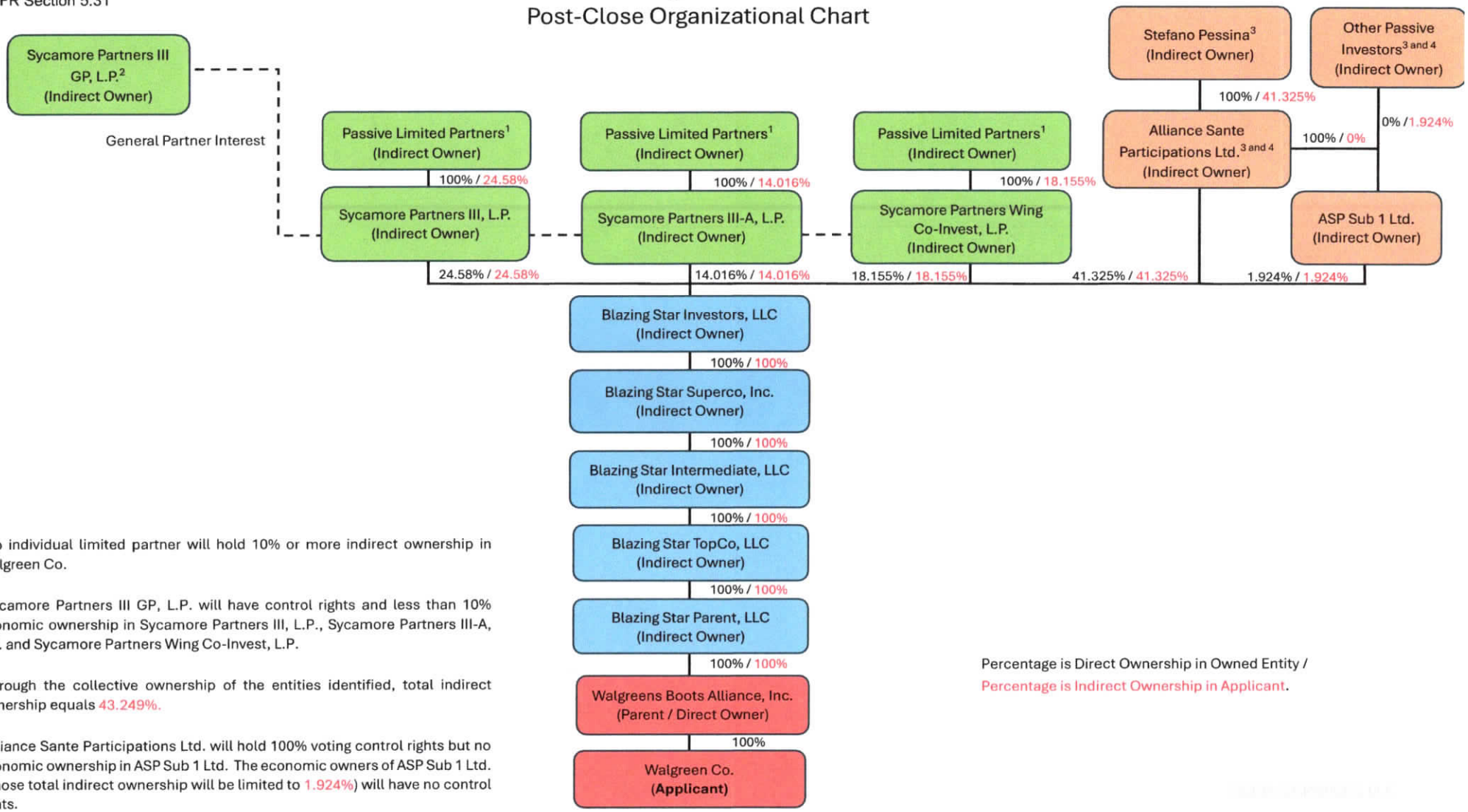
Walgreen Co.
Pre-Close Organizational Chart



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.

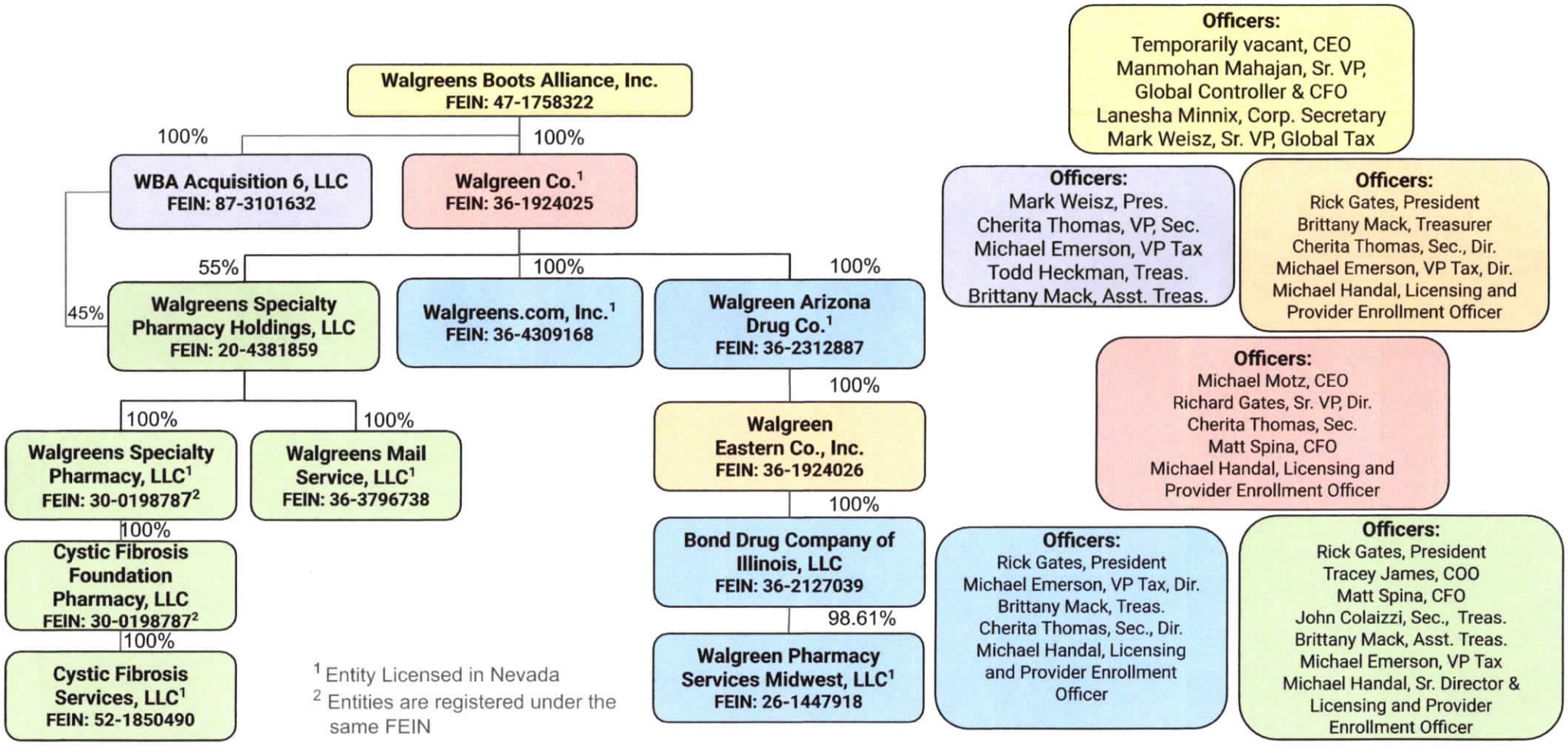
[2]Sycamore Partners III GP, L.P. will have control rights and less than 10% economic ownership in Sycamore Partners III, L.P., Sycamore Partners III-A, L.P. and Sycamore Partners Wing Co-Invest, L.P.

[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

6924

10F

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 01964	☑ Retail/Community ☐ Hospital (# beds _____) ☐ Internet ☐ Nuclear ☐ Other:	☑ Retail/Community ☑ Dangerous drugs ☑ Controlled substances DEA #: FW6592023 ☐ 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 #02445

Physical Address: 8337 South Park Circle

City: Orlando State: FL Zip: 32819-9049

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: 407-345-7141 Toll Free # (NAC 639.708, NRS 639.23286): 800-999-2655

Fax: 407-345-1736 Contact Email: elder.soto@walgreens.com

Website: https://www.walgreens.com/

Nevada Business License # (if applicable) N/A

Supervising/Managing Pharmacist Name (NRS 639.220): Elder Omar Soto

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

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 MacDonald	NV Pharmacist Registration #: 14830
Name: Anthony Aloi	NV Pharmacist Registration #: 19871
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: IL

Parent Company (if any): Walgreen Co.

Corporation/Organization Name: Walgreens.com, Inc.

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: 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: _____

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.

Cherita Thomas

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

Cherita Thomas

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

08 / 29 / 2025

Date

Board Use Only	Date Received: 9/18/25	Amount: $500-ck UP03-30001111129

Your license number is PH 30653.

Please use it in all correspondence with your board/council. Each licensee is solely responsible for notifying the Department in writing of the licensee's current mailing address and practice location address. If you have not received your renewal notice 90 days prior to the expiration date shown on this license, please visit www.FLHealthSource.gov and click "Renew A License" to renew online.

The Medical Quality Assurance Online Services Portal gives you the ability to manage your license to perform address updates, name changes and much more.

STATE OF FLORIDA
DEPARTMENT OF HEALTH
DIVISION OF MEDICAL QUALITY ASSURANCE

DATE	LICENSE NO.	CONTROL NO.
02272025	**PH 30653**	**154478**

THE PHARMACY
NAMED BELOW HAS MET ALL REQUIREMENTS OF
THE LAWS AND RULES OF THE STATE OF FLORIDA.

QUALIFICATION(S):
Schedule II & III
Community Pharmacy

EXPIRATION DATE: **FEBRUARY 28, 2027**

WALGREENS.COM, INC.
WALGREENS #02445
8337 S PARK CIRCLE
ORLANDO, FL - 32819

Ron DeSantis
GOVERNOR

Joseph A. Ladapo, MD, PhD
STATE SURGEON GENERAL

Scan QR Code for
License Authentication

DISPLAY IF REQUIRED BY LAW

STATE OF FLORIDA
DEPARTMENT OF HEALTH
DIVISION OF MEDICAL QUALITY ASSURANCE

DATE	LICENSE NO.	CONTROL NO.
02272025	PH 30653	154478

THE PHARMACY
NAMED BELOW HAS MET ALL REQUIREMENTS OF
THE LAWS AND RULES OF THE STATE OF FLORIDA.

WALGREENS.COM, INC. Expiration Date: **FEBRUARY 28, 2027**
WALGREENS #02445

REGISTRANT SIGNATURE

Department of Health

WALGREENS.COM, INC.

WALGREENS #02445

License Number: PH30653

Data As Of 9/2/2025

Profession	Pharmacy
License	PH30653
License Status	Clear/
Qualifications	Schedule II & III Community Pharmacy
License Expiration Date	2/28/2027
License Original Issue Date	02/23/2017
Address of Record	8337 S PARK CIRCLE ORLANDO, FL 32819
Discipline on File	No
Public Complaint	No

Secondary Locations

No secondary locations found.

Discipline/Admin Action

Emergency Actions

No Emergency Actions Found

Discipline Cases

No Discipline Found

Public Complaints

No Public Complaint Found

If a link does not appear for the case number, we do not have a scanned copy of the final order available in our database. To obtain a paper copy, please contact Public Records by clicking the link below:

Discipline Public Records Request

You may also contact Public Records by telephone at (850) 245-4252, option 4 or by written correspondence at:
Division of Medical Quality Assurance
Public Records
4052 Bald Cypress Way, Bin C01
Tallahassee, FL 32399-3251

Please include the following:
1. Full name and license number of the practitioner;
2. Name and address where documents are to be sent; and
3. If you require certification of the documents, a $25 fee will be charged, in addition to the duplicating charges. Certification of the requested records will not be done unless specifically requested. An invoice will be sent to you and payment will be expected within thirty days. Upon receipt of payment, material will be sent to you.

Supervising Practitioners

Name	Relationship	Profession	License	Effective Date
SOTO, ELDER OMAR	RX DPT MGR/COR/POR	PHARMACIST	37543	05/01/2023

Click on the License Number to view License Details for that Practitioner

The information on this page is a secure, primary source for license verification provided by the Florida Department of Health, Division of

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
FW6592023	05-31-2028	$888

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N,3, 3N,4,5	CHAIN PHARMACY	04-25-2025

WALGREENS.COM, INC.
WALGREENS #02445
8337 S PARK CIRCLE
ORLANDO, FL 32819

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
FW6592023	05-31-2028	$888

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N,3, 3N,4,5	CHAIN PHARMACY	04-25-2025

WALGREENS.COM, INC.
WALGREENS #02445
8337 S PARK CIRCLE
ORLANDO, FL 32819

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

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Form DEA-223 (9/2016)

STATE OF FLORIDA
DEPARTMENT OF HEALTH
INVESTIGATIVE SERVICES
INV359 - Community Requirements

File # 24247
Insp # 201335

NAME	PERMIT NUMBER	DATE OF INSPECTION
WALGREENS.COM, INC.	30653	10/14/2024
DOING BUSINESS AS		
WALGREENS #02445		
STREET ADDRESS	**TELEPHONE #**	**EXT**
8337 S PARK CIRCLE	800-999-2655	
CITY	**COUNTY**	**STATE/ZIP**
ORLANDO	ORANGE	FL/32819

Additional Information

Business Operation Hours

M-T-W-TH-F Y	Weekly Hours 7 AM - 12 AM
Monday N	Tuesday N
Wednesday N	Thursday N
Friday N	Saturday Y
Saturday Hours 7 AM - 12 AM	Sunday Y
Sunday Hours 7 AM - 12 AM	

Registered Pharmacist / Intern / Tech

License # 34385	Licensee Name Lonnie Wollitz
License Type Registered Pharmacists	

ACS Manager

Optional Information

Basic License Data - PSD

License Relations

RX DPT MGR/COR/POR

SOTO, ELDER OMAR	License # 37543

INV 359 - Community Requirements

Signage Requirements Section

Signage stating the hours the pharmacy department is open. [64B16-28.1081(2), F.A.C.]	Yes
"Prescription Department Closed" sign with bold letters not less than 2 inches in width and height is displayed in a prominent place where it is easily read by patrons. [64B16-28.109, F.A.C.]	N/A
Patient Consultation Area sign is posted. [64B16-30.003, F.A.C] [64B16-28.1035, F.A.C.]	Yes

Community Requirements General Section

Outdated medications removed from active stock. [64B16-28.110, F.A.C.] [64B16-28.1191, F.A.C.] *No medications on site.*	N/A
Prescription Department is open for a minimum of 20 hours per week. [64B16-28.1081(1), F.A.C.]	Yes
All controlled substance prescriptions (electronic, faxed, verbal and written) contain required information. [893.04(a)(b)(c), F.S.] [21CFR1306.05]	N/A
Certified daily log or signed printout maintained. [21CFR1306.22(f)(3)] [64B16-28.140(3)(d), F.A.C.] *Pharmacist sign in via the computer program.*	Yes
Prescription department has current copy of laws and rules, references and equipment necessary to the professional practice of pharmacy. [64B16-28.102(5)(a), F.A.C.]	Yes
Technicians properly identified. [64B16-27.100(2), F.A.C.] [64B16-27.4001, F.A.C.] [64B16-27.410, F.A.C.] [64B16-27.420, F.A.C.]	Yes

Legend drugs properly stored within confines of pharmacy department and maintained at appropriate temperature to preserve therapeutic activity. [64B16-28.118, F.A.C.]; [64B16-28.120, F.A.C.]; [64B16-28.102, F.A.C.]	N/A
Documentation of destruction or return of controlled substances. [64B16-28.303, F.A.C.]	N/A
Generic equivalent sign is posted. [465.025(7), F.S.] *No medications on site.*	N/A

Additional Community Requirements

Prescription department is operating under clean, sanitary, and uncrowded health conditions. [64B16-28.102, F.A.C.]	Yes
Prescription department has a sink with running water easily accessible to the prescription counter. [64B16-28.102, F.A.C.]	Yes
Pharmacist is on the premises and on duty when the prescription department is open. [64B16-28.109, F.A.C.]	Yes
Pharmacy maintains a written policy and procedure manual regarding the number of registered pharmacy technician positions and the pharmacy operates within the established ratio as defined by rule. [64B16-27.410(2)(a), F.A.C.]	Yes
Pharmacists, technicians, and interns are licensed in the State of Florida. [465.015(1)(a), F.S.]	Yes
Upon receipt of a new or refill prescription, a verbal and printed offer to counsel is made to the patient or the patient's agent. [64B16-27.820(1), F.A.C.] *Pharmacy has techs and pharmacists on site to be available for counseling for the medications that the patient receives.*	Yes
Medication is properly labeled for dispensing to patient. [64B16-28.108, F.A.C.] *No meds on site.*	N/A
Unclaimed prescriptions are maintained in stock for no more than one year past dispensing date. [64B16-28.1191, F.A.C.]	N/A
Manufacturer containers are properly labeled. [499.003(26), F.S.]	N/A
Customized medication packages are labeled properly with beyond use date of not more than 120 days from the date of preparation but not later than the beyond use date for any of the medications in the package. [64B16-28.108(6)9., F.A.C.]	N/A
Continuous Quality Improvement Program described in the Pharmacy policy and procedure manual and quarterly summarization of Quality-Related Events are available for inspection. [64B16-27.300, F.A.C.] [766.101(1)(a)(l), F.S.] *Meetings are all on line and a monthly peer reviews.*	Yes
Pharmacy maintains patient profile with allergy information and medications dispensed. [64B16-27.800, F.A.C.]	Yes
Compounding records include compounding date, lot number, expiration date, name and manufacturer of ingredients, package size, number of units, technician compounding and pharmacist verifying the final compound. [64B16-28.140(4), F.A.C.]	N/A
The pharmacy maintains an audit trail for all drugs from receipt or acquisition to sale or disposition [499.005, F.S.] [61N-1.012, F.A.C.]	N/A
Invoices for medications purchased from a Florida licensed wholesaler/distributor are retrievable for inspection. [499.005(14), F.S.]	N/A
Facility engaged in non-sterile office use compounding for human use is registered with FDA as an outsourcing facility. [64B16-27.700(3)(g), F.A.C.]	N/A
Signage indicating that any patient receiving testing, screening, or treatment services is advised to seek follow-up care from his or her primary care physician. [465.1895(9), F.S.]	N/A
Human Trafficking signage is posted in a conspicuous place accessible to employees that is at least 11 inches by 15 inches in size, printed in a clearly legible font and in at least a 32-point type which gives instructions in English and Spanish on how to report to the National Human Trafficking Resource Center. [456.0341, F.S.]	Yes

Requirements for Dispensing Controlled Substances

Controlled substance inventory taken on a biennial basis and available for inspection. [893.07(1)(a), F.S.] [21CFR1304.11]	N/A
DEA 222 forms properly completed or records of CSOS orders electronically completed, linked to the original order, archived and retrievable. [893.07(2), F.S.] [21CFR 1305.13(e)] [21CFR1305.22(g)]	N/A
Controlled substance records and prescription information in computer system are retrievable and maintained for 4 years. [465.022(12)(a), F.S.] [64B16-28.140, F.A.C.] [21CFR1306.22] [21CFR1304.04]	N/A
Pharmacy is reporting to law enforcement any instance of fraudulent prescriptions within 24 hours or close of business on next business day of learning of instance. Reports include all required information. [465.015(3), F.S.]	N/A
Record of theft or significant loss of all controlled substances is being maintained and reported to the sheriff and board within 24 hours of discovery. [893.07(5)(b), F.S.] [465.022(11)(b), F.A.C.]	N/A
Pharmacy is reporting to the PDMP within 24 hours of dispensing controlled substance. [893.055(4)(3)(a), F.S.] *The retail stores reports to the PDMP.*	N/A

Pharmacy Ships Medicinal Drugs to Patients [64B16-28.10801, F.A.C]

Pharmacy has policies and procedures in place to provide instructions to the patient on reporting concerns with delivery and storage of medicinal drugs.	
Pharmacy has policies and procedures in place to ensure that medicinal drugs are not adulterated at the time of receipt by the patient or their agent.	

Automated Pharmacy System [465.0235, F.S.]

Pharmacy maintains a record of the medicinal drugs dispensed, including the identity of the pharmacist responsible for verifying the accuracy of the dosage and directions and providing patient counseling.	
Pharmacy maintains written policies and procedures to ensure the proper, safe, and secure functioning of the automated pharmacy system for a minimum of 4 years.	

Pharmacy engages in Centralized Prescription Filling [64B16-28.450, F.A.C.]

Pharmacies have the same owner or have a written contract specifying the services to be provided by each pharmacy.	
Current P&P Manual available for inspection designating at minimum: types of medications that may be filled, procedures for communicating orders, procedures for securely transporting the filled prescriptions.	
The central fill pharmacy is identified by name and address or a by a code available at the originating pharmacy.	

If a controlled substance, the word "central fill" appears on the face of the original prescription.	
The originating pharmacy keeps a record of receipt of the filled prescription, including the date of receipt, method of delivery and the name of the originating pharmacy's employee accepting delivery.	

Internet Pharmacy

A toll-free telephone number is provided to facilitate communication between patients in this state and a pharmacist at the pharmacy who has access to the patient's records. [465.0197 (3)(e), F.S.]	
Toll free number is disclosed on the label affixed to each container of dispensed medicinal drugs. [465.0197(3)(e), F.S.]	
Documentation of a valid, unexpired pharmacy license, permit or registration in the state in which the dispensing facility is located and from which the medicinal drugs shall be dispensed. [465.0197(3)(a) F.S]	

HIV Infection Prevention Drugs

Pharmacists are screening, ordering or dispensing HIV postexposure prophylaxis drugs under a written Collaborative Practice Agreement. [465.1861, F.S.]	
An access-to-care plan has been submitted to the board office and is in place to assist patients in gaining access to appropriate care settings when they present to a pharmacist for HIV screening and indicate that they lack regular access to primary care. [465.1861, F.S.]	

Remarks:

Inspection was conducted with Site Director.

I have read and have had this inspection report and the laws and regulations concerned herein explained, and do affirm that the information given herein is true and correct to the best of my knowledge.

Inspector Signature

BLAKE, ELLEN

Date:10/14/2024

Representative:

Lonnie Wollitz

Date:10/14/2024

Ownership Information

Ownership & Leadership of Applicant Entity

Applicant: **Walgreens.com, Inc.**
108 Wilmot Rd., Deerfield, IL 60015

Ownership: The Applicant entity is wholly owned (100%) by Walgreen Co.

Officers of Walgreens.com, Inc.
Richard Gates - President
Brittany Mack - Treasurer
Cherita Thomas - Secretary & Director
Michael Emerson - Vice President, Tax & Director
Michael Handal - Licensing and Provider Enrollment Officer

Ownership & Leadership of Walgreen Co.

Ownership: Walgreen Co. is wholly owned (100%) by Walgreens Boots Alliance, Inc.

Officers of Walgreen Co.
Michael Motz - CEO
Richard Gates - Senior Vice President and 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.

State	Store #	Name	Date Of Action	Agency	Disciplinary (Y/N)	Disciplinary Action	Reason for Agency Action	Controlled substance matter?	Fine	WAG Legal Entity	Location type
CA	04517, 02445, 21147	#04517_#02445_#21147 CA Settlement Case No. 6906 (07.29.20)	7/29/2020	BOP	Yes	Settlement	Dispensing erroneous prescriptions	Yes	$ -	Walgreen Co.	
IA	02445	FL-02445 CASE 2020-0154 01.06.2021	1/6/2021	BOP	Yes	FINE	MISFILL	No	$ 3,000.00	Walgreen Co.	
IA	02445	BOP IA #02445 - Combined Statement Charges Settlement Agreement & Final Order 2020-0154 - 01.12.21	1/12/2021	BOP	Yes	Citation & Warning - Fine	Dispensing Error	No	$ 3,000.00	Walgreens.com	
ME	02445	BOP (ME) 2020 PHA 17015 SISTER STATE DISCIPLINE	3/16/2021	BOP	Yes	REPRIMAND - FINE $500.00	SISTER STATE DISCIPLINE - MISFILL	No	$ 500.00	Walgreen Co.	
ME	02445	FL-02445 MAINE CASE 2020-PHA-17015 EXECUTED 03.26.2021	3/26/2021	BOP	Yes	FINE	FAILURE TO REPORT IN 10 DAYS	No	$ 500.00	Walgreen Co.	
ME	02445	2020 PHA 17015	3/26/2021	BOP	Yes	FINE	FAILURE TO REPORT DISCIPLINE - 10 DAYS	No	$ 500.00	Walgreen Co.	
CA	04517, 02445, 21147	#04517 CA, #02445 FL, #21147 AZ - Settlement (06.28.21)	6/28/2021	BOP	Yes	Settlement	Dispensing erroneous prescriptions	Yes	$ -	Walgreen Co.	
WY	02445	WALGREENS #02445 LICENSE# 10-68469 DOCKET 2020-36 SETTLEMENT AGREEMENT misfill $4000 11.23.2021	11/21/2021	BOP	Yes	FINE	MISFILL	No	$ 4,000.00	Walgreen Co.	
CA	02445, 04517, 21147	Walgreens Stipulated Settlement in Case No. 6906	12/9/2021	BOP	Yes	FINE	DUR	Yes	$ 6,928.75	Walgreen Co.	
CA	02445	BOP CA #02445 CI 2021 93801 - 12.15.21	12/15/2021	BOP	No	Citation	1. Dispensed CS from prescriber w/restricted license 2. Furnished dangerous drug w/o valid prescription	Yes	$ 5,000.00	Walgreen Co.	
NM	06346, 02445, 21147	BOP (NM) #06346 - #02445 - #021147 SETTLEMENT CASE 2020-070 04.22.2022	4/22/2022	BOP	Yes	FINE	MISFILL	No	$12,000.00	Walgreen Co.	
HI	02445	BOP (HI) #02445 (FL) CASE 2021-55-L MISFILL 04.29.2022	4/29/2022	BOP	Yes	FINE	MISFILL	No	$ 2,000.00	Walgreen Co.	
CA	02445	BOP CA 02445 - CI 2022 98669 - 01.13.23	1/13/2023	BOP	No	Citation	Recordkeeping	Yes	$ 500.00	Walgreen Co.	
HI	02445, 04517, 21147	WALGREENS #02445 HI CASE PHA 2021-55-L SETTLEMENT AGREEMENT 03.25.2022	2/7/2023	BOP	Yes	FINE	SISTER STATE DISCIPLINE	No	$ 2,000.00	Walgreen Co.	
TX	02445	02445 TSBP Agreed Board Order 020624	2/6/2024	BOP	Yes	Reprimand; CQI	Misfill x 2	No			Mail service
HI	02445	WALGREENS #02445 CASE 2024-12-L SIGNED SETTLEMENT AGREEMENT 08.19.2024	8/14/2024	BOP	Yes	FINE	RECIPROCAL STATE DISCIPLINE	No	$ 2,000.00		
CA	02445	BOP CA 02445 NRP Orlando - CI 2023 102221 - 01.31.25	1/31/2025	BOP	No	Citation	Failure to review drug therapy	No	$ 5,000.00	Walgreens.com	
PA	02445	BOP PA #02445 - Consent Order and Reprimand 25-54-001299 - 03.10.25	3/10/2025	BOP	Yes	Consent Agreement/Order - Reprimand	Sister state discipline based on discipline issued by Nevada	No	$ 1,500.00	Walgreens.com Inc.	Mail service

Facility - #02445

PA	02445	BOP PA #02445 - Consent Order and Reprimand 25-254-001299 03.10.25	3/10/2025	BOP	Yes	Consent Agreement and Order, Reprimand	Sister state discipline based on discipline issued by Nevada	No	$ 1,500.00	Walgreens.com Inc.	Mail service
HI	02445	BOP (HI) #02445 CASE PHA-2025-3-L RECIP. DISCIPLINE $11000 04.11.2025	4/11/2025	BOP	Yes	FINE	RECIPROCAL DISCIPLINE	No	$11,000.00		

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

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: **Walgreens.com, Inc.**
108 Wilmot Rd., Deerfield, IL 60015

Ownership: The Applicant entity is wholly owned (100%) by Walgreen Co.

Officers of Walgreens.com, Inc.
Richard Gates - President
Brittany Mack - Treasurer
Cherita Thomas - Secretary & Director
Michael Emerson - Vice President, Tax & Director
Michael Handal - Licensing and Provider Enrollment Officer

Ownership & Leadership of Walgreen Co.

Ownership: Walgreen Co. is wholly owned (100%) by Walgreens Boots Alliance, Inc.

Officers of Walgreen Co.
Michael Motz - CEO
Richard Gates - Senior Vice President and 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.

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.

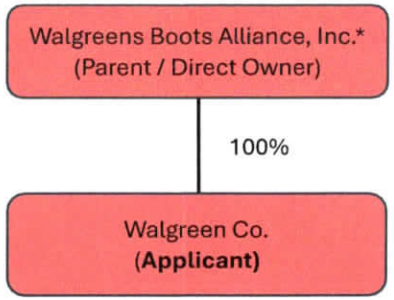
Ownership: Walgreens Boots Alliance, Inc. is wholly owned (100%) by Blazing Star Parent, LLC

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

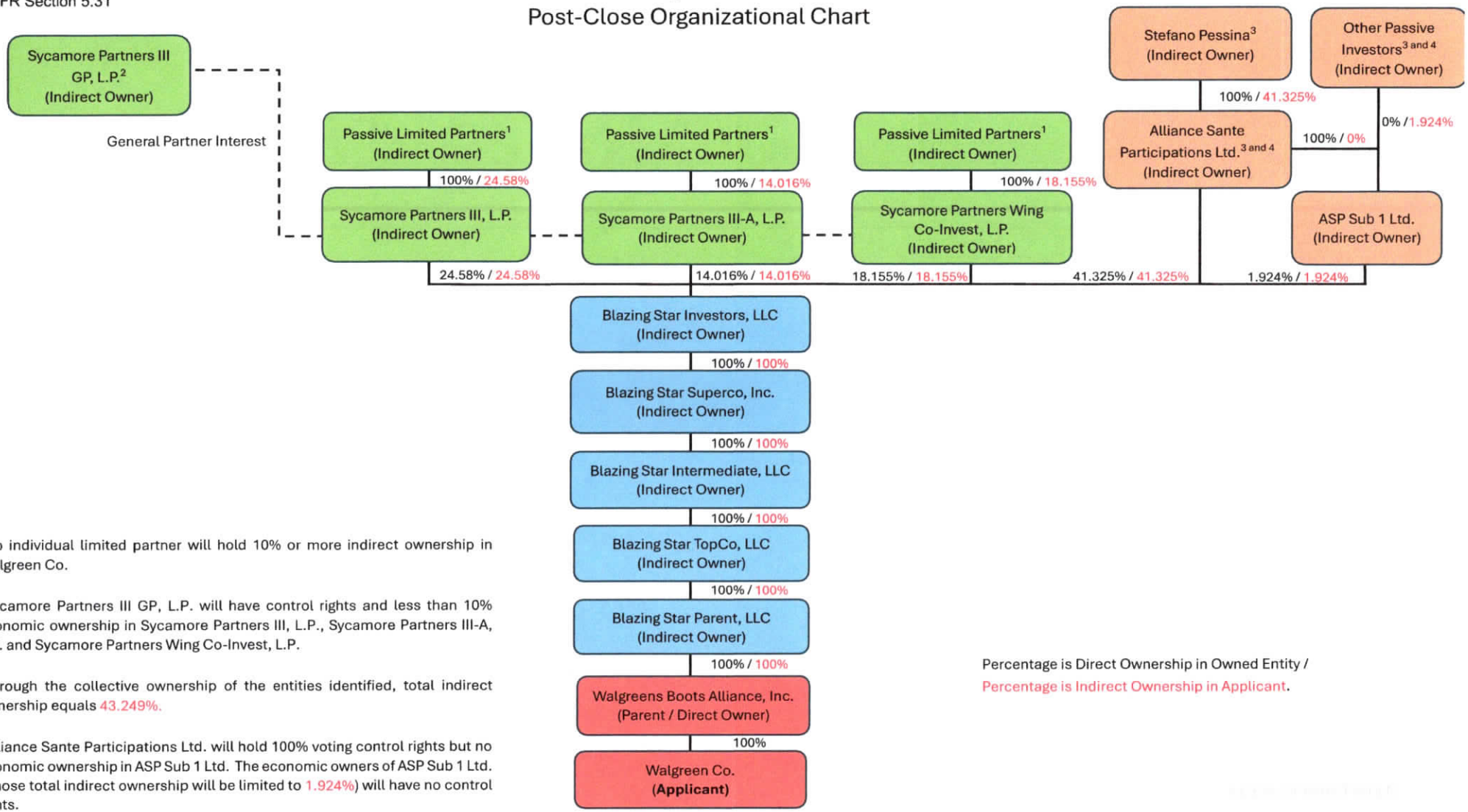
Walgreen Co.
Pre-Close Organizational Chart



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.

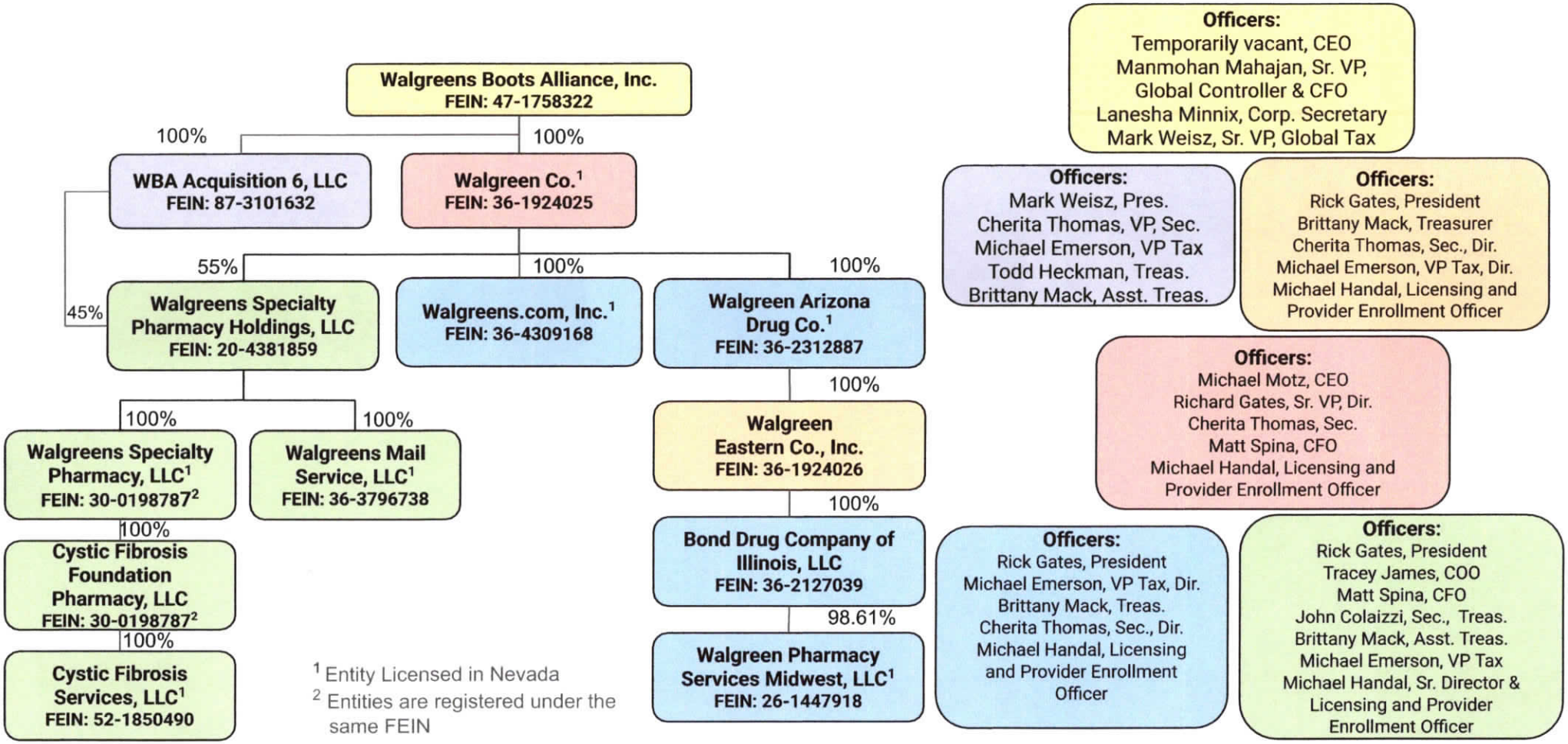
[2]Sycamore Partners III GP, L.P. will have control rights and less than 10% economic ownership in Sycamore Partners III, L.P., Sycamore Partners III-A, L.P. and Sycamore Partners Wing Co-Invest, L.P.

[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.)



10G

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 04379	☐ Retail/Community ☐ Hospital (# beds _____) ☐ Internet ☐ Nuclear ☒ Other: Closed door	☐ Retail/Community ☐ Dangerous drugs ☐ Controlled substances DEA #: _____ ☒ Non-sterile Compounding ☐ Sterile Compounding ☐ Mail-Order Service ☐ Off-site Cognitive Services ☐ Long Term Care ☐ Hospital ☒ Other: Centralized Filling Center

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 Central Fill #21372

Physical Address: 120 N. 83rd Ave., Suite 200

City: Tolleson State: AZ Zip: 85353

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: 602-308-3900 Toll Free # (NAC 639.708, NRS 639.23286): N/A

Fax: 602-308-3990 Contact Email: rxm.21372@store.walgreens.com

Website: https://www.walgreens.com/

Nevada Business License # (if applicable) NV20212194266

Supervising/Managing Pharmacist Name (NRS 639.220): Kathleen Craig

Supervising/Managing Pharmacist NV Pharmacist Registration # (if applicable): 24170

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: Kathleen Craig	NV Pharmacist Registration #: 24170
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: DE

Parent Company (if any): Walgreen Co.

Corporation/Organization Name: Walgreens Arizona Drug 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: 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: _____

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.

Cherita Thomas

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

Cherita Thomas

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

08 / 29 / 2025

Date

Board Use Only	Date Received: 9/18/25	Amount: $550-CK JP03-30001111291

ARIZONA STATE BOARD OF PHARMACY
P.O. Box 18520 Phoenix, AZ 85005
602-771-ASBP (2727)
FAX: 602-771-2749
http://www.azpharmacy.gov

Receipt Date: 09/30/2024
Receipt Number: 2024184300
Receipt Amount $: 480.00

Pharmacy - Chain

Closed Door

PERMIT NO	**EXPIRES**
Y008558	**10/31/2026**

Issued to :

WALGREENS CENTRAL FILL #21372
Walgreen Arizona Drug Co.
P.O. BOX 901
DEERFIELD, IL 60015

WALGREENS CENTRAL FILL #21372
120 N. 83RD AVE., SUITE 200
TOLLESON, AZ 85353

Kam Gandhi
EXECUTIVE DIRECTOR

ARIZONA STATE BOARD OF
PHARMACY
P.O. Box 18520
Phoenix, AZ 85005
602-771-ASBP (2727)
FAX: 602-771-2749

WALLET CARD

NAME : Walgreen Arizona Drug Co.
LICENSE NUMBER : Y008558
EXPIRES : 10/31/2026

http://www.azpharmacy.gov

- **Your license must be available for inspections during business hours.**
- **Permit holder(s) must display permit in the location to which it is issued.**
- **Please note it is your responsibility to keep this license/permit current.**

Important Information

LICENSE HOLDER (pharmacist, intern, technician, technician-trainee)

• Holder of this license number, printed above, is authorized in accordance with A.A.C. R4-23-201(A), A.A.C. R4-23-301(A) or A.A.C R4-23-1101(A), to perform the duties associated within their profession. By holding this license, the licensee agrees to comply with state & federal law.
• You are required by law to notify the Board of any home address and/or employment change within 10 business days

PERMIT HOLDER (pharmacy, non-prescription retailer (OTC), wholesale, manufacture, CMG, DME)

• Holder of this permit number, printed above, is authorized to conduct business according to the classification specified in A.R.S. § 32-1908(A); A.A.C. R4-23-601 and A.A.C. R4-23-607. By holding this permit, the permittee agrees to comply with state & federal law
• In-state pharmacy, wholesaler & manufacture permit holder(s) who plan to remodel or move locations, must submit a change-of-location/remodel form within 30 days prior to move/remodel. In-state non-prescription (OTC), compressed medical gas (CMG) & DME providers who plan to move locations must notify the board within 10 business days of move.
• Out-of-State permit holders must notify the Board of location changes, in writing, within 10 business days of move. A revised copy of your state permit shall be submitted to the Board, when available.

Arizona State Board of Pharmacy

Physical Address: 1110 W. Washington St., Suite 260, Phoenix, AZ 85007
Mailing Address: P.O. Box 18520, Phoenix, AZ 85005
(P): 602-771-2727 (F): 602-771-2749 www.azpharmacy.gov

CERTIFICATION OF ARIZONA STATE BOARD OF PHARMACY PERMIT FOR THE ENTITY LISTED BELOW :

This document is not a license/registration/permit but serves as the primary source of verification.

Name :	WALGREENS CENTRAL FILL #21372
Address :	120 N. 83rd Ave., Suite 200 Tolleson AZ 85353
Registration No :	Y008558
Permit Type :	Pharmacy
Sub Type :	Chain
Date Issued :	03/18/2021
Expiration Date :	10/31/2026
Status :	OPEN
Discipline :	No

Kam Gandhi

6952

Kam Gandhi

Executive Director
Arizona State Board of Pharmacy

Date: 09/02/2025

S = SATISFACTORY N/I = NEEDS IMPROVEMENT V = VIOLATION N/A = NOT APPLICABLE / NONE OBSERVED

DEMOGRAPHICS

AZ permit# : Y008558

AZ Permit Exp.Date : 10/31/2026

Business Name : WALGREENS CENTRAL FILL #21372

Address : 120 N. 83rd Ave., Suite 200

Zip : 85353

City : Tolleson

State : AZ

Phone : (847) 527-4768

Fax : (847) 368-6764

Email : Shauna.peterson@walgreens.com

Inspection Date : 05/28/2025

PIC : Kathleen Craig

Pic License Exp Date : 10/31/2025

DEA # : FW0139433

Inspection Reviewed With : Kathleen Craig

Reviewers License# : S012633

Inspection type : Routine

Inspection Conducted By : Nancy Chang

Facility Data

# Rxs/Week	RPh Hours/Week	# Rxs/Hours
325,000	320	1.015625

PERMITS

1 Arizona

☑ S ☐ N/I ☐ V ☐ N/A

ARS § 32-1933(A); R4-23-606(A)

2 DEA

☑ S ☐ N/I ☐ V ☐ N/A

ARS § 36-2522(A)(2); 21 CFR 1301.35(c)

no controlled substances

S = SATISFACTORY N/I = NEEDS IMPROVEMENT V = VIOLATION N/A = NOT APPLICABLE / NONE OBSERVED

3	Suppliers Amerisource Bergin, McKession & Cardinal	☑ S ☐ N/I ☐ V ☐ N/A	ARS § 32-1929; R4-23-601(A); R4-23-604(A); R4-23-605(A); R4-23-607(A)

LICENSES

1	Pharmacists	☑ S ☐ N/I ☐ V ☐ N/A	ARS § 32-1925(A); R4-23-201(A)
2	Interns / Graduate interns 2 interns	☑ S ☐ N/I ☐ V ☐ N/A	ARS § 32-1923(B); R4-23-301(G)
3	Technicians / Trainees Technicians and Trainees	☑ S ☐ N/I ☐ V ☐ N/A	ARS § 32-1925(A); R4-23-1101(A); R4-23-1102(D); R4-23-1103(B)(2)
4	Current renewal licenses maintained Available on a binder for review.	☑ S ☐ N/I ☐ V ☐ N/A	ARS § 32-1933(B)

PHARMACY

1	Drug storage and security Badge access to pharmacy. RPH must be present first to disarm alarms.	☑ S ☐ N/I ☐ V ☐ N/A	R4-23-609(G)(H)
2	Personnel and security procedures	☑ S ☐ N/I ☐ V ☐ N/A	R4-23-610
3	Facilities	☑ S ☐ N/I ☐ V ☐ N/A	R4-23-611(A)

S = SATISFACTORY N/I = NEEDS IMPROVEMENT V = VIOLATION N/A = NOT APPLICABLE / NONE OBSERVED

4	Drug supply Reminder to not place the filled prescription bags on the floor.	☑ S ☐ N/I ☐ V ☐ N/A	R4-23-611(B)
5	Quarantine expired drugs Designated area. Inventory specialist staff and technician staff manage and check for outdated items frequently.	☑ S ☐ N/I ☐ V ☐ N/A	R4-23-611(B)(4)
6	Equipment	☑ S ☐ N/I ☐ V ☐ N/A	R4-23-612
7	Policies and procedures	☑ S ☐ N/I ☐ V ☐ N/A	R4-23-610(A); R4-23-611(B)

TECHNICIANS

1	Training program Walgreens intranet online-training documentation	☑ S ☐ N/I ☐ V ☐ N/A	R4-23-1105(B)(D)
2	Training program - compounds	☐ S ☐ N/I ☐ V ☑ N/A	R4-23-1105(C)
3	Activities - trainees	☑ S ☐ N/I ☐ V ☐ N/A	R4-23-1104(A)
4	Activities - technicians	☑ S ☐ N/I ☐ V ☐ N/A	R4-23-1104(A)(B)
5	Policies and procedures	☑ S ☐ N/I ☐ V ☐ N/A	R4-23-1104(F)(G)

COUNSELING

S = SATISFACTORY N/I = NEEDS IMPROVEMENT V = VIOLATION N/A = NOT APPLICABLE / NONE OBSERVED

1	Documentation No customer contact-central fill only	☐ S ☐ N/I ☐ V ☑ N/A	R4-23-402(G)(H)
2	Oral consultation	☐ S ☐ N/I ☐ V ☑ N/A	R4-23-402(C)(D)(E)
3	Written information Written information is included with the medication package.	☑ S ☐ N/I ☐ V ☐ N/A	R4-23-402(C)(I)

PRESCRIPTION AUDIT

1	Prescription files	☐ S ☐ N/I ☐ V ☑ N/A	ARS § 32-1964; ARS § 36-2525(C)(1)(2)
2	Prescription label	☐ S ☐ N/I ☐ V ☑ N/A	ARS § 32-1968(D); ARS § 36-2525(L)
3	CII prescriptions	☐ S ☐ N/I ☐ V ☑ N/A	ARS § 32-1968; 36-2525(A) to (G); R4-23-407(A)
4	CIII - CV prescriptions	☐ S ☐ N/I ☐ V ☑ N/A	ARS § 32-1968; 36-2525(A)(C)(2)(H)(I); R4-23-407(A)
5	Non-controlled prescriptions	☐ S ☐ N/I ☐ V ☑ N/A	ARS § 32-1968; R4-23-407(A)
6	Transfers	☐ S ☐ N/I ☐ V ☑ N/A	R4-23-407(D)
7	Telephone	☐ S ☐ N/I ☐ V ☑ N/A	ARS § 32-1968(A)(5); R4-23-402(A)(1)(2)

S = SATISFACTORY N/I = NEEDS IMPROVEMENT V = VIOLATION N/A = NOT APPLICABLE / NONE OBSERVED

8	Refill authorizations	☐ S ☐ N/I ☐ V ☑ N/A	ARS § 32-1968(A)(6); R4-23-402(A)(13); R4-23-407(E)(5)
9	Facsimile	☐ S ☐ N/I ☐ V ☑ N/A	R4-23-407(E)
10	Electronically transmitted	☐ S ☐ N/I ☐ V ☑ N/A	R4-23-407(F); R4-23-408(H)
11	Patient information	☐ S ☐ N/I ☐ V ☑ N/A	R4-23-402(A)(3)(4)
12	Allergies / medical conditions	☐ S ☐ N/I ☐ V ☑ N/A	R4-23-402(A)(3)(b)
13	Brand / generic	☐ S ☐ N/I ☐ V ☑ N/A	ARS § 32-1963.01
14	Foreign prescriptions	☐ S ☐ N/I ☐ V ☑ N/A	ARS § 32-1969
15	Prescription blank advertising prohibited	☐ S ☐ N/I ☐ V ☑ N/A	R4-23-404(B); ARS § 32-1901.01(B)(25)
16	Prescription audit numbers		

COMPUTER REQUIREMENTS

1	Security	☑ S ☐ N/I ☐ V ☐ N/A	R4-23-408(F)
2	Log books / printout	☑ S ☐ N/I ☐ V ☐ N/A	R4-23-408(C)(4)

S = SATISFACTORY N/I = NEEDS IMPROVEMENT V = VIOLATION N/A = NOT APPLICABLE / NONE OBSERVED

3	Reports	☑ S ☐ N/I ☐ V ☐ N/A	R4-23-408(B)(5)(6)
4	Policies and procedures	☑ S ☐ N/I ☐ V ☐ N/A	R4-23-408(A)

IMMUNIZATIONS

1	Certification	☐ S ☐ N/I ☐ V ☑ N/A	ARS § 32-1974(D)(K); R4-23-411(A)
2	Recordkeeping	☐ S ☐ N/I ☐ V ☑ N/A	ARS § 32-1974(F)(3); R4-23-411(F)(I)
3	Reporting requirements	☐ S ☐ N/I ☐ V ☑ N/A	ARS § 32-1974(F); R4-23-411(F)(2)
4	Current certificate maintained	☐ S ☐ N/I ☐ V ☑ N/A	R4-23-411(C)(2)
5	Administration without a prescription	☐ S ☐ N/I ☐ V ☑ N/A	ARS § 32-1974(A)(B); R4-23-411(A)
6	Prescription only administration	☐ S ☐ N/I ☐ V ☑ N/A	ARS § 32-1974(C)(I); R4-23-411(A)(4); (B); (I)

MECHANICAL STORAGE / COUNTING DEVICES

1	Cell identification	☑ S ☐ N/I ☐ V ☐ N/A	R4-23-615(A)(1)
	10 robotic automation stations, 8 manual fill stations.		
2	Paper / electronic log	☑ S ☐ N/I ☐ V ☐ N/A	R4-23-615(A)(2)(3)

S = SATISFACTORY N/I = NEEDS IMPROVEMENT V = VIOLATION N/A = NOT APPLICABLE / NONE OBSERVED

3	Training	☑ S ☐ N/I ☐ V ☐ N/A	R4-23-615(C)(1)(D)
4	Maintenance maintain by the technician staff. Dirty cannisters are sent back to RBM, cannister company, for cleaning and replenishment	☑ S ☐ N/I ☐ V ☐ N/A	R4-23-615(C)(2)(D)
5	Accuracy validation testing Validation done for the first 6-fills per each cannister	☐ S ☑ N/I ☐ V ☐ N/A	R4-23-615(C)(3)(D)
6	Return by approval only	☑ S ☐ N/I ☐ V ☐ N/A	R4-23-615(B)(G)
7	Policies and procedures	☑ S ☐ N/I ☐ V ☐ N/A	R4-23-615(E)

MECHANICAL COUNTING DEVICES

1	Training	☑ S ☐ N/I ☐ V ☐ N/A	R4-23-616(A)(1)(B)
2	Maintenance Maintenance is done on a daily basis and can generate the Count Audit Data Report	☑ S ☐ N/I ☐ V ☐ N/A	R4-23-616(A)(2)(B)
3	Accuracy validation testing Validation completes frequently and documentation is generated from the Count Audit Data Report including the drug name, NDC, dispenser location, pharmacist validation initial and comments if inaccurate.	☑ S ☐ N/I ☐ V ☐ N/A	R4-23-616(A)(3)(B)

S = SATISFACTORY N/I = NEEDS IMPROVEMENT V = VIOLATION N/A = NOT APPLICABLE / NONE OBSERVED

4	Policies and procedures	☑ S ☐ N/I ☐ V ☐ N/A	R4-23-616(C)

CONTROLLED SUBSTANCE RECORDS

1	CIIs purchase / sale / disposal No controls	☐ S ☐ N/I ☐ V ☑ N/A	ARS § 36-2523(A); ARS § 36-2524; R4-23-601(D);R4-23-1003(A)(4)(B)
2	CIII - CVs purchase / sale / disposal No controls	☐ S ☐ N/I ☐ V ☑ N/A	ARS § 36-2523(A); R4-23-601(D); R4-23-612(11); R4-23-1003(A)(4)
3	Inventory Zero inventory conducted 6/9/2024 @ opening.	☑ S ☐ N/I ☐ V ☐ N/A	ARS § 36-2523(B); R4-23-1003
4	Audit	☐ S ☐ N/I ☐ V ☑ N/A	ARS § 36-2523
5	DEA 106 Theft/Loss reporting	☐ S ☐ N/I ☐ V ☑ N/A	R4-23-1003(A)(2); 21 CFR 1301.76(b)

MISCELLANEOUS

1	Badges - name / title	☑ S ☐ N/I ☐ V ☐ N/A	R4-23-402(K); R4-23-671(B)(4); R4-23-1104(E)
2	Sales of drugs to practitioners	☐ S ☐ N/I ☐ V ☑ N/A	ARS § 32-1981(7)(d); R4-23-601(D); R4-23-1003(A)(4)
3	Schedule V register	☐ S ☐ N/I ☐ V ☑ N/A	ARS § 36-2525(J)

S = SATISFACTORY N/I = NEEDS IMPROVEMENT V = VIOLATION N/A = NOT APPLICABLE / NONE OBSERVED

4	Delivery To Walgreens pharmacies only by ABC.	☑ S ☐ N/I ☐ V ☐ N/A	ARS § 32-1901.01(B)(23); R4-23-402(I)
5	CQA training / Policies and procedures	☑ S ☐ N/I ☐ V ☐ N/A	ARS § 32-1973; R4-23-620
6	Non-controlled substances purchase / sale / disposal	☑ S ☐ N/I ☐ V ☐ N/A	R4-23-601(D)
7	Dextromethorphan sales restrictions	☐ S ☐ N/I ☐ V ☑ N/A	ARS 32-1978
8	Federal medication guides Auto-generated and are included in the medication packages.	☑ S ☐ N/I ☐ V ☐ N/A	21 CFR part 208
9	Pharmacy to pharmacy transfer of drugs (intracompany)	☑ S ☐ N/I ☐ V ☐ N/A	R4-23-601(D); R4-23-1003(A)(4)

METHAMPHETAMINE PRECURSORS

1	Storage	☐ S ☐ N/I ☐ V ☑ N/A	ARS § 32-1977(B)
2	Documentation	☐ S ☐ N/I ☐ V ☑ N/A	ARS § 32-1977(C); 21 CFR 1314
3	Self-certification	☐ S ☐ N/I ☐ V ☑ N/A	21 CFR 1314.35; 21 CFR 1314.40

SHARED SERVICES

S = SATISFACTORY N/I = NEEDS IMPROVEMENT V = VIOLATION N/A = NOT APPLICABLE / NONE OBSERVED

1	Current resident / nonresident permit	☑ S ☐ N/I ☐ V ☐ N/A	R4-23-621(A)
2	Same owner / written contract / common electronic file	☑ S ☐ N/I ☐ V ☐ N/A	R4-23-621(B)
3	Notification to patients Available at store and within paperwork with central fill prescriptions	☑ S ☐ N/I ☐ V ☐ N/A	R4-23-621(C)
4	Maintain manual / electronic records	☑ S ☐ N/I ☐ V ☐ N/A	R4-23-621(D)
5	Work outside pharmacy	☐ S ☐ N/I ☐ V ☑ N/A	R4-23-621(F)
6	Policies and procedures Provided the central fills SOP that has some shared services information, but it is not a shared services agreement.	☑ S ☐ N/I ☐ V ☐ N/A	R4-23-621(E)

COMPOUNDING PRACTICES (GENERAL)

1	Documentation product compounded	☐ S ☐ N/I ☐ V ☑ N/A	R4-23-410(C)(1)(e); R4-23-410(I)(K)
2	Patient label	☐ S ☐ N/I ☐ V ☑ N/A	R4-23-410(I)(4)
3	Beyond-use dates	☐ S ☐ N/I ☐ V ☑ N/A	R4-23-410(I)(4)(b); R4-23-410(B)(3)(d)
4	Equipment	☐ S ☐ N/I ☐ V ☑ N/A	R4-23-410(F)(G)

S = SATISFACTORY N/I = NEEDS IMPROVEMENT V = VIOLATION N/A = NOT APPLICABLE / NONE OBSERVED

5	Product produced in excess	☐ S ☐ N/I ☐ V ☑ N/A	R4-23-410(B)(2); R4-23-410(J)
6	Component removed from original container	☐ S ☐ N/I ☐ V ☑ N/A	R4-23-410(I)(6)
7	Compounds for medical practitioners	☐ S ☐ N/I ☐ V ☑ N/A	R4-23-410(B)(3); R4-23-601(D); R4-23-1003(A)(4)
8	Patient written list	☐ S ☐ N/I ☐ V ☑ N/A	R4-23-410(I)(5)
9	Protective apparel	☐ S ☐ N/I ☐ V ☑ N/A	R4-23-410(C)(2)(c)
10	Facility	☐ S ☐ N/I ☐ V ☑ N/A	R4-23-410(E)
11	Components for compounding/storage	☐ S ☐ N/I ☐ V ☑ N/A	R4-23-410(B)(H)
12	Policies and procedures	☐ S ☐ N/I ☐ V ☑ N/A	R4-23-410(D)(G)(H)(I)(K)

STERILE COMPOUNDING

1	Compounding area	☐ S ☐ N/I ☐ V ☑ N/A	R4-23-670(A)(E)(F)
2	Equipment	☐ S ☐ N/I ☐ V ☑ N/A	R4-23-670(B)
3	Sterile product reference	☐ S ☐ N/I ☐ V ☑ N/A	R4-23-670(B)(6)

S = SATISFACTORY N/I = NEEDS IMPROVEMENT V = VIOLATION N/A = NOT APPLICABLE / NONE OBSERVED

4	Certification hood / environment	☐ S ☐ N/I ☐ V ☑ N/A	R4-23-670(D)(14)(g)
5	Documentation routine cleaning / maintenance	☐ S ☐ N/I ☐ V ☑ N/A	R4-23-670(D)(14)(g)
6	Personnel protective clothing	☐ S ☐ N/I ☐ V ☑ N/A	R4-23-670(E)(3)(F)(2)
7	Annual / semi-annual media fill tests	☐ S ☐ N/I ☐ V ☑ N/A	R4-23-670(E)(4)(F)(3)
8	Documentation of product compounded	☐ S ☐ N/I ☐ V ☑ N/A	R4-23-410(C)(1)(e); R4-23-410(I)(K)
9	Beyond-use dates	☐ S ☐ N/I ☐ V ☑ N/A	R4-23-670(D)(14)(d); R4-23-410(B)(3)(d)
10	Process / product validation testing	☐ S ☐ N/I ☐ V ☑ N/A	R4-23-670(D)(14)(f)
11	Policies and procedures	☐ S ☐ N/I ☐ V ☑ N/A	R4-23-670(C)(D)

AUDIT

Date Of Inventory : 06/09/2025

Inventory Taken : Open

Date Of Audit : 05/28/2025

Name & Strength of Drug	Initial Inventory	Total Purchased	Total Accounted For	Closing Inventory	Sales (Rx & log)	Total Can Account for	Difference	Percentage

S = SATISFACTORY N/I = NEEDS IMPROVEMENT V = VIOLATION N/A = NOT APPLICABLE / NONE OBSERVED

NOTES

Open Sun - Thu 6 AM - 1 AM; Fri - Sat 7 AM - 5PM
Reminders:
The share service agreement needs to be available for the Central Fill Pharmacy.
Do not place filled prescription bags on the floor.

AFFIRMATION

Status :

Satisfactory

Representative Email :

nchang@azpharmacy.gov

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 Arizona Drug Co.**
108 Wilmot Rd., Deerfield, IL 60015

Ownership: The Applicant entity is wholly owned (100%) by Walgreen Co.

Officers of Walgreen Arizona Drug Co.
Richard Gates - President
Brittany Mack - Treasurer
Cherita Thomas - Secretary & Director
Michael Emerson - Vice President, Tax & Director
Michael Handal - Licensing and Provider Enrollment Officer

Ownership & Leadership of Walgreen Co.

Ownership: Walgreen Co. is wholly owned (100%) by Walgreens Boots Alliance, Inc.

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

Ownership & Leadership of Walgreens Boots Alliance, Inc.

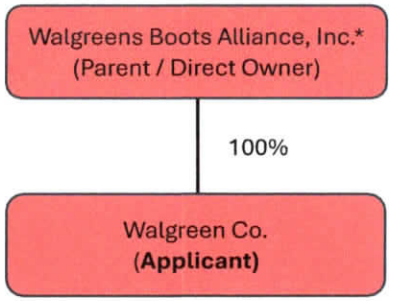
Ownership: Walgreens Boots Alliance, Inc. is wholly owned (100%) by Blazing Star Parent, LLC

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

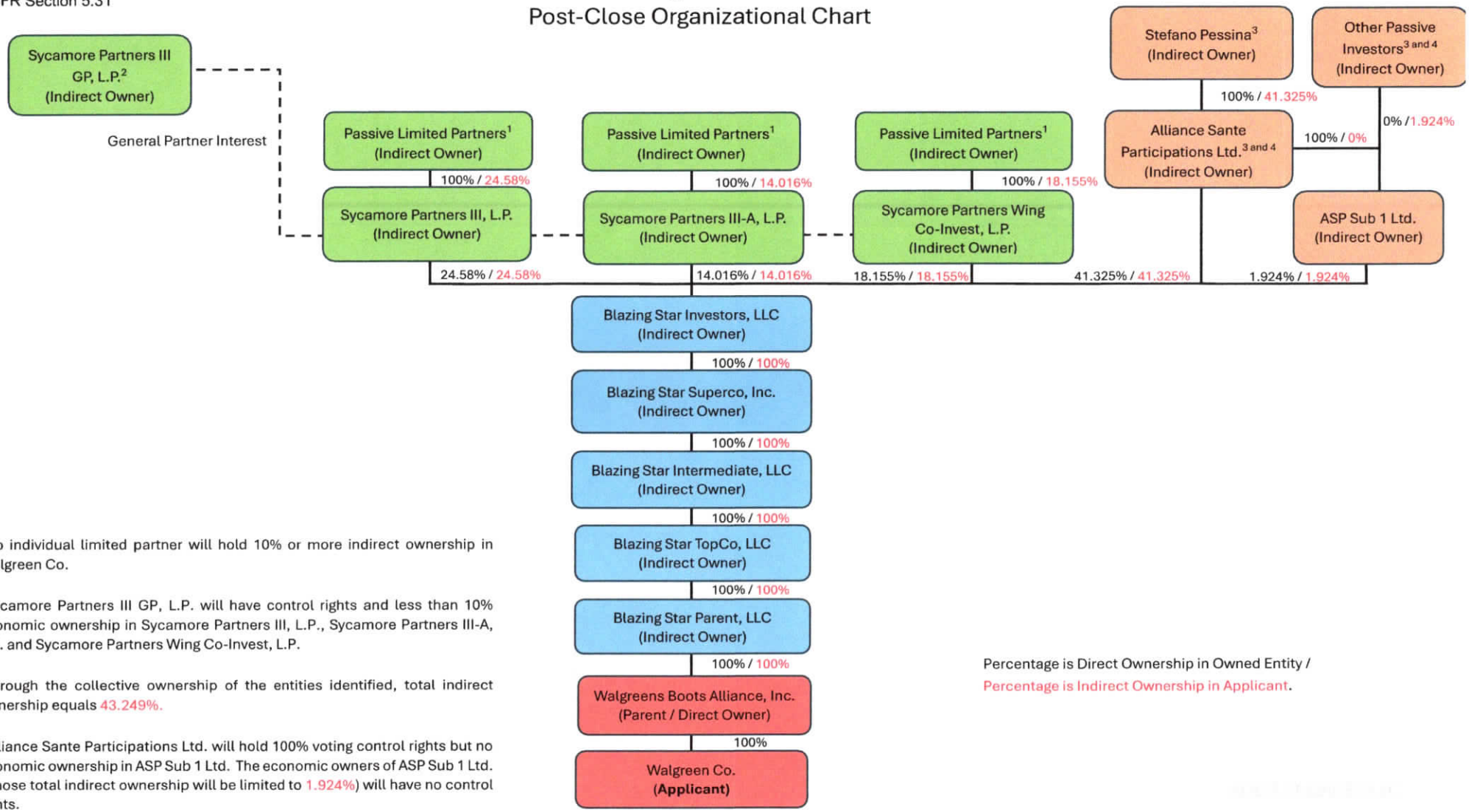
Walgreen Co.
Pre-Close Organizational Chart



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.

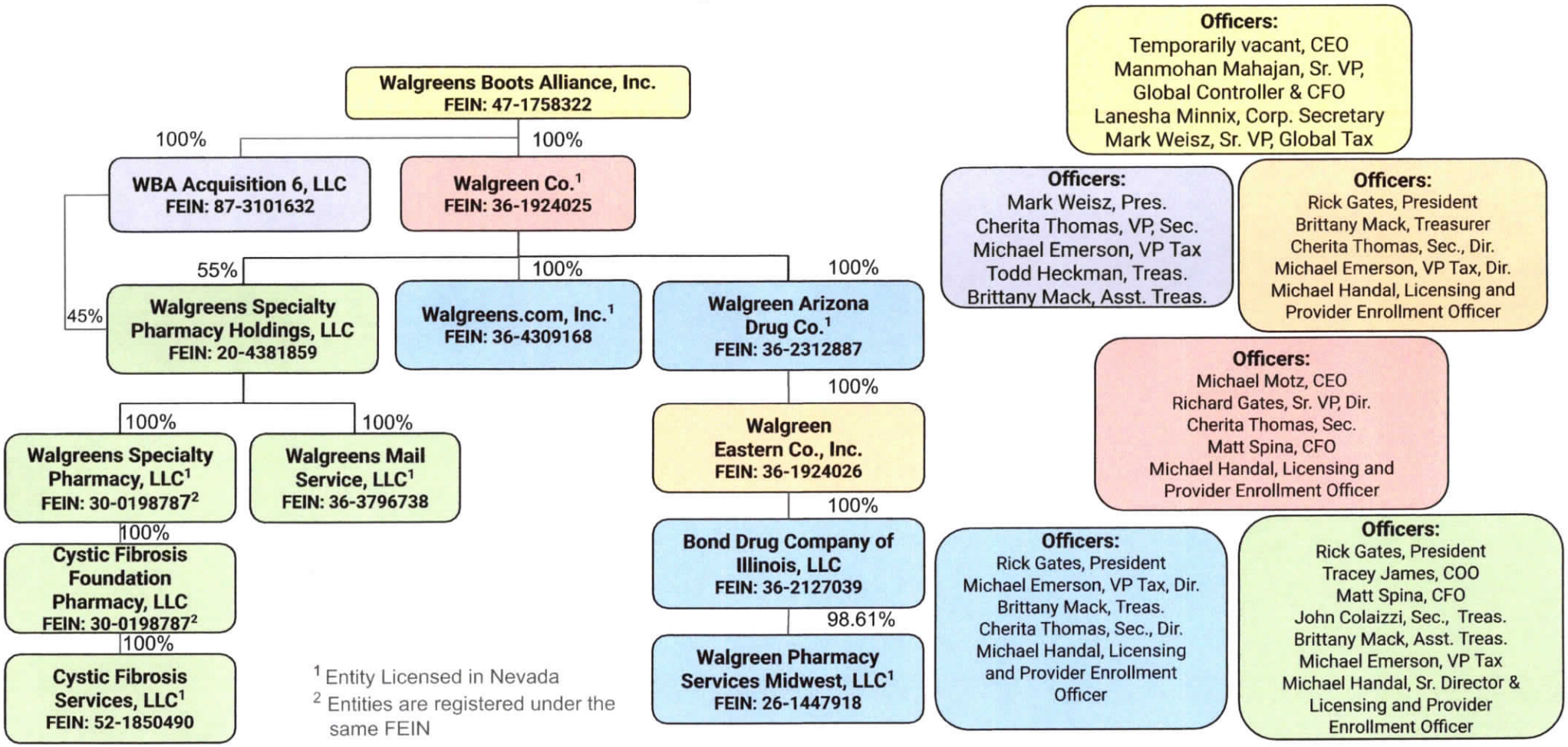
[2]Sycamore Partners III GP, L.P. will have control rights and less than 10% economic ownership in Sycamore Partners III, L.P., Sycamore Partners III-A, L.P. and Sycamore Partners Wing Co-Invest, L.P.

[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

10H

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 PH04643	☑ Retail/Community ☐ Hospital (# beds _____) ☐ Internet ☐ Nuclear ☐ Other:	☑ Retail/Community ☑ Dangerous drugs ☑ Controlled substances DEA #: FW4007438 ☐ 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 Gene & Cell Services #21574

Physical Address: 140 Enterprise Dr

City: Pittsburgh State: PA Zip: 15275

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: 412-413-8605 Toll Free # (NAC 639.708, NRS 639.23286): 800-828-9194

Fax: 877-403-4196 Contact Email: Daniel.powell@walgreens.com

Website: http://gcs.walgreensspecialtyrx.com/

Nevada Business License # (if applicable) NV20243161933

Supervising/Managing Pharmacist Name (NRS 639.220): Daniel Peter Powell

Supervising/Managing Pharmacist NV Pharmacist Registration # (if applicable): 22169

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: Daniel Peter Powell	NV Pharmacist Registration #: 22169
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: Delaware

Parent Company (if any): Walgreens Specialty Pharmacy Holdings, LLC

Corporation/Organization Name: Walgreens Specialty Pharmacy, LLC

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: 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: _____

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

Commonwealth of Pennsylvania- Department of State
Bureau of Professional and Occupational Affairs

Mailing Address P.O. Box 2649, Harrisburg, PA 17105 Toll Free: 1-833-DOS-BPOA

WALGREENS GENE & CELL SERVICES #21574
DANIEL PETER POWELL

License Number	: PP483165	Initial License Date : 04/03/2024		Expiration Date	: 08/31/2027
License Type	: Pharmacy			License Status as of 7/16/2025	: Active
Issued By	: State Board of Pharmacy				
Address	: 140 ENTERPRISE DRIVE, PITTSBURGH, PA 15275				

COMMONWEALTH OF PENNSYLVANIA • DEPARTMENT OF STATE •

Arion R. Claggett

Acting Commissioner Arion R. Claggett

Signature of Licensee

SCAN ME

Please verify the license by visiting https://www.pals.pa.gov/verify or by scanning the QR Code

20250715727



BUREAU OF PROFESSIONAL AND OCCUPATIONAL AFFAIRS

P. O. Box 2649

Harrisburg, PA 17105-2649

08/29/2025

License Information

WALGREENS GENE & CELL SERVICES #21574

140 ENTERPRISE DRIVE
PITTSBURGH, Pennsylvania 15275

Board/Commission:	State Board of Pharmacy	Status Effective Date:	04/03/2024
LicenseType:	Pharmacy	Issue Date:	04/03/2024
Specialty Type:		Expiration Date:	08/31/2027
License Number:	PP483165	Last Renewal:	07/15/2025
Status:	Active		

Prerequisite Information

Licensee	Relationship	License Type	License Number	License Status	Associated Date	License Expiration Date
DANIEL PETER POWELL	Pharmacist Manager	Pharmacist	RP451569	Active	02/27/2025	09/30/2026

Disciplinary Action Details

No disciplinary actions were found for this license.

This site is considered a primary source for verification of license credentials provided by the Pennsylvania Department of State.

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
FW4007438	05-31-2028	$888

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N,3, 3N,4,5	CHAIN PHARMACY	04-25-2025

WALGREENS SPECIALTY PHARMACY, LLC
DBA:WALGREENS GENE & CELL SERVICES #21574
140 ENTERPRISE DR
PITTSBURGH, PA 152751213

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
FW4007438	05-31-2028	$888

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N,3, 3N,4,5	CHAIN PHARMACY	04-25-2025

WALGREENS SPECIALTY PHARMACY, LLC
DBA:WALGREENS GENE & CELL SERVICES #21574
140 ENTERPRISE DR
PITTSBURGH, PA 152751213

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

Form DEA-223 (9/2016)

PA State Board of Pharmacy
PO Box 2649
Harrisburg, PA, 17105-2649
Phone: 717-783-7156 Fax: 717-787-7769

FACILITY

WALGREENS GENE & CELL SERVICES #21574

140 ENTERPRISE DRIVE
PITTSBURGH, PA, 15275

Phone:
Owner: WALGREENS SPECIALTY PHARMACY, LLC

LICENSE

License No: AA0004842737
Profession: Pharmacy
License Type: Pharmacy

Inspection Type: New Business

Inspection Date: 05/06/2024
Inspection Result: Passed

Remarks:

The undersigned licensee, designee, or other authorized representative of the licensee acknowledges the completion of this inspection and the results as indicated on the summary and checklist reports.

If this is a New Business Inspection, this PASS inspection form will serve as a temporary authority to operate pending final review and approval by the State Board. The temporary authority must be prominently displayed and will expire upon receipt of a properly issued license or six months from the date of inspection.

CORY ULISSE	5/6/2024 10:59:17 AM	Kimberly A Tedesco - RP042632L
Signature of Inspector	Date/Time	Signature of Owner/Representative

PA State Board of Pharmacy
PO Box 2649
Harrisburg, PA, 17105-2649
Phone: 717-783-7156 Fax: 717-787-7769

FACILITY

WALGREENS GENE & CELL SERVICES #21574

140 ENTERPRISE DRIVE
PITTSBURGH, PA, 15275

Phone:
Owner: WALGREENS SPECIALTY PHARMACY, LLC

LICENSE

License No: AA0004842737
Profession: Pharmacy
License Type: Pharmacy

Inspection Type: New Business

Inspection Date: 05/06/2024
Inspection Result: Passed

Remarks:

Question	Answer
Are all licenses current and posted?	YES
Is a "No Smoking" sign prominently posted?	YES
Is the generic equivalent sign and list of commonly used equivalents properly posted?	YES
Is there a refrigerator with temperature monitoring for drug storage only?	YES
Is hot and cold water available in the prescription area?	YES
Are current copies of all Federal, State, and Board statues and regulations pertaining to pharmacy practice available? (Internet access is acceptable)	YES
Are outdated drugs appropriately removed from active stock?	YES
Does the pharmacy meet all security requirements?	YES
Does the pharmacy have adequate equipment and supplies to enable it to properly prepare and dispense consistent with the pharmacy's scope of practice?	YES
Is the pharmacy in compliance with all sanitation, cleanliness, maintenance, and construction requirements?	YES
Do labels have all the required information and match the license record?	YES
Are all prescriptions verified by registered pharmacists?	YES
Is the name or initials of the dispensing pharmacist noted on the prescriptions?	YES
Are prescription files properly maintained? (electronic files are acceptable)	YES
Are transferred prescriptions properly recorded?	YES
Are Schedule II drugs securely locked in a substantially constructed cabinet or dispersed throughout the stock?	YES
Are there signed and dated protocols for each pharmacy technician?	YES
Does the pharmacy have an automated medication system?	NO
Does the pharmacy administer injectable medications, biologicals, or immunizations?	NO

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: **Walgreens.com, Inc.**
108 Wilmot Rd., Deerfield, IL 60015

Ownership: The Applicant entity is wholly owned (100%) by Walgreen Co.

Officers of Walgreens.com, Inc.
Richard Gates - President
Brittany Mack - Treasurer
Cherita Thomas - Secretary & Director
Michael Emerson - Vice President, Tax & Director
Michael Handal - Licensing and Provider Enrollment Officer

Ownership & Leadership of Walgreen Co.

Ownership: Walgreen Co. is wholly owned (100%) by Walgreens Boots Alliance, Inc.

Officers of Walgreen Co.
Michael Motz - CEO
Richard Gates - Senior Vice President and 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.

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.

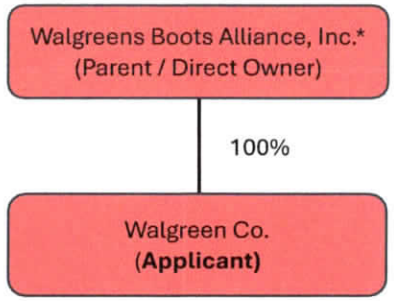
Ownership: Walgreens Boots Alliance, Inc. is wholly owned (100%) by Blazing Star Parent, LLC

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

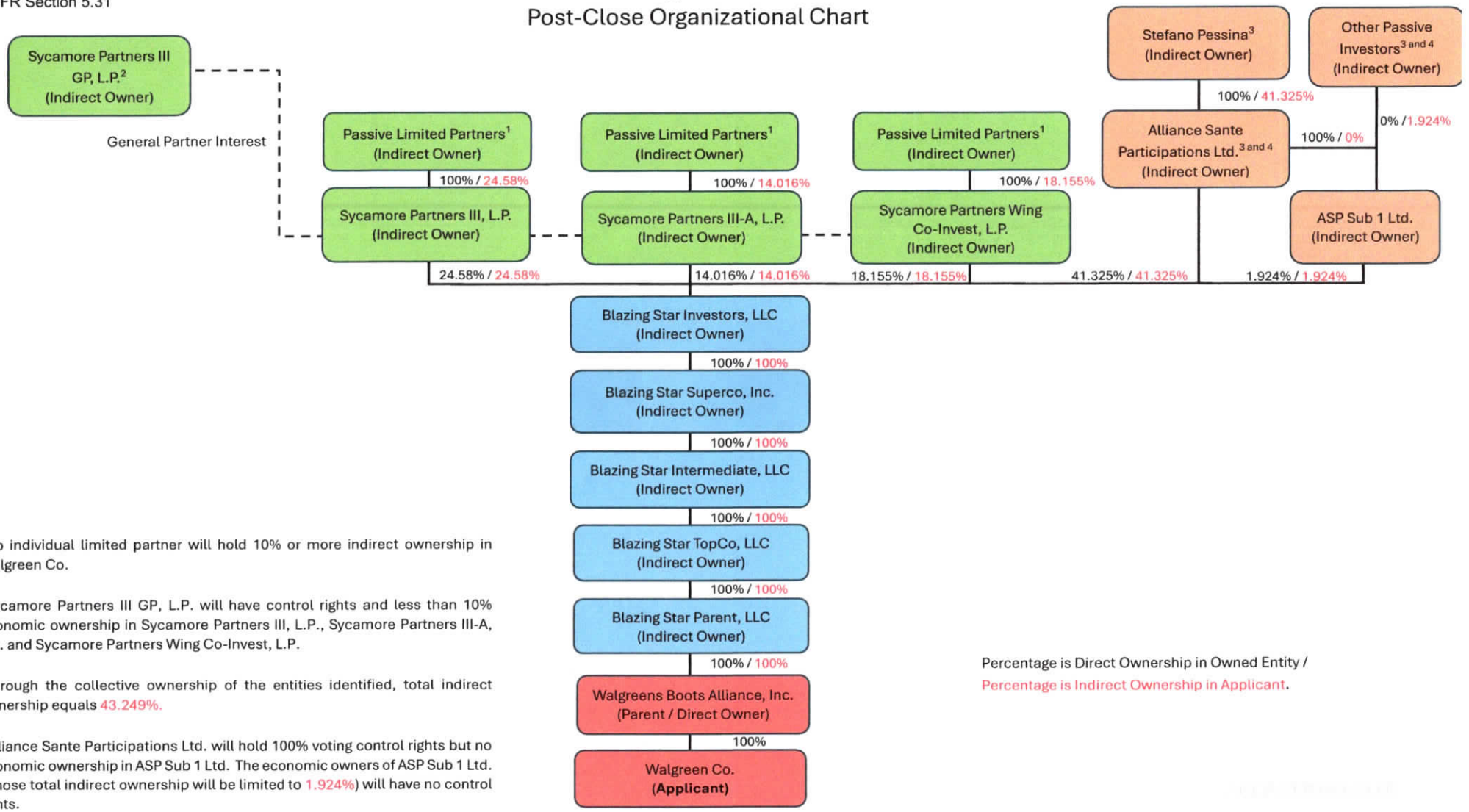
Walgreen Co.
Pre-Close Organizational Chart



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.

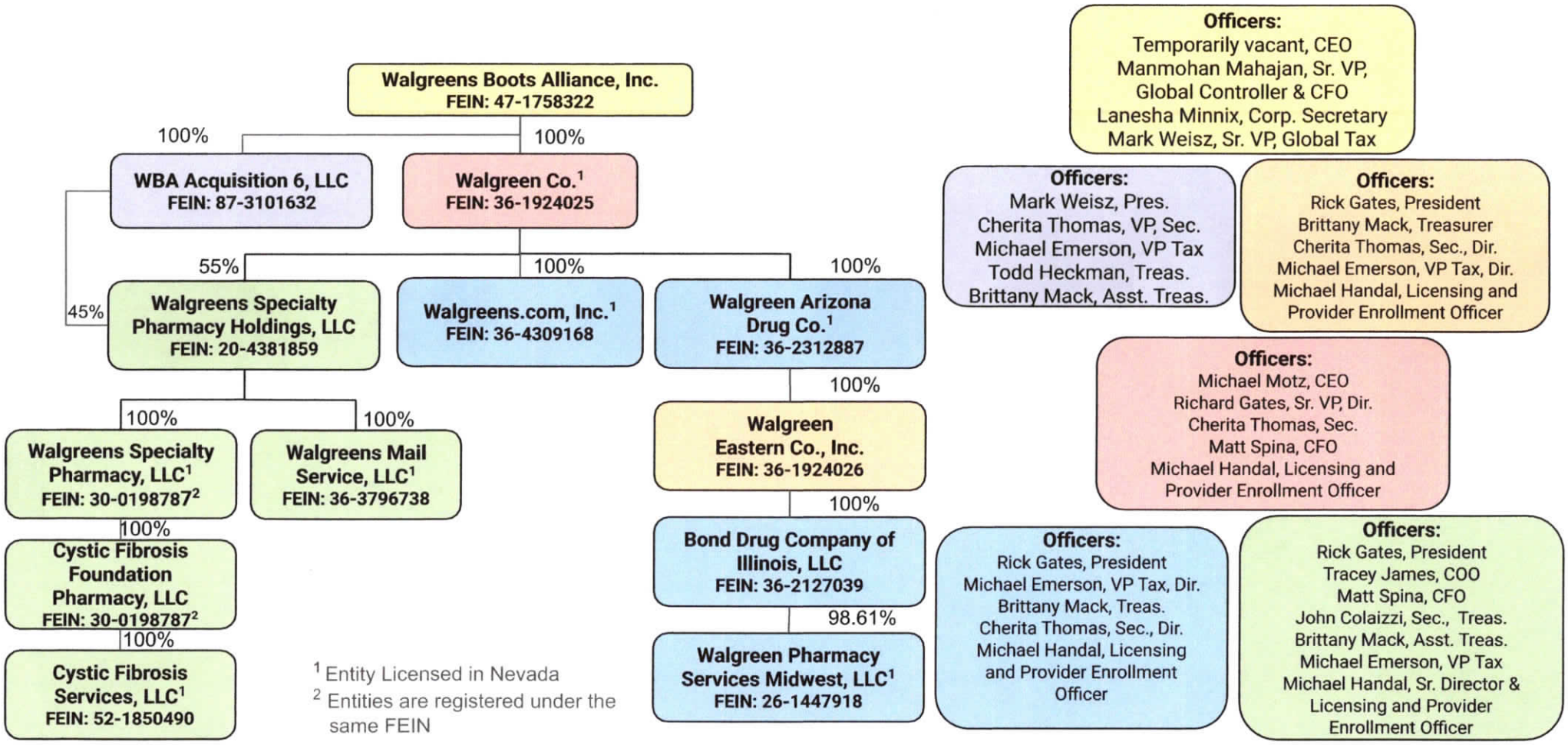
[2]Sycamore Partners III GP, L.P. will have control rights and less than 10% economic ownership in Sycamore Partners III, L.P., Sycamore Partners III-A, L.P. and Sycamore Partners Wing Co-Invest, L.P.

[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

6991

10I

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 PH00988	☒ Retail/Community ☐ Hospital (# beds _____) ☐ Internet ☐ Nuclear ☐ Other:	☒ Retail/Community ☒ Dangerous drugs ☒ Controlled substances DEA #: FW6555835 ☐ 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 Mail Service #03397

Physical Address: 8350 S River Pkwy

City: Tempe State: AZ Zip: 85284

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: 800-345-1985 Toll Free # (NAC 639.708, NRS 639.23286): 800-345-1985

Fax: 800-332-3345 Contact Email: Brianna.lewis@walgreens.com

Website: http://walgreensmailservice.com/

Nevada Business License # (if applicable) NV20243161902

Supervising/Managing Pharmacist Name (NRS 639.220): Brianna Lewis

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

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: Sandra Aasen	NV Pharmacist Registration #: 21945
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: DE

Parent Company (if any): Walgreens Specialty Pharmacy Holdings, LLC

Corporation/Organization Name: Walgreens Mail Service, LLC

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: 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:

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

ARIZONA STATE BOARD OF PHARMACY
P.O. Box 18520 Phoenix, AZ 85005
602-771-ASBP (2727)
FAX: 602-771-2749
http://www.azpharmacy.gov

Receipt Date: 09/18/2023
Receipt Number: 2023156585
Receipt Amount $: 480.00

Pharmacy - Limited Service

PERMIT NO
Y007099

EXPIRES
10/31/2025

Issued to :

Walgreens Mail Service #03397
Walgreens Mail Service, LLC dba
P.O. BOX 901
DEERFIELD, IL 60015

Walgreens Mail Service #03397
8350 S. RIVER PARKWAY
TEMPE, AZ 85284

Kam Gadhia
EXECUTIVE DIRECTOR

ARIZONA STATE BOARD OF PHARMACY
P.O. Box 18520
Phoenix, AZ 85005
602-771-ASBP (2727)
FAX: 602-771-2749

WALLET CARD

NAME : Walgreens Mail Service, LLC dba
LICENSE NUMBER : Y007099
EXPIRES : 10/31/2025

http://www.azpharmacy.gov

- **Your license must be available for inspections during business hours.**
- **Permit holder(s) must display permit in the location to which it is issued.**
- **Please note it is your responsibility to keep this license/permit current.**

Important Information

LICENSE HOLDER (pharmacist, intern, technician, technician-trainee)

- Holder of this license number, printed above, is authorized in accordance with A.A.C. R4-23-201(A), A.A.C. R4-23-301(A) or A.A.C R4-23-1101(A), to perform the duties associated within their profession. By holding this license, the licensee agrees to comply with state & federal law.
- You are required by law to notify the Board of any home address and/or employment change within 10 business days

PERMIT HOLDER (pharmacy, non-prescription retailer (OTC), wholesale, manufacture, CMG, DME)

- Holder of this permit number, printed above, is authorized to conduct business according to the classification specified in A.R.S. § 32-1908(A); A.A.C. R4-23-601 and A.A.C. R4-23-607. By holding this permit, the permittee agrees to comply with state & federal law
- In-state pharmacy, wholesaler & manufacture permit holder(s) who plan to remodel or move locations, must submit a change-of-location/remodel form within 30 days prior to move/remodel. In-state non-prescription (OTC), compressed medical gas (CMG) & DME providers who plan to move locations must notify the board within 10 business days of move.
- Out-of-State permit holders must notify the Board of location changes, in writing, within 10 business days of move. A revised copy of your state permit shall be submitted to the Board, when available.
- Permits are non-transferable. Ownership changes of more than 30% require that a new application be submitted to the Board.

Arizona State Board of Pharmacy

Physical Address: 1110 W. Washington St., Suite 260,
Phoenix, AZ 85007
Mailing Address: P.O. Box 18520, Phoenix, AZ 85005
(P): 602-771-2727 (F): 602-771-2749 www.azpharmacy.gov

CERTIFICATION OF ARIZONA STATE BOARD OF PHARMACY PERMIT FOR THE ENTITY LISTED BELOW :

This document is not a license/registration/permit but serves as the primary source of verification.

Name :	Walgreens Mail Service #03397
Address :	8350 S. River Parkway Tempe AZ 85284
Registration No :	Y007099
Permit Type :	Pharmacy
Sub Type :	Limited Service
Date Issued :	12/08/2016
Expiration Date :	10/31/2025
Status :	OPEN
Discipline :	No

Kam Gandhi

6998

Kam Gandhi

Executive Director
Arizona State Board of Pharmacy

Date: 08/29/2025

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
FW6555835	05-31-2028	$888

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N,3, 3N,4,5	CHAIN PHARMACY	04-25-2025

WALGREENS MAIL SERVICE, LLC
WALGREENS MAIL SERVICE #03397
8350 S RIVER PARKWAY
TEMPE, AZ 85284

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

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Form DEA-223 (9/2016)

S = SATISFACTORY N/I = NEEDS IMPROVEMENT V = VIOLATION N/A = NOT APPLICABLE / NONE OBSERVED

DEMOGRAPHICS

AZ permit# :	AZ Permit Exp.Date :	Business Name :
Y007099	10/31/2025	AllianceRx Walgreens Prime #03397

Address :

8350 S. River Parkway

Zip :	City :	State :
85284	Tempe	AZ

Phone :	Fax :	Email :
(800) 345-1985	(847) 368-6313	karina.lipnickas@walgreens.com

Inspection Date :	PIC :	Pic License Exp Date :
07/08/2024	Kamal Saliba	10/31/2024

DEA # :	DEA # Exp. date :	Inspection Reviewed With :
FW6555835	05/31/2025	Kamal Saliba

Reviewers License# :	Inspection type :
S017302	Routine

Inspection Conducted By :

Nancy Chang

Facility Data

# Rxs/Week	RPh Hours/Week	# Rxs/Hours
25,0000	680	0.03676470588235294

PERMITS

1

Arizona

☑ S ☐ N/I ☐ V ☐ N/A

ARS § 32-1933(A); R4-23-606(A)

Posted

S = SATISFACTORY N/I = NEEDS IMPROVEMENT V = VIOLATION N/A = NOT APPLICABLE / NONE OBSERVED

2	DEA Posted	☑ S ☐ N/I ☐ V ☐ N/A	ARS § 36-2522(A)(2); 21 CFR 1301.35(c)
3	Suppliers	☑ S ☐ N/I ☐ V ☐ N/A	ARS § 32-1929; R4-23-601(A); R4-23-604(A); R4-23-605(A); R4-23-607(A)

LICENSES

1	Pharmacists	☑ S ☐ N/I ☐ V ☐ N/A	ARS § 32-1925(A); R4-23-201(A)
2	Interns / Graduate interns	☑ S ☐ N/I ☐ V ☐ N/A	ARS § 32-1923(B); R4-23-301(G)
3	Technicians / Trainees	☑ S ☐ N/I ☐ V ☐ N/A	ARS § 32-1925(A); R4-23-1101(A); R4-23-1102(D); R4-23-1103(B)(2)
4	Current renewal licenses maintained	☑ S ☐ N/I ☐ V ☐ N/A	ARS § 32-1933(B)

PHARMACY

1	Drug storage and security Drug storage access in controlled pharmacy / C2 drug stored w/in cage area with limited employee access via badge.	☑ S ☐ N/I ☐ V ☐ N/A	R4-23-609(G)(H)
2	Personnel and security procedures badge access assigned to each employee	☑ S ☐ N/I ☐ V ☐ N/A	R4-23-610

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3	Facilities Clean & organized	☑ S ☐ N/I ☐ V ☐ N/A	R4-23-611(A)
4	Drug supply	☑ S ☐ N/I ☐ V ☐ N/A	R4-23-611(B)
5	Quarantine expired drugs Separated area for quarantine expired drugs	☑ S ☐ N/I ☐ V ☐ N/A	R4-23-611(B)(4)
6	Equipment Observed equipment in good repair	☑ S ☐ N/I ☐ V ☐ N/A	R4-23-612
7	Policies and procedures On line	☑ S ☐ N/I ☐ V ☐ N/A	R4-23-610(A); R4-23-611(B)

TECHNICIANS

1	Training program Documentation electronically maintained.	☑ S ☐ N/I ☐ V ☐ N/A	R4-23-1105(B)(D)
2	Training program - compounds No compounding performed at this facility.	☐ S ☐ N/I ☐ V ☑ N/A	R4-23-1105(C)
3	Activities - trainees	☑ S ☐ N/I ☐ V ☐ N/A	R4-23-1104(A)

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4	Activities - technicians	☑ S ☐ N/I ☐ V ☐ N/A	R4-23-1104(A)(B)
5	Policies and procedures On line	☑ S ☐ N/I ☐ V ☐ N/A	R4-23-1104(F)(G)

COUNSELING

1	Documentation Limited service pharmacy. Written information are provided. No face to face dispensing activity. Patient contacts are documented with in the patient record.	☑ S ☐ N/I ☐ V ☐ N/A	R4-23-402(G)(H)
2	Oral consultation Pharmacist available via phone for consult.	☑ S ☐ N/I ☐ V ☐ N/A	R4-23-402(C)(D)(E)
3	Written information System generated & included along with dispensed drug delivered to patient.	☑ S ☐ N/I ☐ V ☐ N/A	R4-23-402(C)(I)

PRESCRIPTION AUDIT

1	Prescription files	☑ S ☐ N/I ☐ V ☐ N/A	ARS § 32-1964; ARS § 36-2525(C)(1)(2)
2	Prescription label	☑ S ☐ N/I ☐ V ☐ N/A	ARS § 32-1968(D); ARS § 36-2525(L)
3	CII prescriptions	☑ S ☐ N/I ☐ V ☐ N/A	ARS § 32-1968; 36-2525(A) to (G); R4-23-407(A)

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4	CIII - CV prescriptions	☑ S ☐ N/I ☐ V ☐ N/A	ARS § 32-1968; 36-2525(A)(C)(2)(H)(I); R4-23-407(A)
5	Non-controlled prescriptions	☑ S ☐ N/I ☐ V ☐ N/A	ARS § 32-1968; R4-23-407(A)
6	Transfers None observed	☐ S ☐ N/I ☐ V ☑ N/A	R4-23-407(D)
7	Telephone	☑ S ☐ N/I ☐ V ☐ N/A	ARS § 32-1968(A)(5); R4-23-402(A)(1)(2)
8	Refill authorizations None observed	☐ S ☐ N/I ☐ V ☑ N/A	ARS § 32-1968(A)(6); R4-23-402(A)(13); R4-23-407(E)(5)
9	Facsimile	☑ S ☐ N/I ☐ V ☐ N/A	R4-23-407(E)
10	Electronically transmitted Majority of prescriptions received via electronic process	☑ S ☐ N/I ☐ V ☐ N/A	R4-23-407(F); R4-23-408(H)
11	Patient information	☑ S ☐ N/I ☐ V ☐ N/A	R4-23-402(A)(3)(4)
12	Allergies / medical conditions	☑ S ☐ N/I ☐ V ☐ N/A	R4-23-402(A)(3)(b)
13	Brand / generic	☑ S ☐ N/I ☐ V ☐ N/A	ARS § 32-1963.01

14	Foreign prescriptions None filled	☐ S ☐ N/I ☐ V ☑ N/A	ARS § 32-1969
15	Prescription blank advertising prohibited Not utilized	☑ S ☐ N/I ☐ V ☐ N/A	R4-23-404(B); ARS § 32-1901.01(B)(25)
16	Prescription audit numbers electronically maintained C2, C3-5 and legend-various on-line 7/8/2024		

COMPUTER REQUIREMENTS

1	Security	☑ S ☐ N/I ☐ V ☐ N/A	R4-23-408(F)
2	Log books / printout Electronically documented	☑ S ☐ N/I ☐ V ☐ N/A	R4-23-408(C)(4)
3	Reports Available upon request	☑ S ☐ N/I ☐ V ☐ N/A	R4-23-408(B)(5)(6)
4	Policies and procedures On line. The policy for th " Unit of Fill policy" and Yuyama/Baker Cell was updated after discussion with PIC on 7/30/2024	☑ S ☐ N/I ☐ V ☐ N/A	R4-23-408(A)

IMMUNIZATIONS

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1	Certification Pharmacy does not perform this activity	☐ S ☐ N/I ☐ V ☑ N/A	ARS § 32-1974(D)(K); R4-23-411(A)
2	Recordkeeping	☐ S ☐ N/I ☐ V ☑ N/A	ARS § 32-1974(F)(3); R4-23-411(F)(I)
3	Reporting requirements	☐ S ☐ N/I ☐ V ☑ N/A	ARS § 32-1974(F); R4-23-411(F)(2)
4	Current certificate maintained	☐ S ☐ N/I ☐ V ☑ N/A	R4-23-411(C)(2)
5	Administration without a prescription	☐ S ☐ N/I ☐ V ☑ N/A	ARS § 32-1974(A)(B); R4-23-411(A)
6	Prescription only administration	☐ S ☐ N/I ☐ V ☑ N/A	ARS § 32-1974(C)(I); R4-23-411(A)(4); (B); (I)

MECHANICAL STORAGE / COUNTING DEVICES

1	Cell identification Pharmacy employs Yuyama storage technology	☑ S ☐ N/I ☐ V ☐ N/A	R4-23-615(A)(1)
2	Paper / electronic log Replenishment documentation electronically maintained	☑ S ☐ N/I ☐ V ☐ N/A	R4-23-615(A)(2)(3)
3	Training Maintained electronically	☑ S ☐ N/I ☐ V ☐ N/A	R4-23-615(C)(1)(D)

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4	Maintenance	☑ S ☐ N/I ☐ V ☐ N/A	R4-23-615(C)(2)(D)
5	Accuracy validation testing Equipment validation tests are performed and maintained electronically.	☑ S ☐ N/I ☐ V ☐ N/A	R4-23-615(C)(3)(D)
6	Return by approval only Returned via bar code process	☑ S ☐ N/I ☐ V ☐ N/A	R4-23-615(B)(G)
7	Policies and procedures The deviation for the technology-assisted devices for the "Unit of Fill" not requiring pharmacist verification was not posted and readily available. Reminder to re-submit the deviation request to the Board of Pharmacy for the technology-assisted device for the "Unit of Fill" of manuf actured products without pharmacist verification.	☑ S ☐ N/I ☐ V ☐ N/A	R4-23-615(E)

MECHANICAL COUNTING DEVICES

1	Training	☑ S ☐ N/I ☐ V ☐ N/A	R4-23-616(A)(1)(B)
2	Maintenance	☑ S ☐ N/I ☐ V ☐ N/A	R4-23-616(A)(2)(B)
3	Accuracy validation testing All CS drug dispensing are hand counted by the designated pharmacists and technicians.	☑ S ☐ N/I ☐ V ☐ N/A	R4-23-616(A)(3)(B)

4	Policies and procedures Policy for the Yuyama and Baker Cell dispensing and verification processes were updated on 7/30/2024 after discussion with PIC post-inspection.	☑ S ☐ N/I ☐ V ☐ N/A	R4-23-616(C)

CONTROLLED SUBSTANCE RECORDS

1	CIIs purchase / sale / disposal	☑ S ☐ N/I ☐ V ☐ N/A	ARS § 36-2523(A); ARS § 36-2524; R4-23-601(D);R4-23-1003(A)(4)(B)
2	CIII - CVs purchase / sale / disposal	☑ S ☐ N/I ☐ V ☐ N/A	ARS § 36-2523(A); R4-23-601(D); R4-23-612(11); R4-23-1003(A)(4)
3	Inventory	☑ S ☐ N/I ☐ V ☐ N/A	ARS § 36-2523(B); R4-23-1003
4	Audit	☑ S ☐ N/I ☐ V ☐ N/A	ARS § 36-2523
5	DEA 106 Theft/Loss reporting Reporting of theft and loss had been aggregated and reported to the AZ Board of Pharmacy monthly and not within 24 hours of theft or loss.	☐ S ☑ N/I ☐ V ☐ N/A	R4-23-1003(A)(2); 21 CFR 1301.76(b)

MISCELLANEOUS

1	Badges - name / title Worn by all employee staff	☑ S ☐ N/I ☐ V ☐ N/A	R4-23-402(K); R4-23-671(B)(4); R4-23-1104(E)
2	Sales of drugs to practitioners None	☐ S ☐ N/I ☐ V ☑ N/A	ARS § 32-1981(7)(d); R4-23-601(D); R4-23-1003(A)(4)

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3	Schedule V register Rx only. No OTC.	☐ S ☐ N/I ☐ V ☑ N/A	ARS § 36-2525(J)
4	Delivery Fed-Ex, DHL, USPS	☑ S ☐ N/I ☐ V ☐ N/A	ARS § 32-1901.01(B)(23); R4-23-402(I)
5	CQA training / Policies and procedures QM committee event capture process / review / track DPMO trends / feedback provided to teams	☑ S ☐ N/I ☐ V ☐ N/A	ARS § 32-1973; R4-23-620
6	Non-controlled substances purchase / sale / disposal Designated quarantined area in place for dropped/damaged drugs.	☑ S ☐ N/I ☐ V ☐ N/A	R4-23-601(D)
7	Dextromethorphan sales restrictions Rx only / No OTC sales	☐ S ☐ N/I ☐ V ☑ N/A	ARS 32-1978
8	Federal medication guides System generated	☑ S ☐ N/I ☐ V ☐ N/A	21 CFR part 208
9	Pharmacy to pharmacy transfer of drugs (intracompany)	☐ S ☐ N/I ☐ V ☑ N/A	R4-23-601(D); R4-23-1003(A)(4)

METHAMPHETAMINE PRECURSORS

S = SATISFACTORY N/I = NEEDS IMPROVEMENT V = VIOLATION N/A = NOT APPLICABLE / NONE OBSERVED

1	Storage Secure	☑ S ☐ N/I ☐ V ☐ N/A	ARS § 32-1977(B)
2	Documentation Prescription required	☑ S ☐ N/I ☐ V ☐ N/A	ARS § 32-1977(C); 21 CFR 1314
3	Self-certification No OTC sales	☐ S ☐ N/I ☐ V ☑ N/A	21 CFR 1314.35; 21 CFR 1314.40

SHARED SERVICES

1	Current resident / nonresident permit Shared service activities performed with front end pharmacies.	☑ S ☐ N/I ☐ V ☐ N/A	R4-23-621(A)
2	Same owner / written contract / common electronic file Walgreens / shared electronic file	☑ S ☐ N/I ☐ V ☐ N/A	R4-23-621(B)
3	Notification to patients Included with prescription paperwork mailed to patient	☑ S ☐ N/I ☐ V ☐ N/A	R4-23-621(C)
4	Maintain manual / electronic records	☑ S ☐ N/I ☐ V ☐ N/A	R4-23-621(D)

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5	Work outside pharmacy Remote techs and pharmacists are tethered to this pharmacy	☑ S ☐ N/I ☐ V ☐ N/A	R4-23-621(F)
6	Policies and procedures On line	☑ S ☐ N/I ☐ V ☐ N/A	R4-23-621(E)

COMPOUNDING PRACTICES (GENERAL)

1	Documentation product compounded Pharmacy does not perform this activity	☐ S ☐ N/I ☐ V ☑ N/A	R4-23-410(C)(1)(e); R4-23-410(I)(K)
2	Patient label	☐ S ☐ N/I ☐ V ☑ N/A	R4-23-410(I)(4)
3	Beyond-use dates	☐ S ☐ N/I ☐ V ☑ N/A	R4-23-410(I)(4)(b); R4-23-410(B)(3)(d)
4	Equipment	☐ S ☐ N/I ☐ V ☑ N/A	R4-23-410(F)(G)
5	Product produced in excess	☐ S ☐ N/I ☐ V ☑ N/A	R4-23-410(B)(2); R4-23-410(J)
6	Component removed from original container	☐ S ☐ N/I ☐ V ☑ N/A	R4-23-410(I)(6)
7	Compounds for medical practitioners	☐ S ☐ N/I ☐ V ☑ N/A	R4-23-410(B)(3); R4-23-601(D); R4-23-1003(A)(4)

8	Patient written list	☐ S ☐ N/I ☐ V ☑ N/A	R4-23-410(I)(5)
9	Protective apparel	☐ S ☐ N/I ☐ V ☑ N/A	R4-23-410(C)(2)(c)
10	Facility	☐ S ☐ N/I ☐ V ☑ N/A	R4-23-410(E)
11	Components for compounding/storage	☐ S ☐ N/I ☐ V ☑ N/A	R4-23-410(B)(H)
12	Policies and procedures	☐ S ☐ N/I ☐ V ☑ N/A	R4-23-410(D)(G)(H)(I)(K)

STERILE COMPOUNDING

1	Compounding area Pharmacy does not perform this activity	☐ S ☐ N/I ☐ V ☑ N/A	R4-23-670(A)(E)(F)
2	Equipment	☐ S ☐ N/I ☐ V ☑ N/A	R4-23-670(B)
3	Sterile product reference	☐ S ☐ N/I ☐ V ☑ N/A	R4-23-670(B)(6)
4	Certification hood / environment	☐ S ☐ N/I ☐ V ☑ N/A	R4-23-670(D)(14)(g)
5	Documentation routine cleaning / maintenance	☐ S ☐ N/I ☐ V ☑ N/A	R4-23-670(D)(14)(g)

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6	Personnel protective clothing	☐ S ☐ N/I ☐ V ☑ N/A	R4-23-670(E)(3)(F)(2)
7	Annual / semi-annual media fill tests	☐ S ☐ N/I ☐ V ☑ N/A	R4-23-670(E)(4)(F)(3)
8	Documentation of product compounded	☐ S ☐ N/I ☐ V ☑ N/A	R4-23-410(C)(1)(e); R4-23-410(I)(K)
9	Beyond-use dates	☐ S ☐ N/I ☐ V ☑ N/A	R4-23-670(D)(14)(d); R4-23-410(B)(3)(d)
10	Process / product validation testing	☐ S ☐ N/I ☐ V ☑ N/A	R4-23-670(D)(14)(f)
11	Policies and procedures	☐ S ☐ N/I ☐ V ☑ N/A	R4-23-670(C)(D)

AUDIT

Date Of Inventory : 06/07/2024

Inventory Taken : Close

Date Of Audit : 07/08/2024

Name & Strength of Drug	Initial Inventory	Total Purchased	Total Accounted For	Closing Inventory	Sales (Rx & log)	Total Can Account for	Difference	Percentage
Methadone 10 mg tablet	455	0	455	35	420	455	0	0.00
clorazepate 3.75mg tablets	300	0	300	300		300	0	0.00
Clonazepam 2mg tablets	483	2000	2483	1341	1140	2481	-2	-0.08

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NOTES

Overall Satisfaction.

NEEDS IMPROVEMENT ITEMS (N/I)
- DEA 106 Reporting needs to be reported within 1 day of identification of theft or loss and submit the DEA 106 within 10 days.

Reminder:
- To submit a deviation request to the AZ Board of Pharmacy for the Yuyama and Baker Cell processes.
- The approved deviation for the "Unit of Fill" to be posted and readily available for inspection.

Note: The SOP for the "Unit of Fill", Yuyama and Baker filled were updated and sent to the AZ Board of Pharmacy on 7/30/2024.

AFFIRMATION

Status :

Satisfactory

Representative Email :

nchang@azpharmacy.gov

Facility - #03397

Name	Status	Agency	Facility	Case Number	Date Agreement Signed	Summary/Outcome	Fine Amount	Discipline Type	License Type
Tempe 16583	Agency Order	CO BoP	Tempe #03397	2014-255	6/17/2014	Transferred Rx without a valid, patient-specific Rx order. Fine	$ 1,000.00	Facility	
Tempe 16583	Consent Order	OR BoP	Tempe #03397	2014-0274	2/26/2015	DUR not performed. Imposed a stayed penalty and required the implementation of a Quality Assurance Plan	$ 10,000.00	Facility	
Tempe 03397	Citation	CA BoP	Tempe #03397	CI 2014 64708	1/15/2016	Citation for improper substitution	$ 500.00	Facility	
Tempe 03397	Settlement Agreement	HI BoP	Tempe #03397	PHA 2015-60-L; PHA 2015-61-L	4/28/2016	Sister discipline from MI and OR	$ 2,000.00	Facility	
Tempe 03397	Administrative Fine	NH BoP	Tempe #03397		10/25/2017	Failure to report change of DEA number	$ 500.00	Facility	
Tempe 03397	Consent Order	AL BoP	Tempe #03397	16-L-0162	2/9/2018	Dispensing of prescription	$ 5,000.00	Facility	
Tempe 03397	Consent Order	GA BoP	Tempe #03397	2018-0063	4/18/2018	Dispensing of prescription	$ 1,600.00	Facility	
Tempe 03397	Consent Order	AZ BoP	Tempe #03397	16-0023 (aka 4469)	11/9/2018	Unprofessional Conduct	$ 1,000.00	Facility	
Tempe 03397	Consent Order	MI BoP	Tempe #03397	53-15-136819	10/14/2015	Sister discipline for OR discipline case number 2014-0274	$ 500.00	Facility	
Tempe 03397	Agreed Board Order	NY BoP	Tempe #03397	3805863	2/8/2023	Sister discipline for CO case# 2014-255	$ 500.00	Facility	

Staff

Name	Status	Agency	Facility	Case Number	Date Agreement Signed	Summary/Outcome	Fine Amount	Discipline Type	License Type
Trinh, Linda	Consent Order	AZ BoP	Tempe #03397	17-0115	6/13/2018	Unprofessional Conduct; allowed boyfriend to use her name to fill Rxs for himself and bill her insurance at their place of employment- probation for 5 years	$ 9,000.00	Staff	Pharmacist
Sidhu, Jiten	Consent Order	AZ BoP	Tempe #03397	17-0114	6/14/2018	Unprofessional Conduct; filled Rx without refills in girlfriends name for his personal use - probation for 5 years	$ 9,000.00	Staff	Pharmacist
Montgomery, Wesley	Consent Order	AZ BoP	Tempe #03397	21-0594	12/8/2021	Failure to complete required CE requirements.	$ 500.00	Staff	Pharmacy Technician
Frias Hernandez, Fernando	Consent Order	AZ BoP	Tempe #03397	23-0636	6/28/2024	Failure to disclose criminal charges to the Board of Pharmacy within 10 days as required.	$ -	Staff	Pharmacy Technician

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: **Walgreens.com, Inc.**
108 Wilmot Rd., Deerfield, IL 60015

Ownership: The Applicant entity is wholly owned (100%) by Walgreen Co.

Officers of Walgreens.com, Inc.
Richard Gates - President
Brittany Mack - Treasurer
Cherita Thomas - Secretary & Director
Michael Emerson - Vice President, Tax & Director
Michael Handal - Licensing and Provider Enrollment Officer

Ownership & Leadership of Walgreen Co.

Ownership: Walgreen Co. is wholly owned (100%) by Walgreens Boots Alliance, Inc.

Officers of Walgreen Co.
Michael Motz - CEO
Richard Gates - Senior Vice President and 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.

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.

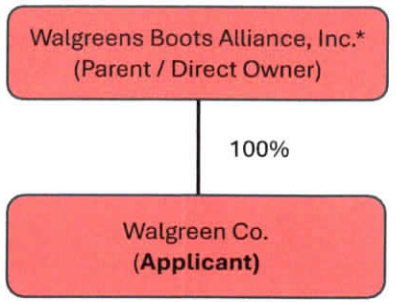
Ownership: Walgreens Boots Alliance, Inc. is wholly owned (100%) by Blazing Star Parent, LLC

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

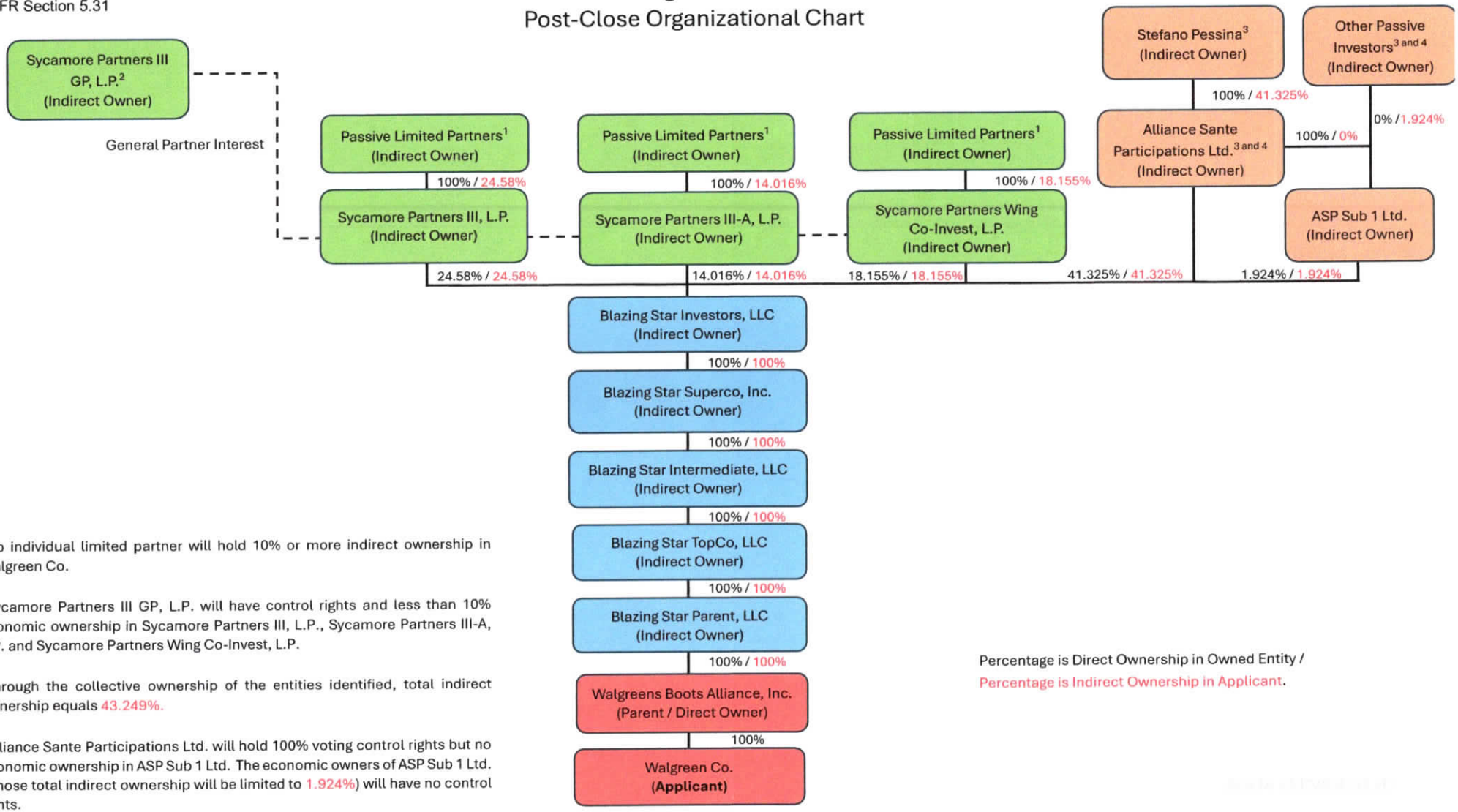
Walgreen Co.
Pre-Close Organizational Chart



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.

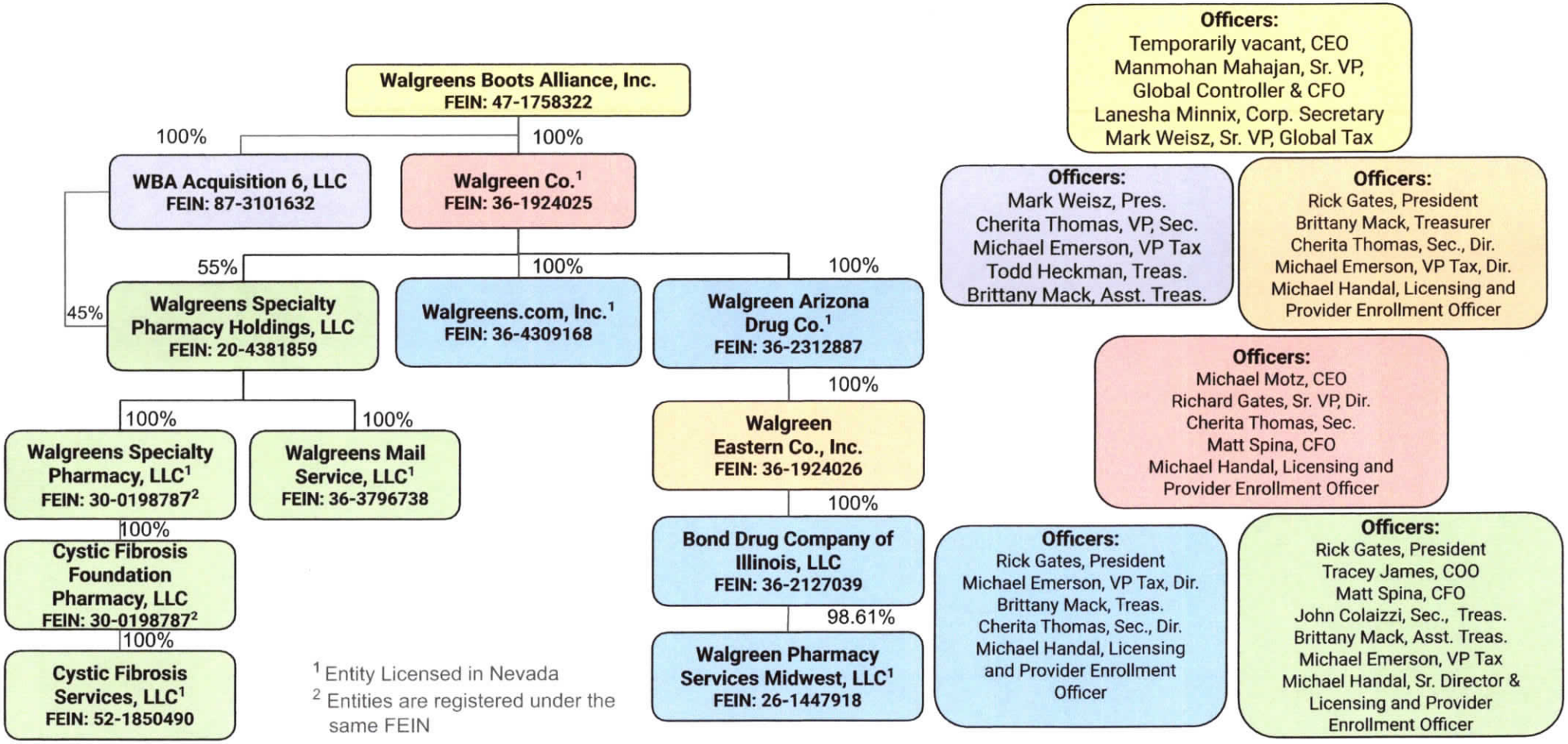
[2]Sycamore Partners III GP, L.P. will have control rights and less than 10% economic ownership in Sycamore Partners III, L.P., Sycamore Partners III-A, L.P. and Sycamore Partners Wing Co-Invest, L.P.

[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

10J

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 PH01834	☒ Retail/Community ☐ Hospital (# beds _____) ☐ Internet ☐ Nuclear ☐ Other:	☒ Retail/Community ☒ Dangerous drugs ☒ Controlled substances DEA #: FO1120500 ☐ 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 #15438

Physical Address: 41460 Haggerty Circle South

City: Canton State: MI Zip: 48188

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: 888-282-5166 Toll Free # (NAC 639.708, NRS 639.23286): 888-282-5166

Fax: 888-570-4700 Contact Email: gary.lupini@walgreens.com

Website: http://walgreensspecialtyrx.com/

Nevada Business License # (if applicable) NV20243161933

Supervising/Managing Pharmacist Name (NRS 639.220): Gary Lupini

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

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: Brian Harry	NV Pharmacist Registration #: 21993
Name: Michael Copi	NV Pharmacist Registration #: 21987
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: Delware

Parent Company (if any): Walgreens Specialty Pharmacy Holdings, LLC

Corporation/Organization Name: Walgreens Specialty Pharmacy, LLC

Mailing Address: 108 Wilmot Rd

City: Deerfield State: IL Zip: 60015

Telephone: 847-224-1348 Email: specialtylicenses@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: 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: _____

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: 9/19/25	Amount: $500 CK. UP03-30001111129

DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
BUREAU OF PROFESSIONAL LICENSING
P.O. BOX 30670
LANSING, MI 48909

WALGREENS SPECIALTY PHARMACY, LLC
DBA - WALGREENS SPECIALTY PHARMACY
#15438
41460 HAGGERTY CIRCLE SOUTH
CANTON, MI 48188

COMPLAINT INFORMATION:
THE ISSUANCE OF THIS LICENSE SHOULD NOT BE CONSTRUED AS A WAIVER, DISMISSAL OR ACQUIESCENCE TO ANY COMPLAINTS OR VIOLATIONS PENDING AGAINST THE LICENSEE, ITS AGENTS OR EMPLOYEES.

FUTURE CONTACTS:
YOU SHOULD DIRECT INQUIRIES REGARDING THIS LICENSE OR ADDRESS CHANGES TO THE DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS BY EMAILING BPLHELP@MICHIGAN.GOV OR CALL (517) 241-0199

YOUR LICENSE MUST BE DISPLAYED IN A PROMINENT PLACE.

GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
BOARD OF PHARMACY
CONTROLLED SUBSTANCE LICENSE

*THIS LICENSE IS ONLY VALID IF PROFESSIONAL LICENSE IS ACTIVE

WALGREENS SPECIALTY PHARMACY, LLC
DBA - WALGREENS SPECIALTY PHARMACY #15438
41460 HAGGERTY CIRCLE SOUTH
CANTON, MICHIGAN 48188

LICENSE NO.
5315015730

EXPIRATION DATE
07/28/2026

24281141047

THIS DOCUMENT IS DULY ISSUED UNDER THE LAWS OF THE STATE OF MICHIGAN

DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
BUREAU OF PROFESSIONAL LICENSING
P.O. BOX 30670
LANSING, MI 48909

WALGREENS SPECIALTY PHARMACY, LLC
DBA - WALGREENS SPECIALTY PHARMACY
#15438
41460 HAGGERTY CIRCLE SOUTH
CANTON, MI 48188

COMPLAINT INFORMATION:
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YOUR LICENSE MUST BE DISPLAYED IN A PROMINENT PLACE.

GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
BOARD OF PHARMACY
PHARMACY LICENSE

WALGREENS SPECIALTY PHARMACY, LLC
DBA - WALGREENS SPECIALTY PHARMACY
#15438
41460 HAGGERTY CIRCLE SOUTH
CANTON, MI 48188

LICENSE NO.
5301007754

EXPIRATION DATE
07/28/2026

242811141024

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Licensing and Regulatory Affairs

Home Search + New Help

Professional Licensing

Announcements Register for an Account Login

Once you are logged into your MiPLUS account, you can apply for a license, submit a request, or view existing records, by clicking on the word "Licenses".

Home **Licenses** **Enforcement**

Advanced Search

Licensed Professional Information: Pharmacy 5301007754

Licensee Detail

License Type:
Pharmacy

License Number:
5301007754

Organization Name:
WALGREENS SPECIALTY PHARMACY, LLC

DBA Trade Name:
Walgreens Specialty Pharmacy #15438

License Issue Date:
07/28/2003

License Expiration Date:
07/28/2026

License Status:
Active

County:
Wayne

PHARMACIST IN CHARGE

Pharmacist License Number: 5302028007
Pharmacist Name: Gary A Lupini
Start Date: 05/26/2010

CONTROLLED SUBSTANCE LIST

City: Canton
State or Province: Michigan
ZIP or Postal Code: 48188
CS Record Number: 5315015730
CS Status: Active
CS Expiration Date: 07/28/2026

<--- Click to view Public Documents

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
FO1120500	05-31-2028	$888

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N,3, 3N,4,5	CHAIN PHARMACY	04-25-2025

WALGREENS SPECIALTY PHARMACY, LLC
DBA WALGREENS SPECIALTY PHARMACY #15438
41460 HAGGERTY CIR S
CANTON, MI 481882227

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
FO1120500	05-31-2028	$888

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N,3, 3N,4,5	CHAIN PHARMACY	04-25-2025

WALGREENS SPECIALTY PHARMACY, LLC
DBA WALGREENS SPECIALTY PHARMACY #15438
41460 HAGGERTY CIR S
CANTON, MI 481882227

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Form DEA-223 (9/2016)

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National Association of Boards of Pharmacy®
Verified Pharmacy Program® Inspection Form

Business e-Profile ID:	753941		**Inspection Information**
Legal Business Name:	Walgreens Specialty Pharmacy LLC	**Conference Call Date:**	NA
Doing Business As (DBA):	AllianceRx Walgreens Pharmacy #15438	**Start Time: 24-hour format (13:00)**	NA
Address:	41460 Haggerty Cir S	**End Time: 24-hour format (13:00)**	NA
City:	Canton	**Onsite Inspection Date(s):**	2/27/2024
State:	Michigan	**Start Time(s): 24-hour format (13:00)**	8:14
Zip Code:	48188	**End Time(s): 24-hour format (13:00)**	12:16
Telephone number:	(888)282-5166	**Inspector Name:**	Glenn Bolyard, RPh
Toll free number:	(888)282-5166	**Inspection Performed by (NABP, State, etc):**	NABP
Fax number:	(888)570-4700	**Observer Name/Affiliation (if applicable):**	NA
Website:	www.alliancerxwp.com	**Observer Name/Affiliation (if applicable):**	NA

Focused Information

The facility is encouraged to read the inspection report in its entirety and carefully.
Specific Module(s) and/or Question(s) to which the facility may want to consider further response are:
General Pharmacy- Inspector notes

Additional information on NABP's Inspection website.

NABP Disclaimer: NABP can only verify the authenticity of an Inspection Report if it is transmitted directly from NABP to an intended recipient. NABP cannot verify the authenticity of an Inspection Report transmitted from any other party.

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Pharmacy Hours of Operation	Check if 24/7 ☐		
	Open		Closed
	Start Time: (24-hour format)	End Time: (24-hour format)	(X)
Sunday			X
Monday	8:00	20:00	
Tuesday	8:00	20:00	
Wednesday	8:00	20:00	
Thursday	8:00	20:00	
Friday	8:00	20:00	
Saturday	8:00	17:00	

Key Pharmacy Personnel	Name	Contact (e-mail)	e-Profile ID
Pharmacist in Charge	Gary Lupini	gary.lupini@alliancerxwp.com	273034
Nonsterile Compounding Supervisor	NA	NA	NA
Sterile Compounding Supervisor	NA	NA	NA
Hazardous Compounding Supervisor	NA	NA	NA

Personnel Present at Time of Inspection	Name	Title	License or registration available and current (Y/N)
1	Jonathan McLachlan	Professional Practices Pharmacist	Y
2	Rebecca Rokos	Professional Practices Technician	Y
3	Leighann Gladwell	Order Fulfillment Technician	Y
4	Gary Lupini	PIC	Y
5	Brian Harry	Pharmacist	Y
6	Marie Ouelette	Packer	N
7	Michael Copi	Pharmacist	Y
8	Christine Barton	Pharmacist	Y
9	Brenda Plummer	Technician	Y
10	Gina Targoff	Technician	Y

If more than 10, list the first 10 below, then list the title and number (eg: 4 pharmacists, 6 technicians, 2 technicians-in-training, 1 intern, 4 clerks, etc) for the additional personnel present.
There are 25 additional personnel present (2 pharmacists, 14 technicians, 9 warehouse shippers).

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Business Licensure Information for State of Residence and Federal (board of pharmacy, state controlled substance, DEA, FDA, etc)

License/Registration Agency	Business Name on License/Registration	Registration/License Type	Registration/License Number & Expiration Date
Michigan Board of Pharmacy	Walgreens Specialty Pharmacy, LLC	Pharmacy	5301007754 exp: 07/28/2024
Drug Enforcement Administration	Walgreens Specialty Pharmacy, LLC	Controlled Substance - Pharmacy	FO1120500 exp: 5/31/2025

Inspector Notes: List states in which Non-Resident licenses are held. The pharmacy is licensed in all 50 states, the District of Columbia and the United States Virgin Islands.

Documents collected as part of the inspection.
To obtain a copy of these documents please contact the facility directly. They are not included in the final report.

Document Name	Description

Copyright ® December 2023 National Association of Boards of Pharmacy® (NABP®). All rights reserved. NABP developed this inspection form for sole use by NABP, boards of pharmacy, government agencies that regulate drug distributors, and for internal use by the named facility participating in the VPP. Disclosure of this form to a third party or use of the form by a third party is strictly prohibited without NABP's prior written authorization.

	Type(s) of practice Type "X" for all that apply		Type(s) of practice Type "X" for all that apply
Traditional retail		Telepharmacy	
Open to the Public	X	Central Fill/Processing/Shared Services	X
Closed Door		Specialty Pharmacy	X
Drive-through window		Handles Medical Marijuana	
Mail/Deliver (in state)	X	Nuclear Pharmacy	
Mail/Deliver (out-of-state list below)	X	Manufacturer	
Veterinary Pharmacy	X	Wholesale Distributor	
Investigational Drugs, Clinical Trials/Research		Provide products for "Office Use"	
Institutional		Outsourcing Facility	
Long-Term Care		Nonsterile Compounding	
HMO/PBM only		Nonsterile Hazardous Drug Compounding	
Internet Pharmacy (New Rx)		Sterile Compounding	
Internet Pharmacy (Refill Rx)		Sterile Hazardous Drug Compounding	

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Compounded Nonsterile Preparations (CNSPs) Type "X" for all that apply		Compounded Sterile Preparations (CSPs) Type "X" for all that apply	
CNSPs with controlled substance(s)		CSPs with controlled substance(s)	
CNSPs with vitamins or nutritional supplements		CSPs with vitamins or nutritional supplements	
CNSPs for INDs		CSPs for INDs	
CNSPs which are essential copies of a commercially available drug product on the Drug Shortage List or justified by a documented medical need for an individual patient - If so, list		CSPs which are essential copies of a commercially available drug product on the Drug Shortage List or justified by a documented medical need for an individual patient - If so, list	
CNSPs sold OTC		CSPs sold OTC	
CNSPs sold to other pharmacies - If so, list to whom – instate, out of state, under common ownership/shared services – central fill agreement; and state if patient specific or distributed		CSPs sold to other pharmacies - If so, list to whom - in state, out of state, under common ownership/shared services - central fill agreement; and state if patient specific or distributed	
Patient specific:		Patient specific:	
CNSPs for animals		CSPs for animals	
CNSPs for human patients		CSPs for human patients	
Distributed (eg non patient-specific):		Distributed (eg non patient-specific):	
CNSPs for animals		CSPs for animals	
CNSPs for human patients		CSPs for human patients	
CNSPs to practitioners for office use		CSPs to practitioners for office use	
CNSPs to hospitals, clinics, or surgery centers		CSPs to hospitals, clinics, or surgery centers	

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Types of CNSPs:		Categories of CSPs:	
Aqueous		Category 1 CSPs	
Nonaqueous		Category 2 CSPs	
Specific types:		Category 3 CSPs	
Solid oral preparations		Types of CSPs:	
Liquid oral preparations		Allergenic extracts	
Otic preparations		Allergenic extracts in addition to prescription patient sets	
Rectal preparations		Immediate Use	
Vaginal preparations		Proprietary bag and vial systems	
Topical preparations:		Blood-derived or other biological material (eg autologous serum)	
Creams		Injections including infusions	
Gels		Irrigations for internal body cavities (eg bladder or peritoneal cavity)	
Ointments		Ophthalmic dosage forms	
Lotions		Aqueous preparations for pulmonary inhalation	
Nasal and sinus preparations:		Baths and soaks for live organs and tissues	
Nasal sprays		Implants/ Pellets	
Nasal irrigations		Other (please list):	
Other (please list):			

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Facility Size in Square Feet and Number of PECs		Personnel	
Total Pharmacy size:	60,000	Total Pharmacists:	43
Nonsterile Compounding Room size:	NA	Number of Compounding Pharmacists	0
Nonsterile Compounding powder hoods number:	NA	Total Graduate Students or Residents:	0
Nonsterile Hazardous Drugs (HD) Compounding Room size:	NA	Total Student Interns:	0
Nonsterile HD Compounding CVE/BSC/CACI hoods number:	NA	Total Technicians:	36
Sterile Compounding Ante Room size:	NA	Number of Compounding Technicians	0
Sterile Compounding Clean/Buffer Room size:	NA	Of technicians, how many are certified?	13
Sterile Compounding Number LAFW hoods/areas:	NA	Of technicians, how many are techs-in-training?	0
Sterile Compounding Number BSC hoods:	NA	Total Other Licensed Personnel:	0
Sterile Compounding Number CAI/CACI hoods:	NA	Total Other Unlicensed Personnel:	196
Negative Pressure Sterile HD Room size:	NA	Ratio #Tech:#RPh present at time of inspection:	5.3 TECHS:1RPh
Sterile HD Compounding Number of BSC hoods:	NA	Total Pharmacist Hours Per Week:	1720
Sterile HD Compounding Number of CACI hoods:	NA	Total Technician Hours Per Week:	1440

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Indicate the drug name, dosage or strength, and the size of the CSP sample obtained for testing. (N/A if no sample)	NA
Indicate the areas/rooms of the pharmacy entered to perform the CSP inspection. If the inspector did not fully garb and enter buffer room(s), indicate reason.	NA

	Volume Dispensed		Volume Distributed
Total Prescriptions Dispensed/day:	950	Total Orders Distributed/day:	0
% Veterinary Prescriptions	<1%	% Veterinary Orders	0%
% Controlled Substance Prescriptions	16%	% Controlled Substance Orders	0%
% Nonsterile Compounded Prescriptions	0%	% Nonsterile Compounded Orders	0%
% Sterile Compounded Prescriptions	0%	% Sterile Compounded Orders	0%
% Hazardous Drugs (HD) Prescriptions	11%	% Hazardous Drugs (HD) Orders	0%

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Definitions: DISPENSE means to provide a prescription product or compound pursuant to a patient-specific prescription. DISTRIBUTE means to provide a prescription product or compound to a prescriber or health care entity for office use or stock and is NOT patient specific, is not labeled with the patient name at the pharmacy.

States to which the pharmacy mails/delivers prescription products and volume dispensed, and volume distributed per day (or week or month):
Note: if not available, request information be sent to VPP and note that information was requested in grid.

State	Volume Dispensed	Volume DISTRIBUTED	/day, week, month
Alabama (AL)	117	0	JAN 2024
Alaska (AK)	9	0	JAN 2024
Arizona (AZ)	243	0	JAN 2024
Arkansas (AR)	31	0	JAN 2024
California (CA)	491	0	JAN 2024
Colorado (CO)	99	0	JAN 2024
Connecticut (CT)	56	0	JAN 2024
Delaware (DE)	20	0	JAN 2024
District of Columbia (DC)	13	0	JAN 2024
Florida (FL)	692	0	JAN 2024
Georgia (GA)	144	0	JAN 2024
Hawaii (HI)	5	0	JAN 2024
Idaho (ID)	40	0	JAN 2024
Illinois (IL)	2597	0	JAN 2024
Indiana (IN)	662	0	JAN 2024
Iowa (IA)	89	0	JAN 2024
Kansas (KS)	59	0	JAN 2024
Kentucky (KY)	158	0	JAN 2024
Louisiana (LA)	37	0	JAN 2024
Maine (ME)	20	0	JAN 2024
Maryland (MD)	58	0	JAN 2024
Massachusetts (MA)	102	0	JAN 2024
Michigan (MI)	13918	0	JAN 2024
Minnesota (MN)	187	0	JAN 2024
Mississippi (MS)	49	0	JAN 2024
Missouri (MO)	286	0	JAN 2024
Montana (MT)	41	0	JAN 2024

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States to which the pharmacy mails/delivers prescription products and volume dispensed, and volume distributed per day (or week or month):

Note: if not available, request information be sent to VPP and note that information was requested in grid.

State	Volume Dispensed	Volume DISTRIBUTED	/day, week, month
Nebraska (NE)	30	0	JAN 2024
Nevada (NV)	98	0	JAN 2024
New Hampshire (NH)	21	0	JAN 2024
New Jersey (NJ)	1026	0	JAN 2024
New Mexico (NM)	34	0	JAN 2024
New York (NY)	640	0	JAN 2024
North Carolina (NC)	901	0	JAN 2024
North Dakota (ND)	32	0	JAN 2024
Ohio (OH)	626	0	JAN 2024
Oklahoma (OK)	207	0	JAN 2024
Oregon (OR)	57	0	JAN 2024
Pennsylvania (PA)	335	0	JAN 2024
Rhode Island (RI)	15	0	JAN 2024
South Carolina (SC)	121	0	JAN 2024
South Dakota (SD)	14	0	JAN 2024
Tennessee (TN)	272	0	JAN 2024
Texas (TX)	757	0	JAN 2024
Utah (UT)	43	0	JAN 2024
Vermont (VT)	6	0	JAN 2024
Virginia (VA)	122	0	JAN 2024
Washington (WA)	918	0	JAN 2024
West Virginia (WV)	17	0	JAN 2024
Wisconsin (WI)	358	0	JAN 2024
Wyoming (WY)	8	0	JAN 2024
Other:	0	0	JAN 2024

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Verified Pharmacy Program® Inspection Form

General Pharmacy Inspection

The information and comments obtained in the Nonsterile Compounding, Sterile Compounding Inspections, and Hazardous Drug Compounding are based on USP Chapters <795>, <797>, and <800>.

An inspection against current Good Manufacturing Practices (cGMPs) was not conducted. There may be some overlap in concepts.

Facility Name: Walgreens Specialty Pharmacy LLC dba AllianceRx Walgreens Pharmacy #15438

e-Profile ID: 753941

Inspection Date: 2/27/2024

		Observation	Notes
	General Pharmacy		
1.00	Is the PIC (or pharmacy manager/director) present for the inspection? *If no, list the pharmacist on duty.*	Yes	
2.00	Is the PIC employed full-time at the pharmacy? *List the number of hours worked per week onsite.*	Yes	40
3.00	Are there any other businesses located at this address? *If yes, note type of business and name.*	No	
4.00	Does the pharmacy have any other websites? *Provide list of other names/URLs.*	No	
4.01	Does the pharmacy hold .pharmacy verification?	Yes	
5.00	Do any other websites link to the pharmacy website (such as a provider, or other affiliate)? *If yes, list.*	No	
6.00	Does the pharmacy allow patients to securely enter/update profile and medical information through the website (such as through a secure patient portal)?	Yes	
7.00	Are patients able to order or refill prescriptions through the website? *If yes, describe.*	Yes	Patients can log into the system and refill their prescription.
8.00	Are photographs allowed during the inspection (no PHI)?	Yes	
9.00	List of additional personnel **interviewed as part of the inspection, including name and title:**		None additional

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		Observation	Notes
	Types of Practice Additional Questions **If any part of a question is no, enter "No" and explain the observation.**		
10.00	If the pharmacy mails or delivers filled prescriptions (patient specific, labeled with patient name when it leaves the pharmacy), are any of the deliveries to a provider or facility for administration to the patient? *If yes, indicate volume or percentage of deliveries going to a provider or facility in this state, and volume or percentage of deliveries going to a provider or facility in other states.*	Yes	15% in total, percentage in state vs out of state is unknown
11.00	Does the pharmacy provide prescription products to a provider or facility for "office use" (not pursuant to a prescription received prior to delivery, not patient specific, not labeled with the patient name)? *If yes, indicate volume or percentage provided to a provider or facility within this state, and volume or percentage provided to a provider or facility in other states.*	No	
12.00	Does the pharmacy provide prescription products to providers or facilities (including other pharmacies) as a wholesale distributer (sold to the provider or facility for their use, administration, or providing/dispensing to patients)?	No	
13.00	If yes, is the percentage of product distributed at wholesale to providers or facilities within this state less than 5%? *Indicate actual percentage and if the percentage is based on number of units, number of prescriptions, dollar volume of total sales or dollar volume of prescription sales.*	N/A	
14.00	If yes, is the percentage of product distributed at wholesale to providers or facilities in other states less than 5%? *Indicate actual percentage and if the percentage is based on number of units, number of prescriptions, dollar volume of total sales or dollar volume of prescription sales.*	N/A	

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Inspection Date: 2/27/2024

		Observation	Notes
	General Operations and Licensure **If any part of a question is no, enter "No" and explain the observation.**		
15.00	Are pharmacy licenses, permits, and registrations (state, controlled substance, DEA, etc) posted in customers' view and current? *If no, provide details such as closed-door pharmacy, expired licenses, etc.*	Yes	
16.00	Is the most recent board of pharmacy inspection report available for review? *Record the date of the last inspection and how frequently the pharmacy is routinely inspected by the board.*	Yes	Only day inspected was 10/18/2013. The pharmacy is not routinely inspected by the Michigan BOP.
17.00	Were any deficiencies noted? *Indicate the deficiencies and note whether they were corrected.*	No	No deficiencies were noted.
18.00	Does the pharmacy hold ANY wholesale, distributor, or manufacturer licenses? *Document information in the license grid above for Resident State and in the Notes for Non-Resident States.*	No	
19.00	Has this pharmacy been inspected by any other state for which it holds a license? *If yes, note the state and the date of the inspection and frequency of inspections by other states.*	No	
20.00	Is the pharmacy operating under an exemption or restriction granted by the state in which the pharmacy is located or by any other state in which the pharmacy is licensed? *If yes, note the exemption or restriction.*	No	
21.00	Is the pharmacy operating under a waiver or variance granted by the state in which the pharmacy is located or by any other state in which the pharmacy is licensed? *If yes, note the waiver or variance.*	No	
22.00	Does the pharmacy have any additional restrictions, limitations, or waivers with regards to any federal licenses or registrations (FDA, DEA, etc)? *If yes, note the agency and additional item.*	No	
23.00	Has the pharmacy been inspected or visited by the DEA? *If yes, indicate the inspection/visit date and note any deficiencies. Also note how frequently the pharmacy is inspected/visited by the DEA.*	No	

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Inspection Date: 2/27/2024

		Observation	Notes
24.00	Has the pharmacy been inspected by the FDA? *If yes, indicate the inspection date and note any deficiencies, significant correspondence, or if a "483" was issued and date, and response and date. Also note how frequently the pharmacy is inspected by the FDA.*	No	
25.00	Does the pharmacy hold any accreditations or certifications? *If yes, indicate which and collect most recent date of survey.*	Yes	ACHC 08/12/2022 and URAC on 12/07/2021
26.00	Has the pharmacy held any accreditations or certifications in the past that they no longer hold? *Provide a list and the reasons for such.*	No	
27.00	Does the pharmacy perform patient lab testing such as blood glucose tests, cholesterol tests, etc? *Verify that the lab director is current (usually the PIC is the lab director named). If yes, record the Clinical Laboratory Improvement Amendments (CLIA) waiver information, expiration date, and the name of lab director listed.*	No	
28.00	Does the pharmacy maintain all required records, including but not limited to prescription files and invoices on site? *Record how long records are kept. If not on site, where?*	No	The pharmacy retains all records on site for 3 years and then sends to Iron Mountain for a total of 10 years.
28.01	Are written and verbal prescriptions (reduced to writing) kept on site for the entire retention period? *If not, explain including how long they are stored on site?*	No	The pharmacy retains all records on site for 3 years and then sends to Iron Mountain for a total of 10 years.
28.02	Are electronic prescriptions (such as fax, e-scripts) kept on site for the entire retention period? *Describe how they are kept (electronically or printed and kept in hard copy).*	Yes	Electronic prescriptions are kept in the cloud indefinitely.
28.03	Are all dispensing records (such as refills, verifications, DUR overrides) kept on site for the entire retention period? *Describe how they are kept (electronically or printed and kept in hard copy).*	Yes	Electronic prescriptions are kept in the cloud indefinitely.
28.04	Are there systems in place to prevent a pharmacy record from being deleted after the prescription has been dispensed? *Describe how they are kept (electronically or printed and kept in hard copy).*	Yes	Records are kept electronically and there is not the ability in their computer system to delete a record.

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Inspection Date: 2/27/2024

		Observation	Notes
28.05	If record are stored off site are they secure in a HIPAA compliant manner and readily retrievable?	Yes	
29.00	Is there a statement in the P&P, or are other means used to ensure that the most stringent laws/regulations are followed? *Describe system details.*	Yes	Comprehensive State Law Chart is utilized by the Professional Practices Team ensures the stringent laws/regulations are followed.
	Personnel **If any part of a question is no, enter "No" and explain the observation.**		
30.00	Are all pharmacist, pharmacy intern, and pharmacy technician (if applicable) licenses or registrations with the board current and in good standing? *Describe how this is documented.*	Yes	Jonathan McLachlan monitors and records electronically.
31.00	Is there a process for periodic verification of validity of licenses? *Describe the process.*	Yes	Primary source verification on a quarterly basis. P&P that any potential BOP issues are reported to their supervisor.
32.00	If pharmacists are providing patient services that require additional training or certification, are they appropriately trained and certified? *(Immunization, CPR, MTM, etc.). Mark NA if no patient services that require additional training/certification. If yes, list certifications and if current?*	N/A	
33.00	Does the pharmacy maintain the proper technician-to-pharmacist ratio? *Mark N/A if not required by resident state. Indicate ratio used and the maximum number of staff who work at the same time.*	N/A	No ratio is needed. Maximum number of staff who work at the same time is 56.
	Facility and Security **If any part of a question is no, enter "No" and explain the observation.**		
34.00	Does the pharmacy have a working security/alarm system in place? *If yes, describe.*	Yes	Security Operation Center monitors glass break, cameras, door contacts and motion sensors.
35.00	Are Schedule II controlled substances secured in a locked cabinet or safe? *If not, describe how controlled substances are secured or stored.*	N/A	The site does not carry CII drugs.

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		Observation	Notes
36.00	Are there contingency plans in the event the pharmacy cannot be secured? *Describe how the drug products will be secured and handled.*	Yes	Pharmacist stays on site until a security solution. Security personnel on site. The drugs will be moved to a secure section of the building if necessary.
37.00	Is the pharmacy clean and sanitary, and is there appropriate space for the prescription volume? *Look for clutter, or crowded counters or stacks of prescriptions to be checked. If no, document with photo.*	Yes	
37.01	Is the working area well lit and free of tripping hazards? *If no, document with photo.*	Yes	
37.02	Is there a sink with hot and cold running water?	Yes	
37.03	If the pharmacy destroys prescription products on site (such as expired, damaged, recalled, etc), do they appropriately document the destruction? *View destruction logs. Mark NA if no destruction on site.*	N/A	No destruction onsite
37.04	Does the pharmacy return prescription products to the manufacturer, distributor, or send to a reverse distributor for destruction? *If yes, indicate name of reverse distributor used.*	Yes	Reverse distributor is Inmar.
37.05	Does the pharmacy have a hazardous waste handling and collection system? For example, empty bottles that contained chemotherapy medications or warfarin, or hazardous drug compounding waste. *If yes, indicate how often the bin is emptied/collected and the vendor used.*	Yes	Clean Earth collects quarterly.
38.00	Does the pharmacy have a private area for patient counseling and providing patient services? *Describe.*	Yes	Patient counseling for any pickup scripts is done in the conference room or office.
39.00	Is temperature in the drug storage area maintained to provide controlled room temperature of 20° to 25°C (68° to 77 °F), or more restrictive if warranted by specific drug product storage requirements? *Describe. Record the temperature at the time of inspection.*	Yes	Range is 68-77 °F, the warehouse is 71 °F, the storage/fulfillment areas are 72.28 °F, 72.3 °F, 71.6 °F and 71.38 °F.
39.01	Is temperature monitoring in place to detect any excursions (24/7) by continuous monitoring or retroactive detection using min/max? Temperature records are maintained. *If yes, describe the process*	Yes	Refrigerator and air are monitored by Smartsense. The supervising pharmacist and management receives an email, if no response then a text is sent out. If there is still no response then each person will receive a phone call till the issue is resolved. Records are maintained indefinitely.

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e-Profile ID: 753941

Inspection Date: 2/27/2024

		Observation	Notes
39.02	Are excursion action plans in place including evaluating excursion effects on drug product integrity?	Yes	
40.00	Are the refrigerator and freezer restricted to drug products only (no food)?	Yes	
41.00	Does the pharmacy have a process for how the refrigerator temperature is monitored for excursions 24/7? *If yes, describe the process. Indicate range. How are excursions detected? How long are records maintained?*	Yes	Refrigerator is monitored by Smartsense. The supervising pharmacist and management receives an email, if no response then a text is sent out. If there is still no response then each person will receive a phone call till the issue is resolved. Records are maintained indefinitely. Refrigerator range is 36-46°F
41.01	Is the temperature in the refrigerator within the USP range (2°-8°C or 36°-46 °F) or as specified by FDA approved labeling for drug product storage? *Record the temperature of the refrigerator at the time of inspection.*	Yes	Refrigerator temperatures at time of inspection were 40.33°F, 40.55°F, 41.11°F, 40.56°F and 39.99°F.
42.00	Does the pharmacy have a process for how the freezer temperature is monitored for excursions 24/7? *If yes, describe the process. Indicate range. How are excursions detected? How long are records maintained?*	N/A	The freezer is only used for ice packs. The pharmacy does not dispense frozen medications.
42.01	Is the temperature in the freezer within the USP range (between −25° to −10°C or −13° to 14 °F) or as specified by FDA approved labeling for drug product storage? *Record the temperature of the freezer at the time of inspection.*	N/A	
43.00	Are there contingency plans in the event of power outage or refrigerator/freezer failure? *Describe process.*	Yes	If there is a power outage a generator is on site. Temperature monitoring would flag supervisors and PIC to move the drugs to another fridge and get serviced/replaced.
44.00	Are there contingency plans in the event of heating or air conditioning failure? *Describe processes.*	Yes	The pharmacy has a retainer with heating and air contractor Technical Hot and Cold.
45.00	Is there a plan of action if there are any temperature or humidity excursions to determine if the integrity of the products has been compromised?	Yes	
46.00	Does the pharmacy utilize any automated apparatuses for prescription processing/counting (such as robotics, Baker cells, etc)? *List numbers and types.*	No	
46.01	If yes, do they have and follow policies and procedures addressing cross-contamination and identification of drug products?	N/A	

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Verified Pharmacy Program® Inspection Form

General Pharmacy Inspection

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Facility Name: Walgreens Specialty Pharmacy LLC dba AllianceRx Walgreens Pharmacy #15438

e-Profile ID: 753941

Inspection Date: 2/27/2024

		Observation	Notes
	Product Receipt and Inventory **If any part of a question is no, enter "No" and explain the observation.**		
47.00	Does the pharmacy have a documented process for establishing sources (vendors) of prescription drugs? *Describe.*	Yes	Corporate handles all vendor vetting.
47.01	Does the pharmacy purchase all prescription drugs directly from the manufacturer?	No	
47.02	Does the pharmacy purchase (obtain) prescription drugs from other pharmacies? *If yes, list pharmacy source information, and circumstances leading to the purchase.*	No	
47.03	Does the pharmacy purchase (obtain) prescription drugs from wholesale distributors (non-manufacturer sources)? *List non-manufacturer sources.*	Yes	Amerisource Bergen, Cardinal
47.04	Does the pharmacy require wholesale distributor sources to purchase prescription drugs directly from the manufacturer? *If yes, how is this verified?*	Yes	Corporate handles all vendor vetting and the pharmacy tracks all 3T data and also monitors FDA website.
47.05	Does the pharmacy purchase drugs from wholesale distributors that purchased the drug from other wholesale distributors? *If yes, Describe the due diligence steps to determine the source's legitimacy and legitimacy of the drugs sold by the vendor. (For instance, does the pharmacy examine transaction histories and limit the number of movements of drugs between wholesale distributors, and look for pharmacies in the supply chain?)*	Yes	The corporate compliance team examines transaction histories and 3T data to ensure the legitimacy of the product. Jonathan McLachlan monitors purchases on site as well as part of the compliance team.
47.06	Does the pharmacy determine that all sources listed on transaction histories have requisite state licensing? *If yes, describe the process.*	Yes	Purchases are only from FDA approved sources.
47.07	Does the pharmacy determine that all sources listed on transaction histories have reported to FDA's Wholesale Distributor database? *If yes, describe the process.*	Yes	This is vetted through corporate compliance team but Jonathan McLachlan also validates on the FDA website.

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		Observation	Notes
47.08	Does the pharmacy have a process to handle suspect and illegitimate product investigations? *If yes, describe the process.*	Yes	The product is quarantined and then an investigation is started with wholesalers.
47.09	Has the pharmacy conducted any suspect or illegitimate product investigations? *If yes, describe the details, including the drug, circumstances, outcome, and identification of agencies to whom reported.*	Yes	Discrepancy with Pfizer Jakafi had label overtop the original label which had a different expiration date than the original bottle. There was a recall to fix the label. This was reported to FDA and BOP.
47.10	Does the pharmacy ensure transaction data (transaction history, transaction information, transaction statement, also known as 3T data) is received at the same time or before the product is received? *Examine recent purchases to determine if the pharmacy is receiving and maintaining 3T data for a minimum of 6 years.*	Yes	Validated invoices and 3T data on site. The track and trace team ensures 3T data is received with purchases and maintained for 10 years with Iron Mountain.
47.11	Does the pharmacy have a procedure to verify product (suspect or illegitimate) including quarantine of product and reporting?	Yes	
48.00	Does the pharmacy utilize paper DEA-222 forms to procure Schedule II substances? *If yes, how are they secured? Who has the authority (Power of Attorney) to sign the DEA-222 forms?*	N/A	This site does not stock CII drugs
49.00	Does the pharmacy utilize CSOS (electronic Schedule II ordering) to procure Schedule II substances? *If yes, who can place orders in CSOS?*	N/A	
50.00	Is the receipt of Schedule II orders documented appropriately? *DEA-222 has the quantity and date on each line of product received, the CSOS record (electronic or paper printout) indicates verification of receipt and staff performing verification.*	N/A	
51.00	Are invoices for controlled substances (Schedules I-V) that are received filed separately and are the invoices signed/initialed and dated upon receipt and every item checked in?	Yes	
52.00	Are all orders received when the pharmacy is open? *Verify the orders are brought directly to the pharmacy still sealed and not delivered before the pharmacy is open.*	Yes	

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		Observation	Notes
53.00	Does the pharmacy purchase any compounded products from other entities for dispensing to patients? *If so, describe which products and from where they are purchase (collect name and license of other entity).*	No	
54.00	Does the pharmacy have a system in place to track prescription drug products in order to detect diversion or theft? *Describe (for example, inventory or shrink report tools used, perpetual inventory in computer, etc).*	Yes	Weekly cycle counts on controls and high dollar items more often. Policy controls in place with Asset Protection team.
54.01	Are incidents of diversion or resignation/termination of personnel for cause reported? *Indicate agencies/law enforcement to whom reports are made.*	No	Dependent on the medication would report to BOP DEA and local law enforcement.
55.00	Does the pharmacy keep a perpetual inventory log of all Schedule II controlled substances (including APIs, if applicable)?	N/A	
56.00	Is the Schedule II perpetual inventory log reconciled regularly? *Indicate how often the Schedule II controlled substances are counted. View the perpetual log and verify that reconciliation is taking place.*	N/A	
57.00	Is the most recent complete controlled substances inventory available for review? *Indicate the date of the last inventory and frequency taken (minimum every two years).*	Yes	June 9th a yearly inventory is performed by a pharmacist. A perpetual inventory is performed weekly and sign off sheet was verified.
57.01	Does the pharmacy maintain other required inventories (such as change in PIC, theft/loss, etc)?	Yes	PIC changes are done in Michigan but Gary Lupini has been here since opening of the facility.
58.00	Does the pharmacy stock and sell OTC pseudoephedrine (and/or ephedrine) products? If yes, indicate if the sale is recorded electronically or manually in a logbook.	No	
58.01	Are these products mailed, sent, or delivered into other states? *View logs.* *If yes, list the other states.*	N/A	
59.00	Does the pharmacy stock and sell other OTC restricted products for which ID is required and a log kept of the sale? *If yes, indicate product types.*	No	

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		Observation	Notes
59.01	Are these products mailed, sent, or delivered into other states? *View logs. If yes, list the other states.*	N/A	
60.00	Are outdated, damaged, or recalled products segregated? *If yes, how often does the pharmacy check for out-of-date products? Does it include OTC products?*	Yes	Inventory is reviewed monthly and pulled 3 months before expiration date by technicians. Those products are segregated and handled following P&P for returns. This includes OTC products.
60.01	Are all drugs within active-stock within expiration date? *Examine shelves, refrigerator and freezer.*	Yes	Viewed all refrigerators and storage areas and validated several drug expiration dates.
60.02	How often is active-stock examined for drugs past the expiration date?		Quarterly
61.00	Does the pharmacy **prepackage** bulk containers of prescription medications into smaller containers for ease of use? *What BUD is used on the prepackaged container?*	No	
62.00	Does the pharmacy **prepack** multiple drugs into a single container for compliance packaging? *What BUD is used on the prepacked containers?*	No	
63.00	Does the pharmacy return to stock prescription drugs that were filled but never picked up?	Yes	If the product is maintained with the chain of custody they put back in stock.
63.01	If yes, are they maintained in the appropriate container, with PHI removed and BUD adjusted?	Yes	PHI removed and claim reversed.

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		Observation	Notes
	Prescription Processing **If any part of a question is no, enter "No" and explain the observation.**		
64.00	**Patient Profile:** Is patient profile data organized and readily accessible to facilitate consultation with the prescriber, patient, or caregiver? *Indicate who enters patient profile data into the computer system and how often it is updated?*	Yes	Technicians input profile data into the computer system which is updated with every contact.
64.01	If the pharmacy dispenses veterinary prescriptions, does the information gathered and recorded include the species, and name of the animal/owner as required by resident state law? *Describe how it is indicated in the computer system that the patient is an animal? And how is it indicated in the system the prescription is a veterinary prescription?*	Yes	The system tags on "animal" on the patient name so it shows up. Name of the owner is documented on the script.
65.00	**Prescription:** Are adequate processes in place to assure the integrity, legitimacy, and authenticity of prescription orders? *Staff is familiar with detecting fraud in hard copy, faxed, verbal, and electronic prescriptions.*	Yes	
65.01	Is there a procedure to follow when a prescription is suspected of (or actually is) fraudulent? *Describe the steps and reporting process.*	Yes	The pharmacist and technicians are trained yearly on fraud, waste and abuse. Red flags alert them to suspected fraud and supervisors are involved in the investigation. Reports are sent to local law enforcement, DEA and BOP.
65.02	Are adequate processes in place for assuring that prescription medications are not prescribed or dispensed based on online medical consultations without there being a pre-existing prescriber-patient/client relationship? *Describe. Do the processes include comparing the physical addresses of the patient and prescriber?*	Yes	The pharmacist and technician are trained to compare the patient and physician address. The physician is contacted if any questions and information is documented in the patient notes.
65.03	Does the pharmacy have electronic prescription capability? *Indicate whether it is for non-controlled substances, controlled substances, or both.*	Yes	Both
65.04	If the pharmacy accepts electronic prescriptions for controlled substances, are they in compliance with federal regulations?	Yes	
66.00	**Accuracy:** Is the accuracy of the information entered into the computer system verified (patient information and prescription information)? *Indicate how and by whom.*	Yes	Processing pharmacist validates data entry is correct.

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		Observation	Notes
67.00	**DUR:** Does staff conduct prospective DUR prior to the dispensing of a medication or product? *Describe at what point in the process does the DUR take place?*	Yes	The pharmacist at PV1 does DUR using Medispan for DUR alerts and manual DUR is performed as warranted.
67.01	Does the DUR include: • drug-drug interaction (Prescription and OTC), • drug-allergy interaction, • therapeutic duplication, • under- or over-utilization (including clinical abuse/misuse), • disease state or condition contraindication, • Incorrect dosage or duration of therapy, and • gender or age related contraindications. *Indicate if there are other parameters routinely included in the DUR.*	Yes	Nothing else is routinely reviewed.
67.02	In addition to the pharmacy DUR software, does the pharmacy staff obtain other information to use in the DUR process? *Describe.*	Yes	Lab values are obtained to ensure correct dosage along with BMI/weight for patient.
67.03	Does the pharmacy have adequate resources/references related to the type of pharmacy practice it operates?	Yes	
67.04	Does the pharmacy report required data to the state PMP (in this state and the other states in which the pharmacy is licensed)? *Describe.*	Yes	The pharmacy reports daily to PMP.
67.05	Does the pharmacy access state PMP/PDMP data for specific patients? *Verify there is a policy regarding access and follow-up or reporting and that pharmacist can access the PMP data.*	Yes	
67.06	Are DUR overrides/bypasses documented? *Indicate how the override is documented and who has override capability.*	Yes	Any major DUR requires a comment by a pharmacist in DUR override field. If it is not a major DUR a comment can also be entered but not required. DUR comments are reviewed by operational management team.
67.07	Is the DUR process performed electronically by the computer system? ***Identify integrated drug database used.***	Yes	Medispan

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		Observation	Notes
67.08	If the DUR is manual, is there a system to document: • How manual DUR is performed • Specific issues that were identified • Pharmacist that considered the identified issues and gave the okay to proceed	Yes	
67.09	If the pharmacy dispenses veterinary prescriptions, does it have a veterinary drug database integrated into the computer system for electronic DUR? *List veterinary product electronic database used. If not, list compendia used for performing manual DUR.*	No	Not integrated but access to Merck Veterinary Manual to review. Only one drug is dispensed twice a year.
68.00	Are filled prescriptions verified for accuracy prior to dispensing? *Indicate process, by whom, and how documented.*	Yes	The pharmacist at PV2 verifies the prescription before dispensing. Credentials are used to electronically document.
69.00	Are filled prescriptions appropriately labeled? *Describe.*	Yes	Prescription labels follow all federal and state laws.
70.00	**Confidentiality**: Does the system have adequate safeguards to prevent a user from performing functions under a different user account or beyond what they are authorized to perform? *Password protected, access limited by job type, access revoked as appropriate such as upon termination. Record name/brand of pharmacy computer system used.*	Yes	ScriptMed Enterprise
70.01	Does the pharmacy destroy PHI including labeled prescription vials?	N/A	The pharmacy uses Iron Mountain to do the destruction.
71.00	**Mail/Delivery:** If applicable, are packing materials designed to maintain the physical integrity, stability, and purity of prescription medications and compounded preparations in transport?	Yes	
72.00	**Off-Site Processes:** Are any portions of the prescription processing (in the questions below) performed at a different location? ***Note: Please ask each question below to verify.***	Yes	There are some technicians at home performing data entry and pharmacists doing PV1 and calls to patients.
72.01	If yes, is the other location under common ownership? *If not commonly owned, explain if there is a central fill/shared services or other agreement in place. Record the name and license number for the other location.*	Yes	Commonly owned facilities where technicians would perform data entry. Locations in Pittsburgh, PA, Frisco, TX, Orlando, FL and Tempe, AZ.

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72.02	If yes, is that location in a different state than this facility? *If so, explain.*	Yes	Other facilities are located in Pittsburgh, PA, Frisco, TX, Orlando, FL, and Tempe, AZ.
72.03	If yes, are there policies and procedures for identifying who is responsible for each step of prescription processing?	Yes	
73.00	**Off-Site Inventory:** Does the pharmacy maintain any emergency kits in nursing homes, long-term care facilities, or other entities (such as hospice, EMTs, ambulances)? *Note name(s) of facilities or entities.*	No	
73.01	Do the emergency kits contain any compounded products? *If so, indicate whether sterile and/or nonsterile and are these stored, non-patient specific?*	No	
74.00	**Off-Site Inventory:** Does the pharmacy maintain any automated prescription dispensing devices outside the pharmacy such as Pyxis in a nursing home, or a secure mailbox device that patients access after hours, etc? *Note types and locations.*	No	
74.01	If yes, are the automated devices appropriately licensed, registered, or approved by the board of pharmacy? *Provide details.*	No	
74.02	Do the automated dispensing devices contain any compounded products? *If so, indicate whether sterile and/or nonsterile and are these stored, non-patient specific?*	No	

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		Observation	Notes
	Patient Counseling and Communication **If any part of a question is no, enter "No" and explain the observation.**		
75.00	Does the pharmacist provide counseling for all new prescriptions picked up at the pharmacy (proactively, no "offer")?	Yes	Written counseling is provided with every order.
75.01	Is an "offer" to counsel made for all new prescriptions picked up at the pharmacy? *Indicate who makes the "offer".*	Yes	The pharmacist would make the offer to counsel prescriptions at pharmacy.
76.00	Does the pharmacist provide counseling for all refilled prescriptions picked up at the pharmacy (proactively, no "offer")?	Yes	
76.01	Is an "offer" to counsel made for all refilled prescriptions picked up at the pharmacy? *Indicate who makes the "offer".*	Yes	The pharmacist would make the offer to counsel prescriptions at pharmacy.
77.00	Does the pharmacist provide counseling for refilled prescriptions picked up at the pharmacy when there is a change in therapy or other issue determined by the pharmacist (proactively, no "offer")?	Yes	
77.01	Is an "offer" to counsel made for all refilled prescriptions picked up at the pharmacy when there is a change in therapy or other issue determined by the pharmacist? *Indicate who makes the "offer".*	Yes	The pharmacist would make the offer to counsel prescriptions at pharmacy.
78.00	Is patient counseling provided for delivered prescriptions? *Printed information sent to patient, toll-free number for patients to call, pharmacist calls patients directly, etc? Describe how.*	Yes	Written counseling is provided with every order along with phone number to call with any additional questions.
79.00	Is patient counseling provided for mailed prescriptions? *Printed information sent to patient, toll-free number for patients to call, pharmacist calls patients directly, etc? Describe how.*	Yes	Written counseling is provided with every order along with phone number to call with any additional questions.

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		Observation	Notes
80.00	Are patient package inserts (PPIs) provided with every fill and refill of medications for which they are required (such as hormone products, inhalers, etc)? *Describe how.*	Yes	PPI are automatically printed with every new and refill prescription and included with the prescription.
81.00	Are MedGuides provided with every fill and refill of medications for which they are required (such as NSAIDS, antidepressants, etc)? *Describe how.*	Yes	MedGuides are automatically printed with every new and refill prescription and included with the prescription.
82.00	Are REMS (Risk Evaluation Mitigation Strategy) implementation programs performed? Confirm that procedures are in place. *List programs (such as iPledge for isotretinoin, or Tikosyn).*	Yes	REMS drugs are Revlimid, Thalomid, Pomalyst, Sublocade, Aveed, Tracleer, Jynarque, Lemtrada, Palforzia, Siliq, Spravato, Tysabri, Sabril, and Zyprexa Relprevv.
83.00	Is patient counseling, the offer to counsel, or the refusal of patient counseling documented? *Describe how.*	Yes	Electronically captures the patient counseling or refusal.
84.00	Do patients have 24-hour access to a pharmacist? *Note: may not be required by the resident state. Describe how (such as posted contact information and hours of operation).*	Yes	Patient calls in outside of business hours and a pharmacist is on call. The 24 hr. access is posted at the pharmacy and is included with every prescription.
85.00	Are processes in place to handle a drug recall?	Yes	
86.00	Does the pharmacy accept prescription drugs back for destruction as part of a drug take-back program?	No	
86.01	Does the take-back program include controlled substances?	N/A	
86.02	Does the pharmacy have a modified DEA registration for controlled substance take-back? *If yes, list.*	N/A	

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		Observation	Notes
	Quality Assurance/Quality Improvement Program **If any part of a question is no, enter "No" and explain the observation.**		
87.00	Is there a documented continuous quality improvement (CQI) Program for the purpose of detecting, documenting, assessing, and preventing quality related events (QREs)? *If yes, list who oversees the program.*	Yes	Dedicated quality team does root cause analysis and feedback is given to staff members. This is overseen by Jill Traichoff.
87.01	Policies and procedures for the program are maintained in the pharmacy in an immediately retrievable form. *Indicate if hard copy, electronic, or both.*	Yes	Electronic and the pharmacy uses Compliance 360.
87.02	"Quality-Related Event" (QRE) is defined to mean any departure from the appropriate dispensing of a prescribed medication that is or is not corrected prior to the delivery and/or administration of the medication including (but not limited to): 1. a variation from the prescriber's prescription drug order such as incorrect drug, strength, form, or patient; or inadequate or incorrect packaging, labeling, or directions; 2. a failure to identify and manage over-utilization or under-utilization; therapeutic duplication; drug-disease contraindications; drug-drug interactions incorrect drug dosage or duration of drug treatment; drug-allergy interactions; or clinical abuse/misuse. 3. packaging or warnings that fail to meet recognized standards, the delivery of a medication to the wrong patient, or the failure to detect and appropriately manage a significant actual or potential problem with a patient's drug therapy.	Yes	
87.03	There is documentation of initial/ongoing (at least yearly) review and training of all pharmacy employees on the CQI program and processes. *For example, may be formal training or reviewed at a yearly meeting.*	Yes	Yearly training and as needed if there are changes throughout the year.
88.00	**Documentation of QREs** starts as soon as possible, but no more than three days, after determining their occurrence. *Indicate if documentation/forms are hard copy or electronic.*	Yes	Started immediately and is done electronic using a design called Windshield.

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National Association of Boards of Pharmacy®
Verified Pharmacy Program® Inspection Form

General Pharmacy Inspection

The information and comments obtained in the Nonsterile Compounding, Sterile Compounding Inspections, and Hazardous Drug Compounding are based on USP Chapters <795>, <797>, and <800>.

An inspection against current Good Manufacturing Practices (cGMPs) was not conducted. There may be some overlap in concepts.

Facility Name: Walgreens Specialty Pharmacy LLC dba AllianceRx Walgreens Pharmacy #15438

e-Profile ID: 753941

Inspection Date: 2/27/2024

		Observation	Notes
88.01	Documentation includes all the pertinent data about the prescription involved including personnel involved at each step.	Yes	
88.02	Documentation includes documenting the type of QRE details and how/who discovered the QRE.	Yes	
88.03	Documentation incudes possible contributing factors such as day and time the QRE occurred, number of pharmacists and technicians on duty, prescription volume that day, equipment failure, or other factors affecting work-flow at the time.	Yes	
88.04	Documentation includes steps taken to remediate including communications with the patient and the provider, and if the medication was ingested, disposition of the patient.	Yes	
89.00	**QRE data** collected is analyzed to assess causes and any contributing factors (root cause). *Indicate who performs the analysis and frequency (with each event, weekly, monthly, quarterly, etc).*	Yes	Quality analysis team which reports to Jill Traichoff performs a monthly rollup.
89.01	The pharmacy uses the findings of the analysis to formulate an appropriate response and develop pharmacy systems and workflow processes designed to prevent QREs and increase good outcomes for patients.	Yes	
89.02	For pharmacies utilizing a drug formulary, a periodic review of such formulary is undertaken to ensure that appropriate medications are being offered/selected in the best interest of patients.	Yes	
90.00	**Quality meetings** are held at least annually by staff members of the pharmacy to consider the effects on quality of the pharmacy system due to staffing levels, workflow, and technological support.	Yes	Meetings are held quarterly with yearly training of the team.
90.01	The meeting reviews data showing evidence of the quality of care for patients and develops plans for improvements to increase good outcomes for patients.	Yes	

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National Association of Boards of Pharmacy®
Verified Pharmacy Program® Inspection Form

General Pharmacy Inspection

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Facility Name: Walgreens Specialty Pharmacy LLC dba AllianceRx Walgreens Pharmacy #15438

e-Profile ID: 753941

Inspection Date: 2/27/2024

		Observation	Notes
90.02	Improvements or changes made are evaluated for performance to measure the effectiveness of the CQI program.	Yes	
91.00	**Reporting:** Incidents of QREs are reported to a nationally recognized error reporting program, an outside peer review committee, or a patient safety organization. *Indicate which organizations are reported including if the pharmacy reports QREs to the board of pharmacy.*	Yes	Reports are made to Patient Safety Research Foundation.
91.01	Adverse events are reported to the appropriate entities such as the board of pharmacy, MedWatch, FDA, VAERS, etc?	Yes	
91.02	Incidents involving malfunctioning or defective medical equipment or devices (blood glucose meters, DME, injection devices, etc) are documented and reported to the manufacturer or distributor.	Yes	
92.00	**Quality Self-Audits** are performed by the pharmacy at least quarterly (and upon change in PIC) to determine whether the occurrence of QREs has decreased and whether there has been compliance with preventative procedures, and to develop a plan for improved adherence with the CQI program in the future.	Yes	
93.00	**Consumer Surveys** are conducted at least yearly of patients who receive pharmaceutical products and services at the pharmacy. A statistically valid sampling technique may be used in lieu of surveying every patient. Each pharmacy should use the results of its consumer survey to evaluate its own performance at a particular time and over a period of time.	Yes	Use a third party vendor used Medallia.
94.00	**Patient Complaints** are documented, tracked, and investigated as appropriate and the information is used as part of the CQI program.	Yes	

Facility - #15438

Name	Status	Agency	Facility	Case Number	Date Agreement Signed	Summary/Outcome	Fine Amount	Discipline Type
Canton 15438 (50)	Agency Order	CO BoP	Canton #15438	2010-002889	4/9/2010	Failure to submit required data to PDMP	$ 5,000.00	Facility
Canton 15438 (50)	Agency Order	CO BoP	Canton #15438	2010-003719	7/14/2010	Failure to timely submit a change of PIC	$ 1,000.00	Facility
Canton 15438 (50)	Settlement Agreement	HI BoP	Canton #15438	PHA 2015-900L	4/6/2016	Failure to timely report discipline in another state in case PHA 2015-91-L	$ 2,000.00	Facility
Canton 15438 (50)	Settlement Agreement	IL BoP	Canton #15438	2017-09917	12/19/2019	Delay of therapy	$ 2,000.00	Facility
Canton 15438 (50)	Settlement Agreement	IL BoP	Canton #15438	2016-04570	12/19/2019	Sister discipline from HI and CO	$ 2,000.00	Facility
Walgreens	Memorandum of Agreement	US Department of Justice; DEA	ALL		4/17/2025			

Staff

Name	Status	Agency	Facility	Case Number	Date Agreemer	Summary/Outcome	Fine Amount	Discipline Type	License Type
Luciow, Joseph	Reprimanded	MI BoP	Canton #15438		1/1/1998	Information no longer available	$ -	Staff	Pharmacist

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: **Walgreens.com, Inc.**
108 Wilmot Rd., Deerfield, IL 60015

Ownership: The Applicant entity is wholly owned (100%) by Walgreen Co.

Officers of Walgreens.com, Inc.
Richard Gates - President
Brittany Mack - Treasurer
Cherita Thomas - Secretary & Director
Michael Emerson - Vice President, Tax & Director
Michael Handal - Licensing and Provider Enrollment Officer

Ownership & Leadership of Walgreen Co.

Ownership: Walgreen Co. is wholly owned (100%) by Walgreens Boots Alliance, Inc.

Officers of Walgreen Co.
Michael Motz - CEO
Richard Gates - Senior Vice President and 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.

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.

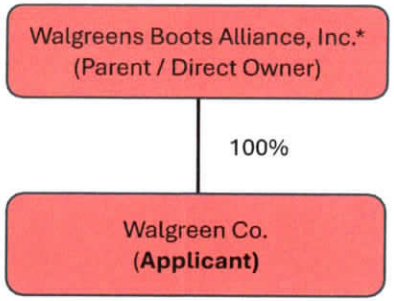
Ownership: Walgreens Boots Alliance, Inc. is wholly owned (100%) by Blazing Star Parent, LLC

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

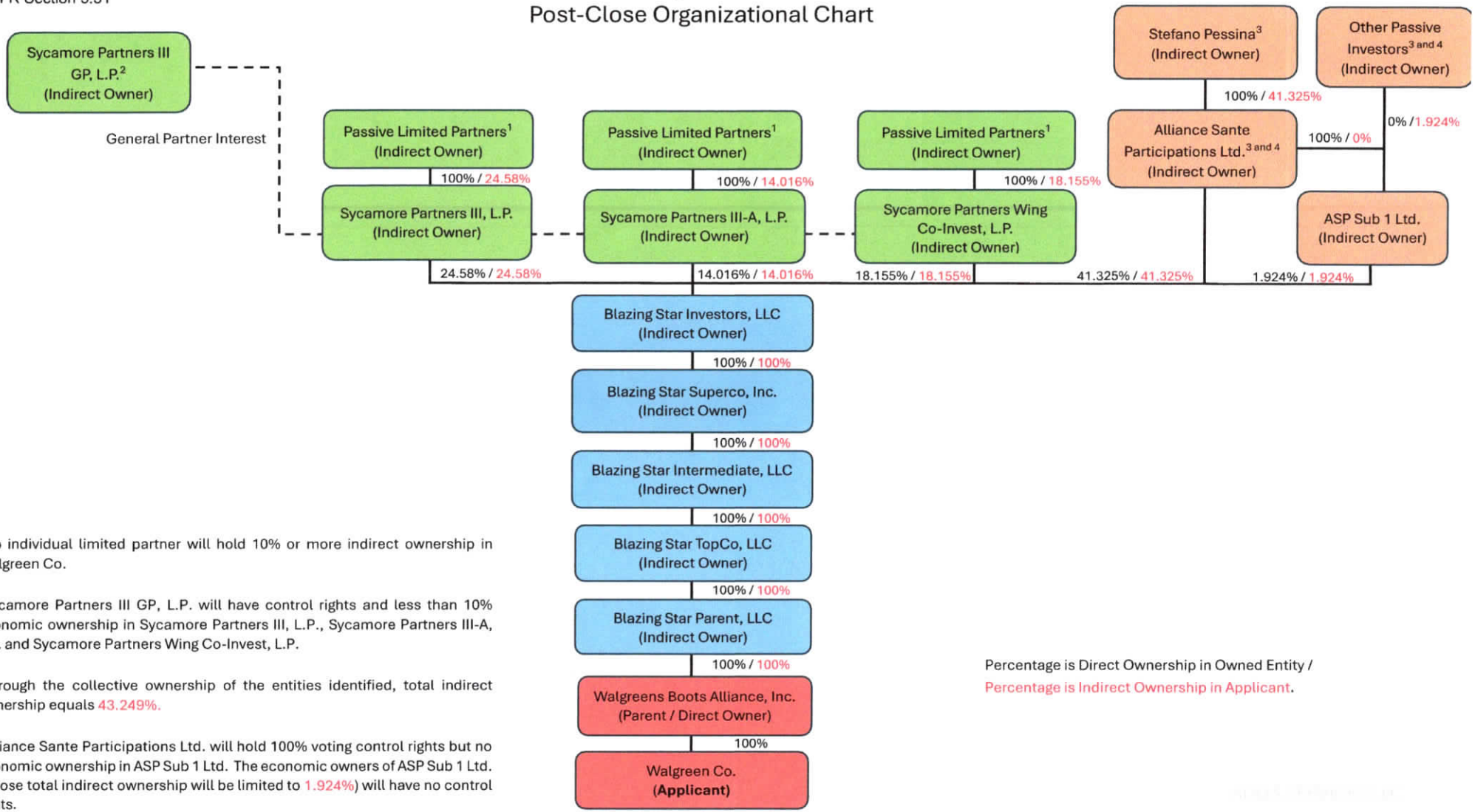
Walgreen Co.
Pre-Close Organizational Chart



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.

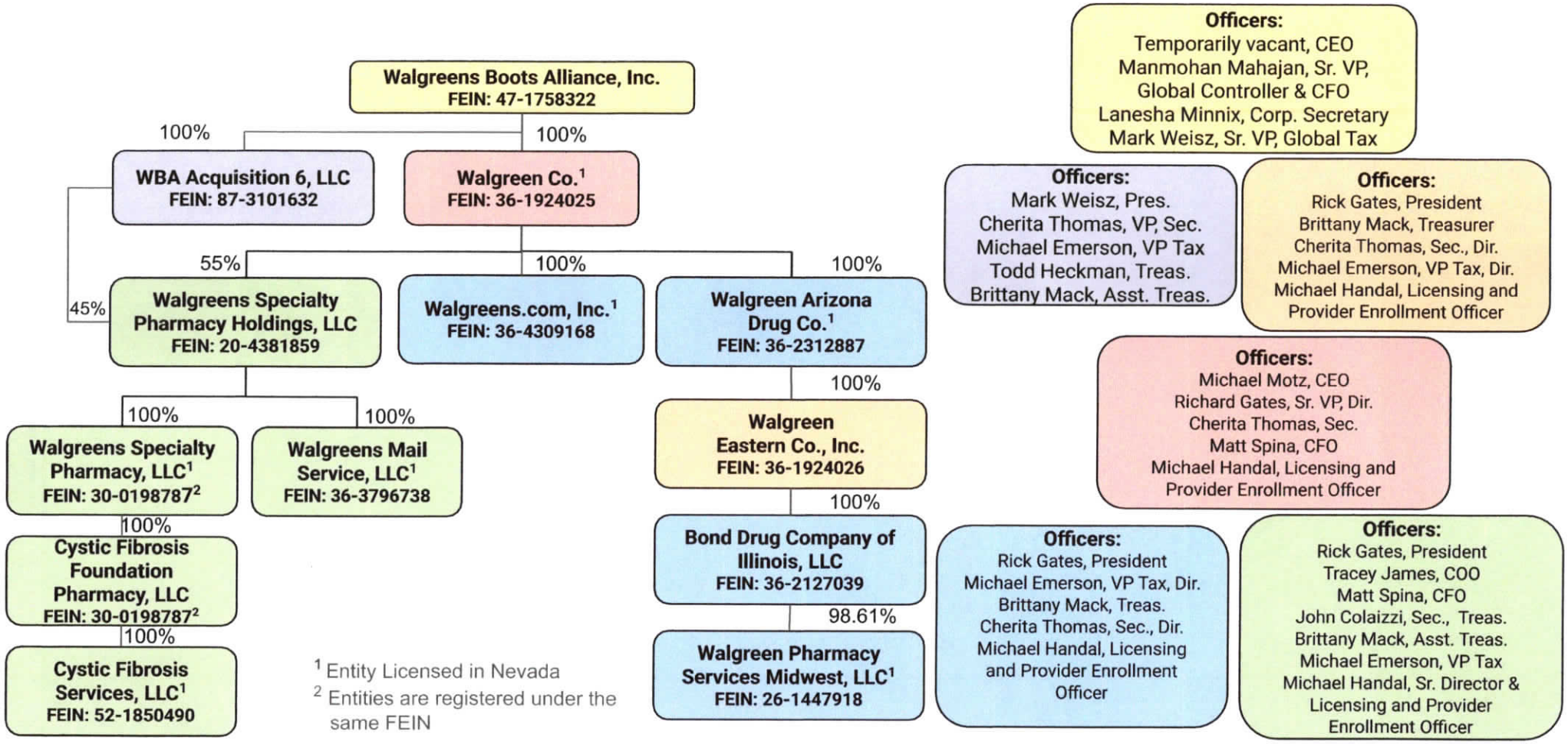
[2]Sycamore Partners III GP, L.P. will have control rights and less than 10% economic ownership in Sycamore Partners III, L.P., Sycamore Partners III-A, L.P. and Sycamore Partners Wing Co-Invest, L.P.

[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

10K

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 PH01156	☒ Retail/Community ☐ Hospital (# beds _____) ☐ Internet ☐ Nuclear ☐ Other:	☒ Retail/Community ☒ Dangerous drugs ☒ Controlled substances DEA #: BI9716587 ☒ 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 #15443

Physical Address: 10530 John W Elliott Dr, STE 100

City: Frisco State: TX Zip: 75033

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: 800-424-9002 Toll Free # (NAC 639.708, NRS 639.23286): 800-424-9002

Fax: 800-874-9179 Contact Email: Thomas.mathews@walgreens.com

Website: http://walgreensspecialtyrx.com/

Nevada Business License # (if applicable) NV20243161933

Supervising/Managing Pharmacist Name (NRS 639.220): Thomas Mathews

Supervising/Managing Pharmacist NV Pharmacist Registration # (if applicable): 21899

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: Thomas Mathews	NV Pharmacist Registration #: 21899
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: Delware

Parent Company (if any): Walgreens Specialty Pharmacy Holdings, LLC

Corporation/Organization Name: Walgreens Specialty Pharmacy, LLC

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: 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: _____

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: 9118125	Amount: $500 Ck JPD3-3000111129

TEXAS STATE BOARD OF PHARMACY
1801 Congress Avenue, Suite 13.100
Austin, TX 78701-1319
(512) 305-8000

License Number: 14412

(Date PDF Version Generated: 9/20/2024)

HELPFUL PHARMACY INFORMATION

- Pharmacies are required to notify TSBP within 10 days of a discontinuance of service, change of location or closure. See the TSBP website here Pharmacy - Renew & Update (texas.gov) for changes.
- Renewals open about 60 days prior to your expiration date, renewal information can be found here Renew | Pharmacy (texas.gov).
- Change of Employment or Change of PIC information can be found here Update | Employment (texas.gov).
- Change of Ownership – Call (512) 305-8021 or see Apply | Change of Ownership (texas.gov).
- For questions or assistance regarding rules, contact TSBP Rules Queue line at (512) 305-8070 see www.pharmacy.texas.gov.
- Non-Resident Pharmacy questions call (512) 305-9127 or email NonResPhcy@pharmacy.texas.gov.

An up-to-date License Verification is always available on the Board's website: http://www.pharmacy.texas.gov/

CERTIFICATE OF LICENSE
BOARD OF PHARMACY

This certifies that the pharmacy named below is hereby licensed to operate as a Class **AS** pharmacy.

License No. **14412** Expiration Date: **05/31/2026**

Balances: **2**

WALGREENS SPECIALTY PHARMACY #15443
10530 JOHN W ELLIOTT DR STE 100
FRISCO, TX 75033

Daniel R. Carroll, Pharm.D.,
Executive Director/Secretary

MUST BE DISPLAYED IN FULL PUBLIC VIEW

TEXAS STATE BOARD OF PHARMACY

Texas Pharmacy License # 14412

WALGREENS SPECIALTY PHARMACY #15443

License Information

License Status Active
License # 14412
Expiration Date 05/31/2026
Date License Issued 05/21/1991

Address

10530 JOHN W ELLIOTT DR STE 100
FRISCO, TX 75033
County COLLIN
Phone (800) 541-4959

Pharmacy Details

Prior Disciplinary Orders* No

* Information relating to disciplinary orders is current as of 30 days prior to this date. Please note that disciplinary orders entered more than 10 years ago are not available online. A written request for information regarding prior disciplinary orders may be submitted to the office of the Texas State Board of Pharmacy. Any disciplinary orders entered pursuant to Chapter 564 of the Texas Pharmacy Act are confidential and not subject to public disclosure.

Class of Pharmacy Community Sterile Compounding
Type of Ownership Corporation
Type of Pharmacy Unknown
# of Hospital beds 0

Employment Information

Pharmacist in Charge
MATHEWS, THOMAS JOHN

Pharmacy Profile ¥

Accessible to disabled persons?	Yes
Participates in the Texas Medicaid program?	Yes

Translating services (Listed Below If Available)

Spanish
Vietnamese
Telecomm. for the deaf (TDD)
American Sign Language
Other

¥ Please note: The data regarding accessibility, translating services, and insurance participation is self-reported by the license holder and no warranty regarding the information is created. Therefore, neither the State of Texas nor the licensing agency accept any legal liability or responsibility or may be held liable or responsible for the accuracy, completeness, timeliness, or usefulness of this information. Should you have any concern as to the accuracy of the data in this system, please contact the license holder or facility for clarification.

Remedial Plans and Inspection Reports

- 270422 14412 ALLIANCERXWALGREENSPHARMACY15443 2022-12 12-2027.pdf
- 270422 14412 ALLIANCERXWALGREENSPRIME15443 2019-01 01-2024.pdf
- 270422 14412 ALLIANCERXWALGREENSPRIME15443 2021-01 01-2026.pdf
- 270422 14412 WALGREENSSPECIALTYPHARMACY15443 2024-12 12-2029.pdf

Remedial Plans and/or Inspection Reports (if any) are shown above and subject to removal at the end of the 5th fiscal year after the Board enters the plan.

Services Provided

Nuclear	No
Out-Patient Prescriptions	No
Ship Prescription Out of State	Yes
Class D (Expanded Formulary)	No
Class D (Alternative Visit Schedule)	No
Compounding Sterile-Risk Level Low	Yes
Compounding Sterile-Risk Level Med	Yes
Compounding Sterile-Risk Level High	No
Compounding Non-Sterile	Yes
24 Hour Service	Yes
Closed Door	No

Compounding, Office Use	No
Home Delivery	Yes
Infusion	No
Pharmacist Administered Immunizations	No
Veterinary Prescriptions	No
In-Patient Medication Orders	No
Out-Patient Surgery	No
Rural Hospital	No
Tech Check Tech	No
503b Outsourcing Facility	No
Other Services	No

Texas Pharmacist Employment information

Pharmacist Name	License #	Registr. Date	Expir. Date	Emp. Status	License Status
ABRAHAM, RENU	48469	05/14/2010	05/31/2026	Staff	Active
ADARAMOLA, OLORUNTOLA ADEGUN	50343	08/04/2011	11/30/2026	Staff	Active
ALLY, ERIC BRUCE	34431	03/08/1994	03/31/2027	Relief	Active
ANUMUDU, CLARA CHIAKA	31819	08/01/1990	11/30/2025	Staff	Active
BABATUNDE, OLATUNDE OLUDAYO	51675	07/19/2012	09/30/2025	Staff	Active
BLYAKHMAN, SHANI	58374	04/21/2016	06/30/2026	Staff	Active
BOBBORA, BERKELEY ANN	34435	03/08/1994	10/31/2025	Staff	Active
BRADLEY, CRYSTAL RENEE	43663	09/01/2005	11/30/2025	Staff	Active
BROZE, KATHRYN ANN	58636	07/14/2016	07/31/2026	Staff	Active
CHERIAN, JENNIE LILA	44773	10/05/2006	11/30/2026	Staff	Active
CHO, HSIAOYING	52365	09/20/2012	06/30/2027	Staff	Active
CHO, IRIS J	41362	01/17/2003	01/31/2027	Staff	Active
COMPTON, MILES CHRISTIAN	51307	05/03/2012	09/30/2025	Staff	Active
DANG, PHONGPHU ALEX	49465	10/22/2010	12/31/2026	Staff	Active
DANIEL, ANNIE LIZA	44623	08/18/2006	11/30/2026	Staff	Active
DO, CHAU KIM TRINH	36399	08/08/1996	02/28/2026	Staff	Active
DO, TRANG MINH	38423	03/25/1999	02/28/2026	Staff	Active
FRANKLIN, BRITTANY	50759	09/12/2011	07/31/2026	Staff	Active
FRIBOURG, KELLY BROWN	45200	06/28/2007	10/31/2025	Staff	Active
GENDY, BOUTAMINA	65817	09/19/2019	12/31/2025	Staff	Active

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Texas Registered Technicians/Trainees Employment information

Technician/Trainee Name	License #	Registr. Date	Expir. Date	Emp. Status	Reg. Status
AKINS, STELLA LOLA	106370	04/07/2004	10/31/2027	Staff	Active
ARBO, EMILY KAY	157006	04/08/2010	12/31/2025	Staff	Active
ARREY, STEPHEN	370010	04/23/2024	04/30/2026	Staff	Active
BAKARE, APRIL	210392	07/20/2012	12/31/2026	Staff	Active
BARTON, WILLIAM BRODY	105536	03/25/2004	04/30/2026	Staff	Active
BERNARDO, MARC SUAREZ	171693	10/19/2009	07/31/2027	Staff	Active
BROWN, GWENDOLYN	177726	08/28/2009	08/31/2027	Staff	Active
CANTU, FELICIA MICHELLE	155280	12/10/2009	10/31/2025	Staff	Active
CEZAR, TIFFANY	302424	11/05/2019	07/31/2027	Staff	Active
CHEATHAM, CHELSEY JACKSON	360747	09/19/2023	09/30/2025	Staff	Active
CHEN, KELVIN	308541	06/08/2020	02/28/2026	Staff	Active
CLAYCOMB, MISTY DAWN	101793	02/13/2004	09/30/2027	Staff	Active
COOLEY, JAMES KYLE	119555	10/20/2004	07/31/2026	Staff	Active
DAVIS, SARA BETH	102633	05/05/2004	10/31/2025	Staff	Active
DELEON, MARTINA ANDREA	101840	05/28/2004	06/30/2027	Staff	Active

7080

DO, DIEP PHUONG THI	117167	05/28/2004	02/28/2026	Staff	Active
DOYLE, CRYSTAL	136112	09/18/2006	12/31/2026	Staff	Active
ESTEVIS, VERONICA HELEN	106479	05/28/2004	07/31/2026	Staff	Active
FALGOUT, HELEN ANN	177809	08/21/2009	08/31/2027	Staff	Active
FITCH, LAUREN NICOLE	135712	08/30/2006	05/31/2026	Staff	Active

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Texas Remote Pharmacy information

Remote Pharmacy Name	Registr. #	Address	City	State	Zipcode

Page 0 of 0 20 No records to view

Texas Pharmacy Owner information

Owner Name	Owner Title	Address	City	State	Zipcode
WALGREENS SPECIALTY PHARM LLC	OWNER	300 WILMOT RD, MS 3301	DEERFIELD	IL	60015
NIELSEN, ALAN	OFFICER	,			
GLEESON, GERALD	OFFICER	,			
SPINA, MATTHEW JOHN	OFFICER	,			
EMERSON, MICHAEL RICHARD	OFFICER	,			
JAMES, TRACEY JO	OFFICER	,			
GATES, RICHARD	OFFICER	,			
SAYLOR, JOHN	OFFICER	,			
BROWN, BRIAN	OFFICER	,			
MACK, BRITTANY ANN	OFFICER	,			

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The Texas State Board of Pharmacy certifies that it maintains the information for the license verification function of this website, performs daily updates to the website, and considers the website to be a secure, primary source for license verification.

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
BI9716587	05-31-2028	$888

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N,3, 3N,4,5	CHAIN PHARMACY	04-25-2025

WALGREENS SPECIALTY PHARMACY, LLC
DBA WALGREENS SPECIALTY PHARMACY #15443
10530 JOHN W ELLIOTT DR STE 100
FRISCO, TX 75033

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

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WALGREENS SPECIALTY PHARMACY, LLC
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Form DEA-223 (9/2016)

Texas State Board of Pharmacy
1801 Congress Avenue, Suite 13.100
Austin, TX 78701
512-305-8000

Inspection Report

Facility Information

Name: *WALGREENS SPECIALTY PHARMACY #15443* License Number: *14412*

Class of License: *AS*

Inspection Information

Type: *Compliance* Purpose: *Routine*

Date: *12/03/2024* Arrival Time: *12:45 PM* Departure Time: *3:45 PM*

Action Taken: *Inspection*

General Comments:

Licenses/Registration

Verify personnel have active licenses & address with PIC/RPh if necessary	*Satisfactory*
01. Required licenses posted	*Satisfactory*
09. Active licenses/certifications	*Satisfactory*
62. No aiding and abetting	*Satisfactory*
65. Proper registration procedures	*Satisfactory*
79. Identification badges	*Satisfactory*

Inventory Records

15. Change of PIC inventory	*Not Applicable*
17. Meets inventory requirements	*Satisfactory*
59. Proper drug destruction	*Satisfactory*
68. Change of ownership controlled substance inventory	*Not Applicable*
69. Annual controlled substance inventory	*Satisfactory*

Comment

Annual controlled substance inventory completed on 6/7/24 at opening of business

Notifications

31. Closed pharmacy (Is pharmacy engaged in the business described in application for licensure?)	*Satisfactory*
34. Notifications	*Satisfactory*

76. PIC (Does the pharmacy have a pharmacist-in-charge?) *Satisfactory*

Environment/Equipment/Security

03. Orderly/Clean *Satisfactory*

04. Balance inspection *Satisfactory*

Comment

Number of balances: 2

05. Equipment Inspection *Satisfactory*

07. Security *Satisfactory*

08. Environment *Satisfactory*

48. Drugs (procurement, temperature, security, out-of-date, samples) *Satisfactory*

90. TSBP complaint notification *Satisfactory*

Controlled Substances

10. Prescriptions separated *Satisfactory*

24. Theft/Loss *Satisfactory*

Comment

No theft or loss has occurred.

26. Controlled substance prescription compliance *Satisfactory*

30. Controlled substance invoices dated/initialed by pharmacist *Satisfactory*

35. Controlled substance invoices separated *Satisfactory*

46. Drug distribution *Not Applicable*

53. Possession of controlled substances *Satisfactory*

Corresponding responsibility (Does the pharmacist exercise sound professional judgment with respect to the accuracy or authenticity of a prescription drug order?) *Satisfactory*

Labeling/Prepackaging

32. Prescription label (Is prescription label complete?) *Satisfactory*

45. Proper dispensing/labeling *Satisfactory*

54. Proper prepackaging procedures *Not Applicable*

Library

06. Required Library *Satisfactory*

Training

60. Documentation of required training	*Satisfactory*
61. Supervision of supportive personnel	*Satisfactory*

Patient/Computer/Dispensing Records

18. Records available	*Satisfactory*
22. Data processing system compliance	*Satisfactory*
25. Prescriptions (complete, retrievable, auto-refills, accelerated refills)	*Satisfactory*
37. Legal dispensing (Are valid prescriptions being dispensed by a pharmacist?)	*Satisfactory*
56. Prescription transfers	*Satisfactory*
67. Written drug information provided	*Satisfactory*
80. Patient counseling	*Satisfactory*
82. Patient Medication Records	*Satisfactory*
84. Drug regimen review	*Satisfactory*
86. Absence of pharmacist records	*Not Applicable*

Policies & Procedures/SOPs

70. Required policies & procedures/SOPs	*Satisfactory*
92. Automated dispensing policy & procedures/SOPs	*Not Applicable*

Non-Sterile Compounding

03. Orderly/Clean/Hand Hygiene	*Satisfactory*
04. Balance inspection (for non-sterile compounding)	*Satisfactory*

Comment

Number of balances: 2 registered, 1 used for nonsterile compounding accuracy verified

05. Equipment Inspection	*Satisfactory*
06. Non-sterile Library	*Satisfactory*
32. Non-sterile compound label (Is label complete?)	*Satisfactory*
38. Area/Environment for non-sterile compounding	*Satisfactory*
43. Records for non-sterile compounding	*Satisfactory*
60. Documentation of non-sterile required training	*Satisfactory*

60. Documentation of non-sterile required training *(continued)* *Satisfactory*

291.131(c)(5).

Personnel. All personnel who compound or have direct oversight of compounding non-sterile preparations shall be initially trained and qualified by demonstrating knowledge and competency in the areas outlined in paragraph (5)(C) of this subsection. Training.

(A) All training activities shall be documented and covered by appropriate SOPs as outlined in subsection (d)(8)(A) of this section.

(B) All personnel involved in non-sterile compounding shall be well trained and must participate in continuing relevant training programs.

(C) Training shall include instruction, experience, and demonstrated proficiency in the following areas:

(i) hand hygiene;

(ii) garbing;

(iii) cleaning and sanitizing;

(iv) handling and transporting components and compounded non-sterile preparations;

(v) measuring and mixing;

(vi) proper use of equipment and devices selected to compound non-sterile preparations; and

(vii) documentation of the compounding process (e.g., Master Formulation Records and Compounding Records).

Comment

Advised to ensure that training includes demonstrated proficiency of all compounding personnel.

70. Required policies & procedures/SOPs *Satisfactory*

87. Quality Control/Assurance *Satisfactory*

Compounded Dosage Forms

Allergen extracts	*No*
Parenteral solutions	*Yes*
Parenteral suspensions	*No*
Preservative-free parenterals	*No*
Ophthalmic preparations	*No*
Oral or nasal inhalation preparations (not topical spray)	*No*
Bath or soaks for live organs/tissues	*No*
Irrigations for wounds or body cavities	*No*
Any other sterile preparations (implants, pellets, etc) [list]	*No*
Investigational drugs	*No*
Blood products or other biological materials (wound care, autologous, eye drops, etc)	*No*
Any compounds using federally controlled substances Schedule I-V (list and percentage)	*No*
Does the pharmacy use lyophilizer?	*No*

Environment (Sterile)

S109. Is the cleanroom clean and free of objects that shed particles?	*Satisfactory*
S110. Is the cleanroom used only for sterile preparations?	*Satisfactory*
S119. Does the cleanroom contain only appropriate supplies?	*Satisfactory*
S101. Does the ante-area provide at least ISO Class 8 air quality under dynamic conditions?	*Satisfactory*
S115. Does the ante-area contain a hands-free sink with hot and cold running water?	*Satisfactory*
S102. Does the buffer area provide at least ISO Class 7 air quality under dynamic conditions?	*Satisfactory*
S106. Is the buffer area free from sources of water (e.g., sink, floor drains)?	*Satisfactory*
S108. Is there hands-free access to the buffer area?	*Satisfactory*
S113. Are floors, walls, ceilings & fixtures smooth, impervious and free from cracks & crevices?	*Satisfactory*
S112. Does the floor covering enable regular disinfection?	*Satisfactory*
S118. Are supplies stored above the floor to permit adequate floor cleaning?	*Satisfactory*
S127. Does the clean room have a pressure gauge or velocity meter to monitor pressure differential between buffer area and ante-area and between the ante-area and the general environment? Is the pressure differential at least 0.02" wc?	*Satisfactory*
S116. Are temperature and humidity monitored, documented and within the required range?	*Satisfactory*
S167. Is there a thermometer available for the cleanroom and refrigerator(s)?	*Satisfactory*

Primary Engineering Control (PECs) Device

S126. Is the laminar air flow hood located in a buffer area that has a minimum differential positive pressure of 0.02" wc?	*Satisfactory*
S121. Is the PEC able to maintain at least ISO Class 5 conditions while compounding sterile preparations?	*Satisfactory*
S246. Are hazardous drugs prepared in a Class II/III vertical flow BSC or CACI located in an ISO Class 7 area physically separated from other areas?	*Satisfactory*
S247. Does the area where the BSC or CACI is located have not less than 0.01" wc negative pressure adjacent to the positive pressure ISO Class 7 area?	*Satisfactory*
S105. Does the CAI or CACI provide unidirectional airflow?	*Not Applicable*
S104. If the CAI or CACI is used for high-risk sterile compounding, is it placed in an ISO Class 8 area?	*Not Applicable*
S122. If the CAI is not required to be placed in an ISO Class 7 area, does the pharmacy maintain documentation from the manufacturer?	*Not Applicable*
S124. Is the PEC certified by an independent contractor every 6 months and when relocated?	*Satisfactory*
S125. Are prefilters inspected periodically and replaced as needed?	*Satisfactory*

S128. Are differential pressures monitored and documented at least every work shift (at a minimum daily) or by a continuous recording device?	*Satisfactory*

Equipment and Supplies

S174. Does the pharmacy have disposable needles, syringes, and other required or applicable supplies?	*Satisfactory*
S177. Does the pharmacy have lint-free towels or wipes?	*Satisfactory*
S180. Does the pharmacy have masks, caps, gowns with tight cuffs, shoes covers, and beard covers (if applicable)?	*Satisfactory*
S176. Does the pharmacy have handwashing agents with bactericidal action?	*Satisfactory*
S175. Does the pharmacy have disinfectant cleaning solutions and dedicated cleaning supplies?	*Satisfactory*
S179. Does the pharmacy have hazardous spill kits, if applicable?	*Satisfactory*
S171. Does the pharmacy have appropriate containers for needles and syringes?	*Satisfactory*
S170. Does the pharmacy have sterile isopropyl alcohol, sterile gloves, and waterless alcohol-based surgical hand scrub?	*Satisfactory*
S178. Does the pharmacy have appropriate filters and filtration equipment?	*Satisfactory*
S181. If an automated compounding device is used, does the pharmacy calibrate & verify the device for accuracy, and document at least daily?	*Not Applicable*
S172. Does the pharmacy have packaging or delivery containers to maintain proper storage conditions for sterile preparations?	*Satisfactory*

High Risk CSPs

S103. If high-risk CSPs are compounded, does the buffer area provide physical separation from other compounding areas?	*Not Applicable*
S231. Is sterility testing performed if CSPs are prepared in groups > 25, or	*Not Applicable*
S232. If MDVs are prepared for multiple patients or when exposed > 12 hours at 2-8 degrees C before sterilized, or	*Not Applicable*
S233. If exposed > 6 hours at warmer than 8 degrees C before sterilized?	*Not Applicable*
S237. Are all non-sterile measuring, mixing, and purifying devices rinsed thoroughly with pyrogen-free or depyrogenated sterile water, and then thoroughly drained or dried immediately before use for high-risk sterile compounding?	*Not Applicable*
S238. Are all high-risk sterile solutions subjected to terminal sterilization prefiltered using no larger than a 1.2-micron filter to remove particulate matter? Is sterilization by filtration performed with a sterile 0.2 – 0.22 micrometer pore size filter within an ISO Class 5 environment or better?	*Not Applicable*
S165. Are filter integrity tests being performed and documented (e.g., bubble point test)?	*Not Applicable*
S239. Are pre-sterilization procedures (weighing and mixing) completed in an ISO Class 8 environment or better?	*Not Applicable*

Sterile Library

S154. Does the pharmacy have a reference on injectable drugs?	*Satisfactory*
S155. Does the pharmacy have a specialty reference?	*Satisfactory*
S156. Does the pharmacy have all of the required (USP chapters 71, 85, 795, 797, 1163) and applicable USP chapters?	*Satisfactory*

Hazardous CSPs

S242. Do personnel wear protective apparel at all times when hazardous drugs are handled?	*Satisfactory*
S243. Do personnel use appropriate safety and containment techniques when preparing hazardous CSPs?	*Satisfactory*
S244. Do personnel dispose of hazardous waste in compliance with local, state, and federal regulations?	*Satisfactory*
S245. Do personnel affix a proper label, including proper precautions inside and outside of the packaging?	*Satisfactory*
S248. Does the pharmacy have a pressure indicator that can be readily monitored for correct room pressurization?	*Satisfactory*
S249. Does the pharmacy meet the requirements for low volume preparation of hazardous drugs by using a device that provides two-tiers of containment (e.g., closed-system vial transfer device within a BSC)?	*Not Applicable*
S250. Are hazardous drugs stored separately from other inventory in a manner to prevent contamination and personnel exposure?	*Satisfactory*
Does the pharmacy have a plan to comply with USP <800> by the implementation date?	*Yes*
Are hazardous drugs stored separately in compliance with USP <800> (negative pressure at least -0.01" wc to adjacent areas and with at least 12 ACPH)?	*Not Applicable*
Is hazardous drug waste quarantined in a designated area?	*Yes*
Are Safety Data Sheets (SDS) [formerly known as Material Safety Data Sheets (MSDS)] available to personnel for drugs and chemicals used in the pharmacy (including those for compounding, if applicable)?	*Yes*

Personnel Cleansing, Garbing, Hand Hygiene

S202. Does hand sanitizing and gowning occur in the ante-area (outside of the buffer area)?	*Satisfactory*
S180. Do compounding personnel don clean non-shedding gowns with sleeves that fit snugly around the wrists and enclose at the neck? Is the order of garbing appropriate (dirtiest to cleanest)?	*Satisfactory*
S194. Before entering the buffer area, do compounding personnel remove cosmetics?	*Satisfactory*
S195. Before entering the buffer area, do compounding personnel remove all hand, wrist, and other body jewelry/piercings?	*Satisfactory*
S196. Are natural nails kept neat and trim and no wearing of artificial nails or extenders?	*Satisfactory*

S200. Do compounding personnel remove debris from underneath fingernails using a nail cleaner under running warm water?	*Satisfactory*
S192. Are personnel with an apparent illness or open lesions compounding sterile preparations?	*Satisfactory*
S241. When compounding personnel temporarily exit the ISO Class 7 environment, are re-donning procedures properly followed?	*Satisfactory*
S201. Do compounding personnel engage in proper hand hygiene?	*Satisfactory*
S203. Do compounding personnel completely dry hands and forearms using lint-free disposable towels or hand dryer?	*Satisfactory*
S204. Is antiseptic hand cleansing performed using waterless alcohol-based surgical scrub once inside the buffer area and prior to donning sterile gloves?	*Satisfactory*
S206. Is sterile isopropyl alcohol applied to gloves throughout the day and when non-sterile surfaces are touched?	*Satisfactory*

Cleaning/Disinfection Procedures

S182. Does the pharmacy have written procedures on the cleaning and disinfecting of the direct and contiguous compounding areas (e.g., beginning of shift, every 30 minutes, before each batch, spills)?	*Satisfactory*
S230. Is cleaning performed by trained personnel using approved agents (described in written SOPs)?	*Satisfactory*
S228. Are supplies & equipment that are removed from shipping cartons wiped with a disinfecting agent (e.g., sterile IPA)?	*Satisfactory*
S226. Are work surfaces and floors in the ante-area and buffer area cleaned and disinfected daily with dedicated supplies?	*Satisfactory*
S227. Are walls, ceilings and shelving in the ante-area and buffer area cleaned and disinfected at least monthly?	*Satisfactory*
S229. Does the pharmacy maintain documentation of cleaning procedures (i.e., date/time of cleaning, type of cleaning, name of individual who performed the cleaning)?	*Satisfactory*

Environmental Sampling

S270. Is surface sampling conducted in all ISO classified areas on a periodic basis?	*Satisfactory*
S272. Is viable air sampling performed?	*Satisfactory*
S273. Is viable air sampling documented by properly trained individuals for all risk levels every 6 months?	*Satisfactory*
S271. Are environmental sampling results evaluated and addressed (i.e., action levels followed)?	*Satisfactory*

Comment

S271. Are environmental sampling results evaluated and addressed (i.e., action levels followed)? *(continued)* — *Satisfactory*

Regardless of the number of cfu's identified in the pharmacy, further corrective actions will be dictated by the identification of microorganisms recovered. Document corrective actions if highly pathogenic organisms show any growth.

Records of CSPs

S252. Does the pharmacy maintain records relating to CSPs for a minimum of 2 years? — *Satisfactory*

S253. Do compounding records include the date and time of preparation of a CSP? — *Satisfactory*

S254. Do compounding records include the complete formula of a CSP? — *Satisfactory*

S257. Do compounding records include the quantities of materials used in a CSP? — *Satisfactory*

S255. Do compounding records include the signature or initials of who prepared a CSP? — *Satisfactory*

S256. Do compounding records include the signature or initials of who conducted the final check of a CSP? — *Satisfactory*

S258. Do compounding records include the container used and the number of units prepared for a CSP? — *Satisfactory*

S259. Do compounding records include the criteria used to determine the beyond-use date of a CSP? — *Satisfactory*

S260. Do compounding records include the documentation of performance of quality control procedures? — *Satisfactory*

S261. Are master worksheets and preparation worksheets for batch compounding complete? — *Not Applicable*

S262. Are master worksheets developed and approved by a pharmacist? — *Not Applicable*

General Operational Requirements

S166. Is a pharmacist available at all times (24/7)? — *Satisfactory*

S187. Are written SOPs developed and implemented for all significant procedures in the compounding area to include at a minimum: the facility, equipment, personnel, preparation evaluation, quality assurance, preparation recall, packaging, and storage of CSPs? — *Satisfactory*

S188. Does the pharmacy have all required written policies (e.g., pharmaceutical care services, sampling plan, recalls)? — *Satisfactory*

S158. If the pharmacy compounds commercially available products, does the pharmacy document the need by verifying and monitoring a drug shortage list (including if the preparation is quarantined/not available once removed from the shortage list)? Or, — *Not Applicable*

S158. Does the pharmacy document the need for compounding commercially available products by individual patient needs determined by the prescribing practitioner (i.e, hypersensitivity to inactive ingredients or alternate dosage form)? — *Not Applicable*

S275. If the pharmacy dispenses prescriptions to patients in other states, does the pharmacy have proper licensure in those states? — *Satisfactory*

Office Use Compounding & Distribution of CSPs

S163. Does the pharmacy have a written agreement with the prescriber that meets all requirements to distribute compounded sterile preparations to practitioners for office use?	*Not Applicable*
S162. If the pharmacy is distributing CSPs to another pharmacy, does the pharmacy meet the requirements for such distribution?	*Not Applicable*
Is the pharmacy registered with the FDA as an Outsourcing Facility (503B)?	*No*

Quality Control & Verification of Compounding Accuracy

S207. Does a pharmacist review all compounding records for accuracy and perform the final check of a CSP?	*Satisfactory*
S185. Are periodic in-process checks for CSPs defined in written procedures and conducted as defined?	*Satisfactory*
S191. Are all drug components USP/NF grade substances manufactured in an FDA-registered facility? If USP/NF grade substances are not available, are the drug components of chemical grade in CP, AR, ACS, or Food Chemical Codex categories?	*Satisfactory*
S191. Is a Certificate of Analysis available for all components of the preparation if materials are not purchased through an FDA-registered facility?	*Not Applicable*
S191. Are any CSPs prepared by the pharmacy listed on the federal FDA list of drug products that are withdrawn or removed from the market for safety reasons?	*Satisfactory*

Veterinary Compounding

Are APIs or other components labeled for veterinary use segregated or marked to prevent use for human compounding?	*Not Applicable*
Does the pharmacy meet the same standards for animal compounding as human compounding?	*Not Applicable*
Is the pharmacist knowledgeable or does the pharmacy have up-to-date references regarding species limits that can result in toxicity when compounding with particular drugs/excipients?	*Not Applicable*
Does the pharmacy document if the animal is a pet or used for food?	*Not Applicable*
Is the pharmacist familiar with, or does the pharmacy have the most up-to date references regarding drug residues in the food chain and withdrawal times if compounding for food-producing animals?	*Not Applicable*
Does the pharmacy have a list of drugs and components that have been designated by state or federal authorities as prohibited ingredients in CSPs for food-producing animals?	*Not Applicable*
Is the pharmacist familiar with, or does the pharmacy have the most up-to-date reference regarding regulations for drug use in performance animals?	*Not Applicable*

Label

S209. Is the CSP properly labeled to include the generic name(s), and	*Satisfactory*
S210. For outpatient prescriptions, does the label include a statement that the CSP has been compounded by the pharmacy?	*Satisfactory*

S211. Does the label include a beyond-use date?	*Satisfactory*
S213. If the CSP is compounded as a batch, does the label contain a unique lot number assigned to the batch, and	*Not Applicable*
S214. Quantity, and	*Not Applicable*
S215. Appropriate ancillary instructions, such as storage or cautionary statements, and	*Not Applicable*
S216. Any device-specific instructions, if appropriate?	*Not Applicable*
S220. Are CSPs assigned a beyond-use date based on the specified labeling for the drug, appropriate literature sources, or direct testing?	*Satisfactory*

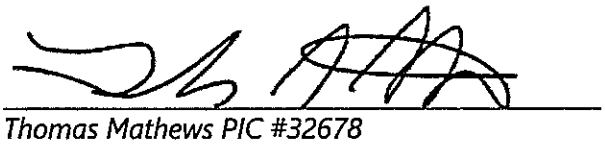
Training & Competency Testing

S129. Has each pharmacist completed the required education and training prior to engaging in sterile compounding?	*Satisfactory*
S130. Has each pharmacy technician completed the required education and training prior to engaging in sterile compounding?	*Satisfactory*
S142. Does the pharmacy maintain documentation to demonstrate that all compounding personnel have successfully passed initial competency evaluation/testing (e.g., media-fill testing, gloved fingertip/thumb testing)? Does the pharmacy have an on-the-job training program?	*Satisfactory*
S144. Does the pharmacy maintain documentation of on-going training and testing for all compounding personnel (e.g., observation of aseptic technique, media-fill testing, gloved fingertip/thumb testing, continuing education)?	*Satisfactory*

Signatures

An agent of the Texas State Board of Pharmacy has inspected your pharmacy. The results of this inspection have been noted.

- Items designated as "Refer to Legal" must be rectified immediately. In addition, the matter discovered during the inspection and deemed to be a serious violation by the inspector will be referred to the Legal Division for review and possible disciplinary action; and
- Items designated as "Warning Notice" must be corrected by the deadline noted to ensure compliance with the laws and rules governing the practice of pharmacy (Note: A "Warning Notice" is issued for a minor violation, and does not equate to disciplinary action).



Thomas Mathews PIC #32678



Terri Burrows

NEVADA STATE BOARD OF PHARMACY

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

Sterile Compounding Questionnaire

Rev (09/11/2024)

This application cannot be returned by fax or email.
We must have an original signature to process.

Approval of this completed questionnaire is required for an existing pharmacy, new pharmacy and/or out-sourcing facility applicant who wish to engage in preparing, compounding, dispensing, and furnishing sterile compounded products to Nevada patients or consumers.

Please provide a thorough response to the questions below and provide any necessary supporting documents.
-For a new pharmacy or out-sourcing facility applicant, submit this completed form with your application.
-For an existing pharmacy, send the completed form to the address indicated above.

Section 1: General Information

Pharmacy Name: Walgreens Specialty Pharmacy #15443

NV Pharmacy or Outsourcing facility license # (if applicable): N/A

Physical Address: 10530 John W Elliott Drive, Suite 100

City: Frisco State: TX Zip: 75033

Mailing Address (if different from physical address):

City: State: Zip:

Telephone: 800-424-9002 Toll Free # (NAC 639.708, NRS 639.23286): 800-424-9002

Fax: 888-380-6181 Contact Email: thomas.mathews@walgreens.com

Website: walgreensspecialtyrx.com

Nevada Business License # (if applicable)

Supervising/Managing Pharmacist Name (NRS 639.220): Thomas Mathews

Supervising/Managing Pharmacist NV Pharmacist Registration #: 21899

Name of Designated Person(s) as defined by revised USP-797 guidelines: Thomas Mathews

Email of Designated Person(s): thomas.mathews@walgreens.com

Telephone of Designated Person(s): 214-387-3515

Section 2: Sterile Compounding Questions (Use a separate piece of paper if additional space is needed.)

1. What risk level sterile compounding will your facility be performing (check all that apply)?

☐ Category 1 ☑ Category 2 ☐ Category 3

If you marked **"Category 3"**, you must also complete **section 4.**

2. If compounding Category 2 products is the location performing sterility and endotoxin testing (if required) to obtain extended beyond-use dates? ☐ Yes ☑ No

3. If compounding Category 2 products is the location performing aseptically processed CSPs or terminally sterilized CSPs? ☑ Aseptic ☐ Terminal

4. Is the pharmacy following the new garbing requirements listed in the revised USP-797 guidelines? ☑ Yes ☐ No

5. When was the most recent certification for the ISO classified areas? June 2025

6. What is the frequency of the recertification for the ISO classified areas? 6 months

7. Were there any follow-up items required from the most recent certification report? ☑ Yes ☐ No

8. If preparing Category 2 or Category 3 CSPs from non-sterile starting components are the pre-sterilization procedures such as weighing and mixing completed in an ISO Class 8 or better environment? N/A ☐ Yes ☐ No

9. If compounding Category 1 CSPs and Category 2 CSPs how often is surface sampling of all classified areas and pass-through chambers conducted? Monthly

10. Will you be performing sterile hazardous drug compounding? ✓ Yes No

If you marked **"Yes"**, you must also complete **section 3.**

11. List the sterile compounded products that you will be compounding for Nevada patients or consumers:

Lo Dose HCG 10 unit/0.1ml
Leuprolide Micro 20mcg
Leuprolide Mirco 40mcg
Leuprolide Micro 50mcg
Leuprolide 2mg PFS
Leuprolide 4mg PFS

12. What laboratory performs your sterility or endotoxin testing?

Name: ARL Bio Pharma

Address: 840 Research Parkway, Ste. 546

City: Oklahoma City State: OK Zip: 73104

Telephone: (800) 393-1595

13. What is your procedure for visual inspection of compounded sterile products?
Compounding pharmacists examine every finished CSP in each and every batch for particulates, unexpected color or odor, gas formation and signs of defect, damage, leaking or tampering prior to release to patients.Compounding pharmacists evaluate CSPs against a counter that has a non-glare white and matt black material band located in a properly lit area

14. How often do you perform glove fingertip and medial fill testing? Every 6 months

15. Describe your initial and ongoing training program for all personnel performing sterile compounding:
Each compounding personnel performs didactic competencies using Simplifi Solesource Acadamy program. After completing the computer based program, team members then begin completing competencies under the supervision of a designated person. The training personnel then performs 3 separate competencies for gowning & garbing followed by aseptic manipuation of media fills with post gowning fingertip samplings, post media fill finger tip samplings and a surface sampling. the plates and media fill are incubated and monitoried for growth. The training personnel will then make sample products to be tested by ARL for sterility and potency before being allowed to compound. Personnel then perform the didactic computer training yearly, with yearly in person competencies with gowning & garber and media fill samplings performed every 6 months.

16. Describe the cleaning procedure for your primary and secondary engineering controls, including the frequency of cleaning and the names of cleaning, disinfectant, sporicidal, and/or deactivation and decontamination agents used:
Daily cleanings include cleaning the interior of the primary engineering control with sterile TB1-3300 starting with the filter and moving to the deck of the PEC using overlapping unidirectional wipes. After the PECs are cleaning with TB1-3300, the PEC is wiped a second time with sterile IPA using the same technique. Easily cleanable flat surfaces such as carts or chairs are cleaned next using the TB1-3300 or PreEmpt. Trash is removed followed by the floors being cleaned with TB1-3300 or Preempt. Weekly we follow the same procedure but substituting sterile Peridox for cleaning all surfaces. Monthly, Sterile Peridox is used for cleaning the inside of the PEC including under the deck followed by Sterile IPA. The Ceilings cleaned next using the Peridox in overlapping unidirectional wipes from the wall furthest from the door to the door. The walls are cleaned next with Peridox using overlapping unidirectional wipes from ceiling to floor. Additional surfaces (including easily cleanable and difficult areas) are cleaned next with Peridox followed by the floor. The PEC are cleaned with Peridox following compounding or any suspected contamination within the PEC.

17. Who performs the sterile compounding process at your facility? Compounding Technicians and Pharmacists

18. Who is responsible and accountable for the sterile compounding process at your facility? Designated Persons

19. If products are shipped/mailed, what shipping conditions are used to ensure product safety/efficacy?
Products are packed and shipped in accordance with International Safety Transit Association standards as well as leveraging our patented cold chain shipment packing process as needed

Section 3: Sterile Hazardous Compounding Questions (Complete this section ONLY if you be performing Sterile Hazardous Compounding.)		
1. What type of primary engineering controls will you be using in your facility? Biologica Safety Cabinet		
2. Are you complying with all USP 800 guidelines?	✓ Yes	No
3. Have your employees who compound with hazardous drugs signed an acknowledgement that they understand the risks associated with this process?	✓ Yes	No
4. Is your BSC or CACI vented 100% to the outside?	✓ Yes	No
5. Do you have a negative pressure buffer room at your facility?	✓ Yes	No
6. Will you be compounding with antineoplastic HDs or HD API?	Yes	✓ No
7. If yes, are the drugs stored in an externally ventilated, negative pressure room?	Yes	No
8. Will you be utilizing a closed system transfer device?	Yes	✓ No
9. If yes, list the name of the device:		

10. What information is provided to the patient or consumer on the proper handling and disposal of hazardous drugs products/containers?

Each package is labeled with a sticker stating "Handle with care per enclosed instructions. Contact sender immediately if package or contents are damaged." Each hazardous compound is labeled as hazardous and includes a package insert of the drug monograph used to make the compound along with information about the pharmacy if the pharmacy needs to be contacted.

11. Describe your initial process for training new employees prior to compounding sterile hazardous drugs?

Each compounding personnel performs didactic hazardous competencies using Simplifi Solesource Acadamy program. After completing the computer based program, the team members then reviews hazardous c ompetencies such as donning and doffing of hazardous PPE under the supervision of a designated person. T he trainee will review additional hazardous competencies such as the difference in a Hazardous PEC vs a Non-Hazardous PEC, hazardous spill decontamination, and receiving. The Trainee will sign the "Hazardous Drug Risk Sign-off" and the "NIOSH List Review Acknowledgement."

Section 4: Sterile Category 3 Compounding Questions (Complete this section ONLY if you will be performing Category 3 Compounding.)

1. List the specific Category 3 sterile products that your facility compounds:

2. What is the frequency for ongoing garbing, gloved fingertip and thumb sampling, and media fill testing for compounding personnel?

3. Is the pharmacy meeting all of the additional garbing requirements for compounding Category 3 CSPs as defined by the revised USP-797 guidelines? Yes No

4. What is the frequency for completing volumetric active air sampling?

5. What is the frequency for completing surface sampling?		
6. What is the frequency for using sporicidal agents?		
7. Is an endotoxin test performed for all products compounded from one or more nonsterile component?	Yes	No
8. Is the BUD assigned supported by stability data obtained using a stability-indicating analytical method?	Yes	No

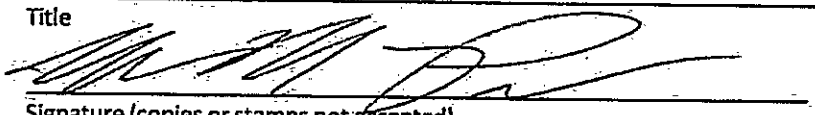
I certify under penalty of perjury that the information contained in this form is accurate, true and complete in all material respects. I understand that making any false representation in this form is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire form and any portion 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 the form 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 Piskuric

Name of Person who Completed the Form

Lead Compounding Pharmacist

Title



Signature (copies or stamps not accepted)

7/9/2025

Date

Board Use Only	Date Received:_____ Date Approved:_____ Approved By:_____

Facility - #15443

Name	Status	Agency	Facility	Case Number	Date Agreement Signed	Summary/Outcome	Fine Amount	Discipline Type
Frisco 13625 (90)	Agency Order	CO BoP	Frisco #15443	2011-000518	9/29/2010	Failure to report PDMP records 4.1-10.2010 and 7.1-10.2010	$ 5,500.00	Facility
Frisco 15443 (90)	Settlement Agreement	HI BoP	Frisco #15443	PHA 2015-91-L	4/28/2016	Failure to timely report discipline in another state	$ 2,000.00	Facility
Frisco 15443 (90)	Settlement Agreement	IL BoP	Frisco #15443	2016-04570	12/19/2019	Sister discipline from HI and CO	$ 2,000.00	Facility
Frisco 15443 (90)	Consent Order	VA BoP	Frisco #15443	203205	2/3/2021	Delay of therapy	$ 500.00	Facility
Frisco #15443	Citation	CA BoP	Frisco #15443	CI 2021 93653	6/6/2023	Delay of therapy	$ 2,000.00	Facility

Staff

Name	Status	Agency	Facility	Case Number	Date Agreement Signed	Summary/Outcome	Fine Amount	Discipline Type	License Type
Nguyen, Kevin Linh	Consent Order	TX BoP	Frisco #15443	L-16-022	11/1/2016	Failure to answer truthfully to questions on license application	$ 250.00	Staff	Pharmacist
Dang, Phongphu	Remedial Plan	TX BoP	Frisco #15443	H-17-047-A	8/7/2018	Remedial plan due to dispensing error https://www.pharmacy.texas.gov/abo/RP-Pht/162441%20%20R49465%20%20Dang%2C%20Phongphu%20Alex%20%20REM%20%20H17047A%20%202018-08.pdf	$ 1,000.00	Staff	Pharmacist
Cooley, James	Board Order	TX BoP	Frisco #15443	T-04-382	9/24/2004	Two DUI between 1998 and 1999	$ -	Staff	Pharmacy Technician
Nguyen, Kevin Linh	Consent Order	OR BoP	Frisco #15443	2015-0258	6/25/2015	Failure to answer truthfully to questions on license application	$ 1,000.00	Staff	Pharmacist

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: **Walgreens.com, Inc.**
108 Wilmot Rd., Deerfield, IL 60015

Ownership: The Applicant entity is wholly owned (100%) by Walgreen Co.

Officers of Walgreens.com, Inc.
Richard Gates - President
Brittany Mack - Treasurer
Cherita Thomas - Secretary & Director
Michael Emerson - Vice President, Tax & Director
Michael Handal - Licensing and Provider Enrollment Officer

Ownership & Leadership of Walgreen Co.

Ownership: Walgreen Co. is wholly owned (100%) by Walgreens Boots Alliance, Inc.

Officers of Walgreen Co.
Michael Motz - CEO
Richard Gates - Senior Vice President and 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.

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.

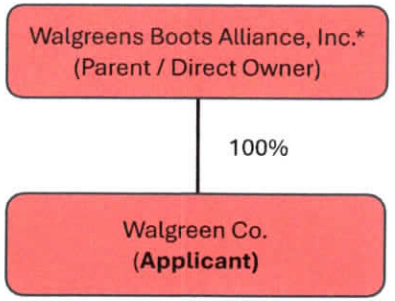
Ownership: Walgreens Boots Alliance, Inc. is wholly owned (100%) by Blazing Star Parent, LLC

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

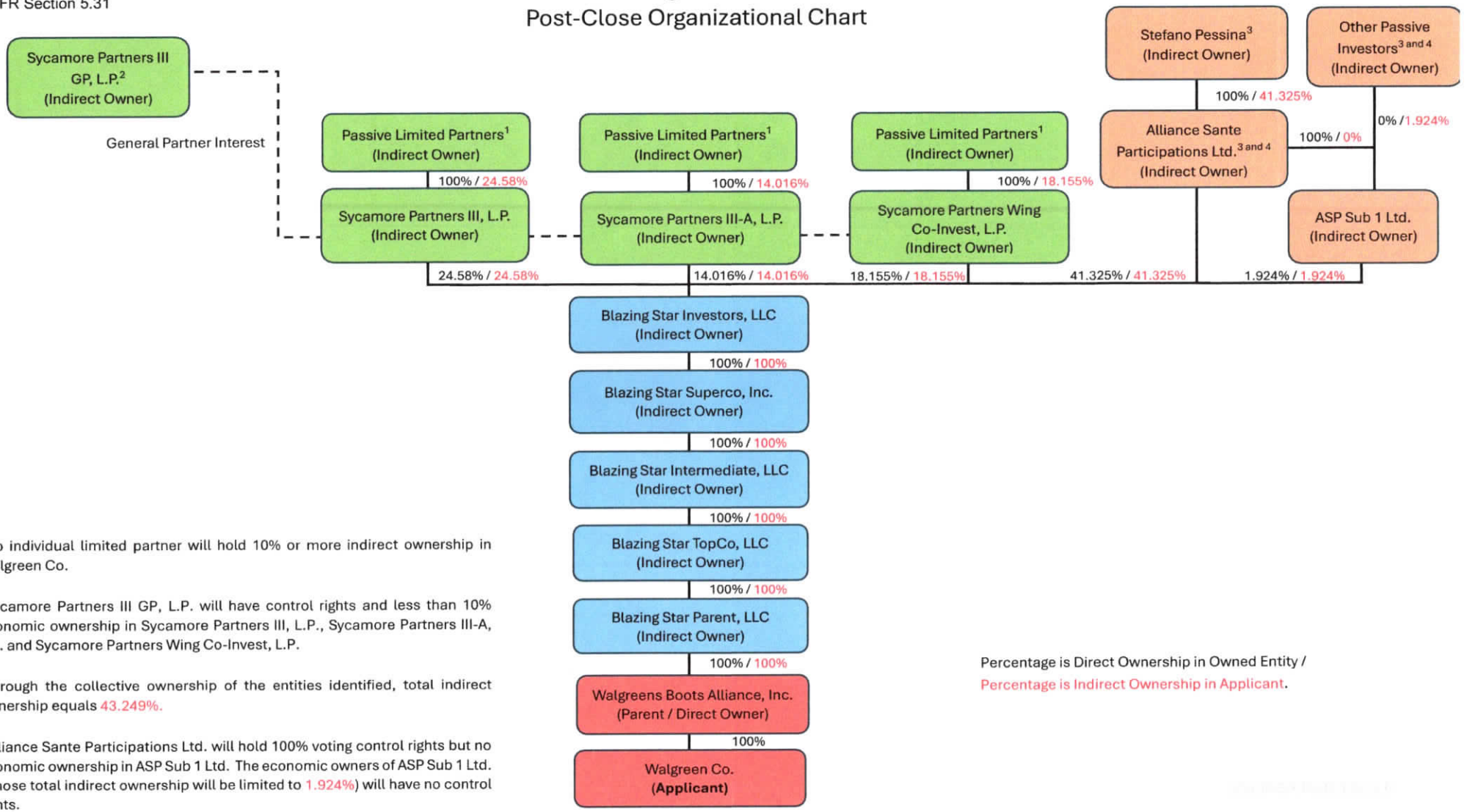
Walgreen Co.
Pre-Close Organizational Chart



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.

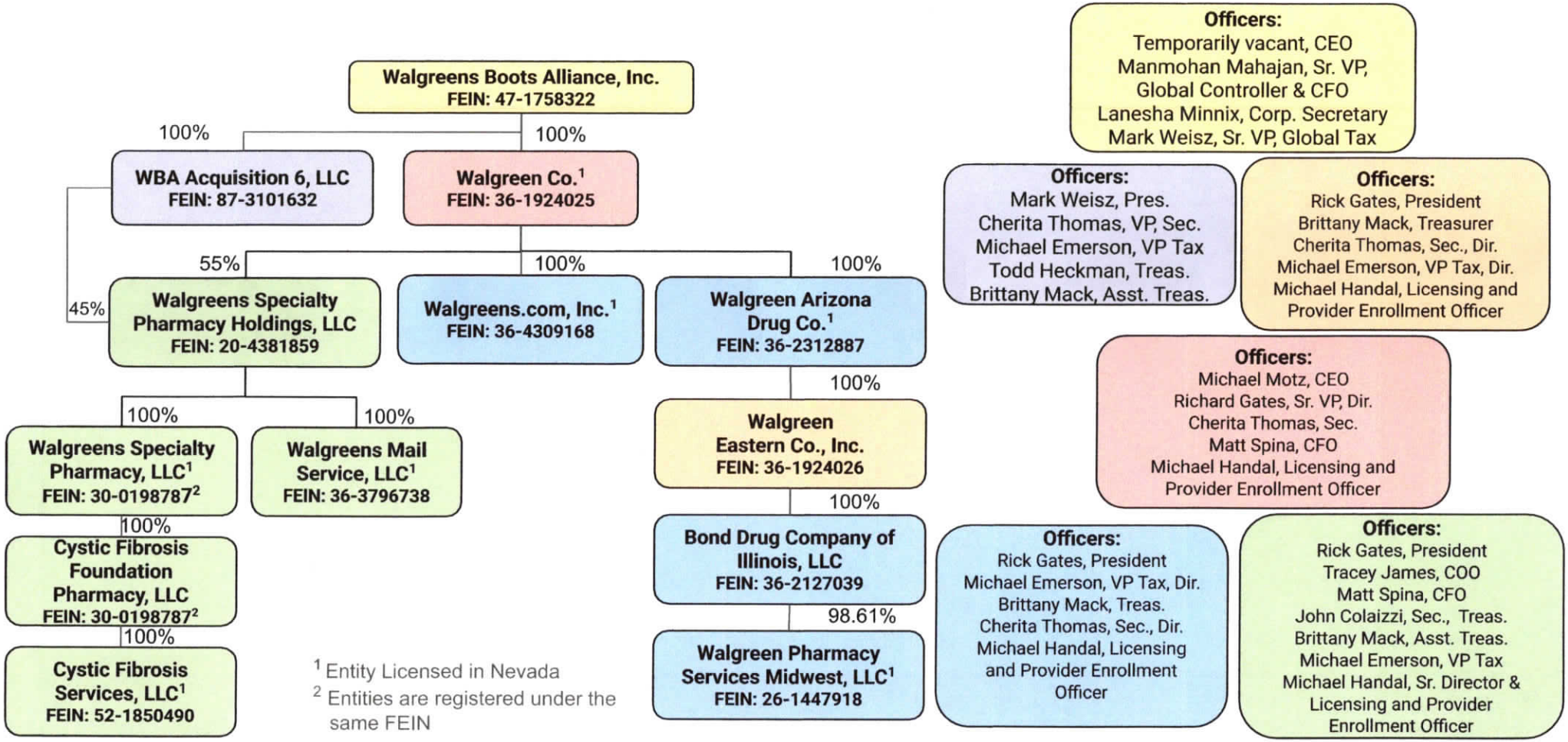
[2]Sycamore Partners III GP, L.P. will have control rights and less than 10% economic ownership in Sycamore Partners III, L.P., Sycamore Partners III-A, L.P. and Sycamore Partners Wing Co-Invest, L.P.

[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

10L

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 02023	☑ Retail/Community ☐ Hospital (# beds _____) ☐ Internet ☐ Nuclear ☐ Other:	☑ Retail/Community ☑ Dangerous drugs ☑ Controlled substances DEA #: FC6609107 ☐ 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 #16280

Physical Address: 10530 John W Elliott Dr STE 200

City: Frisco State: TX Zip: 75033

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: 800-541-4959 Toll Free # (NAC 639.708, NRS 639.23286): 800-541-4959

Fax: 800-263-0251 Contact Email: Robert.dobbins@walgreens.com

Website: http://walgreensspecialtyrx.com/

Nevada Business License # (if applicable) NV20243161885

Supervising/Managing Pharmacist Name (NRS 639.220): Robert Dobbins

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

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: Thanh (Sally) Nguyen	NV Pharmacist Registration #: 23989
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: DE

Parent Company (if any): Walgreens Specialty Pharmacy, LLC

Corporation/Organization Name: Cystic Fibrosis Services, LLC

Mailing Address: 108 Wilmot Rd

City: Deerfield State: IL Zip: 60015

Telephone: 847-224-1348 Email: specialtylicenses@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: 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:

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 OP03-30001111129

TEXAS STATE BOARD OF PHARMACY
1801 Congress Avenue, Suite 13.100
Austin, TX 78701-1319
(512) 305-8000

License Number: 29801

(Date PDF Version Generated: 2/20/2025)

HELPFUL PHARMACY INFORMATION

- Pharmacies are required to notify TSBP within 10 days of a discontinuance of service, change of location or closure. See the TSBP website here Pharmacy - Renew & Update (texas.gov) for changes.
- Renewals open about 60 days prior to your expiration date, renewal information can be found here Renew | Pharmacy (texas.gov).
- Change of Employment or Change of PIC information can be found here Update | Employment (texas.gov).
- Change of Ownership – Call (512) 305-8021 or see Apply | Change of Ownership (texas.gov).
- For questions or assistance regarding rules, contact TSBP Rules Queue line at (512) 305-8070 see www.pharmacy.texas.gov.
- Non-Resident Pharmacy questions call (512) 305-9127 or email NonResPhcy@pharmacy.texas.gov.

An up-to-date License Verification is always available on the Board's website: http://www.pharmacy.texas.gov/

This certifies that the pharmacy named below is hereby licensed to operate as a Class **A** pharmacy.

License No. **29801** Expiration Date: **02/28/2027**

Balances: **0**

WALGREENS SPECIALTY PHARMACY #16280
10530 JOHN W ELLIOTT DR STE 200
FRISCO, TX 75033

Daniel R. Carroll, Pharm.D.,
Executive Director/Secretary

MUST BE DISPLAYED IN FULL PUBLIC VIEW

TEXAS STATE BOARD OF PHARMACY

Texas Pharmacy License # 29801

WALGREENS SPECIALTY PHARMACY #16280

License Information

License Status Active
License # 29801
Expiration Date 02/28/2027
Date License Issued 02/19/2015

Address

10530 JOHN W ELLIOTT DR STE 200
FRISCO, TX 75033
County COLLIN
Phone (800) 541-4959

Pharmacy Details

Prior Disciplinary Orders* No

* Information relating to disciplinary orders is current as of 30 days prior to this date. Please note that disciplinary orders entered more than 10 years ago are not available online. A written request for information regarding prior disciplinary orders may be submitted to the office of the Texas State Board of Pharmacy. Any disciplinary orders entered pursuant to Chapter 564 of the Texas Pharmacy Act are confidential and not subject to public disclosure.

Class of Pharmacy Community Pharmacy
Type of Ownership LLC
Type of Pharmacy Community Multi
# of Hospital beds

Employment Information

Pharmacist in Charge
DOBBINS, ROBERT BRIAN

Pharmacy Profile ¥

Accessible to disabled persons?	Yes
Participates in the Texas Medicaid program?	Yes

Translating services (Listed Below If Available)

Spanish
Vietnamese
Telecomm. for the deaf (TDD)
AT&T translating services

¥ Please note: The data regarding accessibility, translating services, and insurance participation is self-reported by the license holder and no warranty regarding the information is created. Therefore, neither the State of Texas nor the licensing agency accept any legal liability or responsibility or may be held liable or responsible for the accuracy, completeness, timeliness, or usefulness of this information. Should you have any concern as to the accuracy of the data in this system, please contact the license holder or facility for clarification.

Remedial Plans and Inspection Reports

- 802872 29801 ALLIANCERXWALGREENSPRIME16280 2022-01 01-2027.pdf
- 802872 29801ALLIANCERXWALGREENSPRIME16280 2019-01 01-2024.pdf

Remedial Plans and/or Inspection Reports (if any) are shown above and subject to removal at the end of the 5th fiscal year after the Board enters the plan.

Services Provided

Nuclear	No
Out-Patient Prescriptions	No
Ship Prescription Out of State	Yes
Class D (Expanded Formulary)	No
Class D (Alternative Visit Schedule)	No
Compounding Sterile-Risk Level Low	No
Compounding Sterile-Risk Level Med	No
Compounding Sterile-Risk Level High	No
Compounding Non-Sterile	No
24 Hour Service	No
Closed Door	No
Compounding, Office Use	No
Home Delivery	Yes
Infusion	No
Pharmacist Administered Immunizations	No

7115

Veterinary Prescriptions	No
In-Patient Medication Orders	No
Out-Patient Surgery	No
Rural Hospital	No
Tech Check Tech	No
503b Outsourcing Facility	No
Other Services	Yes

Texas Pharmacist Employment information

Pharmacist Name	License #	Registr. Date	Expir. Date	Emp. Status	License Status
ALLY, ERIC BRUCE	34431	03/08/1994	03/31/2027	Staff	Active
ANWAR, RAHEEL	55690	08/28/2014	06/30/2026	Staff	Active
BABATUNDE, OLATUNDE OLUDAYO	51675	07/19/2012	09/30/2025	Relief	Active
BRADLEY, CRYSTAL RENEE	43663	09/01/2005	11/30/2025	Relief	Active
DOBBINS, ROBERT BRIAN	30154	12/16/1987	07/31/2026	PIC	Active
KELLER, ASHLEY DONELLE	49295	08/27/2010	08/31/2026	Staff	Active
KHAN, SABA	73238	09/21/2023	10/31/2025	Staff	Active
LEE, SANGMIN	61902	11/09/2017	11/30/2025	Relief	Active
MAITRA, BIKASH	72291	05/11/2023	09/30/2025	Staff	Active
NGUYEN, THANH HUONG	44498	08/02/2006	05/31/2026	Staff	Active
PLUMMER, CHANTELLE	44207	06/15/2006	09/30/2026	Staff	Active
SACHEDINA, SALIMA AZIZ	51694	07/19/2012	10/31/2027	Staff	Active
SHAIKH, ANA KHALID	56896	07/30/2015	08/31/2027	Staff	Active

Page 1 of 1 20 View 1 - 13 of 13

Texas Registered Technicians/Trainees Employment information

Technician/Trainee Name	License #	Registr. Date	Expir. Date	Emp. Status	Reg. Status
ANDERSON, MARCUS SEAN	294727	04/08/2019	03/31/2027	Staff	Active
BERNARDO, MARC SUAREZ	171693	10/19/2009	07/31/2027	Staff	Active
BROWN, ZADA	358854	08/15/2023	08/31/2025	Staff	Expired
CESSAC, CARMEN MARIE	162274	07/31/2008	06/30/2026	Staff	Active
CHEN, KELVIN	308541	06/08/2020	02/28/2026	Staff	Active
FATTY, NGENARR	133102	02/14/2006	01/31/2026	Staff	Active
GAUR, SUPRITI	364068	11/27/2023	11/30/2025	Staff	Active
GONZALEZ, ISMAEL	211800	09/06/2012	03/31/2027	Staff	Active
GREENHUT, JOHN AUSTIN	218835	04/30/2013	04/30/2026	Staff	Active
GRIMES, TAMARRA	376023	09/02/2024	09/30/2026	Staff	Active
HERNANDEZ, CHRYSTALL DIANN	131965	12/21/2005	10/31/2025	Staff	Active
HOWARD, LATOYA LASHON	154830	10/17/2008	01/31/2027	Staff	Active
HUNTER, SANDRA DELIA	231853	06/25/2014	06/30/2026	Staff	Active
LIM, EVA LILIANA	350846	01/30/2023	01/31/2027	Staff	Active
MAHINAY, JAN NARFE	268529	03/24/2017	03/31/2027	Staff	Active
MATA, NOE F	203384	11/29/2011	08/31/2026	Staff	Active
MEDFORD, DANIELLE ELIANE	193723	04/01/2011	07/31/2025	Staff	Delinquent
OGOLLA, JUDITH	320951	04/28/2021	01/31/2027	Staff	Active
RECKER, MATTHEW S	140563	01/12/2007	01/31/2027	Staff	Active
ROGERS, ANA PAULA	374635	08/06/2024	08/31/2026	Staff	Active

Page 1 of 2 20 View 1 - 20 of 27

Texas Remote Pharmacy information

Remote Pharmacy Name	Registr. #	Address	City	State	Zipcode

Page 0 of 0 20 No records to view

Texas Pharmacy Owner information

Owner Name	Owner Title	Address	City	State	Zipcode
CYSTIC FIBROSIS SERVICES, LLC	OWNER	,			
BROWN, BRIAN	OFFICER	,			
EMERSON, MICHAEL RICHARD	OFFICER	,			
JAMES, TRACEY JO	OFFICER	,			
SPINA, MATTHEW JOHN	OFFICER	,			
GATES, RICHARD	OFFICER	,			
MACK, BRITTANY ANN	OFFICER	,			

Page 1 of 1 20 View 1 - 7 of 7

The Texas State Board of Pharmacy certifies that it maintains the information for the license verification function of this website, performs daily updates to the website, and considers the website to be a secure, primary source for license verification.

CYSTIC FIBROSIS SERVICES, LLC
P.O. BOX 901
DEERFIELD, IL 60015-0000

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
FC6609107	05-31-2028	$888

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N, 3,3N,4,5	CHAIN PHARMACY	04-25-2025

CYSTIC FIBROSIS SERVICES, LLC
DBA WALGREENS SPECIALTY PHARMACY #16280
10530 JOHN W ELLIOTT DR STE 200
FRISCO, TX 75033-0000

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
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CYSTIC FIBROSIS SERVICES, LLC
DBA WALGREENS SPECIALTY PHARMACY #16280
10530 JOHN W ELLIOTT DR STE 200
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Form DEA-223 (9/2016)

Texas State Board of Pharmacy
1801 Congress Avenue, Suite 13.100
Austin, TX 78701
512-305-8000

Inspection Report

Facility Information

Name: *ALLIANCERX WALGREENS PHARMACY #16280* **License Number:** *29801*

Class of License: *A*

Inspection Information

Type: *Compliance* **Purpose:** *Routine*

Date: *03/28/2024* **Arrival Time:** *11:15 AM* **Departure Time:** *12:30 PM*

Action Taken: *Inspection*

General Comments:

Licenses/Registration

Verify personnel have active licenses & address with PIC/RPh if necessary	*Satisfactory*
01. Required licenses posted	*Satisfactory*
09. Active licenses/certifications	*Satisfactory*
62. No aiding and abetting	*Satisfactory*
65. Proper registration procedures	*Satisfactory*
79. Identification badges	*Satisfactory*

Inventory Records

15. Change of PIC inventory	*Not Applicable*
17. Meets inventory requirements	*Satisfactory*
59. Proper drug destruction	*Not Applicable*
68. Change of ownership controlled substance inventory	*Not Applicable*
69. Annual controlled substance inventory	*Satisfactory*

Comment

Annual controlled substance inventory completed on 6/9/23

Notifications

31. Closed pharmacy (Is pharmacy engaged in the business described in application for licensure?)	*Satisfactory*
34. Notifications	*Satisfactory*

76. PIC (Does the pharmacy have a pharmacist-in-charge?) *Satisfactory*

Environment/Equipment/Security

03. Orderly/Clean *Satisfactory*

04. Balance inspection *Not Applicable*

05. Equipment Inspection *Satisfactory*

07. Security *Satisfactory*

08. Environment *Satisfactory*

48. Drugs (procurement, temperature, security, out-of-date, samples) *Satisfactory*

90. TSBP complaint notification *Satisfactory*

Controlled Substances

10. Prescriptions separated *Not Applicable*

24. Theft/Loss *Satisfactory*

Comment

No theft or loss has occurred.

26. Controlled substance prescription compliance *Not Applicable*

30. Controlled substance invoices dated/initialed by pharmacist *Not Applicable*

35. Controlled substance invoices separated *Not Applicable*

46. Drug distribution *Not Applicable*

53. Possession of controlled substances *Satisfactory*

Comment

No controlled substances on site.

57. Corresponding responsibility (Does the pharmacist exercise sound professional judgment with respect to the accuracy or authenticity of a prescription drug order?) *Satisfactory*

Labeling/Prepackaging

32. Prescription label (Is prescription label complete?) *Satisfactory*

45. Proper dispensing/labeling *Satisfactory*

54. Proper prepackaging procedures *Not Applicable*

Library

06. Required Library *Satisfactory*

Training

60. Documentation of required training	*Satisfactory*
61. Supervision of supportive personnel	*Satisfactory*

Patient/Computer/Dispensing Records

18. Records available	*Satisfactory*
22. Data processing system compliance	*Satisfactory*
25. Prescriptions (complete, retrievable, auto-refills, accelerated refills)	*Satisfactory*
37. Legal dispensing (Are valid prescriptions being dispensed by a pharmacist?)	*Satisfactory*
56. Prescription transfers	*Satisfactory*
67. Written drug information provided	*Satisfactory*
80. Patient counseling	*Not Applicable*
82. Patient Medication Records	*Satisfactory*
84. Drug regimen review	*Satisfactory*
86. Absence of pharmacist records	*Not Applicable*

Policies & Procedures/SOPs

70. Required policies & procedures/SOPs	*Satisfactory*
92. Automated dispensing policy & procedures/SOPs	*Not Applicable*

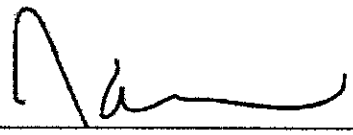
Non-Sterile Compounding

38. Area for non-sterile compounding	*Not Applicable*
43. Records for non-sterile compounding	*Not Applicable*

Signatures

An agent of the Texas State Board of Pharmacy has inspected your pharmacy. The results of this inspection have been noted.

- Items designated as "Refer to Legal" must be rectified immediately. In addition, the matter discovered during the inspection and deemed to be a serious violation by the inspector will be referred to the Legal Division for review and possible disciplinary action; and
- Items designated as "Warning Notice" must be corrected by the deadline noted to ensure compliance with the laws and rules governing the practice of pharmacy (Note: A "Warning Notice" is issued for a minor violation, and does not equate to disciplinary action).



Robert Dobbins PIC #30154



Terri Burrows

Facility - #16280

Name	Status	Agency	Facility	Case Number	Date Agreement Signed	Summary/Outcome	Fine Amount	Discipline Type
Frisco 16280	Consent Order	LA BoP	Frisco #16280	10-0096	5/20/2010	Pharmacy licensing issue. Discipline from Cystic Fibrosis Service INC prior to Walgreens acquisition in 2012.	$ 5,250.00	Facility

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: **Walgreens.com, Inc.**
108 Wilmot Rd., Deerfield, IL 60015

Ownership: The Applicant entity is wholly owned (100%) by Walgreen Co.

Officers of Walgreens.com, Inc.
Richard Gates - President
Brittany Mack - Treasurer
Cherita Thomas - Secretary & Director
Michael Emerson - Vice President, Tax & Director
Michael Handal - Licensing and Provider Enrollment Officer

Ownership & Leadership of Walgreen Co.

Ownership: Walgreen Co. is wholly owned (100%) by Walgreens Boots Alliance, Inc.

Officers of Walgreen Co.
Michael Motz - CEO
Richard Gates - Senior Vice President and 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.

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.

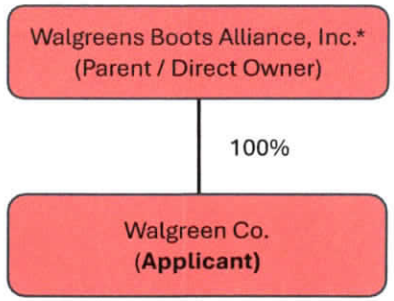
Ownership: Walgreens Boots Alliance, Inc. is wholly owned (100%) by Blazing Star Parent, LLC

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

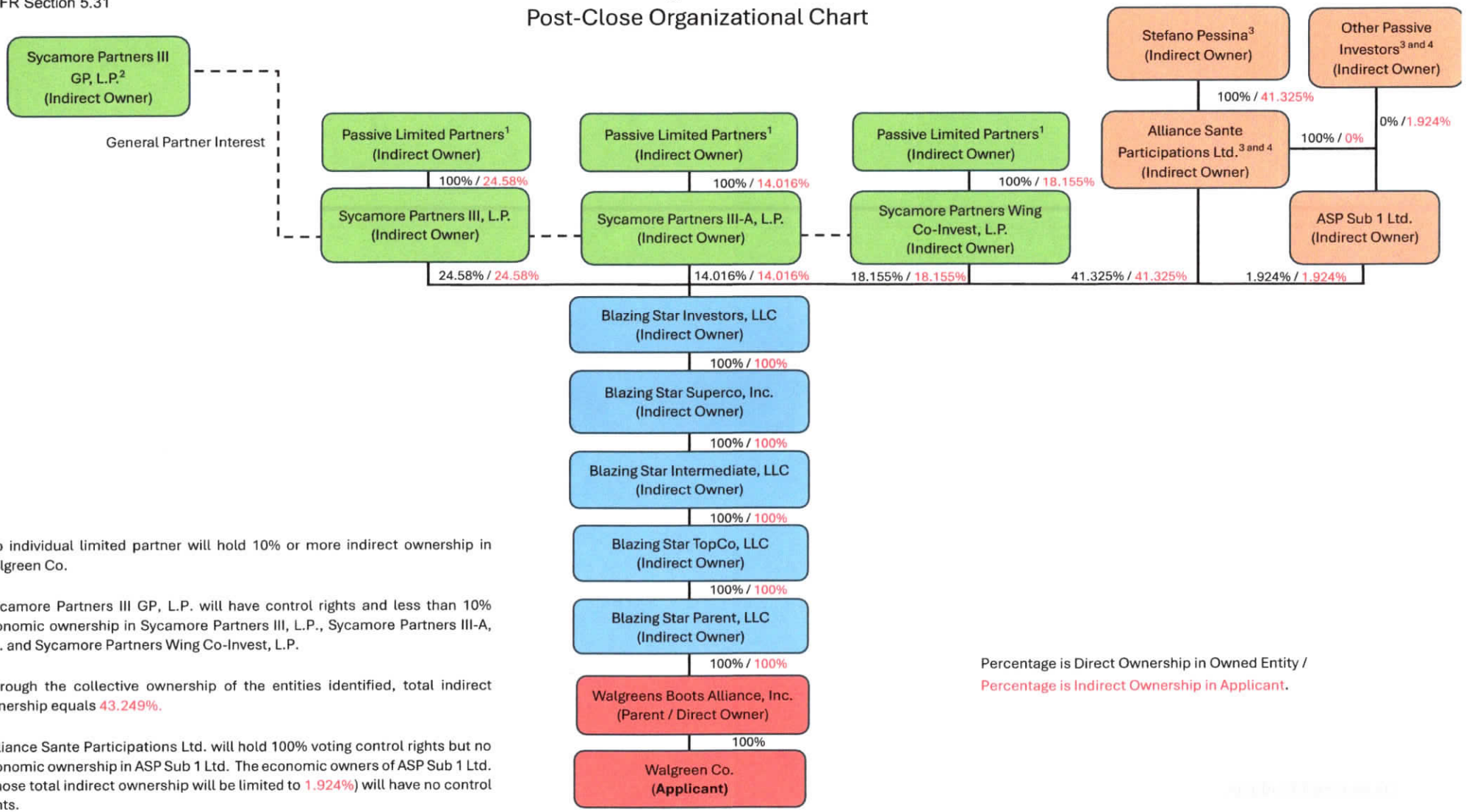
Walgreen Co.
Pre-Close Organizational Chart



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.

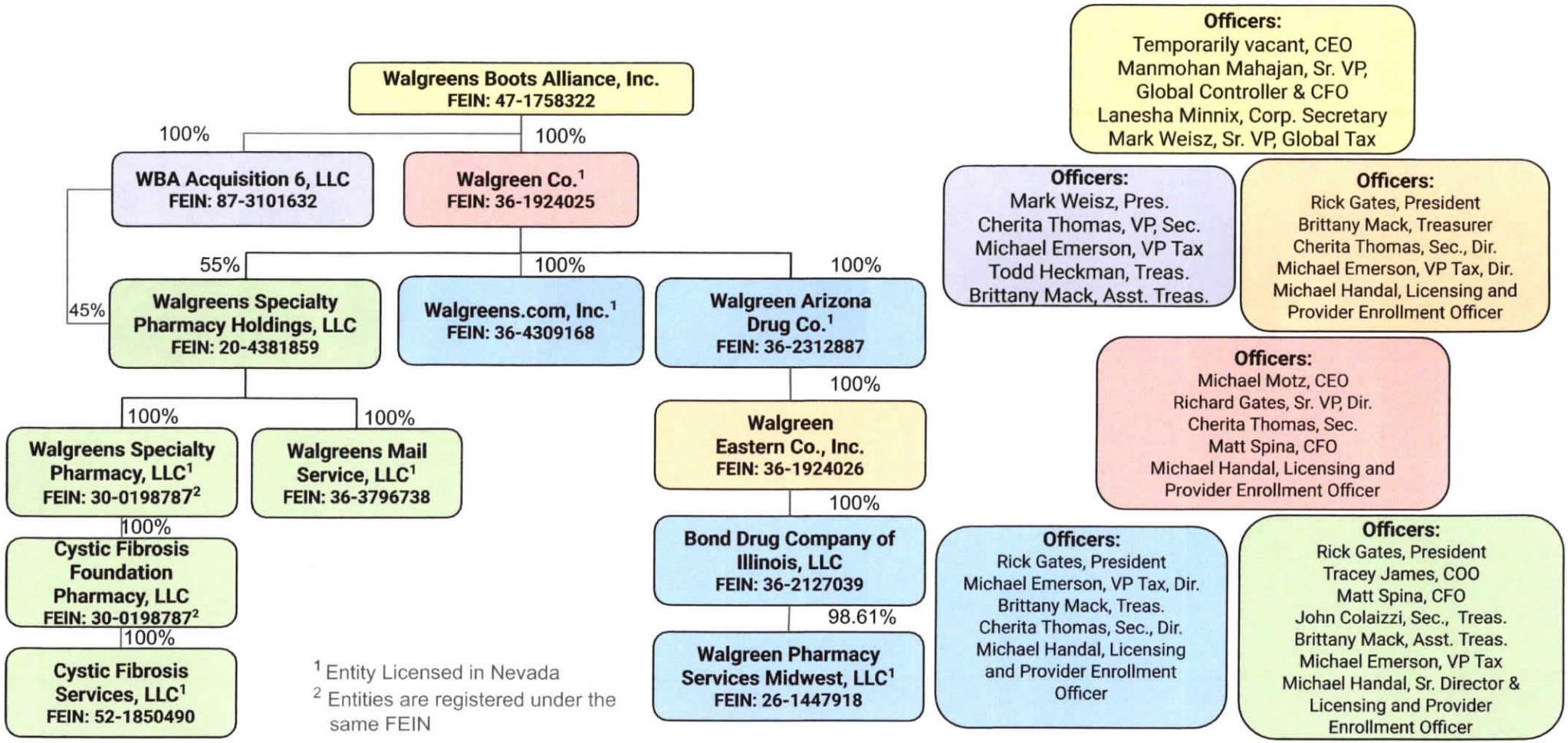
[2]Sycamore Partners III GP, L.P. will have control rights and less than 10% economic ownership in Sycamore Partners III, L.P., Sycamore Partners III-A, L.P. and Sycamore Partners Wing Co-Invest, L.P.

[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

10M

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 04148	☑ Retail/Community ☐ Hospital (# beds _____) ☐ Internet ☐ Nuclear ☐ Other:	☑ Retail/Community ☑ Dangerous drugs ☑ Controlled substances DEA #: FW1266635 ☑ 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 #21213

Physical Address: 5149 W Thunderbird Rd. #51

City: Glendale State: AZ Zip: 85306

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: 602-427-0919 Toll Free # (NAC 639.708, NRS 639.23286): N/A

Fax: 602-427-0920 Contact Email: rxm.21213@store.walgreens.com

Website: https://www.walgreens.com/

Nevada Business License # (if applicable) NV20212194266

Supervising/Managing Pharmacist Name (NRS 639.220): Timothy Ivers

Supervising/Managing Pharmacist NV Pharmacist Registration # (if applicable): 24247

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: Timothy Ivers	NV Pharmacist Registration #: 24247
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: AZ

Parent Company (if any): Walgreen Co.

Corporation/Organization Name: Walgreens Arizona Drug 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: 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: _____

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.

Cherita Thomas

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

Cherita Thomas

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

08 / 29 / 2025

Date

Board Use Only	Date Received: 9/18/25	Amount: $500-CK JP03-30001111291

ARIZONA STATE BOARD OF PHARMACY
P.O. Box 18520 Phoenix, AZ 85005
602-771-ASBP (2727)
FAX: 602-771-2749
http://www.azpharmacy.gov

Receipt Date: 10/01/2024
Receipt Number: 2024184646
Receipt Amount $: 480.00

Pharmacy - Chain

Compounding – Non-Sterile,Retail

	PERMIT NO	**EXPIRES**
	Y005120	**10/31/2026**
Issued to :	Community, A Walgreens Pharmacy #21213 Walgreen Arizona Drug Co. P. O. BOX 901 DEERFIELD, IL 60015	Community, A Walgreens Pharmacy #21213 5149 W THUNDERBIRD ROAD GLENDALE, AZ 85306

Kam Gandhi
EXECUTIVE DIRECTOR

ARIZONA STATE BOARD OF
PHARMACY
P.O. Box 18520
Phoenix, AZ 85005
602-771-ASBP (2727)
FAX: 602-771-2749

WALLET CARD

NAME : Walgreen Arizona Drug Co.
LICENSE NUMBER : Y005120
EXPIRES : 10/31/2026

http://www.azpharmacy.gov

- **Your license must be available for inspections during business hours.**
- **Permit holder(s) must display permit in the location to which it is issued.**
- **Please note it is your responsibility to keep this license/permit current.**

Important Information

LICENSE HOLDER (pharmacist, intern, technician, technician-trainee)

• Holder of this license number, printed above, is authorized in accordance with A.A.C. R4-23-201(A), A.A.C. R4-23-301(A) or A.A.C R4-23-1101(A), to perform the duties associated within their profession. By holding this license, the licensee agrees to comply with state & federal law.
• You are required by law to notify the Board of any home address and/or employment change within 10 business days

PERMIT HOLDER (pharmacy, non-prescription retailer (OTC), wholesale, manufacture, CMG, DME)

• Holder of this permit number, printed above, is authorized to conduct business according to the classification specified in A.R.S. § 32-1908(A); A.A.C. R4-23-601 and A.A.C. R4-23-607. By holding this permit, the permittee agrees to comply with state & federal law
• In-state pharmacy, wholesaler & manufacture permit holder(s) who plan to remodel or move locations, must submit a change-of-location/remodel form within 30 days prior to move/remodel. In-state non-prescription (OTC), compressed medical gas (CMG) & DME providers who plan to move locations must notify the board within 10 business days of move.
• Out-of-State permit holders must notify the Board of location changes, in writing, within 10 business days of move. A revised copy of your state permit shall be submitted to the Board, when available.

Arizona State Board of Pharmacy

Physical Address: 1110 W. Washington St., Suite 260, Phoenix, AZ 85007
Mailing Address: P.O. Box 18520, Phoenix, AZ 85005
(P): 602-771-2727 (F): 602-771-2749 www.azpharmacy.gov

CERTIFICATION OF ARIZONA STATE BOARD OF PHARMACY PERMIT FOR THE ENTITY LISTED BELOW :

This document is not a license/registration/permit but serves as the primary source of verification.

Name :	Walgreens Specialty Pharmacy #21213
Address :	5149 W Thunderbird Road Glendale AZ 85306
Registration No :	Y005120
Permit Type :	Pharmacy
Sub Type :	Chain
Date Issued :	02/20/2009
Expiration Date :	10/31/2026
Status :	OPEN
Discipline :	No

Kam Gandhi

Kam Gandhi

Executive Director
Arizona State Board of Pharmacy

Date: 09/02/2025

WALGREEN ARIZONA DRUG CO
P.O. BOX 901
DEERFIELD, IL 60015-0000

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
FW1266635	05-31-2028	$888

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N, 3,3N,4,5	CHAIN PHARMACY	04-25-2025

WALGREEN ARIZONA DRUG CO
WALGREENS SPECIALTY PHARMACY #21213
5149 W THUNDERBIRD RD.
GLENDALE, AZ 85306-0000

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
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DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
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WALGREEN ARIZONA DRUG CO
WALGREENS SPECIALTY PHARMACY #21213
5149 W THUNDERBIRD RD.
GLENDALE, AZ 85306-0000

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Form DEA-223 (9/2016)

S = SATISFACTORY N/I = NEEDS IMPROVEMENT V = VIOLATION N/A = NOT APPLICABLE / NONE OBSERVED

DEMOGRAPHICS

AZ permit# : Y005120	AZ Permit Exp.Date : 10/31/2024	Business Name : Community, A Walgreens Pharmacy #21213
Address : 5149 W Thunderbird Road		
Zip : 85306	City : Glendale	State : AZ
Phone : (602) 427-0919	Fax : (602) 427-0920	Email : taxlicenserenewals@walgreens.com
Inspection Date : 07/24/2024	PIC : Tim Ivers	Pic License Exp Date : 10/31/2025
DEA # : FW1266635	DEA # Exp. date : 05/31/2025	DEA Inventory Annual Date : 06/07/2024
Reviewers License# : 5025730	Inspection type : Routine	

Inspection Conducted By : Nancy Chang

Facility Data

# Rxs/Week	RPh Hours/Week	# Rxs/Hours
250	42	5.9523809523809526

PERMITS

1	Arizona	☑ S ☐ N/I ☐ V ☐ N/A	ARS § 32-1933(A); R4-23-606(A)
2	DEA	☑ S ☐ N/I ☐ V ☐ N/A	ARS § 36-2522(A)(2); 21 CFR 1301.35(c)

S = SATISFACTORY N/I = NEEDS IMPROVEMENT V = VIOLATION N/A = NOT APPLICABLE / NONE OBSERVED

3	Suppliers	☑ S ☐ N/I ☐ V ☐ N/A ARS § 32-1929; R4-23-601(A), R4-23-604(A); R4-23-605(A); R4-23-607(A)	

LICENSES

1	Pharmacists	☑ S ☐ N/I ☐ V ☐ N/A ARS § 32-1925(A); R4-23-201(A)	
2	Interns / Graduate Interns	☐ S ☐ N/I ☐ V ☑ N/A ARS § 32-1923(B); R4-23-301(G)	
3	Technicians / Trainees Reminder to post the official license copy and not the verification copy.	☑ S ☐ N/I ☐ V ☐ N/A ARS § 32-1925(A), R4-23-1101(A); R4-23-1102(D); R4-23-1103(B)(2)	
4	Current renewal licenses maintained	☑ S ☐ N/I ☐ V ☐ N/A ARS § 32-1933(B)	

PHARMACY

1	Drug storage and security A backup key is maintained at the nearby Walgreens store on 54th & Thunderbird.	☑ S ☐ N/I ☐ V ☐ N/A R4-23-609(G)(H)	
2	Personnel and security procedures	☑ S ☐ N/I ☐ V ☐ N/A R4-23-610	
3	Facilities	☑ S ☐ N/I ☐ V ☐ N/A R4-23-611(A)	
4	Drug supply	☑ S ☐ N/I ☐ V ☐ N/A R4-23-611(B)	

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5	Quarantine expired drugs No expired drugs found.	☑ S ☐ N/I ☐ V ☐ N/A	R4-23-611(B)(4)
6	Equipment	☑ S ☐ N/I ☐ V ☐ N/A	R4-23-612
7	Policies and procedures	☑ S ☐ N/I ☐ V ☐ N/A	R4-23-610(A); R4-23-611(B)

TECHNICIANS

1	Training program	☑ S ☐ N/I ☐ V ☐ N/A	R4-23-1105(B)(D)
2	Training program - compounds Reviewed compounding training for the pharmacy technician	☑ S ☐ N/I ☐ V ☐ N/A	R4-23-1105(C)
3	Activities - trainees No trainees at this pharmacy location.	☐ S ☐ N/I ☐ V ☑ N/A	R4-23-1104(A)
4	Activities - technicians	☑ S ☐ N/I ☐ V ☐ N/A	R4-23-1104(A)(B)
5	Policies and procedures	☑ S ☐ N/I ☐ V ☐ N/A	R4-23-1104(F)(G)

COUNSELING

1	Documentation	☑ S ☐ N/I ☐ V ☐ N/A	R4-23-402(G)(H)

2	Oral consultation Reminder to not ask if the patient has any questions for the pharmacist. Counseling is required for all new prescriptions and not per patient's choice.	☑ S ☐ N/I ☐ V ☐ N/A	R4-23-402(C)(D)(E)
3	Written information	☑ S ☐ N/I ☐ V ☐ N/A	R4-23-402(C)(I)

PRESCRIPTION AUDIT

1	Prescription files	☑ S ☐ N/I ☐ V ☐ N/A	ARS § 32-1964; ARS § 36-2525(C)(1)(2)
2	Prescription label	☑ S ☐ N/I ☐ V ☐ N/A	ARS § 32-1968(D); ARS § 36-2525(L)
3	CII prescriptions	☑ S ☐ N/I ☐ V ☐ N/A	ARS § 32-1968; 36-2525(A) to (G); R4-23-407(A)
4	CIII - CV prescriptions	☑ S ☐ N/I ☐ V ☐ N/A	ARS § 32-1968; 36-2525(A)(C)(2)(H)(I); R4-23-407(A)
5	Non-controlled prescriptions	☑ S ☐ N/I ☐ V ☐ N/A	ARS § 32-1968, R4-23-407(A)
6	Transfers	☑ S ☐ N/I ☐ V ☐ N/A	R4-23-407(D)
7	Telephone	☑ S ☐ N/I ☐ V ☐ N/A	ARS § 32-1968(A)(5); R4-23-402(A)(1)(2)
8	Refill authorizations N/A - did not observe	☐ S ☐ N/I ☐ V ☑ N/A	ARS § 32-1968(A)(6); R4-23-402(A)(13); R4-23-407(E)(5)

S = SATISFACTORY N/I = NEEDS IMPROVEMENT V = VIOLATION N/A = NOT APPLICABLE / NONE OBSERVED

9	Facsimile	☑ S ☐ N/I ☐ V ☐ N/A	R4-23-407(E)
10	Electronically transmitted	☑ S ☐ N/I ☐ V ☐ N/A	R4-23-407(F); R4-23-408(H)
11	Patient information	☑ S ☐ N/I ☐ V ☐ N/A	R4-23-402(A)(3)(4)
12	Allergies / medical conditions	☑ S ☐ N/I ☐ V ☐ N/A	R4-23-402(A)(3)(b)
13	Brand / generic	☑ S ☐ N/I ☐ V ☐ N/A	ARS § 32-1963.01
14	Foreign prescriptions	☐ S ☐ N/I ☐ V ☑ N/A	ARS § 32-1969
15	Prescription blank advertising prohibited	☐ S ☐ N/I ☐ V ☑ N/A	R4-23-404(B); ARS § 32-1901.01(B)(25)
16	Prescription audit numbers Rx (5/20-5/24/24); CIII-V (5/15/24-5/24/24); CII (508758-506774)		

COMPUTER REQUIREMENTS

1	Security	☑ S ☐ N/I ☐ V ☐ N/A	R4-23-408(F)
2	Log books / printout No missing days observed.	☑ S ☐ N/I ☐ V ☐ N/A	R4-23-408(C)(4)

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3	Reports	☑ S ☐ N/I ☐ V ☐ N/A	R4-23-408(B)(5)(6)
4	Policies and procedures	☑ S ☐ N/I ☐ V ☐ N/A	R4-23-408(A)

IMMUNIZATIONS

1	Certification	☑ S ☐ N/I ☐ V ☐ N/A	ARS § 32-1974(D)(K), R4-23-411(A)
2	Recordkeeping	☑ S ☐ N/I ☐ V ☐ N/A	ARS § 32-1974(F)(3); R4-23-411(F)(I)
3	Reporting requirements This is a specialty compounding pharmacy and they rarely give vaccination. Only had a few a year.	☑ S ☐ N/I ☐ V ☐ N/A	ARS § 32-1974(F); R4-23-411(F)(2)
4	Current certificate maintained	☑ S ☐ N/I ☐ V ☐ N/A	R4-23-411(C)(2)
5	Administration without a prescription	☑ S ☐ N/I ☐ V ☐ N/A	ARS § 32-1974(A)(B); R4-23-411(A)
6	Prescription only administration	☐ S ☐ N/I ☐ V ☑ N/A	ARS § 32-1974(C)(I); R4-23-411(A)(4); (B); (I)

MECHANICAL STORAGE / COUNTING DEVICES

1	Cell identification	☐ S ☐ N/I ☐ V ☑ N/A	R4-23-615(A)(1)
2	Paper / electronic log	☐ S ☐ N/I ☐ V ☑ N/A	R4-23-615(A)(2)(3)

S = SATISFACTORY N/I = NEEDS IMPROVEMENT V = VIOLATION N/A = NOT APPLICABLE / NONE OBSERVED

3	Training	☐ S ☐ N/I ☐ V ☑ N/A	R4-23-615(C)(1)(D)
4	Maintenance	☐ S ☐ N/I ☐ V ☑ N/A	R4-23-615(C)(2)(D)
5	Accuracy validation testing	☐ S ☐ N/I ☐ V ☑ N/A	R4-23-615(C)(3)(D)
6	Return by approval only	☐ S ☐ N/I ☐ V ☑ N/A	R4-23-615(B)(G)
7	Policies and procedures	☐ S ☐ N/I ☐ V ☑ N/A	R4-23-615(E)

MECHANICAL COUNTING DEVICES

1	Training	☐ S ☐ N/I ☐ V ☑ N/A	R4-23-616(A)(1)(B)
2	Maintenance	☐ S ☐ N/I ☐ V ☑ N/A	R4-23-616(A)(2)(B)
3	Accuracy validation testing	☐ S ☐ N/I ☐ V ☑ N/A	R4-23-616(A)(3)(B)
4	Policies and procedures	☐ S ☐ N/I ☐ V ☑ N/A	R4-23-616(C)

CONTROLLED SUBSTANCE RECORDS

1	CIIs purchase / sale / disposal	☑ S ☐ N/I ☐ V ☐ N/A	ARS § 36-2523(A); ARS § 36-2524; R4-23-601(D);R4-23-1003(A)(4)(B)

S = SATISFACTORY N/I = NEEDS IMPROVEMENT V = VIOLATION N/A = NOT APPLICABLE / NONE OBSERVED

2	CIII - CVs purchase / sale / disposal	☑ S ☐ N/I ☐ V ☐ N/A	ARS § 36-2523(A); R4-23-601(D); R4-23-612(11); R4-23-1003(A)(4)
3	Inventory	☑ S ☐ N/I ☐ V ☐ N/A	ARS § 36-2523(B); R4-23-1003
4	Audit	☑ S ☐ N/I ☐ V ☐ N/A	ARS § 36-2523
5	DEA 106 Theft/Loss reporting	☐ S ☐ N/I ☐ V ☑ N/A	R4-23-1003(A)(2); 21 CFR 1301.76(b)

MISCELLANEOUS

1	Badges - name / title	☑ S ☐ N/I ☐ V ☐ N/A	R4-23-402(K); R4-23-671(B)(4); R4-23-1104(E)
2	Sales of drugs to practitioners	☐ S ☐ N/I ☐ V ☑ N/A	ARS § 32-1981(7)(d); R4-23-601(D); R4-23-1003(A)(4)
3	Schedule V register	☐ S ☐ N/I ☐ V ☑ N/A	ARS § 36-2525(J)
4	Delivery Mostly via FedEx.	☑ S ☐ N/I ☐ V ☐ N/A	ARS § 32-1901.01(B)(23); R4-23-402(I)
5	CQA training / Policies and procedures The pharmacy uses the proprietary Star System for documentation of events	☑ S ☐ N/I ☐ V ☐ N/A	ARS § 32-1973; R4-23-620
6	Non-controlled substances purchase / sale / disposal	☑ S ☐ N/I ☐ V ☐ N/A	R4-23-601(D)

7	Dextromethorphan sales restrictions No OTC sales at this location.	☐ S ☐ N/I ☐ V ☑ N/A	ARS 32-1978
8	Federal medication guides Automatically print out for each medication.	☑ S ☐ N/I ☐ V ☐ N/A	21 CFR part 208
9	Pharmacy to pharmacy transfer of drugs (intracompany)	☑ S ☐ N/I ☐ V ☐ N/A	R4-23-601(D); R4-23-1003(A)(4)

METHAMPHETAMINE PRECURSORS

1	Storage	☑ S ☐ N/I ☐ V ☐ N/A	ARS § 32-1977(B)
2	Documentation	☑ S ☐ N/I ☐ V ☐ N/A	ARS § 32-1977(C); 21 CFR 1314
3	Self-certification	☑ S ☐ N/I ☐ V ☐ N/A	21 CFR 1314.35; 21 CFR 1314.40

SHARED SERVICES

1	Current resident / nonresident permit	☐ S ☐ N/I ☐ V ☑ N/A	R4-23-621(A)
2	Same owner / written contract / common electronic file	☐ S ☐ N/I ☐ V ☑ N/A	R4-23-621(B)
3	Notification to patients	☐ S ☐ N/I ☐ V ☑ N/A	R4-23-621(C)

4	Maintain manual / electronic records	☐ S ☐ N/I ☐ V ☑ N/A	R4-23-621(D)
5	Work outside pharmacy	☐ S ☐ N/I ☐ V ☑ N/A	R4-23-621(F)
6	Policies and procedures	☐ S ☐ N/I ☐ V ☑ N/A	R4-23-621(E)

COMPOUNDING PRACTICES (GENERAL)

1	Documentation product compounded	☑ S ☐ N/I ☐ V ☐ N/A	R4-23-410(C)(1)(e); R4-23-410(I)(K)
2	Patient label Uses a star as a symbol for compounding.	☑ S ☐ N/I ☐ V ☐ N/A	R4-23-410(I)(4)
3	Beyond-use dates	☑ S ☐ N/I ☐ V ☐ N/A	R4-23-410(I)(4)(b); R4-23-410(B)(3)(d)
4	Equipment The hood was down and no compounding was performed pending recertification.	☐ S ☐ N/I ☐ V ☑ N/A	R4-23-410(F)(G)
5	Product produced in excess	☑ S ☐ N/I ☐ V ☐ N/A	R4-23-410(B)(2); R4-23-410(J)
6	Component removed from original container	☐ S ☐ N/I ☐ V ☑ N/A	R4-23-410(I)(6)
7	Compounds for medical practitioners	☐ S ☐ N/I ☐ V ☑ N/A	R4-23-410(B)(3); R4-23-601(D); R4-23-1003(A)(4)

8	Patient written list Medication guide provided for each ingredient.	☑ S ☐ N/I ☐ V ☐ N/A	R4-23-410(I)(5)
9	Protective apparel	☑ S ☐ N/I ☐ V ☐ N/A	R4-23-410(C)(2)(c)
10	Facility Daily cleaning docs and scale calibration was done and signed off monthly.	☑ S ☐ N/I ☐ V ☐ N/A	R4-23-410(E)
11	Components for compounding/storage	☑ S ☐ N/I ☐ V ☐ N/A	R4-23-410(B)(H)
12	Policies and procedures	☑ S ☐ N/I ☐ V ☐ N/A	R4-23-410(D)(G)(H)(I)(K)

STERILE COMPOUNDING

1	Compounding area	☐ S ☐ N/I ☐ V ☑ N/A	R4-23-670(A)(E)(F)
2	Equipment	☐ S ☐ N/I ☐ V ☑ N/A	R4-23-670(B)
3	Sterile product reference	☐ S ☐ N/I ☐ V ☑ N/A	R4-23-670(B)(6)
4	Certification hood / environment	☐ S ☐ N/I ☐ V ☑ N/A	R4-23-670(D)(14)(g)
5	Documentation routine cleaning / maintenance	☐ S ☐ N/I ☐ V ☑ N/A	R4-23-670(D)(14)(g)

S = SATISFACTORY N/I = NEEDS IMPROVEMENT V = VIOLATION N/A = NOT APPLICABLE / NONE OBSERVED

6	Personnel protective clothing	☐ S ☐ N/I ☐ V ☑ N/A R4-23-670(E)(3)(F)(2)
7	Annual / semi-annual media fill tests	☐ S ☐ N/I ☐ V ☑ N/A R4-23-670(E)(4)(F)(3)
8	Documentation of product compounded	☐ S ☐ N/I ☐ V ☑ N/A R4-23-410(C)(1)(e); R4-23-410(I)(K)
9	Beyond-use dates	☐ S ☐ N/I ☐ V ☑ N/A R4-23-670(D)(14)(d); R4-23-410(B)(3)(d)
10	Process / product validation testing	☐ S ☐ N/I ☐ V ☑ N/A R4-23-670(D)(14)(f)
11	Policies and procedures	☐ S ☐ N/I ☐ V ☑ N/A R4-23-670(C)(D)

AUDIT

Date Of Inventory : 06/07/2024

Inventory Taken : Close

Date Of Audit : 07/24/2024

Name & Strength of Drug	Initial Inventory	Total Purchased	Total Accounted For	Closing Inventory	Sales (Rx & log)	Total Can Account for	Difference	Percentage
Dextroamphetamine Mix Salt 10mg Tablets	174	200	374	164	210	374	0	0.00
xcopri 100mg tablet	30	0	30	30	0	.30	0	0.00
pregabalin 100 mg caps	120	0	120	120	0	120	0	0.00

NOTES

Hours: M-F (8:30 - 5:30p)
This pharmacy fills mostly specialty medications and non-sterile compounded prescriptions.

No violations were issued.

Reminders:
- To post the official licenses and not the receipt/verification copy
- To counsel patients on all new prescriptions regardless of whether or not the patient has any questions for the pharmacist.

AFFIRMATION

Status :

Satisfactory

Representative Email :

nchang@azpharmacy.gov

Arizona State Board of Pharmacy

Physical address: 1110 W. Washington Street Suite 260 Phoenix, AZ 85007, Mailing address: PO Box 18520 Phoenix, AZ 85005-8520
Telephone. 602-771-2727 Fax. 602-771-2749 Website: pharmacy az gov

NOTICE OF INSPECTION RIGHTS-PREMISES SUBJECT TO INSPECTION

DATE: 7/24/24

COMPLIANCE OFFICER/INSPECTOR: Nancy Chang

ACCOMPANIED BY: _____

Permittee: Community Walgreens Pharmacy #21263
Permit #: _____
Address: 5749 W. Thunderbird Road
Glendale AZ 85306

1. This inspection is conducted under the authority of Arizona Revised Statutes (A.R.S.) §§32-1904(A), 32-1927.03(D), 32-1939(A), 32-1941(C), 32-1964(A), 36-2522(E), and 36-2523(C)).

2. The purpose of the inspection is to determine compliance with A.R.S. Title 32, Chapter 18; A.R.S. Title 36, Chapter 27, and Arizona Administrative Code (A.A.C.) Chapter 23, Title 4.

3. Fees for the inspection are. ☒ Not applicable ☐ Authorized by: _____ as follows. _____.

4. An authorized on-site representative of this facility may accompany the inspector(s) during the inspection of the premises except during any confidential interview.

5. You have the right to have on request copies of any original documents taken by the inspector(s) during the inspection in those cases where the agency has authority to take original documents.

6. You have the right to have on request a split of any samples taken during the inspection if the split of any samples would not prohibit an analysis from being conducted or render an analysis inconclusive

7. You have the right to have on request copies of any analysis performed on samples taken during the inspection.

8. You have the right to have on request copies of any documents to be relied on to determine compliance with licensure or regulatory requirements if the agency is otherwise allowed by law to do so.

9. You have the right to have on request a detailed billing statement that provides reasonable specificity of the inspection or audit fees imposed pursuant to paragraph 3 of this subsection and that cites the statute or rule that authorizes the fees being charged.

10. Each person whose conversation is tape-recorded during the inspection will be informed that the conversation is being recorded

11. Each person interviewed during the inspection will be informed that statements made by the person may be included in the report. Participation in an interview is voluntary unless the person is legally compelled to participate in the interview. Each person interviewed will be allowed twenty-four hours to review and revise any written witness statement drafted by the inspector(s) and on which the inspector(s) request the person's signature. The inspector(s) may not prohibit the person from having an attorney or expert in their field present during the interview to represent or advise the regulated person

12. An inspector shall at the end of the inspection, offer to review with an authorized representative of the regulated person, the findings of the inspection and what agency actions the regulated person can expect

13. An inspector may not take any adverse action, treat the person less favorably or draw any inference as a result of the person's decision to be represented by an attorney or advised by other experts in their field

14. The information and documents provided to the inspector(s) as part of an investigation are confidential pursuant to A.R.S. § 32-1940. Information and documents provided to the inspector(s) as part of an inspection are not confidential with the exception of trade secrets and propriety and confidential information.

15. A new or amended compliance action arising from the inspection may not be filed against the regulated person more than four years after the date of the inspection.

16. If you have any questions regarding this inspection, you may contact Nancy Chang (602) 885-0382 nchang@azpharmacy.gov

17. You have the right to appeal a final decision of the Board if any administrative order is issued or other enforcement action is taken based on the results of this inspection. Administrative hearing rights are found in A.R.S. § 41-1092 et seq. Rights relating to appeal of a final agency decision are found in A.R.S. § 12-901 et seq.

18. If you have any questions regarding your right to appeal an enforcement action taken by the Board based on this inspection, you may contact: Jennifer Keonavong, Deputy Director at 602-771-2735, or Arizona Ombudsman-Citizens' Aide. 7878 N. 16th St. # 235, Phoenix, AZ 85020 602-277-7292 (email: ombuds@azoca.gov).

Upon entry onto the premises for this inspection, the Board inspector(s) identified above presented photo identification indicating they are Board employees, and reviewed with me the above Notice of Inspection Rights. I have read the disclosures above and am notified of my inspection and due process rights as listed above. I understand that while I have the right to decline to sign this form, the Board inspector(s) may nevertheless proceed with the inspection.

Signature and Title of Authorized Representative: Timothy P. Juerss Date: 7/24/2024

☐ By checking this box, the inspector(s) documents the refusal of the authorized representative to sign the Notice of Inspection Rights.

[Version 03.2023.01]

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: **Walgreens.com, Inc.**
108 Wilmot Rd., Deerfield, IL 60015

Ownership: The Applicant entity is wholly owned (100%) by Walgreen Co.

Officers of Walgreens.com, Inc.
Richard Gates - President
Brittany Mack - Treasurer
Cherita Thomas - Secretary & Director
Michael Emerson - Vice President, Tax & Director
Michael Handal - Licensing and Provider Enrollment Officer

Ownership & Leadership of Walgreen Co.

Ownership: Walgreen Co. is wholly owned (100%) by Walgreens Boots Alliance, Inc.

Officers of Walgreen Co.
Michael Motz - CEO
Richard Gates - Senior Vice President and 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.

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.

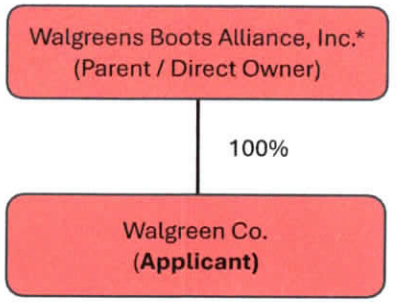
Ownership: Walgreens Boots Alliance, Inc. is wholly owned (100%) by Blazing Star Parent, LLC

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

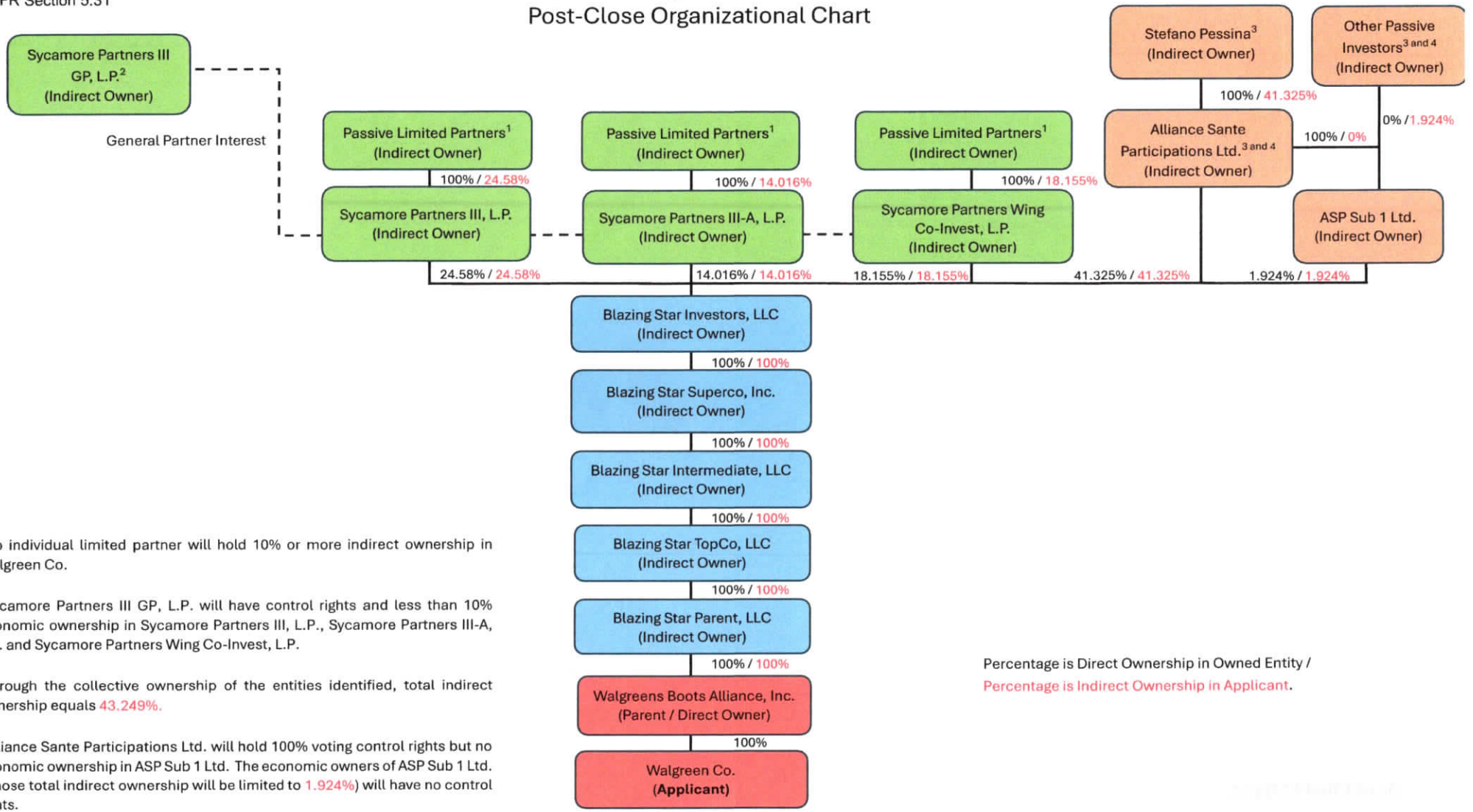
Walgreen Co.
Pre-Close Organizational Chart



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.

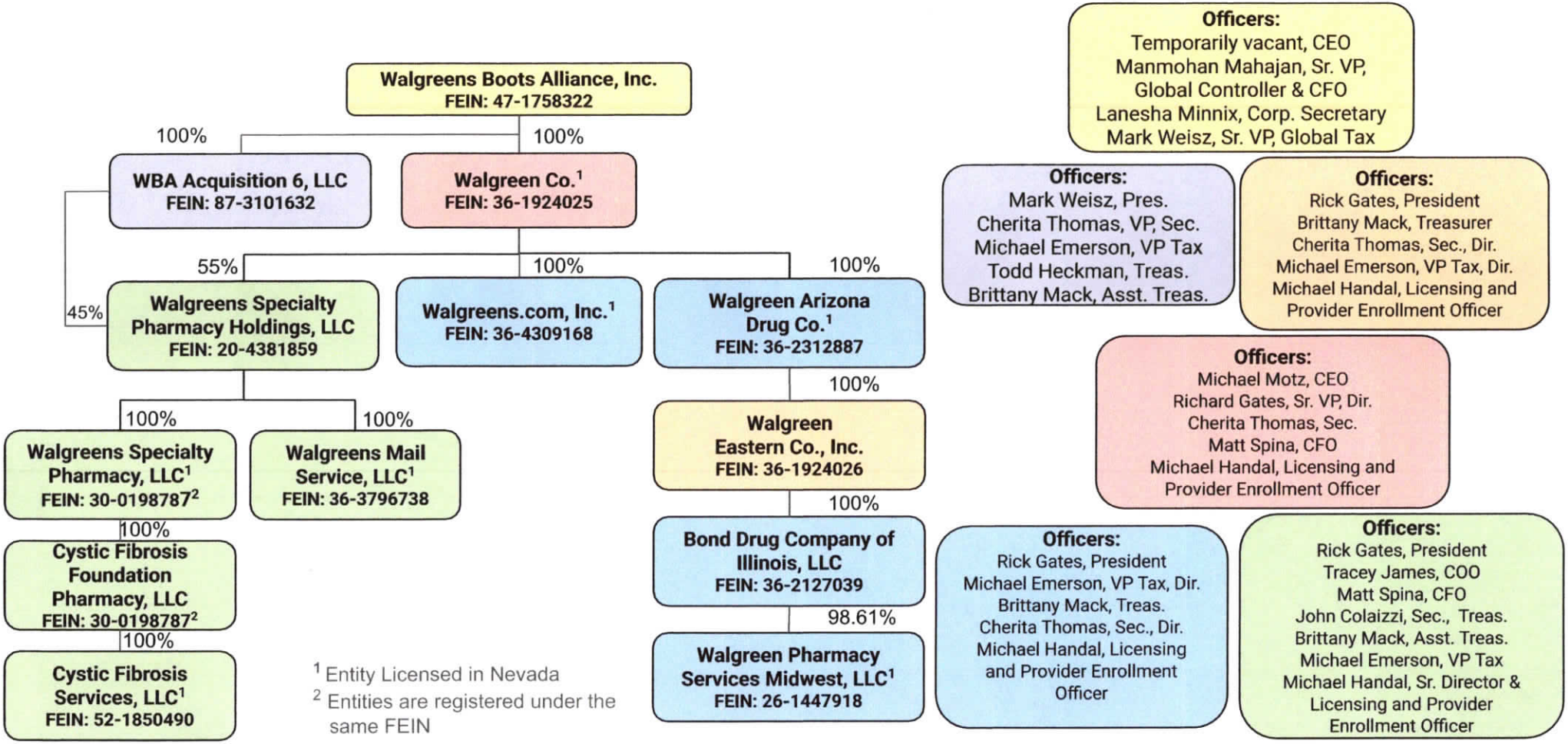
[2]Sycamore Partners III GP, L.P. will have control rights and less than 10% economic ownership in Sycamore Partners III, L.P., Sycamore Partners III-A, L.P. and Sycamore Partners Wing Co-Invest, L.P.

[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

10N

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 #: BF8715661
	☐ 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 PH01440		☐ 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 #16287

Physical Address: 130 Enterprise Drive

City: Pittsburgh State: PA Zip: 15275

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: 888-347-3416 Toll Free # (NAC 639.708, NRS 639.23286): 888-347-3416

Fax: 877-231-8302 Contact Email: Brittany.pfoutz@walgreens.com

Website: http://walgreensspecialtyrx.com/

Nevada Business License # (if applicable) NV20243161933

Supervising/Managing Pharmacist Name (NRS 639.220): Brittany Pfoutz

Supervising/Managing Pharmacist NV Pharmacist Registration # (if applicable): 23747

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: Brittany Pfoutz	NV Pharmacist Registration #: 23747
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: Delware

Parent Company (if any): Walgreens Specialty Pharmacy Holdings, LLC

Corporation/Organization Name: Walgreens Specialty Pharmacy, LLC

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: 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: _____

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

Commonwealth of Pennsylvania- Department of State
Bureau of Professional and Occupational Affairs

Mailing Address P.O. Box 2649, Harrisburg, PA 17105 Toll Free: 1-833-DOS-BPOA

WALGREENS SPECIALTY PHARMACY #16287
BRITTANY JEAN PFOUTZ

License Number	: PP415372L	Initial License Date : 04/23/1998		Expiration Date	: 08/31/2027
License Type	: Pharmacy			License Status as of 7/11/2025	: Active
Issued By	: State Board of Pharmacy				
Address	: 130 ENTERPRISE DR, Pittsburgh, PA 15275				

COMMONWEALTH OF PENNSYLVANIA • DEPARTMENT OF STATE •

Arion R. Claggett

Acting Commissioner Arion R. Claggett

Signature of Licensee

SCAN ME

Please verify the license by visiting https://www.pals.pa.gov/verify or by scanning the QR Code

20250710564

7168



BUREAU OF PROFESSIONAL AND OCCUPATIONAL AFFAIRS

P. O. Box 2649

Harrisburg, PA 17105-2649

08/29/2025

License Information

WALGREENS SPECIALTY PHARMACY #16287

130 ENTERPRISE DR
Pittsburgh, Pennsylvania 15275

Board/Commission:	State Board of Pharmacy	Status Effective Date:	11/06/2015
LicenseType:	Pharmacy	Issue Date:	04/23/1998
Specialty Type:	Inspected by Board	Expiration Date:	08/31/2027
License Number:	PP415372L	Last Renewal:	07/10/2025
Status:	Active		

Prerequisite Information

Licensee	Relationship	License Type	License Number	License Status	Associated Date	License Expiration Date
BRITTANY JEAN PFOUTZ	Pharmacist Manager	Pharmacist	RP451680	Active	10/31/2023	09/30/2026

Disciplinary Action Details

No disciplinary actions were found for this license.

This site is considered a primary source for verification of license credentials provided by the Pennsylvania Department of State.

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
BF8715661	05-31-2028	$888

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N,3, 3N,4,5	CHAIN PHARMACY	04-25-2025

WALGREENS SPECIALTY PHARMACY, LLC
DBA WALGREENS SPECIALTY PHARMACY #16287
130 ENTERPRISE DR
PITTSBURGH, PA 15275

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
BF8715661	05-31-2028	$888

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N,3, 3N,4,5	CHAIN PHARMACY	04-25-2025

WALGREENS SPECIALTY PHARMACY, LLC
DBA WALGREENS SPECIALTY PHARMACY #16287
130 ENTERPRISE DR
PITTSBURGH, PA 15275

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

Form DEA-223 (9/2016)

PA State Board of Pharmacy
PO Box 2649
Harrisburg, PA, 17105-2649
Phone: 717-783-7156 Fax: 717-787-7769

FACILITY

WALGREENS SPECIALTY PHARMACY #16287

130 ENTERPRISE DR
PITTSBURGH, PA, 15275

Phone: 847-527-4274
Owner:

LICENSE

License No: AA0005658958 (PP415372L)
Profession: Pharmacy
License Type: Pharmacy

Inspection Type: New Business

Inspection Date: 02/11/2025
Inspection Result: Passed

Remarks:

The undersigned licensee, designee, or other authorized representative of the licensee acknowledges the completion of this inspection and the results as indicated on the summary and checklist reports.

If this is a New Business Inspection, this PASS inspection form will serve as a temporary authority to operate pending final review and approval by the State Board. The temporary authority must be prominently displayed and will expire upon receipt of a properly issued license or six months from the date of inspection.

CORY ULISSE	2/11/2025 12:03:36 PM	Brittany Jean Pfoutz - RP451680
Signature of Inspector	Date/Time	Signature of Owner/Representative

PA State Board of Pharmacy
PO Box 2649
Harrisburg, PA, 17105-2649
Phone: 717-783-7156 Fax: 717-787-7769

FACILITY

WALGREENS SPECIALTY PHARMACY #16287

130 ENTERPRISE DR
PITTSBURGH, PA, 15275

Phone: 847-527-4274
Owner:

LICENSE

License No: AA0005658958 (PP415372L)
Profession: Pharmacy
License Type: Pharmacy

Inspection Type: New Business

Inspection Date: 02/11/2025
Inspection Result: Passed

Remarks:

Question	Answer
Are all licenses current and posted?	YES
Is a "No Smoking" sign prominently posted?	YES
Is the generic equivalent sign and list of commonly used equivalents properly posted?	YES
Is there a refrigerator with temperature monitoring for drug storage only?	YES
Is hot and cold water available in the prescription area?	YES
Are current copies of all Federal, State, and Board statues and regulations pertaining to pharmacy practice available? (Internet access is acceptable)	YES
Are outdated drugs appropriately removed from active stock?	YES
Does the pharmacy meet all security requirements?	YES
Does the pharmacy have adequate equipment and supplies to enable it to properly prepare and dispense consistent with the pharmacy's scope of practice?	YES
Is the pharmacy in compliance with all sanitation, cleanliness, maintenance, and construction requirements?	YES
Do labels have all the required information and match the license record?	YES
Are all prescriptions verified by registered pharmacists?	YES
Is the name or initials of the dispensing pharmacist noted on the prescriptions?	YES
Are prescription files properly maintained? (electronic files are acceptable)	YES
Are transferred prescriptions properly recorded?	YES
Are Schedule II drugs securely locked in a substantially constructed cabinet or dispersed throughout the stock?	YES
Are there signed and dated protocols for each pharmacy technician?	YES
Does the pharmacy have an automated medication system?	NO
Does the pharmacy administer injectable medications, biologicals, or immunizations?	NO

NEVADA STATE BOARD OF PHARMACY

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

Sterile Compounding Questionnaire

Rev (09/11/2024)

This application cannot be returned by fax or email.
We must have an original signature to process.

Approval of this completed questionnaire is required for an existing pharmacy, new pharmacy and/or out-sourcing facility applicant who wish to engage in preparing, compounding, dispensing, and furnishing sterile compounded products to Nevada patients or consumers.

Please provide a thorough response to the questions below and provide any necessary supporting documents.
-For a new pharmacy or out-sourcing facility applicant, submit this completed form with your application.
-For an existing pharmacy, send the completed form to the address indicated above.

Section 1: General Information

Pharmacy Name: Walgreens Specialty Pharmacy #16287

NV Pharmacy or Outsourcing facility license # (if applicable): N/A

Physical Address: 130 Enterprise Drive

City: Pittsburgh State: PA Zip: 15275

Mailing Address (if different from physical address):

City: State: Zip:

Telephone: 888-347-3416 Toll Free # (NAC 639.708, NRS 639.23286): 888-347-3416

Fax: 877-231-8302 Contact Email: brittany.pfoutz@walgreens.com

Website: walgreensspecialtyrx.com

Nevada Business License # (if applicable)

Supervising/Managing Pharmacist Name (NRS 639.220): Brittany Pfoutz

Supervising/Managing Pharmacist NV Pharmacist Registration #: 23747

Name of Designated Person(s) as defined by revised USP-797 guidelines: Michael Piskuric

Email of Designated Person(s): michael.piskuric@walgreens.com

Telephone of Designated Person(s): 888-347-3416

Section 2: Sterile Compounding Questions (Use a separate piece of paper if additional space is needed.)

1. What risk level sterile compounding will your facility be performing (check all that apply)?

☐ Category 1 ☑ Category 2 ☐ Category 3

If you marked **"Category 3"**, you must also complete **section 4.**

2. If compounding Category 2 products is the location performing sterility and endotoxin testing (if required) to obtain extended beyond-use dates? Yes ☑ No

3. If compounding Category 2 products is the location performing aseptically processed CSPs or terminally sterilized CSPs? ☑ Aseptic ☐ Terminal

4. Is the pharmacy following the new garbing requirements listed in the revised USP-797 guidelines? ✓ Yes ☐ No

5. When was the most recent certification for the ISO classified areas? March 2025

6. What is the frequency of the recertification for the ISO classified areas? 6 months

7. Were there any follow-up items required from the most recent certification report? ☐ Yes ☑ No

8. If preparing Category 2 or Category 3 CSPs from non-sterile starting components are the pre-sterilization procedures such as weighing and mixing completed in an ISO Class 8 or better environment? N/A | Yes | No

9. If compounding Category 1 CSPs and Category 2 CSPs how often is surface sampling of all classified areas and pass-through chambers conducted? Monthly

10. Will you be performing sterile hazardous drug compounding? ✓ Yes No

If you marked **"Yes"**, you must also complete **section 3.**

11. List the sterile compounded products that you will be compounding for Nevada patients or consumers:

Leuprolide Micro 50mcg
Leuprolide Micro 20mcg
Leuprolide Micro 40mcg
Lo Dose HCG 10 units/0.1ml
Leuprolide 2mg PFS
Leuprolide 4mg PFS

12. What laboratory performs your sterility or endotoxin testing?

Name: ARL Bio Pharma

Address: 840 Research Parkway, Ste. 546

City: Oklahoma City State: OK Zip: 73104

Telephone: (800) 393-1595

13. What is your procedure for visual inspection of compounded sterile products?
Compounding pharmacists examine every finished CSP in each and every batch for particulates, unexpected color or odor, gas formation and signs of defect, damage, leaking or tampering prior to release to patients.Compounding pharmacists evaluate CSPs against a counter that has a non-glare white and matte black material band located in a properly lit area

14. How often do you perform glove fingertip and medial fill testing?
Every 6 months

15. Describe your initial and ongoing training program for all personnel performing sterile compounding:
Each compounding personnel performs didactic competencies using Simplifi Solesource Acadamy program. After completing the computer based program, the team members then begin completing competencies under the supervision of a designated person. The training personnel then performs 3 separate competencies for gowning & garbing followed by aseptic manipulation of media fills with post gowning fingertip samplings, post media fill fingertip samplings and a surface sampling. The plates and media fills are incubated and monitored for growth. The training personnel will then make sample products to be tested by ARL for sterility and potency before being allowed to compound. Personnel perform the didactic computer training yearly, with yearly in person competencies with gowning & garbing, and media fill samplings performed every 6 months.

16. Describe the cleaning procedure for your primary and secondary engineering controls, including the frequency of cleaning and the names of cleaning, disinfectant, sporicidal, and/or deactivation and decontamination agents used:
Daily cleanings include cleaning the interior of the primary engineering control with sterile TB1-3300 starting with the filter and moving to the deck of the PEC using overlapping unidirectional wipes. After the PECs are cleaning with TB1-3300, the PEC is wiped a second time with sterile IPA using the same technique. Easily cleanable flat surfaces such as carts or chairs are cleaned next using the TB1-3300 or PreEmpt. Trash is removed followed by the floors being cleaned with TB1-3300 or Preempt. Weekly we follow the same procedure but substituting sterile Peridox for cleaning all surfaces. Monthly, Sterile Peridox is used for cleaning the inside of the PEC including under the deck followed by Sterile IPA. The Ceilings cleaned next using the Peridox in overlapping unidirectional wipes from the wall furthest from the door to the door. The walls are c leaned next with Peridox using overlapping unidirectional wipes from ceiling to floor. Additional surfaces (including easily cleanable and difficult areas) are cleaned next with Peridox followed by the floor. The PEC are cleaned with Peridox following compounding or any suspected contamination within the PEC.

17. Who performs the sterile compounding process at your facility? Compounding Technician and Pharmacists

18. Who is responsible and accountable for the sterile compounding process at your facility? Desginated Persons

19. If products are shipped/mailed, what shipping conditions are used to ensure product safety/efficacy?
Products are packed and shipped in accordance with International Safety Transit Association standards as well as leveraging our patented cold chain shipment packing process as needed

Section 3: Sterile Hazardous Compounding Questions (Complete this section ONLY if you be performing Sterile Hazardous Compounding.)		
1. What type of primary engineering controls will you be using in your facility? Biological Safety Cabinet		
2. Are you complying with all USP 800 guidelines?	✓Yes	No
3. Have your employees who compound with hazardous drugs signed an acknowledgement that they understand the risks associated with this process?	✓Yes	No
4. Is your BSC or CACI vented 100% to the outside?	✓Yes	No
5. Do you have a negative pressure buffer room at your facility?	✓Yes	No
6. Will you be compounding with antineoplastic HDs or HD API?	Yes	✓No
7. If yes, are the drugs stored in an externally ventilated, negative pressure room?	Yes	No
8. Will you be utilizing a closed system transfer device?	Yes	✓No
9. If yes, list the name of the device:		

10. What information is provided to the patient or consumer on the proper handling and disposal of hazardous drugs products/containers?

Each package is labeled with a sticker stating "Handle with care per enclosed instructions. Contact sender immediately if package or contents are damaged." Each hazardous compound is labeled as hazardous and includes a package insert of the drug monograph used to make the compound along with contact information for the pharmacy.

11. Describe your initial process for training new employees prior to compounding sterile hazardous drugs?

Each compounding personnel performs didactic hazardous competencies using Simplifi Solesource Acadamy program. After completing the computer based program, the team members then reviews hazardous competencies such as donning and doffing of hazardous PPE under the supervision of a designated person. T he trainee will review additional hazardous competencies such as the difference in a Hazardous PEC vs a Non-Hazardous PEC, hazardous spill decontamination, and receiving. The Trainee will sign the "Hazardous Drug Risk Sign-off" and the "NIOSH List Review Acknowledgement."

Section 4: Sterile Category 3 Compounding Questions (Complete this section ONLY if you will be performing Category 3 Compounding.)

1. List the specific Category 3 sterile products that your facility compounds:

2. What is the frequency for ongoing garbing, gloved fingertip and thumb sampling, and media fill testing for compounding personnel?

3. Is the pharmacy meeting all of the additional garbing requirements for compounding Category 3 CSPs as defined by the revised USP-797 guidelines? Yes No

4. What is the frequency for completing volumetric active air sampling?

5. What is the frequency for completing surface sampling?		
6. What is the frequency for using sporicidal agents?		
7. Is an endotoxin test performed for all products compounded from one or more nonsterile component?	Yes	No
8. Is the BUD assigned supported by stability data obtained using a stability-indicating analytical method?	Yes	No

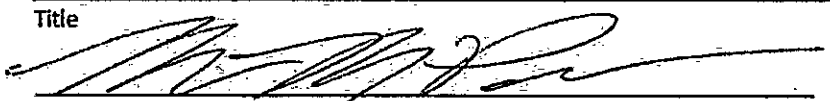
I certify under penalty of perjury that the information contained in this form is accurate, true and complete in all material respects. I understand that making any false representation in this form is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire form and any portion 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 the form 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 Piskuric

Name of Person who Completed the Form

Lead Compounding Pharmacist

Title



Signature (copies or stamps not accepted)

7/9/2025

Date

Board Use Only	Date Received:_____ Date Approved:_____ Approved By:_____

Facility - #16287

Name	Status	Agency	Facility	Case Number	Date Agreement Signed	Summary/Outcome	Fine Amount	Discipline Type
Pittsburgh #10997 (99)	Agency Order	CO BoP	Pittsburgh #16287	2011-000519	10/20/2010	Failure to submit the required data to PDMP.	$ 5,500.00	Facility

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: **Walgreens.com, Inc.**
108 Wilmot Rd., Deerfield, IL 60015

Ownership: The Applicant entity is wholly owned (100%) by Walgreen Co.

Officers of Walgreens.com, Inc.
Richard Gates - President
Brittany Mack - Treasurer
Cherita Thomas - Secretary & Director
Michael Emerson - Vice President, Tax & Director
Michael Handal - Licensing and Provider Enrollment Officer

Ownership & Leadership of Walgreen Co.

Ownership: Walgreen Co. is wholly owned (100%) by Walgreens Boots Alliance, Inc.

Officers of Walgreen Co.
Michael Motz - CEO
Richard Gates - Senior Vice President and 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.

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.

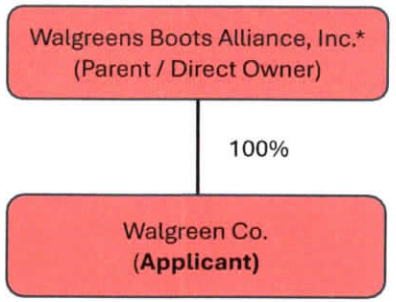
Ownership: Walgreens Boots Alliance, Inc. is wholly owned (100%) by Blazing Star Parent, LLC

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

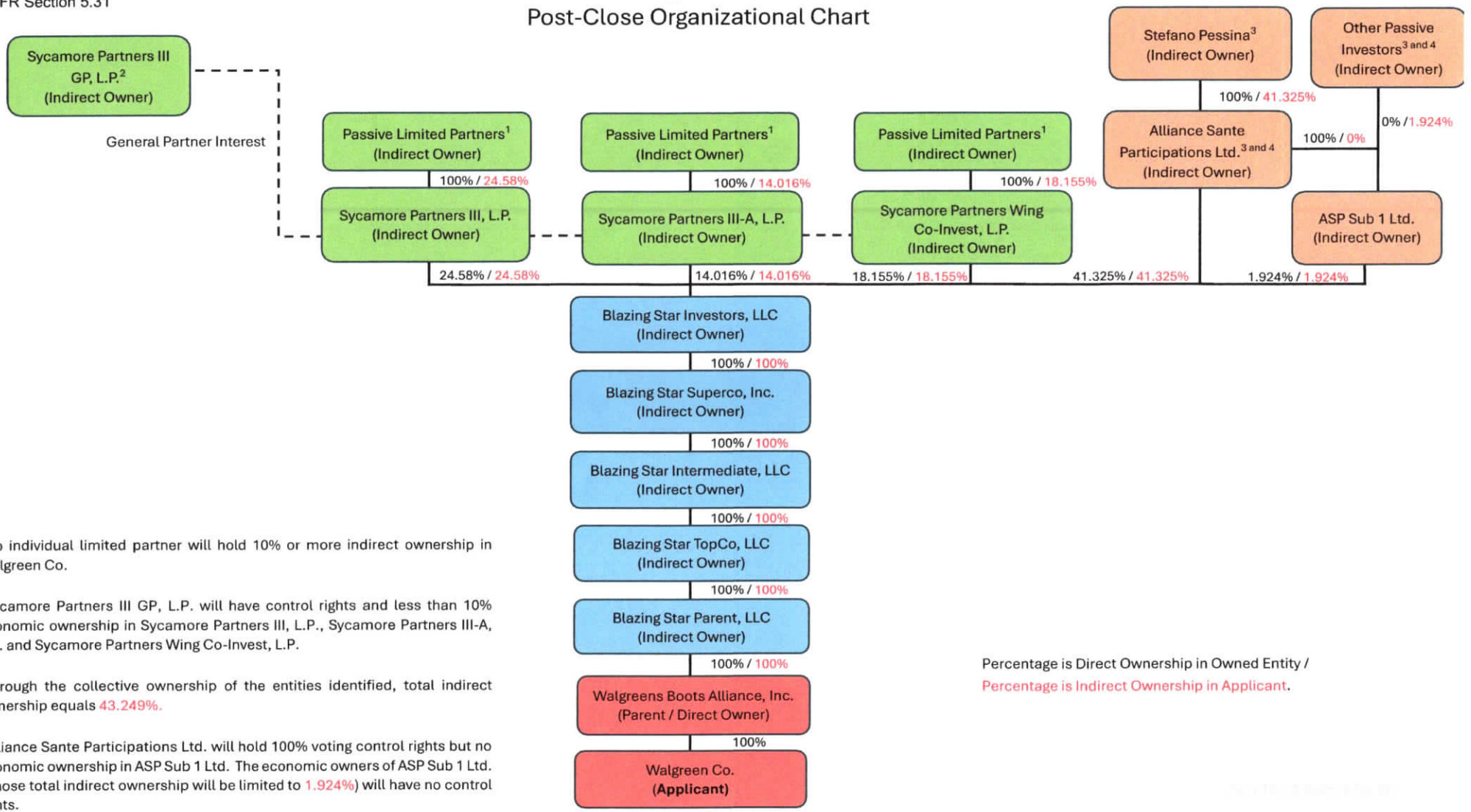
Walgreen Co.
Pre-Close Organizational Chart



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.

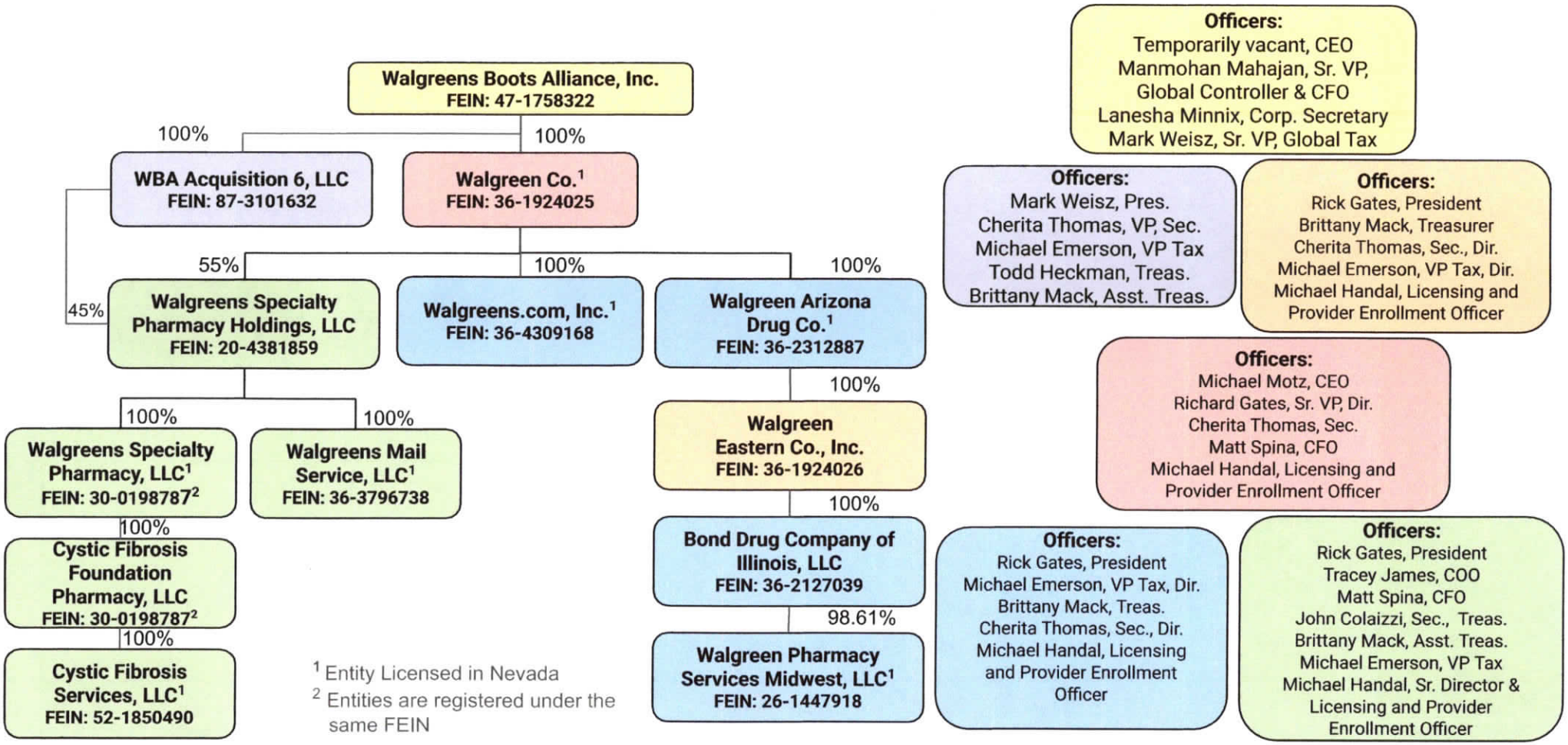
[2]Sycamore Partners III GP, L.P. will have control rights and less than 10% economic ownership in Sycamore Partners III, L.P., Sycamore Partners III-A, L.P. and Sycamore Partners Wing Co-Invest, L.P.

[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

10O

NEVADA STATE BOARD OF PHARMACY

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

Y

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: see description of services attached	☐ 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: Walgreens Specialty Pharmacy, LLC d/b/a Walgreens HUB Solutions #21609

Physical Address: 120 Enterprise Drive

City: Pittsburgh State: PA Zip: 15275

Mailing Address (if different from physical address): PO Box 901

City: Deerfield State: IL Zip: 60015

Telephone: 412-439-6543 Toll Free # (NAC 639.708, NRS 639.23286): 800-756-6616

Fax: 855-397-0417 Contact Email: slowe@flaherty-ohara.com

Website: walgreenshubsolutions@walgreens.com

Nevada Business License # (if applicable) N/A

Supervising/Managing Pharmacist Name (NRS 639.220): Ashley Patrick

Supervising/Managing Pharmacist NV Pharmacist Registration # (if applicable): 24529

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: Ashley Patrick	NV Pharmacist Registration #: 24529
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: N/A	%: N/A
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: IL

Parent Company (if any): Walgreen Co.

Corporation/Organization Name: Walgreens.com, Inc.

Mailing Address: 108 Wilmot Rd

City: Deefield 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: 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 President (title) for WALGREENS HUB SOLUTIONS #21609 (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

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

10.8.2025.

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 President (title) for WALGREENS HUB SOLUTIONS #21609 (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 8th day of October, 2025

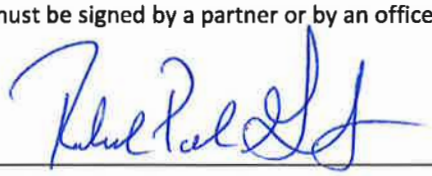
Zeljka Borosa-Rajcevic
Notary Public

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

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



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

10. 8. 2025.

Date

Board Use Only	Date Received: _____	Amount: _____

Delaware

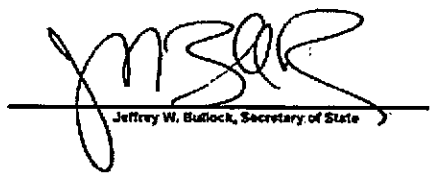
The First State

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.





3694344 8300

SR# 20243746983

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 204446797

Date: 09-20-24

Ownership & Leadership of Walgreen Co.

Ownership: Walgreen Co. is wholly owned (100%) by Walgreens Boots Alliance, Inc.

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

Ownership & Leadership of Walgreens Boots Alliance, Inc.

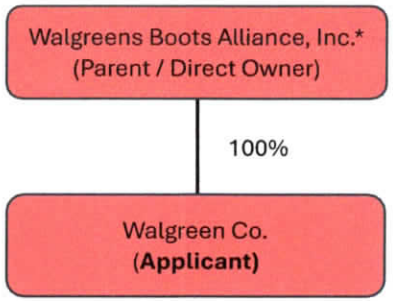
Ownership: Walgreens Boots Alliance, Inc. is wholly owned (100%) by Blazing Star Parent, LLC

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

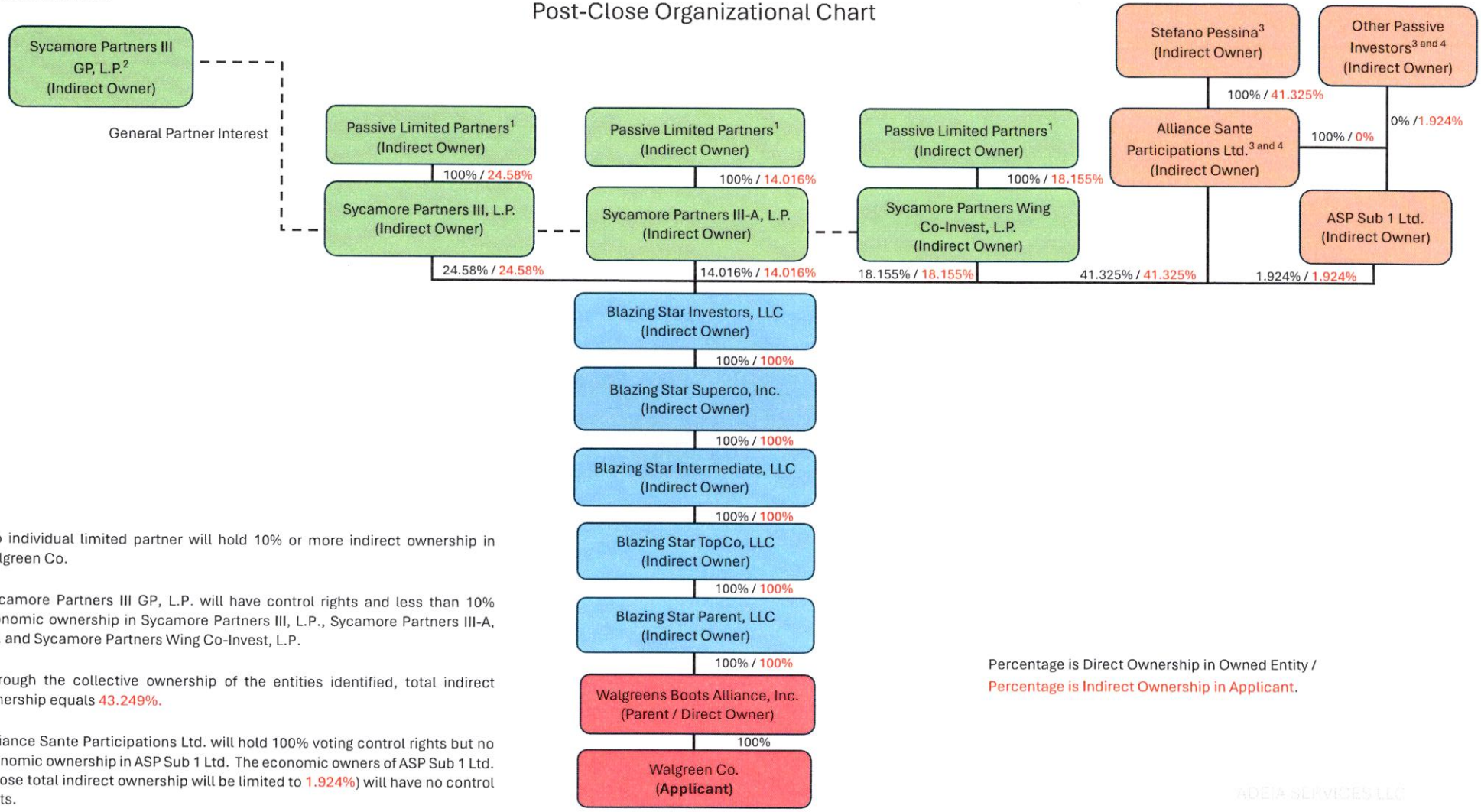
Walgreen Co.
Pre-Close Organizational Chart



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.

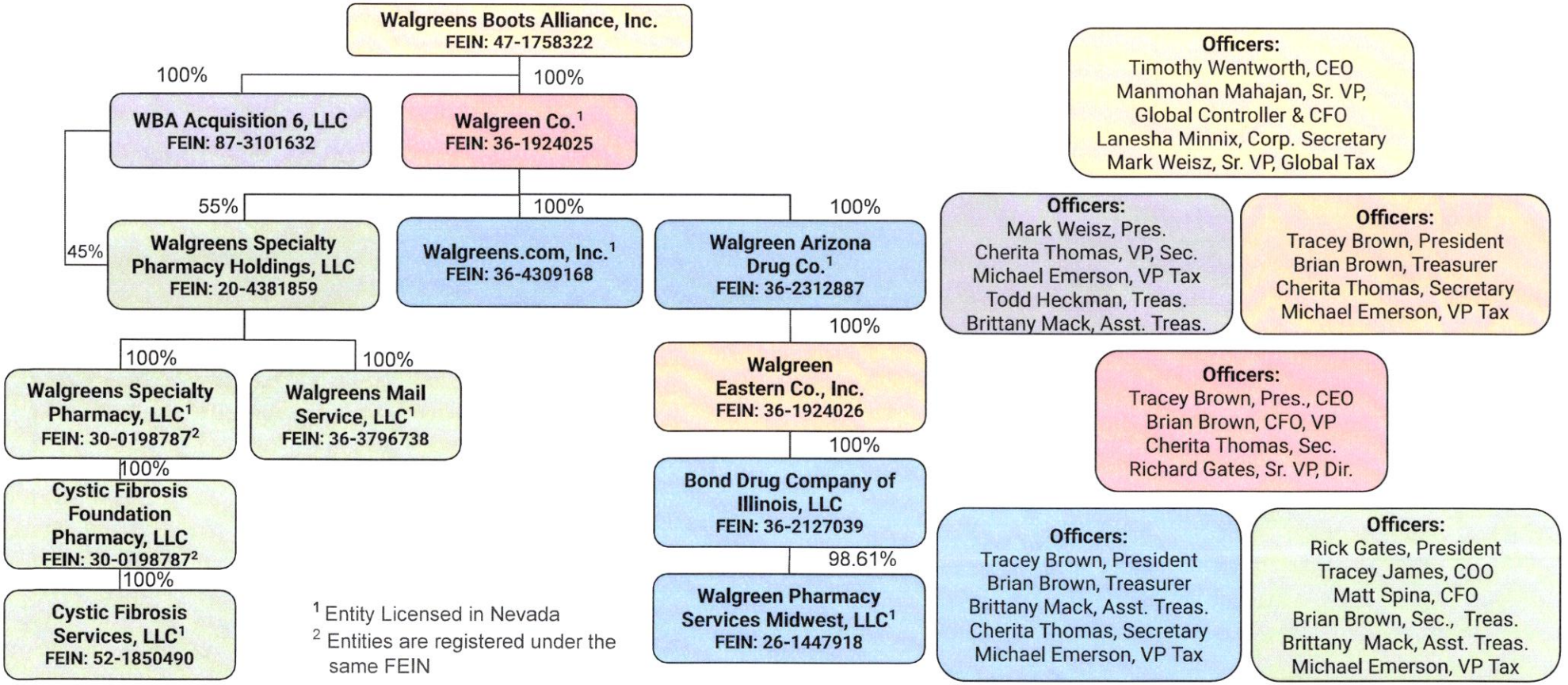
[3]Through the collective ownership of the entities identified, total indirect ownership equals 43.249%.

[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.

ADEPA SERVICES LLC

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



PA State Board of Pharmacy
PO Box 2649
Harrisburg, PA, 17105-2649
Phone: 717-783-7156 Fax: 717-787-7769

FACILITY

WALGREENS HUB SOLUTIONS #21609

120 ENTERPRISE DRIVE
PITTSBURGH, PA, 15275

Phone: 412-439-6543
Owner: WALGREENS SPECIALTY Pharmacy LLC

LICENSE

License No: AA0006122291
Profession: Pharmacy
License Type: Pharmacy

Inspection Type: New Business
Inspection Date: 03/17/2025
Inspection Result: Passed

Remarks:

The undersigned licensee, designee, or other authorized representative of the licensee acknowledges the completion of this inspection and the results as indicated on the summary and checklist reports.

If this is a New Business Inspection, this PASS inspection form will serve as a temporary authority to operate pending final review and approval by the State Board. The temporary authority must be prominently displayed and will expire upon receipt of a properly issued license or six months from the date of inspection.

CORY ULISSE	3/17/2025 1:14:09 PM	Ashley Marie Patrick - RP453383
Signature of Inspector	Date/Time	Signature of Owner/Representative

PA State Board of Pharmacy
PO Box 2649
Harrisburg, PA, 17105-2649
Phone: 717-783-7156 Fax: 717-787-7769

FACILITY

WALGREENS HUB SOLUTIONS #21609

120 ENTERPRISE DRIVE
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Phone: 412-439-6543
Owner: WALGREENS SPECIALTY Pharmacy LLC

LICENSE

License No: AA0006122291
Profession: Pharmacy
License Type: Pharmacy

Inspection Type: New Business
Inspection Date: 03/17/2025
Inspection Result: Passed

Remarks:

Question	Answer
Are all licenses current and posted?	YES
Is a "No Smoking" sign prominently posted?	YES
Is the generic equivalent sign and list of commonly used equivalents properly posted?	YES
Is there a refrigerator with temperature monitoring for drug storage only?	YES
Is hot and cold water available in the prescription area?	YES
Are current copies of all Federal, State, and Board statues and regulations pertaining to pharmacy practice available? (Internet access is acceptable)	YES
Are outdated drugs appropriately removed from active stock?	YES
Does the pharmacy meet all security requirements?	YES
Does the pharmacy have adequate equipment and supplies to enable it to properly prepare and dispense consistent with the pharmacy's scope of practice?	YES
Is the pharmacy in compliance with all sanitation, cleanliness, maintenance, and construction requirements?	YES
Do labels have all the required information and match the license record?	YES
Are all prescriptions verified by registered pharmacists?	YES
Is the name or initials of the dispensing pharmacist noted on the prescriptions?	YES
Are prescription files properly maintained? (electronic files are acceptable)	YES
Are transferred prescriptions properly recorded?	YES
Are Schedule II drugs securely locked in a substantially constructed cabinet or dispersed throughout the stock?	YES
Are there signed and dated protocols for each pharmacy technician?	YES
Does the pharmacy have an automated medication system?	NO
Does the pharmacy administer injectable medications, biologicals, or immunizations?	NO

Commonwealth of Pennsylvania- Department of State
Bureau of Professional and Occupational Affairs

Mailing Address P.O. Box 2649, Harrisburg, PA 17105 Toll Free: 1-833-DOS-BPOA

WALGREENS HUB SOLUTIONS #21609
ASHLEY MARIE PATRICK

License Number	: PP483225	Initial License Date : 03/17/2025	Expiration Date : 08/31/2025
License Type	: Pharmacy		License Status as of 3/18/2025 : Active
Issued By	: State Board of Pharmacy		
Address	: 120 ENTERPRISE DRIVE, PITTSBURGH, PA 15275		

Arion R. Claggett

Acting Commissioner Arion R. Claggett

Signature of Licensee

SCAN ME

Please verify the license by visiting https://www.pals.pa.gov/verify or by scanning the QR Code

20250317788

BUREAU OF PROFESSIONAL AND OCCUPATIONAL AFFAIRS

P. O. Box 2649

Harrisburg, PA 17105-2649

04/22/2025

License Information

ASHLEY MARIE PATRICK

BELLEVUE, Pennsylvania 15202

Board/Commission:	State Board of Pharmacy	Status Effective Date:	06/20/2019
LicenseType:	Pharmacist	Issue Date:	06/20/2019
Specialty Type:		Expiration Date:	09/30/2026
License Number:	RP453383	Last Renewal:	09/03/2024
Status:	Active		

Disciplinary Action Details

No disciplinary actions were found for this license.

This site is considered a primary source for verification of license credentials provided by the Pennsylvania Department of State.

BUREAU OF PROFESSIONAL AND OCCUPATIONAL AFFAIRS

P. O. Box 2649

Harrisburg, PA 17105-2649

03/17/2025

License Information

WALGREENS HUB SOLUTIONS #21609

120 ENTERPRISE DRIVE
PITTSBURGH, Pennsylvania 15275

Board/Commission:	State Board of Pharmacy	Status Effective Date:	03/17/2025
LicenseType:	Pharmacy	Issue Date:	03/17/2025
Specialty Type:	Inspected by Board	Expiration Date:	08/31/2025
License Number:	PP483225	Last Renewal:	
Status:	Active		

Prerequisite Information

Licensee	Relationship	License Type	License Number	License Status	Associated Date	License Expiration Date
ASHLEY MARIE PATRICK	Pharmacist Manager	Pharmacist	RP453383	Active	03/17/2025	09/30/2026

Disciplinary Action Details

No disciplinary actions were found for this license.

This site is considered a primary source for verification of license credentials provided by the Pennsylvania Department of State.

Nevada
Statement on Disciplinary Actions

Walgreens HUB Solutions #21609 is a newly opened facility, and has never received any disciplinary actions against it. The entity that owns this facility, Walgreens Specialty Pharmacy, LLC, has operated several other pharmacies across the country, which have, from time to time, received disciplinary actions. A full list of those actions against Walgreens Specialty Pharmacy, LLC's facilities and accompanying documentation is included in this packet. If any additional information is required for these actions, please contact our outside counsel, Sara Lowe, Flaherty & O'Hara, P.C., Pittsburgh PA. She can be reached at SLower@flaherty-ohara.com, or by phone at 240-678-4386.

Brian Brown
Secretary & Treasurer
Walgreens Specialty Pharmacy, LLC

5/13/25
Date

Walgreens Specialty Pharmacy #15438

Facility

Name	Status	Agency	Facility	Case Number	Date Agreement Signed	Summary/Outcome	Fine Amount	Discipline Type
Canton 15438 (50)	Agency Order	CO BoP	Canton #15438	2010-002889	4/9/2010	Failure to submit required data to PDMP	$ 5,000.00	Facility
Canton 15438 (50)	Agency Order	CO BoP	Canton #15438	2010-003719	7/14/2010	Failure to timely submit a change of PIC	$ 1,000.00	Facility
Canton 15438 (50)	Settlement Agreement	HI BoP	Canton #15438	PHA 2015-900L	4/6/2016	Failure to timely report discipline in another state in case PHA 2015-91-L	$ 2,000.00	Facility
Canton 15438 (50)	Settlement Agreement	IL BoP	Canton #15438	2017-09917	12/19/2019	Delay of therapy	$ 2,000.00	Facility
Canton 15438 (50)	Settlement Agreement	IL BoP	Canton #15438	2016-04570	12/19/2019	Sister discipline from HI and CO	$ 2,000.00	Facility

Staff

Name	Status	Agency	Facility	Case Number	Date Agreement Signed	Summary/Outcome	Fine Amount	Discipline Type	License Type
Luciow, Joseph	Reprimanded	MI BoP	Canton #15438		1/1/1998	Information no longer available	$ -	Staff	Pharmacist

STATE OF ILLINOIS
DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION
DIVISION OF PROFESSIONAL REGULATION

DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION, DIVISION OF PROFESSIONAL REGULATION of the State of Illinois, Complainant	)	
v.	)	No. 2017-09917
ALLIANCE RX WALGREENS PRIME, License No. 054.017538, Respondent	)	

ORDER

This matter having come before the Director of the Division of Professional Regulation of the Illinois Department of Financial and Professional Regulation following the filing of a formal complaint against Alliance Rx Walgreens Prime (hereinafter "Respondent") on January 11, 2019 and said Complaint having been sent to Respondent's last known email address of record; Respondent having been ordered to file an answer or be held in default on February 25, 2019; Respondent having failed to answer the complaint and being held in default on March 25, 2019; the Illinois State Board of Pharmacy (hereinafter "Board") having deliberated this matter and issued a report containing certain findings of fact, conclusions of law, and a recommendation to the Director, and that report and a 20 Day Notice having been sent to Respondent's email address of record on May 17, 2019; Respondent having failed to reply within 20 days of the notice; and all due notice having been given:

Now therefore, I, Cecilia Abundis, Acting Director of the Division of Professional Regulation of the Illinois Department of Financial and Professional Regulation, after reviewing this matter and the documents attached hereto and referenced herein, do hereby adopt the Findings of Fact, Conclusions of Law, and Recommendation of the Board;

It is therefore Ordered that the Pharmacy License of Alliance Rx Walgreens Prime, license number 054.017538, is assessed a fine of two thousand dollars ($2,000.00).

DATED THIS 19th day of December, 2019.

ILLINOIS DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION
SECRETARY DEBORAH HAGAN

Acting Director Cecilia Abundis
Division of Professional Regulation

Case No. 2017-09917
License No. 054.017538

STATE OF ILLINOIS
DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION
DIVISION OF PROFESSIONAL REGULATION

DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION, DIVISION OF PROFESSIONAL REGULATION of the State of Illinois, Complainant	)	
v.	)	No. 2017-09917
ALLIANCE RX WALGREENS PRIME, License No. 054.017538, Respondent	)	

FINDINGS OF FACT, CONCLUSIONS OF LAW AND RECOMMENDATION TO THE DIRECTOR

Now comes the Illinois Board of Pharmacy of the Division of Professional Regulation of the Illinois Department of Financial and Professional Regulation and, after reviewing the record in this matter, a majority of its members hereby makes the following Findings of Fact, Conclusions of Law and Recommendation to the Director of Professional Regulation:

FINDINGS OF FACT

1. ALLIANCE RX WALGREENS PRIME, (hereinafter "Respondent") is presently the holder of a license as a Licensed Pharmacy in the State of Illinois, License No. 054.017538. Said license is currently in ACTIVE status.
2. On January 11, 2019, the Department filed a Complaint against Respondent and sent notice of the Preliminary Hearing with the Complaint to Respondent on January 11, 2019, to the last known email address of Respondent: specialtypharmacy@walgreens.com. The Preliminary Hearing was set for February 25, 2019.
3. On February 25, 2019, the Administrative Law Judge ordered that Respondent file an Answer to the Department's Complaint on or before March 18, 2019. A Status Hearing was set for March 25, 2019. A copy of the Administrative Law Judge's Order was emailed to Respondent at Respondent's last known email address of record.

4. On March 25, 2019, Respondent failed to appear. Respondent had not filed an answer to the Department's allegations. The Administrative Law Judge entered an Order of Default and transferred the matter to this Board for its deliberation on the pleadings. A copy of the Administrative Law Judge's Order was sent to the last known email address of Respondent.

5. The Board finds the allegations said Complaint to be true:

    a. ALLIANCE RX WALGREENS PRIME (hereinafter "Respondent Pharmacy") is currently licensed as a Pharmacy in the State of Illinois, License Number 054.017538. Respondent's Pharmacy license is currently in "Active" status.

    b. On or about October 3, 2017 and October 10, 2017, Respondent Pharmacy dispensed an incorrect prescription to Patient S.J.

    c. On or about October 3, 2017, Respondent Pharmacy received new prescriptions for Patient S.J, Rx Number 154382250892 for BD Needles 25G x 5/8.

    d. On or about October 6, 2017, Respondent Pharmacy did not catch the mistake and the order was filled and dispensed without the BD Needles 25G x 5/8 to Patient S.J.

    e. On or about October 7, 2017, Patient S.J. contacted Respondent Pharmacy and advised the order was missing the needles and syringes.

    f. On or about October 10, 2017, Respondent Pharmacy scheduled the syringes for delivery to Patient S.J.

    g. Respondent Pharmacy did not catch the mistake and the order was filled and dispensed with the incorrect syringes, 3CC Oral Syringes.

    h. Patient S.J. did not receive the needles in a timely manner and was unable to administer the medication prescribed.

    i. Respondent has committed dispensing errors that resulted in the patient being unable

to administer the prescribed medication.

CONCLUSIONS OF LAW

1. The Illinois Board of Pharmacy of the Division of Professional Regulation of the Illinois Department of Financial and Professional Regulation has jurisdiction over the subject matter and of the parties in this case.
2. The Department has jurisdiction to investigate the complaints and to bring this action pursuant to 225 ILCS 85/1 et. seq.
3. Respondent Alliance RX Walgreens Prime is in violation of 68 Ill. Admin. Code 1330.30(o),
4. .and 225 ILCS 85/30(a)(2), and (7).
5. Respondent Alliance RX Walgreens Prime's violations are grounds for discipline pursuant to 225 ILCS 85/30(a)(2), and (7).

RECOMMENDATION

The Illinois Board of Pharmacy of the Division of Professional Regulation of the Department of Financial and Professional Regulation of the State of Illinois, after making the above Findings of Fact and Conclusions of Law, recommends to the Director of the Division of Professional Regulation of the Illinois Department of Financial and Professional Regulation, that the license to practice as a Licensed Pharmacy of ALLIANCE RX WALGREENS PRIME, License No. 054.017538, be FINED Two Thousand Dollars ($2,000.00).

DATED THIS 14 DAY OF May, 2019.

Chairperson, Lemrey Al Carter Pharm.D.

MEMBER

MEMBER

MEMBER

MEMBER

MEMBER

MEMBER

MEMBER

MEMBER

MEMBER

MEMBER

Case No. 2017-09917
License No. 054.017538

Carter recuse
Pietrandoni recuse

BEFORE THE STATE BOARD OF PHARMACY

STATE OF COLORADO

Case No. 2010-002889

STIPULATION AND FINAL AGENCY ORDER

IN THE MATTER OF THE DISCIPLINARY PROCEEDING REGARDING THE NON-RESIDENT PRESCRIPTION DRUG OUTLET REGISTRATION OF OPTIONCARE SPECIALTY PHARMACY, REGISTRATION NO. OSP 5773,

RESPONDENT PHARMACY.

IT IS HEREBY STIPULATED by and between the Colorado State Board of Pharmacy ("Board") and Optioncare Specialty Pharmacy ("Respondent Pharmacy"), to resolve all matters pertaining to Board Case Number 2010-002889 as follows:

1. The Board has jurisdiction over Respondent Pharmacy, its registration as a non-resident prescription drug outlet, and the subject matter of this Stipulation and Final Agency Order ("Final Agency Order") pursuant to the provisions of title 12, article 22, C.R.S. (2009), otherwise known as the Pharmaceuticals and Pharmacists Act.

2. Respondent Pharmacy has been registered by the Board as a non-resident prescription drug outlet in the State of Colorado at all times relevant to this disciplinary action.

3. Respondent Pharmacy's address of record with the Board and current location is 1143 Highland Dr., Ste. D, Ann Arbor, MI 42108.

4. Respondent Pharmacy neither admits nor denies these findings but does not contest that the Board alleges these findings. It hereby waives any further proof in this proceeding before the Board regarding the following facts.

5. Respondent failed to submit required data into Colorado's Prescription Drug Monitoring Program (PDMP) for the January 16, 2010, through January 25, 2010, reporting period.

6. On January 28, 2010, the Board initiated a complaint against Respondent Pharmacy because Respondent Pharmacy failed to comply with the data submission requirements of the PDMP.

7. Respondent Pharmacy does not contest that the conduct described above may constitute a violation of section 12-22-125(1)(c)(I), (II) and (III) and 12-22-708,

C.R.S., and that such conduct may provide grounds for disciplinary action against Respondent Pharmacy's non-resident prescription drug outlet registration.

DISPOSITION

$5,000.00 Fine with Surcharge and Terms

8. **Fine with Surcharge.** Pursuant to section 12-22-125.2(5), C.R.S., Respondent Pharmacy shall pay a fine of Five Thousand Dollars and No Cents ($5,000.00). Respondent Pharmacy understands and acknowledges that, pursuant to section 24-34-108, C.R.S., the Executive Director of the Department of Regulatory Agencies shall impose an additional surcharge of 10% of this fine. Respondent Pharmacy shall therefore pay a total amount of Five Thousand, Five Hundred Dollars and No Cents ($5,500.00). The total amount shall be payable to the State of Colorado and shall be remitted in one lump sum to be included when Respondent Pharmacy submits this signed Final Agency Order to the Board.

9. **Compliance.** Respondent Pharmacy shall at all times comply with the data submission requirements of the PDMP.

10. **Advisements and Waivers.** Respondent Pharmacy enters into this Final Agency Order freely and voluntarily, whether or not Respondent Pharmacy has consulted with legal counsel. Respondent Pharmacy acknowledges its understanding that it has the following rights:

    a. To have a formal notice of hearing and charges served upon it;
    b. To respond to said formal notice of charges;
    c. To have a formal disciplinary hearing pursuant to section 12-22-125, C.R.S.; and
    d. To appeal this Board order.

    Respondent Pharmacy freely **waives** these rights, and acknowledges that such waiver is made voluntarily in consideration for Board's limiting the action taken against it to the sanctions imposed herein.

11. **Acknowledgments.** The undersigned authorized agent of Respondent Pharmacy has read this Final Agency Order in its entirety and acknowledges, whether or not Respondent Pharmacy has consulted with legal counsel, that Respondent Pharmacy understands the legal consequences and agrees that none of the terms or conditions herein are unconscionable. Respondent Pharmacy is not relying on any statements, promises or representations from the Board other than as may be contained in this Final Agency Order. Respondent Pharmacy further acknowledges that it is not entering into this Final Agency Order under any duress.

12. **Violations.** Time is of the essence to this Final Agency Order. It is the responsibility of Respondent Pharmacy to take all appropriate steps to comply fully

with this Final Agency Order. Respondent Pharmacy acknowledges and agrees that any violation of this Final Agency Order may be sanctioned as provided under section 12-22-125.2(4), C.R.S., and may be sufficient grounds for additional discipline, including but not limited to revocation of its registration. The pendency of any suspension or disciplinary action arising out of an alleged violation of this Final Agency Order shall not affect the obligation of Respondent Pharmacy to comply with all terms and conditions of this Final Agency Order.

13. **Integration and Severability.** Upon execution by all parties, this Final Agency Order shall represent the entire and final agreement of and between the parties in this case. In the event any provision of this Final Agency Order is deemed invalid or unenforceable by a court of law, it shall be severed and the remaining provisions of this Final Agency Order shall be given full force and effect.

14. **Public Record.** Upon execution by all parties, this Final Agency Order shall be a public record, maintained in the custody of the Board.

15. **Effective Date.** This Final Agency Order shall become effective upon signature of a Board member or representative.

ACCEPTED AND AGREED BY

Authorized Agent of Respondent Pharmacy

Dated: 3/30/2010

Subscribed and sworn to before me in the County of Washtenaw, State of Michigan, this 30 day of March, 2010 by Larry Wiederhorn, in his/her capacity as an authorized agent of Optioncare Specialty Pharmacy.

JESSICA E. HANNING
Notary Public, State of Michigan
County of Wayne
My Commission Expires 05-04-2013
Acting in the County of Washtenaw

My commission expires: 5/4/2013

Notary Public

FINAL AGENCY ORDER

WHEREFORE, the within Stipulation and Final Agency Order is approved, accepted, and hereby made an Order of the Board.

DONE AND EFFECTIVE THIS 9th DAY OF April, 2010.

State Board of Pharmacy

BY: Wendy Anderson
Wendy Anderson
Program Director

BEFORE THE STATE BOARD OF PHARMACY

STATE OF COLORADO

Case No. 2010-003719

STIPULATION AND FINAL AGENCY ORDER

IN THE MATTER OF THE DISCIPLINARY PROCEEDING REGARDING THE NON-RESIDENT PRESCRIPTION DRUG OUTLET REGISTRATION OF WALGREENS SPECIALTY PHARMACY, LLC, REGISTRATION NO. OSP 5773,

RESPONDENT.

IT IS HEREBY STIPULATED by and between the Colorado State Board of Pharmacy ("Board") and Walgreens Specialty Pharmacy, LLC ("Respondent") to resolve all matters pertaining to Colorado State Board of Pharmacy Case Number 2010-003719 as follows:

1. The Board has jurisdiction over Respondent, its registration as a non-resident prescription drug outlet, and the subject matter of this Stipulation and Final Agency Order pursuant to the provisions of title 12, article 22, C.R.S., otherwise known as the Pharmaceuticals and Pharmacists Act.

2. Respondent has been registered as a non-resident prescription drug outlet in the State of Colorado at all times relevant to this disciplinary action.

3. Respondent neither admits nor denies these findings, but does not contest that the Board alleges these findings. Respondent hereby waives any further proof in this proceeding before the Board regarding the following facts.

4. Respondent's address of record with the Board and current location is 1143 Highland Dr., Ste. D, Ann Arbor, MI 48108.

5. Respondent failed to timely submit to the Board an application detailing a change in pharmacist manager and fee. In this instance, 244 days transpired between July 15, 2009, the date the previous pharmacist manager ceased the position, and March 17, 2010, the date the application and fee were received.

6. On or about April 5, 2010, the Board initiated a complaint against Respondent because of the delay of 244 days in submitting an application detailing a change in pharmacist manager and fee.

EXHIBIT "2"

7. Respondent does not contest that the conduct described above constitutes a violation of section 12-22-125(1)(c)(II), C.R.S., and Regulation 5.00.70(b) and that such conduct provides grounds for disciplinary action against Respondent:

12-22-125. Unprofessional conduct – grounds for discipline.

(1) The board may suspend, revoke, refuse to renew, or otherwise discipline any license or registration issued by it, after a hearing held in accordance with the provisions of this section, upon proof that the licensee or registrant:

(c) Has violated:

(II) The lawful rules of the board.

Regulation 5.00.70. Change in Pharmacist Manager.

b. The registration of any in-state and non-resident prescription drug outlet shall become void if the pharmacist manager in whose name the registration was issued ceases to be engaged as the manager, and the owner shall close the outlet unless such owner has employed a pharmacist manager and, within fourteen days after termination of the former manager's employment, has made application to transfer the registration to the new pharmacist manager and has paid the transfer fee therefor.

DISPOSITION

$1,000.00 Fine with Surcharge and Terms

8. **Fine with Surcharge**. Pursuant to section 12-22-125.2(5), C.R.S., Respondent shall pay a fine of One Thousand Dollars and No Cents ($1,000.00). Respondent understands and acknowledges that, pursuant to section 24-34-108, C.R.S., the Executive Director of the Department of Regulatory Agencies shall impose an additional surcharge of 10% of this fine. Respondent shall therefore pay a total amount of One Thousand One Hundred Dollars and No Cents ($1,100.00). The total amount shall be payable to the State of Colorado and shall be remitted in one lump sum to be included when Respondent submits this signed Final Agency Order to the Board.

9. **Compliance**. Respondent shall submit all future applications to the Board detailing changes in pharmacist manager and fees within fourteen (14) days of the previous pharmacist manager ceasing the position.

10. **Acknowledgments**. The undersigned authorized agent for Respondent has read this Stipulation and Final Agency Order in its entirety and acknowledges, whether or

not Respondent has consulted with legal counsel, that Respondent understands its legal consequences and agrees that none of its terms or conditions are unconscionable.

11. **Advisements and Waivers**. Respondent enters into this Stipulation and Final Agency Order freely and voluntarily, whether or not it has consulted with legal counsel. The undersigned authorized agent for Respondent acknowledges Respondent's understanding that it has the following rights:

    a. To have formal notice of hearing and charges served upon it;
    b. To respond to said formal notice of charges;
    c. To have a formal disciplinary hearing pursuant to section 12-22-125, C.R.S.; and
    d. To appeal this Board order.

    Respondent freely waives these rights, and acknowledges that such waiver is made voluntarily in consideration for the Board's limiting the action taken against it to the sanctions imposed herein.

12. **Violations**. Time is of the essence to this Stipulation and Final Agency Order. It is the responsibility of Respondent to take all appropriate steps to comply fully with this Stipulation and Final Agency Order. Respondent acknowledges and agrees that any violation of this Stipulation and Final Agency Order may be sanctioned as provided under section 12-22-125.2(4), C.R.S., and may be sufficient grounds for additional discipline, including but not limited to revocation of its registration. The pendency of any suspension or disciplinary action arising out of an alleged violation of this Stipulation and Final Agency Order shall not affect the obligation of Respondent to comply with all terms and conditions of this Stipulation and Final Agency Order.

13. **Integration and Severability**. Upon execution by all parties, this Stipulation and Final Agency Order shall represent the entire and final agreement of and between the parties. In the event any provision of this Stipulation and Final Agency Order is deemed invalid or unenforceable by a court of law, it shall be severed and the remaining provisions of this Stipulation and Final Agency Order shall be given full force and effect.

14. **Public Record**. Upon execution by all parties, this Stipulation and Final Agency Order shall be a public record, maintained in the custody of the Board.

15. **Effective Date**. This Stipulation and Final Agency Order shall become effective upon signature of a Board member or representative.

11 NOV 23 P 1:30

ACCEPTED AND AGREED BY

Larry E. Niederkohr

Authorized Agent of Respondent Pharmacy

Dated: June 28, 2010

Subscribed and sworn to before me in the County of Washtenaw State of Michigan, this 28 day of June, 2010 by Larry Niederkohr, in his/her capacity as an authorized agent of Walgreens Specialty Pharmacy, LLC.

Notary Public

My commission expires:
5-4-2013

FINAL AGENCY ORDER

WHEREFORE, the within Stipulation and Final Agency Order is approved, accepted, and hereby made an order of the Board.

DONE AND EFFECTIVE THIS 14th DAY OF July, 2010.

State Board of Pharmacy

BY: Wendy Anderson
Wendy Anderson
Program Director

'11 NOV 23 P1:36

CERTIFICATE OF MAILING

This is to certify that I have mailed the within **STIPULATION AND FINAL AGENCY ORDER** to all parties herein by depositing copies of same in the United States mail, first class postage prepaid, at Denver, Colorado, this 25th day of June, 2010, addressed as follows:

Walgreens Specialty Pharmacy, LLC
Attn: Larry Niederhohr, RPH
1143 Highland Dr., Ste. D
Ann Arbor, MI 48108

Gary A. Peters, Esq.
Walgreen Co.
104 Wilmot Rd., MS #1447
Deerfield, IL 60015

John C. Steele

CERTIFICATE OF SERVICE

This is to certify that I have duly served the within **STIPULATION AND FINAL AGENCY ORDER** upon all parties herein by depositing copies of same in the United States mail, postage prepaid, at Denver, Colorado this 24th day of June, 2010, addressed as follows:

Walgreens Specialty Pharmacy, LLC
Attn: Larry Niederhohr, RPH
1143 Highland Dr., Ste. D
Ann Arbor, MI 48108

Gary A. Peters, Esq.
Walgreen Co.
104 Wilmot Rd., MS #1447
Deerfield, IL 60015

'11 NOV 23 P1:39

Agent of the Board

DARIA A. LOY-GOTO 6175
JOHN T. HASSLER 5311
Regulated Industries Complaints Office
Department of Commerce and Consumer Affairs
State of Hawaii
Leiopapa A Kamehameha Building
235 South Beretania Street, Suite 900
Honolulu, Hawaii 96813
Telephone: 586-2660

Attorneys for Department of Commerce
and Consumer Affairs

RECEIVED
2016 APR 15 A 10:27
DEPT OF COMMERCE
& CONSUMER AFFAIRS
STATE OF HAWAII

DEPT. OF COMMERCE
AND CONSUMER AFFAIRS
2016 APR 28 P 2:26
HEARINGS OFFICE

BOARD OF PHARMACY
DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS
STATE OF HAWAII

In the Matter of the Miscellaneous Permits of WALGREENS SPECIALTY PHARMACY, LLC, individually and doing business as WALGREENS SPECIALTY PHARMACY #12314, WALGREENS SPECIALTY PHARMACY #15438, and WALGREENS SPECIALTY PHARMACY #15443, Respondent.	PHA 2015-62-L, PHA 2015-90-L AND PHA 2015-91-L SETTLEMENT AGREEMENT PRIOR TO FILING OF PETITION FOR DISCIPLINARY ACTION AND BOARD'S FINAL ORDER; EXHIBITS "1" THROUGH "3"

241042211

SETTLEMENT AGREEMENT PRIOR TO FILING OF PETITION
FOR DISCIPLINARY ACTION AND BOARD'S FINAL ORDER

Petitioner, DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS' REGULATED INDUSTRIES COMPLAINTS OFFICE (hereinafter "RICO" or "Petitioner"), through its undersigned attorney(s), and Respondent WALGREENS SPECIALTY PHARMACY, LLC, individually and doing business as WALGREENS SPECIALTY PHARMACY #12314, WALGREENS SPECIALTY PHARMACY #15438, and WALGREENS SPECIALTY PHARMACY #15443 (hereinafter "Respondent"), enter into this Settlement Agreement on the terms and conditions set forth below.

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//

I HEREBY CERTIFY THAT THE ATTACHED IS A TRUE AND CORRECT COPY OF THE ORIGINAL ON FILE IN THE DEPARTMENT OF COMMERCE & CONSUMER AFFAIRS.

A. UNCONTESTED FACTS:

1. At all relevant times herein, Respondent was permitted by the Board of Pharmacy (hereinafter the "Board") as a miscellaneous permit holder under permit number PMP 547 issued to WALGREENS SPECIALTY PHARMACY, LLC, individually and doing business as WALGREENS SPECIALTY PHARMACY #12314. The permit was issued on or about January 17, 2008 and will expire or forfeit on or about December 31, 2017.

2. At all relevant times herein, Respondent was permitted by the Board as a miscellaneous permit holder under permit number PMP 644, issued to WALGREENS SPECIALTY PHARMACY, LLC, individually and doing business as WALGREENS SPECIALTY PHARMACY #15438. The permit was issued on or about April 12, 2010 and will expire or forfeit on or about December 31, 2017.

3. At all relevant times herein, Respondent was permitted by the Board as a miscellaneous permit holder under permit number PMP 669, issued to WALGREENS SPECIALTY PHARMACY, LLC, individually and doing business as WALGREENS SPECIALTY PHARMACY #15443. The permit was issued on or about September 23, 2010 and will expire or forfeit on or about December 31, 2017.

4. Respondent's mailing address for purposes of this action is P.O. Box 901, Deerfield, Illinois 60015.

5. RICO received a request for investigation from the Board after Respondent reported disciplinary actions by the State of Colorado.

6. Respondent provided a copy of a Final Agency Order from the Colorado Board of Pharmacy issued to Respondent in Case No. 2011-000522 (hereinafter "the Colorado Order in Case No. 2011-000522") (Exhibit "1"). The Colorado Order in Case No. 2011-000522 was based on action in Colorado and imposed a $5,000.00 fine.

7. Respondent also provided a copy of a Final Agency Order from the Colorado Board of Pharmacy issued to Respondent in Case No. 2010-003719 (hereinafter "the Colorado Order in Case No. 2010-003719 ") (Exhibit "2"). The Colorado Order in Case No. 2010-003719 was based on allegations related to reporting changes in pharmacist manager and imposed a $1,000.00 fine.

8. Respondent also provided a copy of a Final Agency Order from the Colorado Board of Pharmacy issued to Respondent in Case No. 2011-000518 (hereinafter "the Colorado Order in Case No. 2011-000518") (Exhibit "3"). The Colorado Order in Case No. 2011-000518 was based on disciplinary action in Colorado and imposed a $5,000.00 fine.

9. RICO alleges that disciplinary action was taken against Respondent in other states.

10. The foregoing allegations, if proven at an administrative hearing before the Board, would constitute violations of the following statute(s) and/or rule(s): Hawaii Revised Statutes ("HRS") § 436B-19(13) (disciplinary action by another state or federal agency).

11. The Board has jurisdiction over the subject matter herein and over the parties hereto.

B. REPRESENTATIONS BY RESPONDENT:

1. Respondent is fully aware that Respondent has the right to be represented by an attorney and voluntarily waives that right.

2. Respondent enters into this Settlement Agreement freely, knowingly, voluntarily, and under no coercion or duress.

3. Respondent is aware of the right to have a hearing to adjudicate the issues in the case. Pursuant to HRS § 91-9(d), Respondent freely, knowingly, and voluntarily waives the right to a hearing and agrees to dispose of this case in accordance with the terms and conditions of this Settlement Agreement.

4. Respondent being at all times relevant herein permitted as a miscellaneous permit holder by the Board acknowledges that Respondent is subject to penalties including but not limited to, revocation, suspension or limitation of the permits and administrative fines, if the foregoing allegations are proven at hearing.

5. Respondent represents Exhibit "1" is a true and correct copy of a Final Agency Order from the Colorado Board of Pharmacy issued to Respondent in Case No. 2011-000522; Exhibit "2" is a true and correct copy of a Final Agency Order from the Colorado Board of Pharmacy issued to Respondent in Case No. 2010-003719; and Exhibit "3" is a true and correct copy of a Final Agency Order from the Colorado Board of Pharmacy issued to Respondent in Case No. 2011-000518.

6. Respondent understands that any false or untrue statement or any material misrepresentation or omission of fact by Respondent in this settlement agreement may be grounds for further disciplinary action under HRS chapters 436B and 461.

7. Respondent does not admit to violating any law or rule, but acknowledges that RICO has sufficient cause to file a Petition for Disciplinary Action against Respondent's permits.

8. Respondent enters into this Settlement Agreement as a compromise of the claims and to conserve on the expenses of proceeding with an administrative hearing on this matter.

9. Respondent agrees that this Settlement Agreement is intended to resolve the issues raised in RICO's investigation in RICO Case Numbers PHA 2015-62-L (PMP 547), PHA 2015-90-L (PMP 644) and PHA 2015-91-L (PMP 669).

10. Respondent understands that this Settlement Agreement may be subject to reporting requirements.

11. Respondent understands this Settlement Agreement is public record pursuant to Hawaii Revised Statutes chapter 92F.

C. TERMS OF SETTLEMENT:

1. Administrative fine. Respondent agrees to pay administrative fines in the amount of TWO THOUSAND HUDNRED AND NO/100 DOLLARS ($2,000.00). Payment shall be made by **cashier's check or money order made payable to "DCCA - Compliance Resolution Fund"** and mailed to the Regulated Industries Complaints Office, Attn: John T. Hassler, Esq., 235 S. Beretania Street, 9th Floor, Honolulu, Hawaii 96813. Payment of fines shall be due at the time this Settlement Agreement is returned to RICO.

2. Failure to Comply with Settlement Agreement. If Respondent fails to fully and timely comply with the terms of this Settlement Agreement as set forth in paragraph(s) C.1 above, Respondent's permits shall be automatically revoked upon RICO's filing of an affidavit with the Board attesting to such failure. In case of such revocation, Respondent shall turn in all indicia of the permits to the Executive Officer of the Board within ten (10) days after receipt of notice of the revocation. In case of such revocation, Respondent understands Respondent cannot apply for new permits until the expiration of at least five (5) years after the effective date of the revocation. Respondent understands that if Respondent desires to become permitted again, Respondent must apply to the Board for new permits pursuant to and subject to HRS §§ 92-17, 436B-21, and all other applicable laws and rules in effect at the time.

3. Possible further sanction. The Board, at its discretion, may pursue additional disciplinary action as provided by law to include further fines and other sanctions as the Board may deem appropriate if Respondent violates any provision of the statutes or rules governing the conduct of pharmacies in the State of Hawaii, or if Respondent fails to abide by the terms of this Settlement Agreement.

4. Approval of the Board. Respondent agrees that, except for the representations, agreements and covenants contained in Paragraphs C.5, C.6, C.7 and C.8 below, this Settlement Agreement shall not be binding on any of the parties unless and until it is approved by the Board.

5. No Objection if Board Fails to Approve. If the Board does not approve this Settlement Agreement, does not issue an order pursuant thereto, or does not approve a lesser remedy, but instead an administrative hearing is conducted against Respondent in the Board's usual and customary fashion pursuant to the Administrative Procedure Act, Respondent agrees that neither Respondent nor any attorney that Respondent may retain, will raise as an objection in any administrative proceeding or in any judicial action, to the Board's proceeding against Respondent on the basis that the Board has become disqualified to consider the case because of its review and consideration of this Settlement Agreement.

6. Any Ambiguities Shall be Construed to Protect the Consuming Public. It is agreed that any ambiguity in this Settlement Agreement is to be read in the manner that most completely protects the interests of the consuming public.

7. No Reliance on Representations by RICO. Other than the matters specifically stated in this Settlement Agreement, neither RICO nor anyone acting on its behalf has made any representation of fact, opinion or promise to Respondent to induce entry into this Settlement Agreement, and Respondent is not relying upon any statement, representation or opinion or promise made by RICO or any of its agents, employees, representatives or attorneys concerning the nature, extent or duration of exposure to legal liability arising from the subject matter of this Settlement Agreement or concerning any other matter.

8. Complete Agreement. This Settlement Agreement is a complete settlement of the rights, responsibilities and liabilities of the parties hereto with respect to the subject matter hereof; contains the entire agreement of the parties; and may only be modified, changed or amended by written instrument duly executed by all parties hereto.

IN WITNESS WHEREOF, the parties have signed this Settlement Agreement on the date(s) set forth below.

DATED: Deerfield (CITY), IL (STATE), 4/6/16.

WALGREENS SPECIALTY PHARMACY, LLC
Respondent

By: Joel Wright
Its SVP of Specialty Services

DATED: Honolulu, Hawaii, April 15, 2016.

DARIA A. LOY-GOTO
JOHN T. HASSLER
Attorneys for Department of Commerce and Consumer Affairs

IN THE MATTER OF THE MISCELLANEOUS PERMITS OF WALGREENS SPECIALTY PHARMACY, LLC, INDIVIDUALLY AND DOING BUSEINSS AS WALGREENS SPECIALTY PHARMACY #12314, WALGREENS SPECIALTY PHARMACY #15438, AND WALGREENS SPECIALTY PHARMACY #15443; SETTLEMENT AGREEMENT PRIOR TO FILING OF PETITION FOR DISCIPLINARY ACTION AND BOARD'S FINAL ORDER; EXHIBITS "1" THROUGH "3"; CASE NO(S). PHA 2015-62-L, PHA 2015-90-L AND PHA 2015-91-L

APPROVED AND SO ORDERED:
BOARD OF PHARMACY
STATE OF HAWAII

Kerri Okamura

KERRI OKAMURA
Chairperson

4/28/16

DATE

GARRETT A. LAU
Vice Chairperson

MARCELLA CHOCK

Mary Jo Keefe

MARY JO KEEFE

CAROLYN S. J. MA

PVL 07/01/15

STATE OF ILLINOIS)
) SS.
COUNTY OF LAKE)

On this 6TH day of APRIL, 2016, before me personally appeared JOEL WRIGHT, to me known to be the person described, and who executed the foregoing instrument on behalf of WALGREENS SPECIALTY PHARMACY, LLC, as its DIVISIONAL VICE PRESIDENT, and acknowledged he/she executed the same as his/her free act and deed.

This 5-page *Settlement Agreement Prior to Filing of Petition for Disciplinary Action and Board's Final Order* document dated APRIL 6, 2016 was acknowledged before me by JOEL WRIGHT (NAME OF PERSON SIGNING THIS DOCUMENT) this 6TH day of APRIL, 2016, in the County of LAKE, in the State of ILLINOIS.

Karen A. Kessler

Name: KAREN A. KESSLER
Notary Public, State of ILLINOIS

My Commission expires: 10/8/2017

OFFICIAL SEAL
KAREN A KESSLER
NOTARY PUBLIC - STATE OF ILLINOIS
MY COMMISSION EXPIRES:10/08/17

BEFORE THE STATE BOARD OF PHARMACY

STATE OF COLORADO

Case No. 2011-000522

STIPULATION AND FINAL AGENCY ORDER

IN THE MATTER OF THE DISCIPLINARY PROCEEDING REGARDING THE NON-RESIDENT PRESCRIPTION DRUG OUTLET REGISTRATION OF WALGREENS SPECIALTY PHARMACY, LLC, REGISTRATION NO. OSP 5737,

RESPONDENT PHARMACY.

IT IS HEREBY STIPULATED by and between the Colorado State Board of Pharmacy ("Board") and Walgreen Specialty Pharmacy, LLC ("Respondent Pharmacy"), to resolve all matters pertaining to Board Case Number 2011-000522 as follows:

1. On February 19, 2008, Respondent Pharmacy became registered by the Board as a non-resident prescription drug outlet in the State of Colorado and was issued Registration No. OSP 5737 ("Colorado Registration").

2. The Board has jurisdiction over Respondent Pharmacy, its Colorado Registration, and the subject matter of this Stipulation and Final Agency Order ("Final Agency Order") pursuant to the provisions of title 12, article 22, C.R.S. (2009), otherwise known as the Pharmaceuticals and Pharmacists Act.

3. Respondent Pharmacy's address of record with the Board and current location is 9775 SW Gemini Dr., Ste. 1, Beaverton, OR 97008.

4. Respondent Pharmacy neither admits nor denies these findings, but does not contest that the Board alleges these findings. Respondent Pharmacy hereby waives any further proof in this proceeding before the Board regarding the following facts.

5. On April 14, 2010, Board staff initiated a Complaint against Respondent Pharmacy because it failed to comply with the data submission requirements of Colorado's Electronic Prescription Drug Monitoring Program ("PDMP") for the reporting period(s) of April 1 through April 10, 2010.

6. Respondent Pharmacy subsequently failed to submit the required data to the PDMP reporting dispensing transactions of controlled substances in the State of Colorado for the reporting period(s) of July 1 through July 10, 2010, and did not submit a "zero" report indicating no dispensing transactions for said reporting period(s) as required by Board rule.

EXHIBIT 4

7. Respondent Pharmacy does not contest that the conduct described above may constitute a violation of §§12-22-125(1)(c) and 12-22-708, C.R.S. and that such conduct provides grounds for disciplinary action against Respondent Pharmacy's Colorado Registration pursuant to Board Policy 30-8.

DISPOSITION

$5,000.00 Fine with 10% Surcharge and Terms

8. **Fine with Surcharge.** Respondent Pharmacy accepts the following discipline: Pursuant to §12-22-125.2(5), C.R.S. Respondent Pharmacy shall pay a fine of **Five Thousand Dollars and No Cents ($5,000.00).** Respondent Pharmacy understands and acknowledges that, pursuant to §24-34-108, C.R.S., the Executive Director of the Department of Regulatory Agencies shall impose an additional surcharge of 10% of this fine. Respondent Pharmacy shall therefore pay a total amount of **Five Thousand, Five Hundred Dollars and No Cents ($5,500.00).** The total amount shall be payable to the State of Colorado and shall be remitted in one lump sum to be included when Respondent Pharmacy submits this signed Final Agency Order to the Board.

9. **Compliance with PDMP.** At all times Respondent Pharmacy is registered with the Colorado State Board of Pharmacy, it shall comply with the data submission requirements of the PDMP. Respondent Pharmacy understands and acknowledges that future violations of PDMP reporting requirements, including failure to submit a "zero" report in the event of no dispensing transactions in Colorado during the relevant reporting period, shall lead to additional penalties pursuant to Board Policy 30-8.

10. **Advisements and Waivers.** Respondent Pharmacy enters into this Final Agency Order freely and voluntarily, after having had the opportunity to consult with its own legal counsel and/or choosing not to do so. Respondent Pharmacy acknowledges its understanding that it has the following rights:

    a. To have a formal notice of hearing and charges served upon it;

    b. To respond to said formal notice of charges;

    c. To have a formal disciplinary hearing pursuant to §12-22-125, C.R.S.; and

    d. To appeal this Board order.

    Respondent Pharmacy freely **waives** these rights, and acknowledges that such waiver is made voluntarily in consideration for the Board's limiting the action taken against it to the sanctions imposed herein.

11. **Acknowledgments.** The undersigned authorized agent of Respondent Pharmacy has read this Final Agency Order in its entirety and acknowledges, after having had the opportunity to consult with its own legal counsel and/or choosing not to do so, that Respondent Pharmacy understands the legal consequences and agrees that none of the terms or conditions herein is unconscionable. Respondent Pharmacy is not relying on any statements, promises or representations from the Board other than as may be contained in this Final Agency Order. Respondent Pharmacy further acknowledges that it is not entering into this Final Agency Order under any duress.

12. **Violations.** Time is of the essence to this Final Agency Order. It is the responsibility of Respondent Pharmacy to take all appropriate steps to comply fully with this Final Agency Order. Respondent Pharmacy acknowledges and agrees that any violation of this Final Agency Order may be sanctioned as provided under §12-22-125.2(4), C.R.S., and may be sufficient grounds for additional discipline, including but not limited to revocation of its registration. The pendency of any suspension or disciplinary action arising out of an alleged violation of this Final Agency Order shall not affect the obligation of Respondent Pharmacy to comply with all terms and conditions of this Final Agency Order.

13. **Integration and Severability.** Upon execution by all parties, this Final Agency Order shall represent the entire and final agreement of and between the parties in this case. In the event any provision of this Final Agency Order is deemed invalid or unenforceable by a court of law, it shall be severed and the remaining provisions of this Final Agency Order shall be given full force and effect.

14. **Public Record.** Upon execution by all parties, this Final Agency Order shall be a public record, maintained in the custody of the Board.

15. **Effective Date.** This Final Agency Order shall become effective upon signature of a Board member or representative.

ACCEPTED AND AGREED BY

Sherrie R Cooper
Authorized Agent of Respondent Pharmacy

Dated: 9-29-10

Subscribed and sworn to before me in the County of Washington, State of Oregon, this 29th day of September, 2010 by Sherrie R Cooper, in his/her capacity as an authorized agent of Walgreens Specialty Pharmacy, LLC.

My commission expires: July 2, 2012

Luanne J Mueller
Notary Public

OFFICIAL SEAL
LUANNE J MUELLER
NOTARY PUBLIC OREGON
COMMISSION NO. 430354
MY COMMISSION EXPIRES JULY 2, 2012

FINAL AGENCY ORDER

WHEREFORE, the within Stipulation and Final Agency Order is approved, accepted, and hereby made an Order of the Board.

DONE AND EFFECTIVE THIS 19th DAY OF October, 2010.

State Board of Pharmacy

BY: Wendy Anderson
Wendy Anderson
Program Director

BEFORE THE STATE BOARD OF PHARMACY

STATE OF COLORADO

Case No. 2010-003719

STIPULATION AND FINAL AGENCY ORDER

IN THE MATTER OF THE DISCIPLINARY PROCEEDING REGARDING THE NON-RESIDENT PRESCRIPTION DRUG OUTLET REGISTRATION OF WALGREENS SPECIALTY PHARMACY, LLC, REGISTRATION NO. OSP 5773,

RESPONDENT.

IT IS HEREBY STIPULATED by and between the Colorado State Board of Pharmacy ("Board") and Walgreens Specialty Pharmacy, LLC ("Respondent") to resolve all matters pertaining to Colorado State Board of Pharmacy Case Number 2010-003719 as follows:

1. The Board has jurisdiction over Respondent, its registration as a non-resident prescription drug outlet, and the subject matter of this Stipulation and Final Agency Order pursuant to the provisions of title 12, article 22, C.R.S., otherwise known as the Pharmaceuticals and Pharmacists Act.

2. Respondent has been registered as a non-resident prescription drug outlet in the State of Colorado at all times relevant to this disciplinary action.

3. Respondent neither admits nor denies these findings, but does not contest that the Board alleges these findings. Respondent hereby waives any further proof in this proceeding before the Board regarding the following facts.

4. Respondent's address of record with the Board and current location is 1143 Highland Dr., Ste. D, Ann Arbor, MI 48108.

5. Respondent failed to timely submit to the Board an application detailing a change in pharmacist manager and fee. In this instance, 244 days transpired between July 15, 2009, the date the previous pharmacist manager ceased the position, and March 17, 2010, the date the application and fee were received.

6. On or about April 5, 2010, the Board initiated a complaint against Respondent because of the delay of 244 days in submitting an application detailing a change in pharmacist manager and fee.

EXHIBIT "2"

7. Respondent does not contest that the conduct described above constitutes a violation of section 12-22-125(1)(c)(II), C.R.S., and Regulation 5.00.70(b) and that such conduct provides grounds for disciplinary action against Respondent:

12-22-125. Unprofessional conduct – grounds for discipline.

(1) The board may suspend, revoke, refuse to renew, or otherwise discipline any license or registration issued by it, after a hearing held in accordance with the provisions of this section, upon proof that the licensee or registrant:

(c) Has violated:

(II) The lawful rules of the board.

Regulation 5.00.70. Change in Pharmacist Manager.

b. The registration of any in-state and non-resident prescription drug outlet shall become void if the pharmacist manager in whose name the registration was issued ceases to be engaged as the manager, and the owner shall close the outlet unless such owner has employed a pharmacist manager and, within fourteen days after termination of the former manager's employment, has made application to transfer the registration to the new pharmacist manager and has paid the transfer fee therefor.

DISPOSITION

$1,000.00 Fine with Surcharge and Terms

8. **Fine with Surcharge**. Pursuant to section 12-22-125.2(5), C.R.S., Respondent shall pay a fine of One Thousand Dollars and No Cents ($1,000.00). Respondent understands and acknowledges that, pursuant to section 24-34-108, C.R.S., the Executive Director of the Department of Regulatory Agencies shall impose an additional surcharge of 10% of this fine. Respondent shall therefore pay a total amount of One Thousand One Hundred Dollars and No Cents ($1,100.00). The total amount shall be payable to the State of Colorado and shall be remitted in one lump sum to be included when Respondent submits this signed Final Agency Order to the Board.

9. **Compliance**. Respondent shall submit all future applications to the Board detailing changes in pharmacist manager and fees within fourteen (14) days of the previous pharmacist manager ceasing the position.

10. **Acknowledgments**. The undersigned authorized agent for Respondent has read this Stipulation and Final Agency Order in its entirety and acknowledges, whether or

not Respondent has consulted with legal counsel, that Respondent understands its legal consequences and agrees that none of its terms or conditions are unconscionable.

11. **Advisements and Waivers**. Respondent enters into this Stipulation and Final Agency Order freely and voluntarily, whether or not it has consulted with legal counsel. The undersigned authorized agent for Respondent acknowledges Respondent's understanding that it has the following rights:

    a. To have formal notice of hearing and charges served upon it;
    b. To respond to said formal notice of charges;
    c. To have a formal disciplinary hearing pursuant to section 12-22-125, C.R.S.; and
    d. To appeal this Board order.

    Respondent freely waives these rights, and acknowledges that such waiver is made voluntarily in consideration for the Board's limiting the action taken against it to the sanctions imposed herein.

12. **Violations**. Time is of the essence to this Stipulation and Final Agency Order. It is the responsibility of Respondent to take all appropriate steps to comply fully with this Stipulation and Final Agency Order. Respondent acknowledges and agrees that any violation of this Stipulation and Final Agency Order may be sanctioned as provided under section 12-22-125.2(4), C.R.S., and may be sufficient grounds for additional discipline, including but not limited to revocation of its registration. The pendency of any suspension or disciplinary action arising out of an alleged violation of this Stipulation and Final Agency Order shall not affect the obligation of Respondent to comply with all terms and conditions of this Stipulation and Final Agency Order.

13. **Integration and Severability**. Upon execution by all parties, this Stipulation and Final Agency Order shall represent the entire and final agreement of and between the parties. In the event any provision of this Stipulation and Final Agency Order is deemed invalid or unenforceable by a court of law, it shall be severed and the remaining provisions of this Stipulation and Final Agency Order shall be given full force and effect.

14. **Public Record**. Upon execution by all parties, this Stipulation and Final Agency Order shall be a public record, maintained in the custody of the Board.

15. **Effective Date**. This Stipulation and Final Agency Order shall become effective upon signature of a Board member or representative.

NOV 23 P 1:39

ACCEPTED AND AGREED BY

Larry E. Niederkohr

Authorized Agent of Respondent Pharmacy

Dated: June 28, 2010

Subscribed and sworn to before me in the County of Washtenaw State of Michigan, this 28 day of June, 2010 by Larry Niederkohr, in his/her capacity as an authorized agent of Walgreens Specialty Pharmacy, LLC.

Notary Public

My commission expires:
5-4-2013

FINAL AGENCY ORDER

WHEREFORE, the within Stipulation and Final Agency Order is approved, accepted, and hereby made an order of the Board.

DONE AND EFFECTIVE THIS 14th DAY OF July, 2010.

State Board of Pharmacy

BY: Wendy Anderson
Wendy Anderson
Program Director

2010 NOV 23 P1:36

CERTIFICATE OF MAILING

This is to certify that I have mailed the within **STIPULATION AND FINAL AGENCY ORDER** to all parties herein by depositing copies of same in the United States mail, first class postage prepaid, at Denver, Colorado, this 23rd day of June, 2010, addressed as follows:

Walgreens Specialty Pharmacy, LLC
Attn: Larry Niederhohr, RPH
1143 Highland Dr., Ste. D
Ann Arbor, MI 48108

Gary A. Peters, Esq.
Walgreen Co.
104 Wilmot Rd., MS #1447
Deerfield, IL 60015

John C. Steele

CERTIFICATE OF SERVICE

This is to certify that I have duly served the within **STIPULATION AND FINAL AGENCY ORDER** upon all parties herein by depositing copies of same in the United States mail, postage prepaid, at Denver, Colorado this 23rd day of July, 2010, addressed as follows:

Walgreens Specialty Pharmacy, LLC
Attn: Larry Niederhohr, RPH
1143 Highland Dr., Ste. D
Ann Arbor, MI 48108

Gary A. Peters, Esq.
Walgreen Co.
104 Wilmot Rd., MS #1447
Deerfield, IL 60015

2010 NOV 23 P 1:36

Agent of the Board

BEFORE THE STATE BOARD OF PHARMACY

STATE OF COLORADO

Case No. 2011-000518

STIPULATION AND FINAL AGENCY ORDER

IN THE MATTER OF THE DISCIPLINARY PROCEEDING REGARDING THE NON-RESIDENT PRESCRIPTION DRUG OUTLET REGISTRATION OF WALGREENS SPECIALTY PHARMACY, LLC, DBA WALGREENS SPECIALTY PHARMACY #13625, REGISTRATION NO. OSP 5004,

RESPONDENT PHARMACY.

IT IS HEREBY STIPULATED by and between the Colorado State Board of Pharmacy ("Board") and Walgreens Specialty Pharmacy, LLC, DBA Walgreens Specialty Pharmacy #13625 ("Respondent Pharmacy"), to resolve all matters pertaining to Board Case Number 2011-000518 as follows:

1. On August 7, 1998, Respondent Pharmacy became registered by the Board as a non-resident prescription drug outlet in the State of Colorado and was issued Registration No. OSP 5004 ("Colorado Registration").

2. The Board has jurisdiction over Respondent Pharmacy, its Colorado Registration, and the subject matter of this Stipulation and Final Agency Order ("Final Agency Order") pursuant to the provisions of title 12, article 22, C.R.S. (2009), otherwise known as the Pharmaceuticals and Pharmacists Act.

3. Respondent Pharmacy's address of record with the Board and current location is 7164 Technology Dr., #100, Frisco, TX 75034.

4. Respondent Pharmacy neither admits nor denies these findings, but does not contest that the Board alleges these findings. Respondent Pharmacy hereby waives any further proof in this proceeding before the Board regarding the following facts.

5. On April 14, 2010, Board staff initiated a Complaint against Respondent Pharmacy because it failed to comply with the data submission requirements of Colorado's Electronic Prescription Drug Monitoring Program ("PDMP") for the reporting period(s) of April 1 through April 10, 2010.

6. Respondent Pharmacy subsequently failed to submit the required data to the PDMP reporting dispensing transactions of controlled substances in the State of Colorado for the reporting period(s) of July 1 through July 10, 2010, and did not submit a

EXHIBIT "3"

"zero" report indicating no dispensing transactions for said reporting period(s) as required by Board rule.

7. Respondent Pharmacy does not contest that the conduct described above may constitute a violation of §§12-22-125(1)(c) and 12-22-708, C.R.S. and that such conduct provides grounds for disciplinary action against Respondent Pharmacy's Colorado Registration pursuant to Board Policy 30-8.

DISPOSITION

$5,000.00 Fine with 10% Surcharge and Terms

8. **Fine with Surcharge**. Respondent Pharmacy accepts the following discipline: Pursuant to §12-22-125.2(5), C.R.S. Respondent Pharmacy shall pay a fine of **Five Thousand Dollars and No Cents ($5,000.00).** Respondent Pharmacy understands and acknowledges that, pursuant to §24-34-108, C.R.S., the Executive Director of the Department of Regulatory Agencies shall impose an additional surcharge of 10% of this fine. Respondent Pharmacy shall therefore pay a total amount of **Five Thousand, Five Hundred Dollars and No Cents ($5,500.00).** The total amount shall be payable to the State of Colorado and shall be remitted in one lump sum to be included when Respondent Pharmacy submits this signed Final Agency Order to the Board

9. **Compliance with PDMP**. At all times Respondent Pharmacy is registered with the Colorado State Board of Pharmacy, it shall comply with the data submission requirements of the PDMP. Respondent Pharmacy understands and acknowledges that future violations of PDMP reporting requirements, including failure to submit a "zero" report in the event of no dispensing transactions in Colorado during the relevant reporting period, shall lead to additional penalties pursuant to Board Policy 30-8.

10. **Advisements and Waivers.** Respondent Pharmacy enters into this Final Agency Order freely and voluntarily, after having had the opportunity to consult with its own legal counsel and/or choosing not to do so. Respondent Pharmacy acknowledges its understanding that it has the following rights:

    a. To have a formal notice of hearing and charges served upon it;

    b. To respond to said formal notice of charges;

    c. To have a formal disciplinary hearing pursuant to §12-22-125, C.R.S.; and

    d. To appeal this Board order.

Respondent Pharmacy freely **waives** these rights, and acknowledges that such waiver is made voluntarily in consideration for the Board's limiting the action taken against it to the sanctions imposed herein.

11. **Acknowledgments.** The undersigned authorized agent of Respondent Pharmacy has read this Final Agency Order in its entirety and acknowledges, after having had the opportunity to consult with its own legal counsel and/or choosing not to do so, that Respondent Pharmacy understands the legal consequences and agrees that none of the terms or conditions herein is unconscionable. Respondent Pharmacy is not relying on any statements, promises or representations from the Board other than as may be contained in this Final Agency Order. Respondent Pharmacy further acknowledges that it is not entering into this Final Agency Order under any duress.

12. **Violations.** Time is of the essence to this Final Agency Order. It is the responsibility of Respondent Pharmacy to take all appropriate steps to comply fully with this Final Agency Order. Respondent Pharmacy acknowledges and agrees that any violation of this Final Agency Order may be sanctioned as provided under §12-22-125.2(4), C.R.S., and may be sufficient grounds for additional discipline, including but not limited to revocation of its registration. The pendency of any suspension or disciplinary action arising out of an alleged violation of this Final Agency Order shall not affect the obligation of Respondent Pharmacy to comply with all terms and conditions of this Final Agency Order.

13. **Integration and Severability.** Upon execution by all parties, this Final Agency Order shall represent the entire and final agreement of and between the parties in this case. In the event any provision of this Final Agency Order is deemed invalid or unenforceable by a court of law, it shall be severed and the remaining provisions of this Final Agency Order shall be given full force and effect.

14. **Public Record.** Upon execution by all parties, this Final Agency Order shall be a public record, maintained in the custody of the Board.

15. **Effective Date.** This Final Agency Order shall become effective upon signature of a Board member or representative.

ACCEPTED AND AGREED BY

Authorized Agent of Respondent Pharmacy

Dated: 9-29-10

Subscribed and sworn to before me in the County of Collin, State of Texas, this 29 day of September, 2010 by Thomas Mathews, in his/her capacity as an authorized agent of Walgreens Specialty Pharmacy, LLC, DBA Walgreens Specialty Pharmacy #13625.

My commission expires: 7-26-13

Notary Public

PAMELA SEALE
My Commission Expires
July 26, 2013

FINAL AGENCY ORDER

WHEREFORE, the within Stipulation and Final Agency Order is approved, accepted, and hereby made an Order of the Board.

DONE AND EFFECTIVE THIS 18th DAY OF October, 2010.

State Board of Pharmacy

BY: Wendy Anderson
Wendy Anderson
Program Director

Walgreens Specialty Pharmacy #15443

Facility

Name	Status	Agency	Facility	Case Number	Date Agreement Signed	Summary/Outcome	Fine Amount	Discipline Type
Frisco 13625 (90)	Agency Order	CO BoP	Frisco #15443	2011-000518	9/29/2010	Failure to report PDMP records 4.1-10.2010 and 7.1-10.2010	$ 5,500.00	Facility
Frisco 15443 (90)	Settlement Agreement	HI BoP	Frisco #15443	PHA 2015-91-L	4/28/2016	Failure to timely report discipline in another state	$ 2,000.00	Facility
Frisco 15443 (90)	Settlement Agreement	IL BoP	Frisco #15443	2016-04570	12/19/2019	Sister discipline from HI and CO	$ 2,000.00	Facility
Frisco 15443 (90)	Consent Order	VA BoP	Frisco #15443	203205	2/3/2021	Delay of therapy	$ 500.00	Facility
Frisco #15443	Citation	CA BoP	Frisco #15443	CI 2021 93653	6/6/2023	Delay of therapy	$ 2,000.00	Facility

Staff

Name	Status	Agency	Facility	Case Number	Date Agreement Signed	Summary/Outcome	Fine Amount	Discipline Type	License Type
Nguyen, Kevin Linh	Consent Order	TX BoP	Frisco #15443	L-16-022	11/1/2016	Failure to answer truthfully to questions on license application	$ 250.00	Staff	Pharmacist
Dang, Phongphu	Remedial Plan	TX BoP	Frisco #15443	H-17-047-A	8/7/2018	Remedial plan due to dispensing error https://www.pharmacy.texas.gov/abo/RP-Pht/162441%20%20R49465%20%20Dang%2C%20Phongphu%20Alex%20%20REM%20%20H17047A%20%202018-08.pdf	$ 1,000.00	Staff	Pharmacist
Cooley, James	Board Order	TX BoP	Frisco #15443	T-04-382	9/24/2004	Two DUI between 1998 and 1999	$ -	Staff	Pharmacy Technician
Nguyen, Kevin Linh	Consent Order	OR BoP	Frisco #15443	2015-0258	6/25/2015	Failure to answer truthfully to questions on license application	$ 1,000.00	Staff	Pharmacist

BOARD OF PHARMACY
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA

COPY

CITATION AND FINE
ORDER OF ABATEMENT

Citation Number	Name, License No
CI 2021 93653	ALLIANCERX WALGREENS PHARMACY #15443, NRP 1589

VIOLATION CODE SECTION	OFFENSE	AMT OF FINE
Bus. & Prof. Code § 4301/Bus. & Prof. Code § 733 subd. (a)	Unprofessional Conduct.../Dispensing prescription drugs and devices- No licentiate shall obstruct a patient in obtaining a prescription	$2,000.00

CONDUCT:

Unprofessional Conduct-Obstructing a Patient from Obtaining Prescription: Business and Professions Code Section 4301 as it related to Business and Professions Code Section 733(a). Business and Professions Code Section 4301 states the board shall take action against any holder of a license who is guilty of unprofessional conduct or whose license has been issued by mistake. Business and Professions Code Section 733 (a) states a licentiate shall not obstruct a patient in obtaining a prescription drug or device that has been legally prescribed or ordered for that patient. A violation of this section constitutes unprofessional conduct by the licentiate and shall subject the licentiate to disciplinary or administrative action by his or her licensing agency. Specifically, between 10/29/2021 and 11/10/2021, AllianceRx Walgreens Prime # 15443 (NRP1589) located at 10530 John W Elliot Dr Ste 100, Frisco, TX 75033 obstructed patient CS from obtaining her prescription for Verzenio 150mg which caused a delay in therapy for the following reasons:

- AllianceRx employee misinterpreted the billing directions and kept billing incorrectly which resulted in the claim rejection.
- Each time the pharmacy got a rejected insurance claim, the pharmacy did not contact the prescriber nor the patient regarding the rejected claim.
- When the prescriber's office called the pharmacy for the status of the prescription several times, the pharmacy staff noted to call them back with the status however no one from the pharmacy called back.
- The timeline provided by AllianceRx showed a consistent pattern of the prescriber's office contacting the pharmacy for the status of CS's Verzenio.

Obstructing a patient from obtaining a prescription was a violation of Business and Professions Code Section 4301 as it related to 733(a).

CITATION ISSUED ON: May 18, 2023	TOTAL AMOUNT OF FINE(S): $2,000.00
PROOF OF ABATEMENT AND PAYMENT OF FINE(S) DUE BY: June 17, 2023	

COPY

DHP – MAILROOM

JAN 29 2021

BEFORE THE VIRGINIA BOARD OF PHARMACY

IN RE: WALGREENS SPECIALTY PHARMACY, LLC D/B/A ALLIANCERX WALGREENS PRIME #15443

Permit Number: 0214-000307
Case Number: 203205

CONSENT ORDER

JURISDICTION AND PROCEDURAL HISTORY

The Virginia Board of Pharmacy ("Board") and Thomas J. Matthews, Pharmacist-in-Charge of Walgreens Specialty Pharmacy, LLC DBA AllianceRX Walgreens Prime #15443 ("AllianceRX"), Frisco, Texas, as evidenced by their signatures hereto, in lieu of proceeding to informal conference, enter into the following Consent Order affecting AllianceRX's permit to conduct a non-resident pharmacy delivering in the Commonwealth of Virginia.

FINDINGS OF FACT AND CONCLUSIONS OF LAW

1. On July 16, 1998, the Board issued Permit Number 0214-000307 to AllianceRX to conduct a non-resident pharmacy delivering in the Commonwealth of Virginia. Said permit is scheduled to expire on July 31, 2021. At all times relevant hereto, said permit was in full force and effect.

2. AllianceRX violated Virginia Code § 54.1-3316(1) and (13) in that it failed to provide Patient A's physician with a prescription for a life-saving medication, Revlimid, on or before April 10, 2019, as requested by Patient A on April 2, 2019. When Patient A requested shipment of a prescription for Revlimid to his physician's office for April 10, 2019 administration, a hold, which had previously been placed on the prescription due to side effects reported by Patient A, was not removed from the prescription, causing the prescription not to be processed.

3. AllianceRX reported that it has changed the process for placing these types of prescriptions on hold to prevent this situation from happening again.

CONSENT

AllianceRX, by affixing the signature of a representative hereon to this Order, agrees to the following:

1. AllianceRX has been advised to seek advice of counsel prior to signing this document.

2. AllianceRX is fully aware that without its consent, no legal action can be taken against it or its permit except pursuant to the Virginia Administrative Process Act, Virginia Code § 2.2-4000 *et seq.*.

3. AllianceRX acknowledges that it has the following rights, among others: the right to an informal fact-finding conference before the Board; and the right to representation by counsel;

4. AllianceRX waives its right to an informal conference;

5. AllianceRX admits to the Findings of Fact and Conclusions of Law contained herein and waives its right to contest such Findings of Fact and Conclusions of Law and any sanction imposed hereunder in any future judicial or administrative proceeding in which the Board is a party;

6. AllianceRX consents to the entry of the following Order affecting its right to conduct a non-resident pharmacy delivering in the Commonwealth of Virginia.

ORDER

Based on the foregoing Findings of Fact and Conclusions of Law, the Virginia Board of Pharmacy hereby ORDERS as follows:

1. AllianceRX is assessed a MONETARY PENALTY of $500.00. This penalty shall be paid to the Board by certified check or money order made payable to the Treasurer of Virginia within 60 days from the date of entry of this Order. Failure to pay the full monetary penalty by the due date may cause the matter to be sent for collection and constitutes grounds for an administrative proceeding and further discipline.

2. AllianceRX shall comply with all laws and regulations governing the practice of non-resident pharmacies delivering in the Commonwealth of Virginia.

3. Any violation of the foregoing terms and conditions of this Order or any statute or regulation governing the practice of non-resident pharmacies delivering in the Commonwealth of Virginia shall constitute grounds for further disciplinary action.

Pursuant to Virginia Code §§ 2.2-4023 and 54.1-2400.2, the signed original of this Order shall remain in the custody of the Department of Health Professions as a public record, and shall be made available for public inspection and copying upon request.

FOR THE BOARD

SM
FOR Caroline D. Juran
Executive Director
Virginia Board of Pharmacy

ENTERED: 2/3/2021

SEEN AND AGREED TO:

Thomas J. Matthews, representative for
Walgreens Specialty Pharmacy, LLC D/B/A AllianceRx Walgreens Prime #15443

STATE OF TEXAS
COUNTY CITY OF Collin / Frisco, TO WIT:

Subscribed and sworn to before me, a notary public in and for the state of Texas at large, on this 26th day of January 2021.

TARAH RECKER
My Notary ID # 131137161
Expires May 19, 2021

Notary Public

My commission expires: 5/19/2021

Registration No.: 131137161

Dora
Department of Regulatory Agencies

Division of Registrations
Rosemary McCool
Director

State Board of Pharmacy
Wendy Anderson
Program Director

Bill Ritter, Jr.
Governor

Barbara J. Kelley
Executive
Director

October 27, 2010

Walgreens Specialty Pharmacy, LLC
DBA Walgreens Specialty Pharmacy #13625
Attn: Tom Mathews, RPH
7164 Technology Dr. #100
Frisco, TX 75034

RE: Stipulation and Final Agency Order
Case #2011-0518

IN THE MATTER OF THE DISCIPLINARY PROCEEDING REGARDING THE NON-RESIDENT PRESCRIPTION DRUG OUTLET REGISTRATON OF WALGREENS SPECIALTY PHARMACY, LLC, DBA WALGREENS SPECIALTY PHARMACY #13625, REGISTRATION NO. OSP 5004,

Dear Mr. Mathews:

Enclosed you will find a copy of the fully executed Stipulation and Final Agency Order (Stip/FAO) in the above mentioned matter, which became effective October 18, 2010.

If you have any questions, or require additional information, please feel free to contact me at (303) 894-2989.

Respectfully,

FOR THE COLORADO STATE BOARD OF PHARMACY
PRESCRIPTION DRUG MONITORING PROGRAM

Tia Johnson
PDMP Administrator

enclosure
cc: Michael Simko, Esq.
John H. Steele, Director, Office of Expedited Settlement
File

1560 Broadway, Suite 1350 Denver, Colorado 80202 Phone 303.894.7800
Fax 303.894.7692 www.dora.state.co.us V/TDD 711
Consumer Protection

BEFORE THE STATE BOARD OF PHARMACY

STATE OF COLORADO

Case No. 2011-000518

STIPULATION AND FINAL AGENCY ORDER

IN THE MATTER OF THE DISCIPLINARY PROCEEDING REGARDING THE NON-RESIDENT PRESCRIPTION DRUG OUTLET REGISTRATION OF WALGREENS SPECIALTY PHARMACY, LLC, DBA WALGREENS SPECIALTY PHARMACY #13625, REGISTRATION NO. OSP 5004,

RESPONDENT PHARMACY.

IT IS HEREBY STIPULATED by and between the Colorado State Board of Pharmacy ("Board") and Walgreens Specialty Pharmacy, LLC, DBA Walgreens Specialty Pharmacy #13625 ("Respondent Pharmacy"), to resolve all matters pertaining to Board Case Number 2011-000518 as follows:

1. On August 7, 1998, Respondent Pharmacy became registered by the Board as a non-resident prescription drug outlet in the State of Colorado and was issued Registration No. OSP 5004 ("Colorado Registration").

2. The Board has jurisdiction over Respondent Pharmacy, its Colorado Registration, and the subject matter of this Stipulation and Final Agency Order ("Final Agency Order") pursuant to the provisions of title 12, article 22, C.R.S. (2009), otherwise known as the Pharmaceuticals and Pharmacists Act.

3. Respondent Pharmacy's address of record with the Board and current location is 7164 Technology Dr., #100, Frisco, TX 75034.

4. Respondent Pharmacy neither admits nor denies these findings, but does not contest that the Board alleges these findings. Respondent Pharmacy hereby waives any further proof in this proceeding before the Board regarding the following facts.

5. On April 14, 2010, Board staff initiated a Complaint against Respondent Pharmacy because it failed to comply with the data submission requirements of Colorado's Electronic Prescription Drug Monitoring Program ("PDMP") for the reporting period(s) of April 1 through April 10, 2010.

6. Respondent Pharmacy subsequently failed to submit the required data to the PDMP reporting dispensing transactions of controlled substances in the State of Colorado for the reporting period(s) of July 1 through July 10, 2010, and did not submit a

"zero" report indicating no dispensing transactions for said reporting period(s) as required by Board rule.

7. Respondent Pharmacy does not contest that the conduct described above may constitute a violation of §§12-22-125(1)(c) and 12-22-708, C.R.S. and that such conduct provides grounds for disciplinary action against Respondent Pharmacy's Colorado Registration pursuant to Board Policy 30-8.

DISPOSITION

$5,000.00 Fine with 10% Surcharge and Terms

8. **Fine with Surcharge.** Respondent Pharmacy accepts the following discipline: Pursuant to §12-22-125.2(5), C.R.S. Respondent Pharmacy shall pay a fine of **Five Thousand Dollars and No Cents ($5,000.00).** Respondent Pharmacy understands and acknowledges that, pursuant to §24-34-108, C.R.S., the Executive Director of the Department of Regulatory Agencies shall impose an additional surcharge of 10% of this fine. Respondent Pharmacy shall therefore pay a total amount of **Five Thousand, Five Hundred Dollars and No Cents ($5,500.00).** The total amount shall be payable to the State of Colorado and shall be remitted in one lump sum to be included when Respondent Pharmacy submits this signed Final Agency Order to the Board.

9. **Compliance with PDMP.** At all times Respondent Pharmacy is registered with the Colorado State Board of Pharmacy, it shall comply with the data submission requirements of the PDMP. Respondent Pharmacy understands and acknowledges that future violations of PDMP reporting requirements, including failure to submit a "zero" report in the event of no dispensing transactions in Colorado during the relevant reporting period, shall lead to additional penalties pursuant to Board Policy 30-8.

10. **Advisements and Waivers.** Respondent Pharmacy enters into this Final Agency Order freely and voluntarily, after having had the opportunity to consult with its own legal counsel and/or choosing not to do so. Respondent Pharmacy acknowledges its understanding that it has the following rights:

    a. To have a formal notice of hearing and charges served upon it;

    b. To respond to said formal notice of charges;

    c. To have a formal disciplinary hearing pursuant to §12-22-125, C.R.S.; and

    d. To appeal this Board order.

Respondent Pharmacy freely **waives** these rights, and acknowledges that such waiver is made voluntarily in consideration for the Board's limiting the action taken against it to the sanctions imposed herein.

11. **Acknowledgments.** The undersigned authorized agent of Respondent Pharmacy has read this Final Agency Order in its entirety and acknowledges, after having had the opportunity to consult with its own legal counsel and/or choosing not to do so, that Respondent Pharmacy understands the legal consequences and agrees that none of the terms or conditions herein is unconscionable. Respondent Pharmacy is not relying on any statements, promises or representations from the Board other than as may be contained in this Final Agency Order. Respondent Pharmacy further acknowledges that it is not entering into this Final Agency Order under any duress.

12. **Violations.** Time is of the essence to this Final Agency Order. It is the responsibility of Respondent Pharmacy to take all appropriate steps to comply fully with this Final Agency Order. Respondent Pharmacy acknowledges and agrees that any violation of this Final Agency Order may be sanctioned as provided under §12-22-125.2(4), C.R.S., and may be sufficient grounds for additional discipline, including but not limited to revocation of its registration. The pendency of any suspension or disciplinary action arising out of an alleged violation of this Final Agency Order shall not affect the obligation of Respondent Pharmacy to comply with all terms and conditions of this Final Agency Order.

13. **Integration and Severability.** Upon execution by all parties, this Final Agency Order shall represent the entire and final agreement of and between the parties in this case. In the event any provision of this Final Agency Order is deemed invalid or unenforceable by a court of law, it shall be severed and the remaining provisions of this Final Agency Order shall be given full force and effect.

14. **Public Record.** Upon execution by all parties, this Final Agency Order shall be a public record, maintained in the custody of the Board.

15. **Effective Date.** This Final Agency Order shall become effective upon signature of a Board member or representative.

ACCEPTED AND AGREED BY

Authorized Agent of Respondent Pharmacy

Dated: 9-29-10

Subscribed and sworn to before me in the County of Collin, State of Texas, this 29 day of September, 2010 by Thomas Mathews, in his/her capacity as an authorized agent of Walgreens Specialty Pharmacy, LLC, DBA Walgreens Specialty Pharmacy #13625.

My commission expires: 7-26-13

Notary Public

PAMELA SEALE
My Commission Expires
July 26, 2013

FINAL AGENCY ORDER

WHEREFORE, the within Stipulation and Final Agency Order is approved, accepted, and hereby made an Order of the Board.

DONE AND EFFECTIVE THIS 18th DAY OF October, 2010.

State Board of Pharmacy

BY: Wendy Anderson
Wendy Anderson
Program Director

CERTIFICATE OF MAILING

This is to certify that I have duly mailed the within **STIPULATION AND FINAL AGENCY ORDER** upon all parties herein by depositing copies of same in the United States mail, postage prepaid, at Denver, Colorado this 29th day of September 2010, addressed as follows:

Walgreens Specialty Pharmacy, LLC
DBA Walgreens Specialty Pharmacy #13625
Attn: Tom Mathews, RPH
7164 Technology Dr., #100
Frisco, TX 75034

Gary A. Peter, Esq.
Walgreen Co.
104 Wilmot Rd., MS #1434
Deerfield, IL 60015

John C. Steele

CERTIFICATE OF SERVICE

This is to certify that I have duly served the within **STIPULATION AND FINAL AGENCY ORDER** upon all parties herein by depositing copies of same in the United States mail, postage prepaid, at Denver, Colorado this 28th day of October 2010, addressed as follows:

Walgreens Specialty Pharmacy, LLC
DBA Walgreens Specialty Pharmacy #13625
Attn: Tom Mathews, RPH
7164 Technology Dr., #100
Frisco, TX 75034

Michael Simko, Esq.
Walgreen Co.
104 Wilmot Rd., MS #1434
Deerfield, IL 60015

Agent of the Board

National Practitioner Data Bank
Healthcare Integrity and Protection
Data Bank
P.O. Box 10832
Chantilly, VA 20153-0832

http://www.npdb-hipdb.hrsa.gov

DCN: 5500000065148843
Process Date: 10/27/2010
Page: 1 of 2

WALGREENS SPECIALTY PHARMACY, LLC

SENSITIVE INFORMATION ENCLOSED

To: CEO or President
WALGREENS SPECIALTY PHARMACY, LLC
7164 TECHNOLOGY DR #100

FRISCO, TX 75034

From: The Healthcare Integrity and Protection Data Bank
Re: Notification of a Report in the Data Bank(s)

This notice is to inform you that the enclosed report of an action taken against you was recently submitted to the Healthcare Integrity and Protection Data Bank (HIPDB).

What is the HIPDB? Section 1128E of the Social Security Act as added by Section 221(a) of the Health Insurance Portability and Accountability Act of 1996, established the HIPDB. Section 1128E mandates that information on certain final adverse actions (e.g., licensure, civil judgment and criminal convictions related to health care, exclusions from Federal or State health care programs and certain other adjudicated actions and decisions) taken against health care practitioners, providers and suppliers be reported to the HIPDB. Federal and State government agencies and health plans are authorized to query the HIPDB.

Confidentiality.

All information in the HIPDB is considered confidential and is disclosed only to legally authorized queriers for specified uses. Disclosure or use of confidential information for other purposes is a violation of Federal law. Health care practitioners, providers and suppliers may query the Data Bank about themselves (self-query) and may share their self-query results with anyone they choose. Information in the Data Bank is NOT available to the public.

What does the report mean to you?

The enclosed report summarizes an action taken against you. The HIPDB may contain more than one report on a particular incident, if two or more actions were taken that related to that one incident, e.g., an adverse licensure action and an exclusion from the Medicare and Medicaid programs. A report in the Data Bank does not necessarily reflect adversely on your professional competence or conduct. Those entities authorized to access the HIPDB use the information in conjunction with information from other sources, including you, when granting clinical privileges or making employment, affiliation or licensure decisions. This report is being sent to you so that you can check its accuracy. This is important because the Data Bank is a clearinghouse for reports, which are maintained exactly as submitted.

>> **If the report is accurate**, you need not respond to this mailing. The report will be available to authorized queriers exactly as submitted.
>> **If the mailing address in this report is incorrect**, you may update your mailing address as maintained by the Data Banks using the on-line Report Response Service, available at http://www.npdb-hipdb.hrsa.gov. Future correspondence from the Data Banks will be mailed to you at the address specified. Please be advised that this does not change your address as reflected in the report. Only the entity that originally submitted the report can modify or correct information provided in the report.
>> **You may add a statement** expressing your view of the events described in the report using the on-line Report Response Service, available at http://www.npdb-hipdb.hrsa.gov.
>> **You may dispute the report** using the on-line Report Response Service, available at http://www.npdb-hipdb.hrsa.gov. You may NOT dispute the reported action itself or the appropriateness of any finding or judgment.

CONFIDENTIAL DOCUMENT - FOR AUTHORIZED USE ONLY

National Practitioner Data Bank
Healthcare Integrity and Protection
Data Bank
P.O. Box 10832
Chantilly, VA 20153-0832

http://www.npdb-hipdb.hrsa.gov

DCN: 5500000065148843
Process Date: 10/27/2010
Page: 1 of 1

REPORT RESPONSE SERVICE LOGIN INSTRUCTIONS

To access the on-line Report Response Service, go to http://www.npdb-hipdb.hrsa.gov and click Respond to a Report. The Welcome to the Report Response Service screen displays. Click the Respond to a Report icon on this page to proceed to the Report Response Log In screen.

As the subject of a report, you are assigned a unique Report Password. This Report Password applies to all reports on file with the Data Bank(s) for which you are the subject.

If you have more than one report for which you wish to dispute report information (add, modify, or remove a Subject Statement, initiate or withdraw a dispute or request for Secretarial Review, or modify your address as maintained by the Data Bank(s)), you must enter one Report Number in the appropriate field on the Report Response Login screen, along with your Report Password. Once you have completed your transaction for that report, return to the Report Response Login screen and enter the next Report Number for which you wish to dispute report information. Use the same Report Password for all Report Numbers.

Report Number: 5500000065148843

Report Password: b7rr3gfw23

NOTE: Enter the Report Password exactly as it appears here. The Report Password is case-sensitive. File this information in a secure place for future access to the on-line Report Response Service.

The Data Bank News, quarterly newletter, is available electronically. If you would like to receive the Data Banks e-newsletter, check the box on the *Report Response Options* page. Enter your e-mail address and click **Save**.

CONFIDENTIAL DOCUMENT - FOR AUTHORIZED USE ONLY

National Practitioner Data Bank
Healthcare Integrity and Protection
Data Bank
P.O. Box 10832
Chantilly, VA 20153-0832

http://www.npdb-hipdb.hrsa.gov

ADVERSE ACTION REPORT

STATE LICENSURE ACTION

Report Number: 5500000065148843

This report is maintained under the provisions of:

[ ] Title IV (NPDB) [ ] Section 1921 (NPDB) [X] Section 1128E (HIPDB)

The information contained in this report is maintained by the Healthcare Integrity and Protection Data Bank for restricted use under the provisions of Section 1128E of the Social Security Act, and 45 CFR Part 61. All information is confidential and may be used only for the purpose for which it was disclosed. Disclosure or use of confidential information for other purposes is a violation of Federal law. For additional information or clarification, contact the reporting entity identified in Section A.

A. REPORTING ENTITY

Entity Name:	COLORADO STATE BOARD OF PHARMACY
Address:	1560 BROADWAY, STE. 1300
City, State, Zip:	DENVER, CO 80202-0546
Country:	
Name of Office:	COLORADO STATE BOARD OF PHARMACY
Title or Department:	DORA/PROGRAM ASSISTANT
Telephone:	(303) 894-7754
Entity Internal Report Reference:	2011-0518
Type of Report:	INITIAL

B. SUBJECT IDENTIFICATION INFORMATION (ORGANIZATION)

Organization Name:	WALGREENS SPECIALTY PHARMACY, LLC
Other Organization Name(s) Used:	WALGREENS SPECIALTY PHARMACY #13625
Business Address:	7164 TECHNOLOGY DR #100
City, State, ZIP:	FRISCO, TX 75034
Organization Type:	PHARMACY (345)
Names and Titles of Principal Officers and Owners (POO):	
Federal Employer Identification Numbers (FEIN):	260631132
Social Security Numbers (SSN):	
Individual Taxpayer Identification Numbers (ITIN):	
State License Number, State of Licensure:	5004, CO
Is the Subject a health care entity that provides health care services and engages in a formal peer review process for the purpose of furthering quality health care?:	NO
Drug Enforcement Administration (DEA) Numbers:	
Clinical Laboratory Act (CLIA) Numbers:	
Food and Drug Administration (FDA) Numbers:	
National Provider Identifiers (NPI):	
Medicare Provider/Supplier Numbers:	
Name(s) of Health Care Entity (Entities) With Which Subject Is Affiliated or Associated (Inclusion Does Not Imply Complicity in the Reported Action.):	
Business Address of Affiliate:	
City, State, ZIP:	
Nature of Relationship(s):	

C. INFORMATION REPORTED

Type of Adverse Action:	STATE LICENSURE
Basis for Action:	VIOLATION OF FEDERAL OR STATE STATUTES, REGULATIONS OR RULES (A6)
Name of Agency or Program That Took the Adverse Action Specified In This Report:	COLORADO STATE BOARD OF PHARMACY
Adverse Action Classification Code(s):	PUBLICLY AVAILABLE FINE/MONETARY PENALTY (3233)

CONFIDENTIAL DOCUMENT - FOR AUTHORIZED USE ONLY

National Practitioner Data Bank
Healthcare Integrity and Protection
Data Bank
P.O. Box 10832
Chantilly, VA 20153-0832

http://www.npdb-hipdb.hrsa.gov

Date Action Was Taken: 10/18/2010
Date Action Became Effective: 10/18/2010
Total Amount of Monetary Penalty, Assessment and/or Restitution: $ 5,500.00
Is Subject Automatically Reinstated After Adverse Action Period Is Completed?: YES
Description of Subject's Act(s) or Omission(s) or Other Reasons for Action(s) Taken and Description of Action(s) Taken by Reporting Entity: Stipulation and Final Agency Order, effective 10/18/10, Case #2011-0518, as the pharmacy failed to submit required data into the Colorado Prescription Drug Monitoring Program. The pharmacy paid the fine, and the action was completed effective 10/18/10.

☐ Subject identified in Section B has appealed the reported adverse action.

D. SUBJECT STATEMENT

If the subject identified in Section B of this report has submitted a statement, it appears in this section.

E. REPORT STATUS

Unless one or more boxes below are checked, the subject of this report identified in Section B has not contested this report.

☐ If box is checked, this report has been disputed by the subject identified in Section B.

☐ If box is checked, at the request of the subject identified in Section B, this report is being reviewed by the Secretary of the U.S. Department of Health and Human Services to determine its accuracy and/or whether it complies with reporting requirements. No decision has been reached.

☐ If box is checked, at the request of the subject identified in Section B, this report was reviewed by the Secretary of the U.S. Department of Health and Human Services. The Secretary's decision is shown below:

Date of Original Submission: 10/27/2010
Date of Most Recent Change: 10/27/2010

END OF REPORT

CONFIDENTIAL DOCUMENT - FOR AUTHORIZED USE ONLY

END OF DOCUMENT

DARIA A. LOY-GOTO 6175
JOHN T. HASSLER 5311
Regulated Industries Complaints Office
Department of Commerce and Consumer Affairs
State of Hawaii
Leiopapa A Kamehameha Building
235 South Beretania Street, Suite 900
Honolulu, Hawaii 96813
Telephone: 586-2660

Attorneys for Department of Commerce
and Consumer Affairs

RECEIVED
2016 APR 15 A 10:27
DEPT OF COMMERCE
& CONSUMER AFFAIRS
STATE OF HAWAII

DEPT. OF COMMERCE
AND CONSUMER AFFAIRS
2016 APR 28 P 2:26
HEARINGS OFFICE

BOARD OF PHARMACY
DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS
STATE OF HAWAII

In the Matter of the Miscellaneous Permits of WALGREENS SPECIALTY PHARMACY, LLC, individually and doing business as WALGREENS SPECIALTY PHARMACY #12314, WALGREENS SPECIALTY PHARMACY #15438, and WALGREENS SPECIALTY PHARMACY #15443, Respondent.	PHA 2015-62-L, PHA 2015-90-L AND PHA 2015-91-L SETTLEMENT AGREEMENT PRIOR TO FILING OF PETITION FOR DISCIPLINARY ACTION AND BOARD'S FINAL ORDER; EXHIBITS "1" THROUGH "3"

241042211

SETTLEMENT AGREEMENT PRIOR TO FILING OF PETITION
FOR DISCIPLINARY ACTION AND BOARD'S FINAL ORDER

Petitioner, DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS' REGULATED INDUSTRIES COMPLAINTS OFFICE (hereinafter "RICO" or "Petitioner"), through its undersigned attorney(s), and Respondent WALGREENS SPECIALTY PHARMACY, LLC, individually and doing business as WALGREENS SPECIALTY PHARMACY #12314, WALGREENS SPECIALTY PHARMACY #15438, and WALGREENS SPECIALTY PHARMACY #15443 (hereinafter "Respondent"), enter into this Settlement Agreement on the terms and conditions set forth below.

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I HEREBY CERTIFY THAT THE ATTACHED IS A TRUE AND CORRECT COPY OF THE ORIGINAL ON FILE IN THE DEPARTMENT OF COMMERCE & CONSUMER AFFAIRS.

A. UNCONTESTED FACTS:

1. At all relevant times herein, Respondent was permitted by the Board of Pharmacy (hereinafter the "Board") as a miscellaneous permit holder under permit number PMP 547 issued to WALGREENS SPECIALTY PHARMACY, LLC, individually and doing business as WALGREENS SPECIALTY PHARMACY #12314. The permit was issued on or about January 17, 2008 and will expire or forfeit on or about December 31, 2017.

2. At all relevant times herein, Respondent was permitted by the Board as a miscellaneous permit holder under permit number PMP 644, issued to WALGREENS SPECIALTY PHARMACY, LLC, individually and doing business as WALGREENS SPECIALTY PHARMACY #15438. The permit was issued on or about April 12, 2010 and will expire or forfeit on or about December 31, 2017.

3. At all relevant times herein, Respondent was permitted by the Board as a miscellaneous permit holder under permit number PMP 669, issued to WALGREENS SPECIALTY PHARMACY, LLC, individually and doing business as WALGREENS SPECIALTY PHARMACY #15443. The permit was issued on or about September 23, 2010 and will expire or forfeit on or about December 31, 2017.

4. Respondent's mailing address for purposes of this action is P.O. Box 901, Deerfield, Illinois 60015.

5. RICO received a request for investigation from the Board after Respondent reported disciplinary actions by the State of Colorado.

6. Respondent provided a copy of a Final Agency Order from the Colorado Board of Pharmacy issued to Respondent in Case No. 2011-000522 (hereinafter "the Colorado Order in Case No. 2011-000522") (Exhibit "1"). The Colorado Order in Case No. 2011-000522 was based on action in Colorado and imposed a $5,000.00 fine.

7. Respondent also provided a copy of a Final Agency Order from the Colorado Board of Pharmacy issued to Respondent in Case No. 2010-003719 (hereinafter "the Colorado Order in Case No. 2010-003719 ") (Exhibit "2"). The Colorado Order in Case No. 2010-003719 was based on allegations related to reporting changes in pharmacist manager and imposed a $1,000.00 fine.

8. Respondent also provided a copy of a Final Agency Order from the Colorado Board of Pharmacy issued to Respondent in Case No. 2011-000518 (hereinafter "the Colorado Order in Case No. 2011-000518") (Exhibit "3"). The Colorado Order in Case No. 2011-000518 was based on disciplinary action in Colorado and imposed a $5,000.00 fine.

9. RICO alleges that disciplinary action was taken against Respondent in other states.

10. The foregoing allegations, if proven at an administrative hearing before the Board, would constitute violations of the following statute(s) and/or rule(s): Hawaii Revised Statutes ("HRS") § 436B-19(13) (disciplinary action by another state or federal agency).

11. The Board has jurisdiction over the subject matter herein and over the parties hereto.

B. REPRESENTATIONS BY RESPONDENT:

1. Respondent is fully aware that Respondent has the right to be represented by an attorney and voluntarily waives that right.

2. Respondent enters into this Settlement Agreement freely, knowingly, voluntarily, and under no coercion or duress.

3. Respondent is aware of the right to have a hearing to adjudicate the issues in the case. Pursuant to HRS § 91-9(d), Respondent freely, knowingly, and voluntarily waives the right to a hearing and agrees to dispose of this case in accordance with the terms and conditions of this Settlement Agreement.

4. Respondent being at all times relevant herein permitted as a miscellaneous permit holder by the Board acknowledges that Respondent is subject to penalties including but not limited to, revocation, suspension or limitation of the permits and administrative fines, if the foregoing allegations are proven at hearing.

5. Respondent represents Exhibit "1" is a true and correct copy of a Final Agency Order from the Colorado Board of Pharmacy issued to Respondent in Case No. 2011-000522; Exhibit "2" is a true and correct copy of a Final Agency Order from the Colorado Board of Pharmacy issued to Respondent in Case No. 2010-003719; and Exhibit "3" is a true and correct copy of a Final Agency Order from the Colorado Board of Pharmacy issued to Respondent in Case No. 2011-000518.

6. Respondent understands that any false or untrue statement or any material misrepresentation or omission of fact by Respondent in this settlement agreement may be grounds for further disciplinary action under HRS chapters 436B and 461.

7. Respondent does not admit to violating any law or rule, but acknowledges that RICO has sufficient cause to file a Petition for Disciplinary Action against Respondent's permits.

8. Respondent enters into this Settlement Agreement as a compromise of the claims and to conserve on the expenses of proceeding with an administrative hearing on this matter.

9. Respondent agrees that this Settlement Agreement is intended to resolve the issues raised in RICO's investigation in RICO Case Numbers PHA 2015-62-L (PMP 547), PHA 2015-90-L (PMP 644) and PHA 2015-91-L (PMP 669).

10. Respondent understands that this Settlement Agreement may be subject to reporting requirements.

11. Respondent understands this Settlement Agreement is public record pursuant to Hawaii Revised Statutes chapter 92F.

C. TERMS OF SETTLEMENT:

1. Administrative fine. Respondent agrees to pay administrative fines in the amount of TWO THOUSAND HUDNRED AND NO/100 DOLLARS ($2,000.00). Payment shall be made by **cashier's check or money order made payable to "DCCA - Compliance Resolution Fund"** and mailed to the Regulated Industries Complaints Office, Attn: John T. Hassler, Esq., 235 S. Beretania Street, 9th Floor, Honolulu, Hawaii 96813. Payment of fines shall be due at the time this Settlement Agreement is returned to RICO.

2. Failure to Comply with Settlement Agreement. If Respondent fails to fully and timely comply with the terms of this Settlement Agreement as set forth in paragraph(s) C.1 above, Respondent's permits shall be automatically revoked upon RICO's filing of an affidavit with the Board attesting to such failure. In case of such revocation, Respondent shall turn in all indicia of the permits to the Executive Officer of the Board within ten (10) days after receipt of notice of the revocation. In case of such revocation, Respondent understands Respondent cannot apply for new permits until the expiration of at least five (5) years after the effective date of the revocation. Respondent understands that if Respondent desires to become permitted again, Respondent must apply to the Board for new permits pursuant to and subject to HRS §§ 92-17, 436B-21, and all other applicable laws and rules in effect at the time.

3. Possible further sanction. The Board, at its discretion, may pursue additional disciplinary action as provided by law to include further fines and other sanctions as the Board may deem appropriate if Respondent violates any provision of the statutes or rules governing the conduct of pharmacies in the State of Hawaii, or if Respondent fails to abide by the terms of this Settlement Agreement.

4. Approval of the Board. Respondent agrees that, except for the representations, agreements and covenants contained in Paragraphs C.5, C.6, C.7 and C.8 below, this Settlement Agreement shall not be binding on any of the parties unless and until it is approved by the Board.

5. No Objection if Board Fails to Approve. If the Board does not approve this Settlement Agreement, does not issue an order pursuant thereto, or does not approve a lesser remedy, but instead an administrative hearing is conducted against Respondent in the Board's usual and customary fashion pursuant to the Administrative Procedure Act, Respondent agrees that neither Respondent nor any attorney that Respondent may retain, will raise as an objection in any administrative proceeding or in any judicial action, to the Board's proceeding against Respondent on the basis that the Board has become disqualified to consider the case because of its review and consideration of this Settlement Agreement.

6. Any Ambiguities Shall be Construed to Protect the Consuming Public. It is agreed that any ambiguity in this Settlement Agreement is to be read in the manner that most completely protects the interests of the consuming public.

7. No Reliance on Representations by RICO. Other than the matters specifically stated in this Settlement Agreement, neither RICO nor anyone acting on its behalf has made any representation of fact, opinion or promise to Respondent to induce entry into this Settlement Agreement, and Respondent is not relying upon any statement, representation or opinion or promise made by RICO or any of its agents, employees, representatives or attorneys concerning the nature, extent or duration of exposure to legal liability arising from the subject matter of this Settlement Agreement or concerning any other matter.

8. Complete Agreement. This Settlement Agreement is a complete settlement of the rights, responsibilities and liabilities of the parties hereto with respect to the subject matter hereof; contains the entire agreement of the parties; and may only be modified, changed or amended by written instrument duly executed by all parties hereto.

IN WITNESS WHEREOF, the parties have signed this Settlement Agreement on the date(s) set forth below.

DATED: Deerfield (CITY), IL (STATE), 4/6/16.

WALGREENS SPECIALTY PHARMACY, LLC
Respondent

By: _____ Joel Wright
Its SVP of Specialty Services

DATED: Honolulu, Hawaii, April 15, 2016.

_____
DARIA A. LOY-GOTO
JOHN T. HASSLER
Attorneys for Department of Commerce and Consumer Affairs

IN THE MATTER OF THE MISCELLANEOUS PERMITS OF WALGREENS SPECIALTY PHARMACY, LLC, INDIVIDUALLY AND DOING BUSEINSS AS WALGREENS SPECIALTY PHARMACY #12314, WALGREENS SPECIALTY PHARMACY #15438, AND WALGREENS SPECIALTY PHARMACY #15443; SETTLEMENT AGREEMENT PRIOR TO FILING OF PETITION FOR DISCIPLINARY ACTION AND BOARD'S FINAL ORDER; EXHIBITS "1" THROUGH "3"; CASE NO(S). PHA 2015-62-L, PHA 2015-90-L AND PHA 2015-91-L

APPROVED AND SO ORDERED:
BOARD OF PHARMACY
STATE OF HAWAII

Kerri Okamura — 4/28/16

KERRI OKAMURA
Chairperson

DATE

GARRETT A. LAU
Vice Chairperson

MARCELLA CHOCK

Mary Jo Keefe

MARY JO KEEFE

CAROLYN S. J. MA

PVL 07/01/15

STATE OF ILLINOIS)
) SS.
COUNTY OF LAKE)

On this 6TH day of APRIL, 2016, before me personally appeared JOEL WRIGHT, to me known to be the person described, and who executed the foregoing instrument on behalf of WALGREENS SPECIALTY PHARMACY, LLC, as its DIVISIONAL VICE PRESIDENT, and acknowledged he/she executed the same as his/her free act and deed.

This 5-page *Settlement Agreement Prior to Filing of Petition for Disciplinary Action and Board's Final Order* document dated APRIL 6, 2016 was acknowledged before me by JOEL WRIGHT (NAME OF PERSON SIGNING THIS DOCUMENT) this 6TH day of APRIL, 2016, in the County of LAKE, in the State of ILLINOIS.

Karen A Kessler

Name: KAREN A. KESSLER
Notary Public, State of ILLINOIS

My Commission expires: 10/8/2017

OFFICIAL SEAL
KAREN A KESSLER
NOTARY PUBLIC - STATE OF ILLINOIS
MY COMMISSION EXPIRES:10/08/17

BEFORE THE STATE BOARD OF PHARMACY

STATE OF COLORADO

Case No. 2011-000522

STIPULATION AND FINAL AGENCY ORDER

IN THE MATTER OF THE DISCIPLINARY PROCEEDING REGARDING THE NON-RESIDENT PRESCRIPTION DRUG OUTLET REGISTRATION OF WALGREENS SPECIALTY PHARMACY, LLC, REGISTRATION NO. OSP 5737,

RESPONDENT PHARMACY.

IT IS HEREBY STIPULATED by and between the Colorado State Board of Pharmacy ("Board") and Walgreen Specialty Pharmacy, LLC ("Respondent Pharmacy"), to resolve all matters pertaining to Board Case Number 2011-000522 as follows:

1. On February 19, 2008, Respondent Pharmacy became registered by the Board as a non-resident prescription drug outlet in the State of Colorado and was issued Registration No. OSP 5737 ("Colorado Registration").

2. The Board has jurisdiction over Respondent Pharmacy, its Colorado Registration, and the subject matter of this Stipulation and Final Agency Order ("Final Agency Order") pursuant to the provisions of title 12, article 22, C.R.S. (2009), otherwise known as the Pharmaceuticals and Pharmacists Act.

3. Respondent Pharmacy's address of record with the Board and current location is 9775 SW Gemini Dr., Ste. 1, Beaverton, OR 97008.

4. Respondent Pharmacy neither admits nor denies these findings, but does not contest that the Board alleges these findings. Respondent Pharmacy hereby waives any further proof in this proceeding before the Board regarding the following facts.

5. On April 14, 2010, Board staff initiated a Complaint against Respondent Pharmacy because it failed to comply with the data submission requirements of Colorado's Electronic Prescription Drug Monitoring Program ("PDMP") for the reporting period(s) of April 1 through April 10, 2010.

6. Respondent Pharmacy subsequently failed to submit the required data to the PDMP reporting dispensing transactions of controlled substances in the State of Colorado for the reporting period(s) of July 1 through July 10, 2010, and did not submit a "zero" report indicating no dispensing transactions for said reporting period(s) as required by Board rule.

EXHIBIT "L"

7. Respondent Pharmacy does not contest that the conduct described above may constitute a violation of §§12-22-125(1)(c) and 12-22-708, C.R.S. and that such conduct provides grounds for disciplinary action against Respondent Pharmacy's Colorado Registration pursuant to Board Policy 30-8.

DISPOSITION

$5,000.00 Fine with 10% Surcharge and Terms

8. **Fine with Surcharge.** Respondent Pharmacy accepts the following discipline: Pursuant to §12-22-125.2(5), C.R.S. Respondent Pharmacy shall pay a fine of **Five Thousand Dollars and No Cents ($5,000.00).** Respondent Pharmacy understands and acknowledges that, pursuant to §24-34-108, C.R.S., the Executive Director of the Department of Regulatory Agencies shall impose an additional surcharge of 10% of this fine. Respondent Pharmacy shall therefore pay a total amount of **Five Thousand, Five Hundred Dollars and No Cents ($5,500.00).** The total amount shall be payable to the State of Colorado and shall be remitted in one lump sum to be included when Respondent Pharmacy submits this signed Final Agency Order to the Board.

9. **Compliance with PDMP.** At all times Respondent Pharmacy is registered with the Colorado State Board of Pharmacy, it shall comply with the data submission requirements of the PDMP. Respondent Pharmacy understands and acknowledges that future violations of PDMP reporting requirements, including failure to submit a "zero" report in the event of no dispensing transactions in Colorado during the relevant reporting period, shall lead to additional penalties pursuant to Board Policy 30-8.

10. **Advisements and Waivers.** Respondent Pharmacy enters into this Final Agency Order freely and voluntarily, after having had the opportunity to consult with its own legal counsel and/or choosing not to do so. Respondent Pharmacy acknowledges its understanding that it has the following rights:

    a. To have a formal notice of hearing and charges served upon it;

    b. To respond to said formal notice of charges;

    c. To have a formal disciplinary hearing pursuant to §12-22-125, C.R.S.; and

    d. To appeal this Board order.

    Respondent Pharmacy freely **waives** these rights, and acknowledges that such waiver is made voluntarily in consideration for the Board's limiting the action taken against it to the sanctions imposed herein.

11. **Acknowledgments.** The undersigned authorized agent of Respondent Pharmacy has read this Final Agency Order in its entirety and acknowledges, after having had the opportunity to consult with its own legal counsel and/or choosing not to do so, that Respondent Pharmacy understands the legal consequences and agrees that none of the terms or conditions herein is unconscionable. Respondent Pharmacy is not relying on any statements, promises or representations from the Board other than as may be contained in this Final Agency Order. Respondent Pharmacy further acknowledges that it is not entering into this Final Agency Order under any duress.

12. **Violations.** Time is of the essence to this Final Agency Order. It is the responsibility of Respondent Pharmacy to take all appropriate steps to comply fully with this Final Agency Order. Respondent Pharmacy acknowledges and agrees that any violation of this Final Agency Order may be sanctioned as provided under §12-22-125.2(4), C.R.S., and may be sufficient grounds for additional discipline, including but not limited to revocation of its registration. The pendency of any suspension or disciplinary action arising out of an alleged violation of this Final Agency Order shall not affect the obligation of Respondent Pharmacy to comply with all terms and conditions of this Final Agency Order.

13. **Integration and Severability.** Upon execution by all parties, this Final Agency Order shall represent the entire and final agreement of and between the parties in this case. In the event any provision of this Final Agency Order is deemed invalid or unenforceable by a court of law, it shall be severed and the remaining provisions of this Final Agency Order shall be given full force and effect.

14. **Public Record.** Upon execution by all parties, this Final Agency Order shall be a public record, maintained in the custody of the Board.

15. **Effective Date.** This Final Agency Order shall become effective upon signature of a Board member or representative.

ACCEPTED AND AGREED BY

Sherrie R Cooper
Authorized Agent of Respondent Pharmacy

Dated: 9-29-10

Subscribed and sworn to before me in the County of Washington, State of Oregon, this 29th day of September, 2010 by Sherrie R Cooper, in his/her capacity as an authorized agent of Walgreens Specialty Pharmacy, LLC.

My commission expires: July 2, 2012

Luanne J Mueller
Notary Public

OFFICIAL SEAL
LUANNE J MUELLER
NOTARY PUBLIC OREGON
COMMISSION NO. 430354
MY COMMISSION EXPIRES JULY 2, 2012

FINAL AGENCY ORDER

WHEREFORE, the within Stipulation and Final Agency Order is approved, accepted, and hereby made an Order of the Board.

DONE AND EFFECTIVE THIS 19th DAY OF October, 2010.

State Board of Pharmacy

BY: Wendy Anderson
Wendy Anderson
Program Director

BEFORE THE STATE BOARD OF PHARMACY

STATE OF COLORADO

Case No. 2010-003719

STIPULATION AND FINAL AGENCY ORDER

IN THE MATTER OF THE DISCIPLINARY PROCEEDING REGARDING THE NON-RESIDENT PRESCRIPTION DRUG OUTLET REGISTRATION OF WALGREENS SPECIALTY PHARMACY, LLC, REGISTRATION NO. OSP 5773,

RESPONDENT.

IT IS HEREBY STIPULATED by and between the Colorado State Board of Pharmacy ("Board") and Walgreens Specialty Pharmacy, LLC ("Respondent") to resolve all matters pertaining to Colorado State Board of Pharmacy Case Number 2010-003719 as follows:

1. The Board has jurisdiction over Respondent, its registration as a non-resident prescription drug outlet, and the subject matter of this Stipulation and Final Agency Order pursuant to the provisions of title 12, article 22, C.R.S., otherwise known as the Pharmaceuticals and Pharmacists Act.

2. Respondent has been registered as a non-resident prescription drug outlet in the State of Colorado at all times relevant to this disciplinary action.

3. Respondent neither admits nor denies these findings, but does not contest that the Board alleges these findings. Respondent hereby waives any further proof in this proceeding before the Board regarding the following facts.

4. Respondent's address of record with the Board and current location is 1143 Highland Dr., Ste. D, Ann Arbor, MI 48108.

5. Respondent failed to timely submit to the Board an application detailing a change in pharmacist manager and fee. In this instance, 244 days transpired between July 15, 2009, the date the previous pharmacist manager ceased the position, and March 17, 2010, the date the application and fee were received.

6. On or about April 5, 2010, the Board initiated a complaint against Respondent because of the delay of 244 days in submitting an application detailing a change in pharmacist manager and fee.

EXHIBIT "2"

7. Respondent does not contest that the conduct described above constitutes a violation of section 12-22-125(1)(c)(II), C.R.S., and Regulation 5.00.70(b) and that such conduct provides grounds for disciplinary action against Respondent:

12-22-125. Unprofessional conduct – grounds for discipline.

(1) The board may suspend, revoke, refuse to renew, or otherwise discipline any license or registration issued by it, after a hearing held in accordance with the provisions of this section, upon proof that the licensee or registrant:

(c) Has violated:

(II) The lawful rules of the board.

Regulation 5.00.70. Change in Pharmacist Manager.

b. The registration of any in-state and non-resident prescription drug outlet shall become void if the pharmacist manager in whose name the registration was issued ceases to be engaged as the manager, and the owner shall close the outlet unless such owner has employed a pharmacist manager and, within fourteen days after termination of the former manager's employment, has made application to transfer the registration to the new pharmacist manager and has paid the transfer fee therefor.

DISPOSITION

$1,000.00 Fine with Surcharge and Terms

8. **Fine with Surcharge.** Pursuant to section 12-22-125.2(5), C.R.S., Respondent shall pay a fine of One Thousand Dollars and No Cents ($1,000.00). Respondent understands and acknowledges that, pursuant to section 24-34-108, C.R.S., the Executive Director of the Department of Regulatory Agencies shall impose an additional surcharge of 10% of this fine. Respondent shall therefore pay a total amount of One Thousand One Hundred Dollars and No Cents ($1,100.00). The total amount shall be payable to the State of Colorado and shall be remitted in one lump sum to be included when Respondent submits this signed Final Agency Order to the Board.

9. **Compliance.** Respondent shall submit all future applications to the Board detailing changes in pharmacist manager and fees within fourteen (14) days of the previous pharmacist manager ceasing the position.

10. **Acknowledgments.** The undersigned authorized agent for Respondent has read this Stipulation and Final Agency Order in its entirety and acknowledges, whether or

not Respondent has consulted with legal counsel, that Respondent understands its legal consequences and agrees that none of its terms or conditions are unconscionable.

11. **Advisements and Waivers**. Respondent enters into this Stipulation and Final Agency Order freely and voluntarily, whether or not it has consulted with legal counsel. The undersigned authorized agent for Respondent acknowledges Respondent's understanding that it has the following rights:

    a. To have formal notice of hearing and charges served upon it;
    b. To respond to said formal notice of charges;
    c. To have a formal disciplinary hearing pursuant to section 12-22-125, C.R.S.; and
    d. To appeal this Board order.

    Respondent freely waives these rights, and acknowledges that such waiver is made voluntarily in consideration for the Board's limiting the action taken against it to the sanctions imposed herein.

12. **Violations**. Time is of the essence to this Stipulation and Final Agency Order. It is the responsibility of Respondent to take all appropriate steps to comply fully with this Stipulation and Final Agency Order. Respondent acknowledges and agrees that any violation of this Stipulation and Final Agency Order may be sanctioned as provided under section 12-22-125.2(4), C.R.S., and may be sufficient grounds for additional discipline, including but not limited to revocation of its registration. The pendency of any suspension or disciplinary action arising out of an alleged violation of this Stipulation and Final Agency Order shall not affect the obligation of Respondent to comply with all terms and conditions of this Stipulation and Final Agency Order.

13. **Integration and Severability**. Upon execution by all parties, this Stipulation and Final Agency Order shall represent the entire and final agreement of and between the parties. In the event any provision of this Stipulation and Final Agency Order is deemed invalid or unenforceable by a court of law, it shall be severed and the remaining provisions of this Stipulation and Final Agency Order shall be given full force and effect.

14. **Public Record**. Upon execution by all parties, this Stipulation and Final Agency Order shall be a public record, maintained in the custody of the Board.

15. **Effective Date**. This Stipulation and Final Agency Order shall become effective upon signature of a Board member or representative.

11 NOV 23 P 3:50

ACCEPTED AND AGREED BY

Larry E. Niederkohr

Authorized Agent of Respondent Pharmacy

Dated: June 28, 2010

Subscribed and sworn to before me in the County of Washtenaw State of Michigan, this 28 day of June, 2010 by Larry Niederkohr, in his/her capacity as an authorized agent of Walgreens Specialty Pharmacy, LLC.

Notary Public

My commission expires:
5-4-2013

FINAL AGENCY ORDER

WHEREFORE, the within Stipulation and Final Agency Order is approved, accepted, and hereby made an order of the Board.

DONE AND EFFECTIVE THIS 14th DAY OF July, 2010.

State Board of Pharmacy

BY: Wendy Anderson
Wendy Anderson
Program Director

11 NOV 23 P1:36

CERTIFICATE OF MAILING

This is to certify that I have mailed the within **STIPULATION AND FINAL AGENCY ORDER** to all parties herein by depositing copies of same in the United States mail, first class postage prepaid, at Denver, Colorado, this 25th day of June, 2010, addressed as follows:

Walgreens Specialty Pharmacy, LLC
Attn: Larry Niederhohr, RPH
1143 Highland Dr., Ste. D
Ann Arbor, MI 48108

Gary A. Peters, Esq.
Walgreen Co.
104 Wilmot Rd., MS #1447
Deerfield, IL 60015

John C. Steele

CERTIFICATE OF SERVICE

This is to certify that I have duly served the within **STIPULATION AND FINAL AGENCY ORDER** upon all parties herein by depositing copies of same in the United States mail, postage prepaid, at Denver, Colorado this 24th day of June, 2010, addressed as follows:

Walgreens Specialty Pharmacy, LLC
Attn: Larry Niederhohr, RPH
1143 Highland Dr., Ste. D
Ann Arbor, MI 48108

Gary A. Peters, Esq.
Walgreen Co.
104 Wilmot Rd., MS #1447
Deerfield, IL 60015

Agent of the Board

11 NOV 23 P1:36

BEFORE THE STATE BOARD OF PHARMACY

STATE OF COLORADO

Case No. 2011-000518

STIPULATION AND FINAL AGENCY ORDER

IN THE MATTER OF THE DISCIPLINARY PROCEEDING REGARDING THE NON-RESIDENT PRESCRIPTION DRUG OUTLET REGISTRATION OF WALGREENS SPECIALTY PHARMACY, LLC, DBA WALGREENS SPECIALTY PHARMACY #13625, REGISTRATION NO. OSP 5004,

RESPONDENT PHARMACY.

IT IS HEREBY STIPULATED by and between the Colorado State Board of Pharmacy ("Board") and Walgreens Specialty Pharmacy, LLC, DBA Walgreens Specialty Pharmacy #13625 ("Respondent Pharmacy"), to resolve all matters pertaining to Board Case Number 2011-000518 as follows:

1. On August 7, 1998, Respondent Pharmacy became registered by the Board as a non-resident prescription drug outlet in the State of Colorado and was issued Registration No. OSP 5004 ("Colorado Registration").

2. The Board has jurisdiction over Respondent Pharmacy, its Colorado Registration, and the subject matter of this Stipulation and Final Agency Order ("Final Agency Order") pursuant to the provisions of title 12, article 22, C.R.S. (2009), otherwise known as the Pharmaceuticals and Pharmacists Act.

3. Respondent Pharmacy's address of record with the Board and current location is 7164 Technology Dr., #100, Frisco, TX 75034.

4. Respondent Pharmacy neither admits nor denies these findings, but does not contest that the Board alleges these findings. Respondent Pharmacy hereby waives any further proof in this proceeding before the Board regarding the following facts.

5. On April 14, 2010, Board staff initiated a Complaint against Respondent Pharmacy because it failed to comply with the data submission requirements of Colorado's Electronic Prescription Drug Monitoring Program ("PDMP") for the reporting period(s) of April 1 through April 10, 2010.

6. Respondent Pharmacy subsequently failed to submit the required data to the PDMP reporting dispensing transactions of controlled substances in the State of Colorado for the reporting period(s) of July 1 through July 10, 2010, and did not submit a

EXHIBIT "3"

"zero" report indicating no dispensing transactions for said reporting period(s) as required by Board rule.

7. Respondent Pharmacy does not contest that the conduct described above may constitute a violation of §§12-22-125(1)(c) and 12-22-708, C.R.S. and that such conduct provides grounds for disciplinary action against Respondent Pharmacy's Colorado Registration pursuant to Board Policy 30-8.

DISPOSITION

$5,000.00 Fine with 10% Surcharge and Terms

8. **Fine with Surcharge.** Respondent Pharmacy accepts the following discipline: Pursuant to §12-22-125.2(5), C.R.S. Respondent Pharmacy shall pay a fine of **Five Thousand Dollars and No Cents ($5,000.00).** Respondent Pharmacy understands and acknowledges that, pursuant to §24-34-108, C.R.S., the Executive Director of the Department of Regulatory Agencies shall impose an additional surcharge of 10% of this fine. Respondent Pharmacy shall therefore pay a total amount of **Five Thousand, Five Hundred Dollars and No Cents ($5,500.00).** The total amount shall be payable to the State of Colorado and shall be remitted in one lump sum to be included when Respondent Pharmacy submits this signed Final Agency Order to the Board

9. **Compliance with PDMP.** At all times Respondent Pharmacy is registered with the Colorado State Board of Pharmacy, it shall comply with the data submission requirements of the PDMP. Respondent Pharmacy understands and acknowledges that future violations of PDMP reporting requirements, including failure to submit a "zero" report in the event of no dispensing transactions in Colorado during the relevant reporting period, shall lead to additional penalties pursuant to Board Policy 30-8.

10. **Advisements and Waivers.** Respondent Pharmacy enters into this Final Agency Order freely and voluntarily, after having had the opportunity to consult with its own legal counsel and/or choosing not to do so. Respondent Pharmacy acknowledges its understanding that it has the following rights:

    a. To have a formal notice of hearing and charges served upon it;

    b. To respond to said formal notice of charges;

    c. To have a formal disciplinary hearing pursuant to §12-22-125, C.R.S.; and

    d. To appeal this Board order.

Respondent Pharmacy freely **waives** these rights, and acknowledges that such waiver is made voluntarily in consideration for the Board's limiting the action taken against it to the sanctions imposed herein.

11. **Acknowledgments.** The undersigned authorized agent of Respondent Pharmacy has read this Final Agency Order in its entirety and acknowledges, after having had the opportunity to consult with its own legal counsel and/or choosing not to do so, that Respondent Pharmacy understands the legal consequences and agrees that none of the terms or conditions herein is unconscionable. Respondent Pharmacy is not relying on any statements, promises or representations from the Board other than as may be contained in this Final Agency Order. Respondent Pharmacy further acknowledges that it is not entering into this Final Agency Order under any duress.

12. **Violations.** Time is of the essence to this Final Agency Order. It is the responsibility of Respondent Pharmacy to take all appropriate steps to comply fully with this Final Agency Order. Respondent Pharmacy acknowledges and agrees that any violation of this Final Agency Order may be sanctioned as provided under §12-22-125.2(4), C.R.S., and may be sufficient grounds for additional discipline, including but not limited to revocation of its registration. The pendency of any suspension or disciplinary action arising out of an alleged violation of this Final Agency Order shall not affect the obligation of Respondent Pharmacy to comply with all terms and conditions of this Final Agency Order.

13. **Integration and Severability.** Upon execution by all parties, this Final Agency Order shall represent the entire and final agreement of and between the parties in this case. In the event any provision of this Final Agency Order is deemed invalid or unenforceable by a court of law, it shall be severed and the remaining provisions of this Final Agency Order shall be given full force and effect.

14. **Public Record.** Upon execution by all parties, this Final Agency Order shall be a public record, maintained in the custody of the Board.

15. **Effective Date.** This Final Agency Order shall become effective upon signature of a Board member or representative.

ACCEPTED AND AGREED BY

Authorized Agent of Respondent Pharmacy

Dated: 9-29-10

Subscribed and sworn to before me in the County of Collin, State of Texas, this 29 day of September, 2010 by Thomas Mathews, in his/her capacity as an authorized agent of Walgreens Specialty Pharmacy, LLC, DBA Walgreens Specialty Pharmacy #13625.

My commission expires: 7-26-13

Notary Public

NOTARY PUBLIC STATE OF TEXAS
PAMELA SEALE
My Commission Expires
July 26, 2013

FINAL AGENCY ORDER

WHEREFORE, the within Stipulation and Final Agency Order is approved, accepted, and hereby made an Order of the Board.

DONE AND EFFECTIVE THIS 18th DAY OF October, 2010.

State Board of Pharmacy

BY: Wendy Anderson
Wendy Anderson
Program Director

Walgreens Specialty Pharmacy #16280

Facility

Name	Status	Agency	Facility	Case Number	Date Agreement Signed	Summary/Outcome	Fine Amount	Discipline Type
Frisco 16280	Consent Order	LA BoP	Frisco #16280	10-0096	5/20/2010	Pharmacy licensing issue. Discipline from Cystic Fibrosis Service INC prior to Walgreens acquisition in 2012.	$ 5,250.00	Facility

LOUISIANA BOARD OF PHARMACY

BATON ROUGE, LOUISIANA

IN THE MATTER OF: **CONSENT ORDER**

CYSTIC FIBROSIS SERVICES, INC.

LOUISIANA PHARMACY PERMIT NO. 5250 **Complaint No. 10-0096**

****

CONSENT AGREEMENT

WHEREAS, **CYSTIC FIBROSIS SERVICES, INC.** (hereinafter referred to as "Respondent"), holding Louisiana Pharmacy Permit No. 5250, 119 Huizar, Rear-A, San Antonio, Texas 78214, with Raymond Roland Carvajal, Louisiana License No. 17553, serving as pharmacist-in-charge, dispensed prescriptions into Louisiana without a current and valid Louisiana pharmacy permit.

WHEREAS, pursuant to information received and/or gathered by the Board which produced evidence indicating that Respondent violated the following laws and regulations by dispensing drug prescriptions to Louisiana residents without a Louisiana out-of-state pharmacy permit:

La. R.S. 37:1241(A)(1): Practiced or assisted in the practice of pharmacy, or knowingly permitted or has permitted anyone in his employ or under his supervision to practice or assist in the practice of pharmacy, in violation of the provisions of this Chapter and any rules and regulations promulgated thereto in accordance with the Administrative Procedure Act.

La. R.S. 37:1221(B): No out-of-state pharmacy providing pharmacy services to residents of this state shall operate or maintain a pharmacy located out-of-state unless the pharmacy is issued a permit by the board.

La. R.S. 37:1232(A): A pharmacy located outside this state which does business in this state within the meaning of this Chapter, shall hold a current pharmacy permit as provided in this Chapter.

LAC 46 LIII §2319(A): Out-of-state pharmacies soliciting, receiving, and dispensing and delivering prescription drugs and devices to Louisiana residents constitutes doing business in Louisiana.

To facilitate the submission of this Consent Agreement, Respondent agrees that there is sufficient evidence upon which to predicate a finding of those violations.

Respondent further understands that this Consent Agreement shall constitute a Public Record, pursuant to La. R.S. 44:1 et seq., and is considered disciplinary action by the Board.

In order to avoid further administrative and judicial proceedings, Respondent hereby consents to accept and abide by the following order of the Board:

1. **A Letter of Warning is issued to Louisiana Pharmacy Permit No. 5250; and**

2. **Respondent is ordered to pay a fine of $5,000.00 and to reimburse the Board $250.00 for administrative costs, with total payment due the Board of $ 5,250.00, to be paid simultaneously with the execution of this Consent Agreement by Respondent.**

By signing this Consent Agreement, Respondent agrees that the Board has jurisdiction in this matter and waives all rights to informal conference, to Notice of Hearing, to a formal Administrative Hearing, and to judicial review of this Consent Agreement.

By signing this Consent Agreement, Respondent agrees that any failure to comply with the terms of this Agreement is a basis for discipline by the Board.

Both Respondent and the Board stipulate that this Consent Order shall not become effective and shall not become binding on the Board unless and until approved by the Board at formal meeting. However, Respondent agrees that this Consent Order shall be effective and binding upon Respondent without recourse upon its authorized representative signing said Order.

I, Raymond R. Carvajal, RPh, authorized to act on behalf of and acting on behalf of **CYSTIC FIBROSIS SERVICES, INC.,** understand that this Consent Agreement is effective as a Board Order upon affirmative vote by the Board at formal hearing. It is also understood that, should the Board not approve this Consent Agreement, the agreement therein does not preclude the Louisiana Board of Pharmacy from requiring a formal hearing of this case.

It is further understood that, should this Consent Agreement not be accepted by the Board, the presentation to and consideration by the Board of this Agreement, including presented documentary evidence and information, shall not unfairly or illegally prejudice or preclude the Board or any of its members from further participation in hearings or resolution of these proceedings.

SIGNED, AGREED TO AND ENTERED ON THIS 20th DAY OF May, 2010.

CYSTIC FIBROSIS SERVICES, INC.
Louisiana Pharmacy Permit No. 5250

Raymond R. Carvajal, R.Ph
BY: Authorized Representative

WITNESS

L. Martinez
WITNESS

CARLOS M. FINALET, III
General Counsel, Louisiana Board of Pharmacy

ACCEPTANCE OF THE CONSENT AGREEMENT BY THE LOUISIANA BOARD OF PHARMACY:

By a majority vote of the Board members voting in favor of the foregoing Consent Agreement at the Board meeting on August 11, **2010**, the Board hereby adopts said Agreement as a Final Order of the Board.

FOR THE BOARD:

Carl W. Aron
President and Hearing Officer for the Board

Lookup Detail View

Name and Address

Name	PublicAddress
Walgreens Specialty Pharmacy #16280	10530 John W Elliott Dr Ste 200 Frisco, TX 75033-2013

Credential Information with supervision

License	License Type	Issue Date	Expiration Date	Status	Pharmacist In Charge
PHY.005250-NR	Pharmacy - Nonresident	02/23/2004	12/31/2025	Current, without restriction or limitation	Robert B. Dobbins

List of Current Employees

Name	License	License Type	Expiration Date	Status
Eric B. Ally	PST.020936	Pharmacist	12/31/2025	ACTIVE
Robert B. Dobbins	PST.021189	Pharmacist	12/31/2025	ACTIVE

Prior Board Orders (may or may not be disciplinary in nature)

Case Help

File Number	Status	Date Received	Date Closed	Resolution	Action Documents
2010-96	CLOSED	04/08/2010	08/12/2010	Issued Letter of Warning; and further, assessed a fine of $5,000, and the administrative hearing fee of $250.	Orders-PHY.005250_CysticFibrosisServices_2010-0811.pdf (ViewPublicLookupDocument.aspx?DocumentIdnt=178335&GUID=A0E12C07-090E-4ADC-A4CF-3FE23CB29FC3)

CDS Schedules and Restrictions

I	II	II-N	III	III-N	IV	V	Restrictions	Alternative Privileges

Walgreens Specialty Pharmacy #1403-1

Staff

Name	Status	Agency	Facility	Case Number	Date Agreement Signed	Summary/Outcome	Fine Amount	Discipline Type	License Type
Arafat, Manal	Consumer Complaint	NJ BoP	Orlando #1403-1	38909	10/4/2005	Consumer complaint due to dispensing error		Staff	Pharmacist
Sampat, Ojas	Board Order	KS BoP	Orlando #1403-1	22-341	12/19/2022	Failure to complete all required CE's. Required to complete additional CE's and pay fine.	$ 500.00	Staff	Pharmacist

Walgreens Specialty Pharmacy #16287

Facility

Name	Status	Agency	Facility	Case Number	Date Agreement Signed	Summary/Outcome	Fine Amount	Discipline Type
Pittsburgh #10997 (99)	Agency Order	CO BoP	Pittsburgh #16287	2011-000519	10/20/2010	Failure to submit the required data to PDMP.	$ 5,500.00	Facility

BEFORE THE STATE BOARD OF PHARMACY

STATE OF COLORADO

Case No. 2011-000519

STIPULATION AND FINAL AGENCY ORDER

IN THE MATTER OF THE DISCIPLINARY PROCEEDING REGARDING THE NON-RESIDENT PRESCRIPTION DRUG OUTLET REGISTRATION OF WALGREENS SPECIALTY PHARMACY, LLC, DBA WALGREENS SPECIALTY PHARMACY #10997, REGISTRATION NO. OSP 5198,

RESPONDENT PHARMACY.

IT IS HEREBY STIPULATED by and between the Colorado State Board of Pharmacy ("Board") and Walgreens Specialty Pharmacy, LLC, DBA Walgreens Specialty Pharmacy #10997 ("Respondent Pharmacy"), to resolve all matters pertaining to Board Case Number 2011-000519 as follows:

1. On January 11, 2000, Respondent Pharmacy became registered by the Board as a non-resident prescription drug outlet in the State of Colorado and was issued Registration No. OSP 5198 ("Colorado Registration").

2. The Board has jurisdiction over Respondent Pharmacy, its Colorado Registration, and the subject matter of this Stipulation and Final Agency Order ("Final Agency Order") pursuant to the provisions of title 12, article 22, C.R.S. (2009), otherwise known as the Pharmaceuticals and Pharmacists Act.

3. Respondent Pharmacy's address of record with the Board and current location is 500 Noblestown Rd., Ste. 200, Carnegie, PA 15106.

4. Respondent Pharmacy neither admits nor denies these findings, but does not contest that the Board alleges these findings. Respondent Pharmacy hereby waives any further proof in this proceeding before the Board regarding the following facts.

5. On January 28, 2010, Board staff initiated a Complaint against Respondent Pharmacy because it failed to comply with the data submission requirements of Colorado's Electronic Prescription Drug Monitoring Program ("PDMP") for the reporting period(s) of January 16 through January 25, 2010.

6. Respondent Pharmacy subsequently failed to submit the required data to the PDMP reporting dispensing transactions of controlled substances in the State of Colorado for the reporting period(s) of July 1 through July 10, 2010, and did not submit a

"zero" report indicating no dispensing transactions for said reporting period(s) as required by Board rule.

7. Respondent Pharmacy does not contest that the conduct described above may constitute a violation of §§12-22-125(1)(c) and 12-22-708, C.R.S. and that such conduct provides grounds for disciplinary action against Respondent Pharmacy's Colorado Registration pursuant to Board Policy 30-8.

DISPOSITION

$5,000.00 Fine with 10% Surcharge and Terms

8. **Fine with Surcharge.** Respondent Pharmacy accepts the following discipline: Pursuant to §12-22-125.2(5), C.R.S. Respondent Pharmacy shall pay a fine of **Five Thousand Dollars and No Cents ($5,000.00).** Respondent Pharmacy understands and acknowledges that, pursuant to §24-34-108, C.R.S., the Executive Director of the Department of Regulatory Agencies shall impose an additional surcharge of 10% of this fine. Respondent Pharmacy shall therefore pay a total amount of **Five Thousand, Five Hundred Dollars and No Cents ($5,500.00).** The total amount shall be payable to the State of Colorado and shall be remitted in one lump sum to be included when Respondent Pharmacy submits this signed Final Agency Order to the Board.

9. **Compliance with PDMP.** At all times Respondent Pharmacy is registered with the Colorado State Board of Pharmacy, it shall comply with the data submission requirements of the PDMP. Respondent Pharmacy understands and acknowledges that future violations of PDMP reporting requirements, including failure to submit a "zero" report in the event of no dispensing transactions in Colorado during the relevant reporting period, shall lead to additional penalties pursuant to Board Policy 30-8.

10. **Advisements and Waivers.** Respondent Pharmacy enters into this Final Agency Order freely and voluntarily, after having had the opportunity to consult with its own legal counsel and/or choosing not to do so. Respondent Pharmacy acknowledges its understanding that it has the following rights:

    a. To have a formal notice of hearing and charges served upon it;

    b. To respond to said formal notice of charges;

    c. To have a formal disciplinary hearing pursuant to §12-22-125, C.R.S.; and

    d. To appeal this Board order.

Respondent Pharmacy freely **waives** these rights, and acknowledges that such waiver is made voluntarily in consideration for the Board's limiting the action taken against it to the sanctions imposed herein.

11. **Acknowledgments**. The undersigned authorized agent of Respondent Pharmacy has read this Final Agency Order in its entirety and acknowledges, after having had the opportunity to consult with its own legal counsel and/or choosing not to do so, that Respondent Pharmacy understands the legal consequences and agrees that none of the terms or conditions herein is unconscionable. Respondent Pharmacy is not relying on any statements, promises or representations from the Board other than as may be contained in this Final Agency Order. Respondent Pharmacy further acknowledges that it is not entering into this Final Agency Order under any duress.

12. **Violations**. Time is of the essence to this Final Agency Order. It is the responsibility of Respondent Pharmacy to take all appropriate steps to comply fully with this Final Agency Order. Respondent Pharmacy acknowledges and agrees that any violation of this Final Agency Order may be sanctioned as provided under §12-22-125.2(4), C.R.S., and may be sufficient grounds for additional discipline, including but not limited to revocation of its registration. The pendency of any suspension or disciplinary action arising out of an alleged violation of this Final Agency Order shall not affect the obligation of Respondent Pharmacy to comply with all terms and conditions of this Final Agency Order.

13. **Integration and Severability**. Upon execution by all parties, this Final Agency Order shall represent the entire and final agreement of and between the parties in this case. In the event any provision of this Final Agency Order is deemed invalid or unenforceable by a court of law, it shall be severed and the remaining provisions of this Final Agency Order shall be given full force and effect.

14. **Public Record**. Upon execution by all parties, this Final Agency Order shall be a public record, maintained in the custody of the Board.

15. **Effective Date**. This Final Agency Order shall become effective upon signature of a Board member or representative.

ACCEPTED AND AGREED BY

Kathleen K Kelly
Authorized Agent of Respondent Pharmacy

Dated: 9/29/2010

Subscribed and sworn to before me in the County of Allegheny, State of Pennsylvania, this 29th day of September, 2010 by LaVerne B. Roell, in his/her capacity as an authorized agent of Walgreens Specialty Pharmacy, LLC, DBA Walgreens Specialty Pharmacy #10997.

My commission expires: April 26, 2013

LaVerne B Roell
Notary Public

COMMONWEALTH OF PENNSYLVANIA
Notarial Seal
LaVerne B. Roell, Notary Public
South Fayette Twp., Allegheny County
My Commission Expires April 26, 2013
Member, Pennsylvania Association of Notaries

FINAL AGENCY ORDER

WHEREFORE, the within Stipulation and Final Agency Order is approved, accepted, and hereby made an Order of the Board.

DONE AND EFFECTIVE THIS 20th DAY OF October, 2010.

State Board of Pharmacy

BY: Wendy Anderson
Wendy Anderson
Program Director

Walgreens Mail Service #03397

Facility

Name	Status	Agency	Facility	Case Number	Date Agreement Signed	Summary/Outcome	Fine Amount	Discipline Type	License Type
Tempe 16583	Agency Order	CO BoP	Tempe #03397	2014-255	6/17/2014	Transferred Rx without a valid, patient-specific Rx order. Fine	$ 1,000.00	Facility	
Tempe 16583	Consent Order	OR BoP	Tempe #03397	2014-0274	2/26/2015	DUR not performed. Imposed a stayed penalty and required the implementation of a Quality Assurance Plan	$ 10,000.00	Facility	
Tempe 03397	Citation	CA BoP	Tempe #03397	CI 2014 64708	1/15/2016	Citation for improper substitution	$ 500.00	Facility	
Tempe 03397	Settlement Agreement	HI BoP	Tempe #03397	PHA 2015-60-L; PHA 2015-61-L	4/28/2016	Sister discipline from MI and OR	$ 2,000.00	Facility	
Tempe 03397	Administrative Fine	NH BoP	Tempe #03397		10/25/2017	Failure to report change of DEA number	$ 500.00	Facility	
Tempe 03397	Consent Order	AL BoP	Tempe #03397	16-L-0162	2/9/2018	Dispensing of prescription	$ 5,000.00	Facility	
Tempe 03397	Consent Order	GA BoP	Tempe #03397	2018-0063	4/18/2018	Dispensing of prescription	$ 1,600.00	Facility	
Tempe 03397	Consent Order	AZ BoP	Tempe #03397	16-0023 (aka 4469)	11/9/2018	Unprofessional Conduct	$ 1,000.00	Facility	
Tempe 03397	Consent Order	MI BoP	Tempe #03397	53-15-136819	10/14/2015	Sister discipline for OR discipline case number 2014-0274	$ 500.00	Facility	
Tempe 03397	Agreed Board Order	NY BoP	Tempe #03397	3805863	2/8/2023	Sister discipline for CO case# 2014-255	$ 500.00	Facility	

Staff

Name	Status	Agency	Facility	Case Number	Date Agreement Signed	Summary/Outcome	Fine Amount	Discipline Type	License Type
Trinh, Linda	Consent Order	AZ BoP	Tempe #03397	17-0115	6/13/2018	Unprofessional Conduct; allowed boyfriend to use her name to fill Rxs for himself and bill her insurance at their place of employment- probation for 5 years	$ 9,000.00	Staff	Pharmacist
Sidhu, Jiten	Consent Order	AZ BoP	Tempe #03397	17-0114	6/14/2018	Unprofessional Conduct; filled Rx without refills in girlfriends name for his personal use - probation for 5 years	$ 9,000.00	Staff	Pharmacist
Montgomery, Wesley	Consent Order	AZ BoP	Tempe #03397	21-0594	12/8/2021	Failure to complete required CE requirements.	$ 500.00	Staff	Pharmacy Technician
Frias Hernandez, Fernand	Consent Order	AZ BoP	Tempe #03397	23-0636	6/28/2024	Failure to disclose criminal charges to the Board of Pharmacy within 10 days as required.	$ -	Staff	Pharmacy Technician

THE STATE EDUCATION DEPARTMENT / THE UNIVERSITY OF THE STATE OF NEW YORK / ALBANY, NY 12230

OFFICE OF PROFESSIONAL DISCIPLINE, PROSECUTIONS DIVISION
333 EAST WASHINGTON STREET, SUITE 320, SYRACUSE, NEW YORK 13202
Tel. (315) 428-3620
Fax (315) 428-4620

Walgreen Mail Service, LLC
Registration No. 035241

File No. 3805863

STATEMENT

TO: The New York State Office of Professional Discipline
The New York State Board of Pharmacy

Respondent wishes to settle and dispose of the misconduct allegations which are pending against it, to wit: Respondent, through its agents and employees, committed unprofessional conduct by shipping drugs between pharmacies without a patient specific prescription (Respondent, on or about December 27, 2012, while doing business as the Walgreen Mail Service, admitted that, through it's agents and employees, it furnished drugs from an out of state Walgreens Store to a Walgreens Store in the State of Colorado without a patient specific prescription, in violation of section 6509(9) of the New York State Education Law, in specific violation of 8 NYCRR section 29.2(a)(12).

For the purposes of settlement, Respondent does not contest said allegations. Respondent understands that this settlement will be a matter of public record. Respondent's check in the sum of $500.00, made payable to the New York State Education Department, is enclosed.

Signature 2-8-23
Date

THE STATE EDUCATION DEPARTMENT / THE UNIVERSITY OF THE STATE OF NEW YORK

OFFICE OF PROFESSIONAL DISCIPLINE, PROSECUTIONS DIVISION
333 EAST WASHINGTON STREET, SUITE 527, SYRACUSE, NEW YORK 13202
Tel. (315) 428-3260
Fax (315) 428-4620

January 23, 2023

Alika Moitra, Pharm D.,J.D.
Senior Counsel, Pharmacy
Walgreens
104 Wilmot Road
Deerfield, Illinois

RE: Walgreen Mail Service, LLC, OPD file #3805863

Dear Ms. Moitra:

I am writing pursuant to our discussion concerning the outcome of the Informal Settlement Conference held on December 1, 2022. As you know, the facilitator and a member of the State Board of Pharmacy determined that this matter, based on reciprocal disciplines, could be resolved as a minor and technical violation. Based on their recommendation, I am authorized to offer your client a settlement consisting of a five hundred dollar ($500.00) fine.

If you are interested in such a resolution, please obtain the required signature (and ask the appropriate party to provide name and title) on the enclosed form and return it to me along with your check for $500.00. The check should be payable to the "New York State Education Department" by **February 20, 2023.**

In the event that your client does not remit the aforesaid payment, we will proceed in this matter with a full hearing. Please be advised that, while the settlement is nor posted on the Education Department website, the proposed settlement of this matter would be a matter of public record.

If you have any questions, I may be contacted at (315) 428-3260.

Thank you for your prompt attention to this matter.

Very truly yours,

Walter P. Bowler

Walter P. Bowler
Prosecuting Attorney

WPB:
Enc.

THE STATE EDUCATION DEPARTMENT / THE UNIVERSITY OF THE STATE OF NEW YORK / ALBANY, NY 12230

OFFICE OF PROFESSIONAL DISCIPLINE, PROSECUTIONS DIVISION
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Tel. (315) 428-3620
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Walgreen Mail Service, LLC
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The New York State Board of Pharmacy

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For the purposes of settlement, Respondent does not contest said allegations. Respondent understands that this settlement will be a matter of public record. Respondent's check in the sum of $500.00, made payable to the New York State Education Department, is enclosed.

Signature Date

THE STATE EDUCATION DEPARTMENT / THE UNIVERSITY OF THE STATE OF NEW YORK

OFFICE OF PROFESSIONAL DISCIPLINE, PROSECUTIONS DIVISION
333 EAST WASHINGTON STREET, SUITE 527, SYRACUSE, NEW YORK 13202
Tel. (315) 428-3260
Fax (315) 428-4620

January 23, 2023

Alika Moitra, Pharm D.,J.D.
Senior Counsel, Pharmacy
Walgreens
104 Wilmot Road
Deerfield, Illinois

RE: Walgreen Mail Service, LLC, OPD file #3805863

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Thank you for your prompt attention to this matter.

Very truly yours,

Walter P. Bowler

Walter P. Bowler
Prosecuting Attorney

WPB:
Enc.

THE STATE EDUCATION DEPARTMENT / THE UNIVERSITY OF THE STATE OF NEW YORK / ALBANY, NY 12230

OFFICE OF PROFESSIONAL DISCIPLINE, PROSECUTIONS DIVISION
333 EAST WASHINGTON STREET, SUITE 320, SYRACUSE, NEW YORK 13202
Tel. (315) 428-3620
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Walgreen Mail Service, LLC
Registration No. 035241

File No. 3805863

STATEMENT

TO: The New York State Office of Professional Discipline
The New York State Board of Pharmacy

Respondent wishes to settle and dispose of the misconduct allegations which are pending against it, to wit: Respondent, through its agents and employees, committed unprofessional conduct by shipping drugs between pharmacies without a patient specific prescription (Respondent, on or about December 27, 2012, while doing business as the Walgreen Mail Service, admitted that, through it's agents and employees, it furnished drugs from an out of state Walgreens Store to a Walgreens Store in the State of Colorado without a patient specific prescription, in violation of section 6509(9) of the New York State Education Law, in specific violation of 8 NYCRR section 29.2(a)(12).

For the purposes of settlement, Respondent does not contest said allegations. Respondent understands that this settlement will be a matter of public record. Respondent's check in the sum of $500.00, made payable to the New York State Education Department, is enclosed.

Signature Date

IN THE MATTER OF:	)	
	)	BEFORE THE ALABAMA STATE
WALGREENS MAIL SERVICE, LLC	)	BOARD OF PHARMACY
	)	
Non-Resident Pharmacy	)	CASE NO: 16-L-0162
Permit Number: 110442	)	

CONSENT ORDER

THIS MATTER comes before the Alabama State Board of Pharmacy (hereinafter referred to as the "Board") on a complaint against Walgreens Mail Service, LLC ("Walgreens") which resulted in the filing of a Statement of Charges and Notice of Hearing ("Statement") alleging violations of the Alabama Pharmacy Practice Act as are more particularly set out in the Statement which is attached hereto as **Exhibit "A."**

Prior to a hearing in this cause, and pursuant to Code of Alabama (1975) §41-22-12(f), the Board through its counsel and Walgreens through its counsel engaged in negotiations and as a result the matters at issue were resolved informally by the parties and the parties negotiated a Consent Order, the terms of which are as follows:

1. The Board finds that Walgreens has violated the provisions of law based upon the conduct set out in all Counts of the Statement.

2. Walgreens shall pay an administrative fine in the amount of Five Thousand Dollars ($5,000.00) within thirty (30) days of the effective date of this consent order that being the day the same is signed on behalf of the Board. This payment shall not be subject to discharge in bankruptcy nor shall Walgreens attempt to discharge the same.

3. Walgreens expressly waives its rights pursuant to the Alabama Pharmacy Practice Act, the Alabama Administrative Procedure Act and the Alabama Uniform Controlled Substances Act, including but not limited to the Code of Alabama (1975), §34-23-34 and §34-23-92(12), Code of Alabama (1975), §41-22-12 and §40-22-20 and

Code of Alabama (1975), § 20-2-50 et seq., and including but not limited to the opportunity for a hearing before the Board in connection with any charges against it and any judicial review. Walgreens further waives any objection to the attorney for the Board preparing, drafting or making this Order, including the waiver of any objection or right pursuant to Code of Alabama (1975), §41-22-18.

4. By execution of this Consent Order, Walgreens hereby releases the Board, its members, agents, representatives, servants and employees from any and all liability, claims, damages, fees or expenses arising out of or made in connection with the matters relating to this Consent Order and Statement.

5. Walgreens acknowledges and agrees that any future violation of the Alabama Pharmacy Practice Act, the laws that regulate the sale and/or dispensing of prescription or legend drugs and/or narcotics or any Rules and regulations of the Alabama State Board of Pharmacy or the pharmacy law or rules of the Board of Pharmacy of another state or any other applicable laws may, upon proof and hearing thereof, result in further disciplinary sanctions against Walgreens' permit, including, but not limited to revocation. The Board shall take no action based on another state imposing any discipline based upon the actions set out in Counts 3, 5, 6, 7 and 8 of the Statement of Charges; provided, however the Board can initiate disciplinary proceedings in the event Walgreens is disciplined for its failure to disclose/report the discipline set out in the aforementioned Counts when required to do so.

6. Walgreens acknowledges and agrees that it has read this Consent Order and that it fully understand the terms, conditions and contents of the same. Walgreens acknowledges and agrees that it voluntarily and of its own free will accepts the terms and conditions set out in this Consent Order and is signing this Consent Order on the advice of

DONE this the 8 of Feb, 2018.

Walgreens Mail Service, LLC

BY: _____

ITS: AVP Mail Order-Operations

_____

Roger N. Morris, attorney for Walgreens Mail Service, LLC

DONE this the 9th of February, 2018.

ALABAMA STATE BOARD OF PHARMACY

By: _____

David Darby, R.Ph., President

By: _____

James S. Ward,
Attorney for the Alabama State Board of Pharmacy

OF COUNSEL:
WARD & COOPER, LLC
2100A Southbridge Parkway
Suite 580
Birmingham, AL 35209
(205) 871-5404

MARK BRNOVICH
Attorney General
(Firm State Bar No. 14000)

JEANNE M. GALVIN
Assistant Attorney General
State Bar No. 0015072
1275 W. Washington, SGD/LES
Phoenix, Arizona 85007-2997
Tel: (602) 542-7983
Fax: (602) 364-3202

Attorneys for the Arizona State Board of Pharmacy

BEFORE THE ARIZONA STATE BOARD OF PHARMACY

In the Matter of **WALGREENS MAIL SERVICE, INC.** Holder of Permit No. Y002628 As a Pharmacy In the State of Arizona	Board Case No. 16-0023 (aka 4469) **CONSENT AGREEMENT FOR CIVIL PENALTY**

In the interest of a prompt and judicious settlement of this case, consistent with the public interest, statutory requirements and the responsibilities of the Arizona State Board of Pharmacy ("Board") under A.R.S. § 32-1901, *et. seq.*, Walgreens Mail Service, Inc. ("Respondent"), holder of permit no. Y002628 in the State of Arizona, and the Board enter into the following Recitals, Findings of Fact, Conclusions of Law and Order ("Consent Agreement") as a final disposition of this matter.

RECITALS

1. Respondent has read and understands this Consent Agreement and has had the opportunity to discuss this Consent Agreement with an attorney, or has waived the opportunity to discuss this Consent Agreement with an attorney.

2. Respondent understands that it has a right to a public administrative hearing concerning this matter at which hearing it could present evidence and cross examine witnesses. By entering into this Consent Agreement, Respondent knowingly and voluntarily relinquishes all right to such an administrative hearing, as well as rights of rehearing, review, reconsideration, appeal, judicial review or any other administrative and/or judicial action, concerning the matters set forth herein.

3. Respondent affirmatively agrees that this Consent Agreement shall be irrevocable.

4. Respondent understands that this Consent Agreement or any part of the agreement may be considered in any future disciplinary action by the Board against it.

5. Respondent understands this Consent Agreement deals with Board complaint number 16-0023 (aka 4469) involving allegations of unprofessional conduct against Respondent. The investigation into these allegations against Respondent shall be concluded upon the Board's adoption of this Consent Agreement and Respondent's compliance with the same.

6. Respondent understands that this Consent Agreement does not constitute a dismissal or resolution of any other matters currently pending before the Board, if any, and does not constitute any waiver, express or implied, of the Board's statutory authority or jurisdiction regarding any other pending or future investigation, action or proceeding.

7. Respondent also understands that acceptance of this Consent Agreement does not preclude any other agency, subdivision, or officer of this State from instituting any other civil or criminal proceedings with respect to the conduct that is the subject of this Consent Agreement.

8. Respondent acknowledges and agrees that, upon signing this Consent Agreement and returning this document to the Board's Executive Director, it may not

revoke its acceptance of the Consent Agreement or make any modifications to the document regardless of whether the Consent Agreement has been signed by the Executive Director. Any modification to this original document is ineffective and void unless mutually agreed to by the parties in writing.

9. This Consent Agreement is subject to the approval of the Board and is effective only when accepted by the Board and signed by the Executive Director. In the event that the Board does not approve this Consent Agreement, it is withdrawn and shall be of no evidentiary value and shall not be relied upon nor introduced in any action by any party, except that the parties agree that should the Board reject this Consent Agreement and this case proceeds to hearing, Respondent shall assert no claim that the Board was prejudiced by its review and discussion of this document or any records relating thereto.

10. If a court of competent jurisdiction rules that any part of this Consent Agreement is void or otherwise unenforceable, the remainder of the Consent Agreement shall remain in full force and effect.

11. Respondent understands that this Consent Agreement is a public record that may be publicly disseminated as a formal action of the Board and may be reported as required by law to the National Practitioner Data Bank and the Healthcare Integrity and Protection Data Bank.

12. Respondent understands that any violation of this Consent Agreement constitutes unprofessional conduct and may result in disciplinary action. A.R.S. §§ 32-1901.01(A)(19), -1927.02(A) (1).

13. Respondent agrees that the Board will adopt the following Findings of Fact, Conclusions of Law and Order.

ACCEPTED AND AGREED BY RESPONDENT

On behalf of Walgreens Mail Service, Inc. Dated: 10/29/18

FINDINGS OF FACT

1. The Board is the duly constituted authority for licensing and regulating the practice of pharmacy in the State of Arizona.

2. Respondent is the holder of pharmacy permit number S002628 in the State of Arizona for the operation of Walgreens Mail Service located 8350 S. River Parkway, Tempe, AZ.

4. The complaint was filed by Melodie Moore, Investigation Specialist II for the Florida Board of Pharmacy, concerning patient R.T., a Florida resident.

5. On or about October 22, 2014, R.T. was dispensed Morphine Sulfate with a label that read "**Take 5 to 10ml by mouth every 4 hours as needed**." However, the prescription was written for **Roxanol (Morphine) 20mg/ml, take 5-10mg by mouth every 4 hours as needed**. Walgreens pharmacist, Marilyn Myers PharmD, who was a work-at-home pharmacist for Walgreens Mail Service, provided the incorrect dosing instructions.

6. On or about October 24, 2014, R.T. expired with a cause of death determined to be morphine overdose. Had this matter proceeded to formal hearing it is Walgreens' position that it would offer evidence that R.T.'s death was due to something other than a morphine overdose.

7. The prescription was scanned at Walgreens Drug #6263 in Lake City, FL.

8. The prescription was data entered by CA, a technician at Walgreens Drug #6263.

9. Prescription drug utilization review was completed by L.H., a pharmacist located at Walgreens' central operation in Orlando, FL during which time L.H. discovered the error (i.e. the incorrect dosing on the label). L.H. immediately called the pharmacy but there was no answer so she deleted the prescription in an effort to keep the prescription from being sold. L.H. also sent an email advising of the labeling error.

10. According to Walgreens' records, the deletion of the prescription and the sale of the medication occurred simultaneously; the deletion of the prescription did not prevent the sale of the medication. The patient received the medication with the incorrect dosing directions.

11. During the complaint investigation at Walgreens Mail Service on December 15, 2015, records of order verification for this transaction were not available for review at that location because the prescription had been closed.

CONCLUSIONS OF LAW

1. The Board possesses jurisdiction over the subject matter and over Respondent pursuant to A.R.S. § 32-1901 *et seq.*

2. The Board may discipline a permittee that has engaged in unprofessional conduct. A.R.S. § 32-1927.02(A) (1).

3. The conduct and circumstances described above constitute a violation of A.R.S. §32-1901.01(A)(5), which is violating a federal or state law or administrative rule relating to the manufacture, sale or distribution of drugs, narcotics, dangerous drugs,

controlled substances or precursor chemicals and Arizona Administrative Code R4-23-621(D)(1), which requires that a pharmacy permittee engaged in shared services shall: (1) maintain manual or electronic records that identify, individually for each order processed, the name, initials, or identification code of each pharmacist, graduate intern, pharmacy intern, pharmacy technician, and pharmacy technician trainee who took part in the order interpretation, order entry verification, drug utilization review, drug compatibility and drug allergy review, final order verification, therapeutic intervention or refill authorization functions performed at that pharmacy.

ORDER

Based upon the above Findings of Fact and Conclusions of Law, IT IS HEREBY ORDERED THAT Respondent shall pay a civil penalty to the Board in the amount of **$1,000.00** within **30 days** of the effective date of this Order.

If Respondent violates this Order in any way or fails to fulfill the requirements of this Order, the Board, after giving the Respondent notice and the opportunity to be heard, may revoke, suspend or take other disciplinary actions against Respondent's permit. The issue at such a hearing will be limited solely to whether this Order has been violated.

DATED this _____ day of _____, 2017.

ARIZONA STATE BOARD OF PHARMACY

(Seal)

By: _____
Kamlesh Gandhi, PharmD.,
Executive Director

ORIGINAL OF THE FOREGOING FILED
this _____ day of _____, 2017, with:

Arizona State Board of Pharmacy
1616 W. Adams Street
Phoenix, Arizona 85007

COPY OF THE FOREGOING MAILED
BY CERTIFIED MAIL
this _____ day of _____, 2017,

Walgreens Mail Service, Inc.
8350 S. River Parkway
Tempe, AZ 85284
COPY OF THE FOREGOING MAILED
this _____ day of _____, 2017, to:

Christine Cassetta
Quarles & Brady, LLP
2 N. Central Avenue, Suite 3
Phoenix, AZ 85004
Attorney for the Respondent

Jeanne M. Galvin
Assistant Attorney General
1275 W. Washington Street, SGD/LES
Phoenix, Arizona 85007
Attorney for the Board

Doc # 5154276

EXHIBIT E

BOARD OF PHARMACY
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA

COPY

CITATION AND FINE

Citation Number	Name, License No
CI 2014 64708	WALGREENS MAIL SERVICE INC, NRP 1584

JURISDICTION: Bus. & Prof. Code § 4314; CCR, title 16, § 1775; Bus. & Prof. Code § 4301, subd. (o)

VIOLATION CODE SECTION	OFFENSE	AMT OF FINE
Bus. & Prof. Code § 4073 subd. (c)	Substitution of Generic Drug —Requirements and Exceptions; within the discretion of the pharmacist	$500.00

CONDUCT:

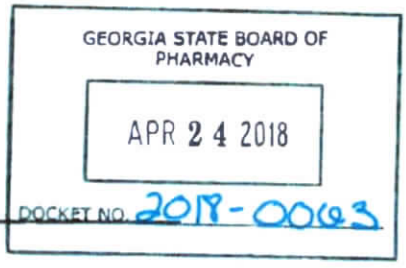
Business and Professions Code Section 4073 (c) states in pertinent part, In no case shall the pharmacist select a drug product pursuant to this section unless the drug product selected costs the patient less that the prescribed drug product. Walgreens Mail Order was not compliant. Specifically, Walgreens Mail order NRP 1584, located at 8350 River Parkway, Tempe Arizona substituted a generic drug product Vestura for Yaz to patient SS and the generic cost her $90.00 instead of $0.00 copay for the brand name product. This was a violation of pharmacy law.

CITATION ISSUED ON: January 15, 2016 | TOTAL AMOUNT OF FINE(S): $500.00

PAYMENT OF FINE(S) DUE BY: February 14, 2016

BEFORE THE GEORGIA STATE BOARD OF PHARMACY

IN THE MATTER OF:	*	
	*	
ALLIANCERX WALGREENS	*	
PRIME #03397	*	
License No. PHNR001128	*	
	*	**DOCKET NO.**
Respondent.	*	



PUBLIC CONSENT ORDER

By agreement of the Georgia State Board of Pharmacy ("Board") and ALLIANCERX WALGREENS PRIME #03397 ("Respondent"), the following disposition of this matter is entered pursuant to the provisions of O.C.G.A. § 50-13-13(a)(4).

FINDINGS OF FACT

1.

Respondent is licensed to operate as a non-resident pharmacy in the State of Georgia. The license was issued March 1, 2017, and expires June 30, 2019.

2.

On or about October 23, 2017, Patient J.M.B. sent a refill request for Metoprolol to Respondent. On or about October 25, 2017, Respondent shipped the medication. On November 6, 2017, the patient informed Respondent that she had not received the Metoprolol prescription. The pharmacy technician who processed the inquiry failed to follow Respondent's standard operating procedure and failed to comply with Board Rule 480-48.-02(4)(d) to ensure that the patient received a replacement via next-day delivery or by immediate arranging for a seven-day supply of the medication through a licensed pharmacy of the patient's choice.

3.

On or about November 20, 2017, Respondent again called to report that she still did not receive the Metoprolol prescription. On or about November 21, 2017, Respondent shipped out the Metoprolol prescription using standard shipping, again violating Respondent's standard operating procedure and the Board rule.

4.

Respondent waives any further findings of fact with respect to this matter.

CONCLUSIONS OF LAW

Under O.C.G.A. T. 26, Ch. 4 and § 43-1-19, the Georgia State Board of Pharmacy is authorized to discipline the Respondent's license to operate as a pharmacy for the conduct stated above. Respondent waives any further conclusions of law with respect to this matter.

ORDER

The Board having considered the particular facts and circumstances of this case, it is hereby ORDERED, and the Respondent hereby AGREES, that Respondent's license shall be disciplined as follows:

1.

The Respondent shall submit to the Board a fine in the amount of $1,600.00 for failure to follow the requirements in Rule 480-48-02(d), on two separate occasions. Such fine shall be payable within sixty (60) days from the effective date of this Consent Order. Payment shall be in the form of a cashier's check or money order made payable to the Georgia State Board of Pharmacy. The Respondent's failure to pay such fine by the sixtieth day shall subject Respondent's license to further disciplinary action, including revocation.

2.

In addition to and in conjunction with any other sanction contained herein, this Consent Order and dissemination thereof shall serve as a public reprimand to the Respondent.

3.

Approval of this Consent Order by the Georgia State Board of Pharmacy shall in no way be construed as condoning the Respondent's alleged conduct, and shall not

be construed as a waiver of any of the lawful rights possessed by the Board. This Consent Order shall not become effective until approved and docketed by the Georgia State Board of Pharmacy.

4.

Agent of Respondent, AllianceRx Walgreens Prime #03397, acknowledges that Respondent has read this Consent Order and understands its contents. Respondent understands that there is a right to a hearing in this matter, and Respondent freely, knowingly and voluntarily waives such right by entering into this Consent Order. Respondent understands that this Consent Order will not become effective until approved and docketed by the Georgia State Board of Pharmacy. Respondent further understands and agrees that the Board shall have the authority to review the investigative file and all relevant evidence in considering this Consent Order. Respondent further understands that this Consent Order, once approved, shall constitute a public record which may be disseminated as a disciplinary action of the Board. If this Consent Order is not approved, it shall not constitute an admission against interest in this proceeding, or prejudice the ability of the Board to adjudicate this matter. Respondent consents to the terms and sanctions contained herein.

Approved, this 18th day of April, 2018.

GEORGIA STATE BOARD OF PHARMACY

BY: _____
CHRISTOPHER M. JONES, PharmD.
President

ATTEST: _____
TANJA D. BATTLE
Executive Director

(BOARD SEAL)

(signatures continue on following page)

CONSENTED TO:

AGENT, ON BEHALF OF
Respondent
AllianceRx Walgreens Prime #03397

AS TO SIGNATURE OF AGENT ON BEHALF OF RESPONDENT
Sworn to and subscribed before me
this 26th day of March, 2018.

NOTARY PUBLIC
My commission expires: Sept 23, 2019

LYLEANNE STRAWN
NOTARY PUBLIC, ARIZONA
MARICOPA COUNTY
My Commission Expires
September 23, 2019

DARIA A. LOY-GOTO 6175
JOHN T. HASSLER 5311
Regulated Industries Complaints Office
Department of Commerce and Consumer Affairs
State of Hawaii
Leiopapa A Kamehameha Building
235 South Beretania Street, Suite 900
Honolulu, Hawaii 96813
Telephone: 586-2660

Attorneys for Department of Commerce
and Consumer Affairs

BOARD OF PHARMACY
DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS
STATE OF HAWAII

In the Matter of the Miscellaneous Permits of	)	PHA 2015-60-L AND PHA 2015-61-L
WALGREENS MAIL SERVICE, INC.,	)	SETTLEMENT AGREEMENT PRIOR TO FILING OF PETITION FOR DISCIPLINARY ACTION AND BOARD'S FINAL ORDER;
Respondent.	)	EXHIBITS "1" THROUGH "4"

241042211

SETTLEMENT AGREEMENT PRIOR TO FILING OF PETITION
FOR DISCIPLINARY ACTION AND BOARD'S FINAL ORDER

Petitioner, DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS' REGULATED INDUSTRIES COMPLAINTS OFFICE (hereinafter "RICO" or "Petitioner"), through its undersigned attorney(s), and Respondent WALGREENS MAIL SERVICE, INC. (hereinafter "Respondent"), enter into this Settlement Agreement on the terms and conditions set forth below.

A. UNCONTESTED FACTS:

1. At all relevant times herein, Respondent was permitted by the Board of Pharmacy (hereinafter the "Board") as a miscellaneous permit holder under permit number PMP 64. The license was issued on or about March 14, 1996 and will expire or forfeit on or about December 31, 2017.

2. At all relevant times herein, Respondent was permitted by the Board as a miscellaneous permit holder under permit number PMP 399. The license was issued on or about October 8, 2004 and will expire or forfeit on or about December 31, 2017.

3. Respondent is aware of the right to have a hearing to adjudicate the issues in the case. Pursuant to HRS § 91-9(d), Respondent freely, knowingly, and voluntarily waives the right to a hearing and agrees to dispose of this case in accordance with the terms and conditions of this Settlement Agreement.

4. Respondent being at all times relevant herein permitted as a miscellaneous permit holder by the Board acknowledges that Respondent is subject to penalties including but not limited to, revocation, suspension or limitation of the permits and administrative fines, if the foregoing allegations are proven at hearing.

5. Respondent represents Exhibit "1" is a true and correct copy of a Consent Order from the Oregon Board of Pharmacy issued to Respondent in Case No. 2014-0274; Exhibit "2" is a true and correct copy of a Consent Order and Stipulation from the Michigan Board of Pharmacy issued to Respondent in File Number: 53-12-123487; Exhibit "3" is a true and correct copy of a Consent Order from the Michigan Board of Pharmacy issued to Respondent in File Number: 53-15-136819; and Exhibit "4" is a true and correct copy of a Consent Order from the Michigan Board of Pharmacy issued to Respondent in File Number: 53-14-134124.

6. Respondent understands that any false or untrue statement or any material misrepresentation or omission of fact by Respondent in this settlement agreement may be grounds for further disciplinary action under HRS chapters 436B and 461.

7. Respondent does not admit to violating any law or rule, but acknowledges that RICO has sufficient cause to file a Petition for Disciplinary Action against Respondent's permits.

8. Respondent enters into this Settlement Agreement as a compromise of the claims and to conserve on the expenses of proceeding with an administrative hearing on this matter.

9. Respondent agrees that this Settlement Agreement is intended to resolve the issues raised in RICO's investigation in RICO Case Numbers PHA 2015-60-L (PMP 64) and PHA 2015-61-L (PMP 399).

10. Respondent understands that this Settlement Agreement may be subject to reporting requirements.

11. Respondent understands this Settlement Agreement is public record pursuant to Hawaii Revised Statutes chapter 92F.

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C. TERMS OF SETTLEMENT:

1. Administrative fine. Respondent agrees to pay administrative fines in the amount of TWO THOUSAND AND NO/100 DOLLARS ($2,000.00). Payment shall be made by cashier's check or money order made payable to "DCCA - Compliance Resolution Fund" and mailed to the Regulated Industries Complaints Office, Attn: John T. Hassler, Esq., 235 S. Beretania Street, 9th Floor, Honolulu, Hawaii 96813. Payment of fines shall be due at the time this Settlement Agreement is returned to RICO.

2. Failure to Comply with Settlement Agreement. If Respondent fails to fully and timely comply with the terms of this Settlement Agreement as set forth in paragraph(s) C.1 above, Respondent's permits shall be automatically revoked upon RICO's filing of an affidavit with the Board attesting to such failure. In case of such revocation, Respondent shall turn in all indicia of the permits to the Executive Officer of the Board within ten (10) days after receipt of notice of the revocation. In case of such revocation, Respondent understands Respondent cannot apply for new permits until the expiration of at least five (5) years after the effective date of the revocation. Respondent understands that if Respondent desires to become permitted again, Respondent must apply to the Board for new permits pursuant to and subject to HRS §§ 92-17, 436B-21, and all other applicable laws and rules in effect at the time.

3. Possible further sanction. The Board, at its discretion, may pursue additional disciplinary action as provided by law to include further fines and other sanctions as the Board may deem appropriate if Respondent violates any provision of the statutes or rules governing the conduct of pharmacies in the State of Hawaii, or if Respondent fails to abide by the terms of this Settlement Agreement.

4. Approval of the Board. Respondent agrees that, except for the representations, agreements and covenants contained in Paragraphs C.5, C.6, C.7 and C.8 below, this Settlement Agreement shall not be binding on any of the parties unless and until it is approved by the Board.

5. No Objection if Board Fails to Approve. If the Board does not approve this Settlement Agreement, does not issue an order pursuant thereto, or does not approve a lesser remedy, but instead an administrative hearing is conducted against Respondent in the Board's usual and customary fashion pursuant to the Administrative Procedure Act, Respondent agrees that neither Respondent nor any attorney that Respondent may retain, will raise as an objection in any administrative proceeding or in any judicial action, to the Board's proceeding against Respondent on the basis that the Board has become disqualified to consider the case because of its review and consideration of this Settlement Agreement.

6. Any Ambiguities Shall be Construed to Protect the Consuming Public. It is agreed that any ambiguity in this Settlement Agreement is to be read in the manner that most completely protects the interests of the consuming public.

7. No Reliance on Representations by RICO. Other than the matters specifically stated in this Settlement Agreement, neither RICO nor anyone acting on its behalf has made any representation of fact, opinion or promise to Respondent to induce entry into this Settlement Agreement, and Respondent is not relying upon any statement, representation or opinion or promise made by RICO or any of its agents, employees, representatives or attorneys concerning the nature, extent or duration of exposure to legal liability arising from the subject matter of this Settlement Agreement or concerning any other matter.

8. Complete Agreement. This Settlement Agreement is a complete settlement of the rights, responsibilities and liabilities of the parties hereto with respect to the subject matter hereof; contains the entire agreement of the parties; and may only be modified, changed or amended by written instrument duly executed by all parties hereto.

IN WITNESS WHEREOF, the parties have signed this Settlement Agreement on the date(s) set forth below.

DATED: Tempe (CITY), AZ (STATE), 3/25/11

WALGREENS MAIL SERVICE, INC.
Respondent

By: _____
Its Regional Manager

DATED: Honolulu, Hawaii, _____

_____
DARIA A. LOY-GOTO
JOHN T. HASSLER
Attorneys for Department of Commerce and Consumer Affairs

IN THE MATTER OF THE MISCELLANEOUS PERMITS OF WALGREENS MAIL SERVICE, INC.; SETTLEMENT AGREEMENT PRIOR TO FILING OF PETITION FOR DISCIPLINARY ACTION AND BOARD'S FINAL ORDER; EXHIBITS "1" THROUGH "4"; CASE NOS. PHA 2015-60-L AND PHA 2015-61-L

APPROVED AND SO ORDERED:
BOARD OF PHARMACY
STATE OF HAWAII

KERRI OKAMURA
Chairperson

DATE

GARRETT A. LAU
Vice Chairperson

MARCELLA CHOCK

MARY JO KEEFE

CAROLYN S. J. MA

PVL 07/01/15

STATE OF ARIZONA)
) SS
COUNTY OF MARICOPA)

On this 25 day of MARCH, 2016 before me personally appeared DARREN KENNEDY, to me known to be the person described, and who executed the foregoing instrument on behalf of WALGREENS MAIL SERVICE, as its REGIONAL MANAGER, and acknowledged (he)/she executed the same as (his)/her free act and deed.

This 6 (SIX)-page *Settlement Agreement Prior to Filing of Petition for Disciplinary Action and Board's Final Order* document dated MARCH 25, 2016 was acknowledged before me by DARREN KENNEDY (NAME OF PERSON SIGNING THIS DOCUMENT) this 25 day of MARCH, 2016 in the County of MARICOPA in the State of ARIZONA.

Name: STEPHANIE C PERRY
Notary Public, State of ARIZONA
My Commission expires: 09/01/16

OFFICIAL SEAL
STEPHANIE C PERRY
NOTARY PUBLIC - State of Arizona
MARICOPA COUNTY
My Comm. Expires September 1, 2016

STATE OF NEW HAMPSHIRE
OFFICE OF PROFESSIONAL LICENSURE AND CERTIFICATION
DIVISION OF HEALTH PROFESSIONS
BOARD OF PHARMACY
121 South Fruit Street, Suite 401
Concord, NH 03301-2412
Phone 603-271-2350 · Fax 603-271-2856
www.oplc.nh.gov/pharmacy

OPLC
Peter Danles
Executive Director
Joseph Shoemaker
Director, Health Professions

Board of Pharmacy
Michael D. Bullek, R.Ph.
Administrator / Chief of Compliance
Jason R. Richard
Licensing Supervisor

September 26th, 2017

Walgreens Mail Service LLC
8350 S. River Parkway
Tempe, AZ. 85284
Attention: Pharmacist in Charge

CERTIFIED MAIL and FIRST CLASS MAIL

NOTICE OF VIOLATION

To whom it may concern;

The Board received notification from the Prescription Drug Monitoring Program that Walgreens Mail Service, LLC, 8350 S. River Parkway, Tempe, Arizona, holding a New Hampshire non-resident pharmacy permit NR0029 had updated the DEA number associated with this facility. New Hampshire rules state any change to original application must notify the Board within 15 days of change. I refer to the following rule:

> Ph 306.02 Reporting Changes. The person to whom a permit to operate a pharmacy in New Hampshire has been issued shall, within 15 days of that person's discovery of a change in any of the data contained in the application for an original or renewal permit, report that change to the board in writing.

Under RSA 318:29 and RSA 318:55, the Board may impose civil penalties "not to exceed $5,000 per violation upon any person who willfully or repeatedly violates any provision of this chapter." It appears that by engaging in the conduct described above, you may have violated both Ph306.02 and Ph704.12 by not notifying the Board within 15 days that you ceased performing the duties of Pharmacist –In-Charge.

The Board sees fit to use its discretion to propose an administrative fine of **$500.00**. You have the following two options upon receipt of this Notice. First, you can waive the right to a hearing and pay the proposed fine. If you choose to do so, please pay $500.00 within thirty (30) days of the receipt of this Notice, and remit payment to Treasurer, State of New Hampshire. Second, you may request a hearing on the matter. If you do so, your request for a hearing must be received within 30 days of receipt of this Notice. The Board will thereafter schedule a hearing on the matter.

If you have any questions, please don't hesitate to contact this office at (603)-271-2350.

Dated: 10/25/17

Walgreens Pharmacist in Charge

Dated: September 26th, 2017

Michael D. Bullek, BSP, R. Ph
Administrator/Chief of Compliance
Authorized Representative of the
New Hampshire Board of Pharmacy

_*/ Board Member recused

BEFORE THE STATE BOARD OF PHARMACY

STATE OF COLORADO

Case No. 2014-255

STIPULATION AND FINAL AGENCY ORDER

IN THE MATTER OF DISCIPLINARY PROCEEDINGS REGARDING THE NON-RESIDENT PRESCRIPTION DRUG OUTLET REGISTRATION IN THE STATE OF COLORADO OF WALGREENS MAIL SERVICE, INC., REGISTRATION NO. OSP 5062,

Respondent Pharmacy.

IT IS HEREBY STIPULATED AND AGREED by and between the Colorado State Board of Pharmacy ("Board") and Walgreens Mail Service, Inc. ("Respondent Pharmacy") to resolve all matters pertaining to Board Case Number 2014-255, as follows:

FINDINGS AND CONCLUSIONS

1. The Board has jurisdiction over Respondent Pharmacy, its registration as a non-resident prescription drug outlet, and the subject matter of this Stipulation and Final Agency Order ("Final Agency Order") pursuant to provisions of the Pharmacists, Pharmacy Businesses, and Pharmaceuticals Act at Title 12, Article 42.5, C.R.S. (2013).

2. Respondent Pharmacy was originally registered in the State of Colorado on or about August 10, 1998, being issued registration number OSP 5062, and has been so registered at all times relevant to this disciplinary action.

3. Respondent Pharmacy's address of record with the Board and current location is 8350 South River Parkway, Tempe, Arizona 85284.

4. Respondent Pharmacy admits these findings and hereby waives any further proof in this or any other proceeding before the Board regarding the following facts.

5. In or about December 2012, the Board mailed an affidavit to Respondent Pharmacy and requested that Respondent Pharmacy sign the affidavit to confirm that Respondent Pharmacy is aware of Colorado law and that it will not distribute prescription drugs into Colorado without valid, patient-specific prescription orders. The affidavit was signed by Respondent Pharmacy on December 27, 2012.

6. Respondent Pharmacy distributed a prescription drug into Colorado without a valid, patient-specific prescription order.

7. Respondent Pharmacy admits that its conduct, as set forth above, constitutes violations of the following sections of the Colorado Revised Statutes and Board Rules and provides grounds for disciplinary action against Respondent Pharmacy's Colorado registration as a prescription drug outlet:

Colorado Revised Statutes

12-42.5-123. Unprofessional conduct - grounds for discipline.

(1) The board may suspend, revoke, refuse to renew, or otherwise discipline any license or registration issued by it, after a hearing held in accordance with the provisions of this section, upon proof that the licensee or registrant:

(c) Has violated:

(I) Any of the provisions of this Article, including commission of an act declared unlawful in section 12-42.5-126;

(II) The lawful rules of the board; or

(III) Any state or federal law pertaining to drugs.

(k) Has failed to meet generally accepted standards of pharmacy practice.

12-42.5-124. Disciplinary actions. (1) The board may deny or discipline an applicant, licensee, or registrant when the board determines that the applicant, licensee, or registrant has engaged in activities that are grounds for discipline.

12-42.5-130. Nonresident prescription drug outlet--registration

(2) The registration requirements of this section apply only to a nonresident prescription drug outlet that only ships, mails, or delivers, in any manner, drugs and devices into this state pursuant to a prescription order.

8. The Board finds and concludes, and Respondent Pharmacy agrees, that based upon Respondent Pharmacy's above-described violations of the Pharmacists, Pharmacy Businesses, and Pharmaceuticals Act and relevant rules and regulations, the following discipline is just and appropriate under the circumstances.

DISPOSITION

9. **Fine with Surcharge.** Pursuant to §12-42.5-124(5)(a)(I), C.R.S., Respondent Pharmacy shall pay a fine of One Thousand Dollars and No Cents ($1,000.00) Respondent Pharmacy understands and acknowledges that, pursuant to §24-34-108, C.R.S., the Executive Director of the Department of Regulatory Agencies shall impose an additional surcharge of 10% of this fine. Respondent Pharmacy shall therefore pay a total amount of One Thousand One Hundred Dollars and No Cents ($1,100.00). The total amount shall be payable to the State of Colorado and shall be remitted in one lump sum to be included when Respondent Pharmacy submits this signed Final Agency Order to the Board.

10. **Compliance.** Respondent Pharmacy shall only dispense and deliver prescriptions into Colorado pursuant to valid, patient-specific prescription orders.

11. **Other Requirements.** Through its undersigned Authorized Representative, Respondent Pharmacy acknowledges and agrees that, as a condition of this Final Agency Order, Respondent Pharmacy shall:

    a. promptly pay all its own fees and costs associated with this Final Agency Order;

    b. comply fully with this Final Agency Order; and

    c. comply fully with the Pharmacists, Pharmacy Businesses, and Pharmaceuticals Act, all Board rules and regulations, and any other state and federal laws and regulations related to pharmaceuticals and pharmacists in the State of Colorado.

12. **Violations.** Time is of the essence to this Final Agency Order. It is the responsibility of Respondent Pharmacy to take all appropriate steps to comply fully with this Final Agency Order. Respondent Pharmacy acknowledges and agrees that any violation of this Final Agency Order shall constitute a willful violation of a lawful Board order, may be sanctioned as provided under §12-42.5-124(4), C.R.S., and may be sufficient grounds for additional discipline, including but not limited to revocation of its registration. The pendency of any suspension or disciplinary action arising out of an alleged violation of this Final Agency Order shall not affect the obligation of Respondent Pharmacy to comply with all terms and conditions of this Final Agency Order.

13. **Advisements and Waivers.** Through its undersigned Authorized Representative, Respondent Pharmacy enters into this Final Agency Order freely and voluntarily, after having the opportunity to consult with legal counsel and/or choosing not to do so. Respondent Pharmacy acknowledges its understanding that it has the following rights:

    a. To have a formal notice of hearing and charges served upon it;

b. To respond to said formal notice of charges;

c. to have a formal disciplinary hearing pursuant to §§12-42.5-123 and 12-42.5-124, C.R.S.; and

d. To appeal this Board order.

Respondent Pharmacy freely **waives** these rights, and acknowledges that such waiver is made voluntarily in consideration for Board's limiting the action taken against it to the sanctions imposed herein.

14. **Acknowledgments.** The undersigned Authorized Representative of Respondent Pharmacy has read this Final Agency Order in its entirety and acknowledges, after having the opportunity to consult with legal counsel and/or choosing not to do so, that Respondent Pharmacy understands the legal consequences and agrees that none of the terms or conditions herein is unconscionable. Respondent Pharmacy is not relying on any statements, promises or representations from the Board other than as may be contained in this Final Agency Order. Respondent Pharmacy further acknowledges that it is not entering into this Final Agency Order under any duress.

15. **Integration and Severability.** Upon execution by all parties, this Final Agency Order shall represent the entire and final agreement of and between the parties in this case. In the event any provision of this Final Agency Order is deemed invalid or unenforceable by a court of law, it shall be severed and the remaining provisions of this Final Agency Order shall be given full force and effect.

16. **Public Record.** Upon execution by all parties, this Final Agency Order shall be a public record, maintained in the custody of the Board.

17. **Board Order.** This Final Agency Order shall become an order of the Board when it is accepted and signed by the Program Director or authorized Board representative.

18. **Effective Date.** This Final Agency Order shall become effective upon (a) mailing by first-class mail to Respondent Pharmacy at Respondent Pharmacy's address of record with the Board, or (b) service by electronic means on Respondent Pharmacy Respondent Pharmacy hereby consents to service by electronic means if Respondent Pharmacy has an electronic address on file with the Board.

ACCEPTED AND AGREED BY

Respondent Pharmacy

Operations MGR
Authorized Representative / Title

Dated: 5/27/14

Subscribed and sworn to before me in the County of MARICOPA, State of ARIZONA, this 27 day of MAY, 2014 by DARREN KENNEDY, in his/her capacity as an authorized agent of Walgreens Mail Service, Inc.

OFFICIAL SEAL
STEPHANIE C PERRY
NOTARY PUBLIC - State of Arizona
MARICOPA COUNTY
My Comm. Expires September 1, 2016

Notary Public

My commission expires: SEPTEMBER 1, 2016

FINAL AGENCY ORDER

WHEREFORE, the within Stipulation and Final Agency Order is approved, accepted, and hereby made an Order of the Board.

Done and effective this 17th day of June, 2014.

State Board of Pharmacy

BY:

Chris Gassen
Program Director

RECEIVED
MAR 04 2015
OREGON BOARD OF PHARMACY

BEFORE THE BOARD OF PHARMACY
OF THE STATE OF OREGON

In the Matter of the Drug Outlet Registration of	)	Case No. 2014-0274
WALGREENS MAIL SERVICES, INC dba: WALGREENS MAIL SERVICES	)	CONSENT ORDER
Registrant	)	

WHEREAS, the Board of Pharmacy of the State of Oregon has filed a Notice of Proposed Disciplinary Action; Answer Required ("Notice"), hereby incorporated by reference, regarding the registrant in the above-captioned matter; and

WHEREAS, the above-noted Notice was duly served on the registrant as required by law; and

WHEREAS, the parties are desirous of resolving and settling those matters contained in the above-noted Notice without further proceedings thereon; and

WHEREAS, the registrant is aware of the right to a hearing with the assistance of counsel and the right to judicial review of the Board's decision, and hereby freely and voluntarily waives those rights; and

WHEREAS, the registrant admits that the facts alleged in the above-noted Notice are true, that legal cause exists pursuant to ORS 689.405 and ORS 689.445 for disciplinary action and imposition of a civil penalty by the Board; and

WHEREAS, the registrant consents to the disciplinary action as set forth herein;

The Board finds that the allegations in the Notice are true and hereby:

1. The registrant shall pay the Board a civil penalty in the amount of $10,000. The $10,000 civil penalty shall be stayed with compliance with this Consent Order and the submission and implementation of a Quality Assurance Plan acceptable to the Board to correct violations as noted in Notice. Quality Assurance Plan along with a copy of this order to be submitted within ten days from the date this Consent Order becomes final.

2. The Quality Assurance Plan is to include a policy and procedure requiring the performance of a Drug Utilization Review by a pharmacist prior to each dispensing of a prescription and registrant monitoring of compliance with the policy and procedure.

3. The Pharmacist-in-Charge will submit a quarterly report that will include the weekly totals of all new and refill prescriptions and the number of documented DURs performed by a pharmacist on each new and refilled prescription for one year.

4. Documentation of any additional training for the pharmacist as need if the policy is not followed.

5. Quarterly reports are to be submitted within 15 days prior to May 1, August 1, November 1, and February 1 with the final report due one from the date this Consent Order becomes final.

6. Failure of the registrant to comply with the sanctions of this Consent Order may, after notice and hearing, result in further disciplinary action.

CONSENT

I hereby acknowledge that I am the authorized representative of registrant. On behalf of the registrant, I further certify that I have read and understand the Notice and this Consent Order and am aware of the right to a hearing with the assistance of counsel and the right to judicial review of the Boards final order. On behalf of the registrant I agree to the Board entering the Consent Order.

_____ 2/26/15

Authorized Representative
Walgreens Mail Services, Inc., dba
Walgreens Mail Services
Registrant (Reg. No. RP-0001425)

Date

IT IS SO ORDERED.

BOARD OF PHARMACY
FOR THE STATE OF OREGON

_____ 3/9/15

Gary Miner, R.Ph.
Compliance Director

Date

BEFORE THE BOARD OF PHARMACY
OF THE STATE OF OREGON

In the Matter of the Drug Outlet Registration of	)	Case No. 2014-0274
WALGREENS MAIL SERVICES, INC. dba: WALGREENS MAIL SERVICES	)	NOTICE OF PROPOSED DISCIPLINARY ACTION; ANSWER REQUIRED
Registrant	)	

Under the authority granted pursuant to ORS 689.135, 689.145, 689.335, 689.405 and 689.445, the Oregon Board of Pharmacy proposes to take disciplinary action against your Certificate of Registration No. RP-0001425 because Walgreens Mail Services, Inc violated the Oregon Pharmacy Act and the Board of Pharmacy rules as set forth below:

On or about 6/16/2014, Walgreens Mail Services dispensed a patient's simvastatin prescription through the Registrant's automatic refill program after the pharmacy received a new atorvastatin prescription for the patient on 6/3/2014. A pharmacist did not perform a drug utilization review on 6/16/2014 when dispensing the simvastatin. In this investigation, the registrant reported that a pharmacist was not performing a drug utilization review on some prescription refills.

The above conduct is in violation of OAR 855-041-1040(2), OAR 855-019-0220(3), and OAR 855-019-0210(1), which is a ground for discipline pursuant to ORS 689.405(1)(e)(B).

Based on these alleged violations, the Board proposes to impose a civil penalty in the amount of $10,000 per violation.

HEARING RIGHTS

The corporation is entitled to a hearing as provided by the Administrative Procedures Act (ORS chapter 183). An attorney must represent the corporation. If the corporation wishes to have a hearing, the corporation's attorney must file a written request for hearing with the Board within 21 days from the date this notice was mailed. The corporation's attorney may send or deliver a request for hearing to:

Oregon Board of Pharmacy
800 NE Oregon Street, Suite 150
Portland, OR 97232
Fax: (971) 673-0002

If a request for hearing is not received within this 21-day period, the corporation's right to a hearing shall be considered waived.

If the corporation requests a hearing, the corporation's attorney will be notified of the time and place of the hearing. Before the commencement of the hearing, the corporation will be given information on the procedures, right of representation and other rights of parties relating to

the conduct of the hearing.

If the corporation does not request a hearing within 21 days, or if it withdraws a hearing request, notifies the Board or Administrative Law Judge that it will not appear, or fails to appear at a scheduled hearing, the Board may issue a final order by default imposing discipline. If the Board issues a final order by default, it designates its file on this matter as the record.

ANSWER REQUIRED

Pursuant to OAR 855-001-0010 and OAR 855-001-0015, if you request a hearing you must also provide, within 21 days from the date this contested case notice was served, a written answer to the allegations set forth in this contested case notice. Your written answer must include an admission or denial of each factual matter alleged in the notice and a short and plain statement of each relevant affirmative defense you may have. Except for good cause, factual matters alleged in the notice and not denied in the answer shall be presumed admitted; failure to raise a particular defense in the answer will be considered a waiver of such defense; new matters alleged in the answer (affirmative defenses) shall be presumed to be denied by the agency; and evidence shall not be taken on any issue not raised in the notice and the answer.

Hearing Request and Answers:
Consequences of Failure to Answer
855-001-0015

(1) A hearing request, and answer when required, shall be made in writing to the Board by the party or his attorney and an answer shall include the following:

- (a) An admission or denial of each factual matter alleged in the notice;
- (b) A short and plain statement of each relevant affirmative defense the party may have.

(2) Except for good cause;

- (a) Factual matters alleged in the notice and not denied in the answer shall be presumed admitted;
- (b) Failure to raise a particular defense in the answer will be considered a waiver of such defense;
- (c) New matters alleged in the answer (affirmative defenses) shall be presumed to be denied by the agency; and
- (d) Evidence shall not be taken on any issue not raised in the notice and the answer.

BOARD OF PHARMACY
FOR THE STATE OF OREGON

_____ 12/10/14
Gary Miner, R.Ph., Date
Compliance Director

DATE OF MAILING 12/10/2014

KRISTIN K. MAYES
Attorney General
(Firm State Bar No. 14000)

JEANNE M. GALVIN
Assistant Attorney General
State Bar No. 015072
SETH T. HARGRAVES
Assistant Attorney General
State Bar No. 020176
2005 N. Central Ave., SGD/LES
Phoenix, Arizona 85004-1592
Tel: (602) 542-7983
Tel: (602) 542-7672
Fax: (602) 364-3202
Attorneys for the Arizona State Board of Pharmacy

BEFORE THE ARIZONA STATE BOARD OF PHARMACY

In the Matter of **FERNANDO ESTEBAN FRIAS HERNANDEZ** Holder of License No T075057 As a Pharmacy Technician In the State of Arizona Respondent	Case No. 23-0636 **CONSENT AGREEMENT AND ORDER FOR PROBATION OF LICENSE WITH MONITORING**

In the interest of a prompt and judicious settlement of this case, consistent with the public interest, statutory requirements and the responsibilities of the Arizona State Board of Pharmacy ("Board") under A.R.S. § 32-1901, *et seq.*, Fernando Esteban Frias Hernandez ("Respondent"), holder of license no. T075057 as a pharmacy technician in the State of Arizona, and the Board enter into the following Recitals, Findings of Fact, Conclusions of Law and Order ("Consent Agreement") as a final disposition of this matter.

RECITALS

1. Respondent has read and understands this Consent Agreement and has had the opportunity to discuss this Consent Agreement with an attorney, or has waived the opportunity to discuss this Consent Agreement with an attorney.

2. Respondent understands that he has a right to a public administrative hearing concerning this matter at which hearing he could present evidence and cross examine witnesses. By entering into this Consent Agreement, Respondent knowingly and voluntarily relinquishes all right to such an administrative hearing, as well as rights of rehearing, review, reconsideration, appeal, judicial review or any other administrative and/or judicial action, concerning the matters set forth herein.

3. Respondent affirmatively agrees that this Consent Agreement shall be irrevocable.

4. Respondent understands that this Consent Agreement or any part of the agreement may be considered in any future disciplinary action by the Board against him.

5. Respondent understands this Consent Agreement deals with allegations of unprofessional conduct against Respondent. The investigation into these allegations against Respondent shall be concluded upon the Board's adoption of this Consent Agreement.

6. Respondent acknowledges and agrees that the acceptance of this Consent Agreement is solely to settle this Board matter and does not preclude the Board from instituting other proceedings as may be appropriate now or in the future.

7. Respondent understands that this Consent Agreement does not constitute a dismissal or resolution of any other matters currently pending before the Board, if any, and does not constitute any waiver, express or implied, of the Board's statutory authority or jurisdiction regarding any other pending or future investigation, action or proceeding.

8. Furthermore, and notwithstanding any language in this Consent Agreement, this Consent Agreement does not preclude in any way any other state agency or officer or political subdivision of this state from instituting proceedings, investigating claims, or taking legal action as may be appropriate now or in the future relating to this matter other matters concerning Respondent, including violations of the Arizona's Consumer Fraud Act. Respondent acknowledges that, other than with respect to the Board, this Consent Agreement makes no representations, implied or otherwise, about the views or intended actions of any other state agency or officer or political subdivision of the state relating to this matter or other matters concerning Respondent.

9. Respondent acknowledges and agrees that, upon signing this Consent Agreement and returning this document to the Board's Executive Director, he may not revoke acceptance of the Consent Agreement or make any modifications to the document regardless of whether the Consent Agreement has been signed by the Executive Director. Any modification to this original document is ineffective and void unless mutually agreed by the parties in writing.

10. This Consent Agreement is subject to the approval of the Board and is effective only when accepted by the Board and signed by the Executive Director. In the event that the Board does not approve this Consent Agreement, it is withdrawn and shall be of no evidentiary value and shall not be relied upon nor introduced in any action by any party, except that the parties agree that should the Board reject this Consent Agreement and this case proceeds to hearing, Respondent shall assert no claim that the Board was prejudiced by its review and discussion of this document or any records relating thereto.

11. If a court of competent jurisdiction rules that any part of this Consent Agreement is void or otherwise unenforceable, the remainder of the Consent Agreement shall remain in full force and effect.

12. Respondent understands that this Consent Agreement is a public record that may be publicly disseminated as a formal action of the Board and may be reported as required by law to the National Practitioner Data Bank and the Healthcare Integrity and Protection Data Bank.

13. The parties understand and agree that Portable Document Format and facsimile copies of this Consent Agreement including Portable Document Format (PDF) and facsimile signatures thereto, shall have the same force and effect as the originals.

14. Respondent understands that any violation of this Consent Agreement constitutes unprofessional conduct and may result in disciplinary action. A.R.S. §§ 32-1901.01(C)(16) and A.R.S. §32-1927.01(A)(1).

15. Respondent agrees that the Board will adopt the following Findings of Fact, Conclusions of Law and Order.

ACCEPTED AND AGREED BY RESPONDENT

Fernando Frias

Dated: 06/26/2024

Fernando Esteban Frias Hernandez (T075057)
Pharmacy Technician/Respondent

FINDINGS OF FACT

1. The Board is the duly constituted authority for licensing and regulating the practice of pharmacy in the State of Arizona.

2. Respondent is the holder of Pharmacy Technician License No. T075057, in the State of Arizona. Respondent has been licensed as a Technician since December 8, 2021.

3. On or about November 9, 2023, the Board received a notice from the Arizona Department of Public Safety ("DPS") indicating that on or about November 1,

2023, Respondent had been arrested and/or fingerprinted by the Mesa Police Department on Two Counts of Misdemeanor DUI for an offense that occurred on December 3, 2022.

4. Charges of DUI; Alcohol, Drugs, Toxic Vapor, and DUI Drugs or Metabolite were filed against Respondent on November 1, 2023 in Mesa Municipal Court Case 2023058208.

5. Pursuant to A.R.S. § 32-3208(A), a health professional who has been charged with a misdemeanor involving conduct that may affect patient safety or a felony after receiving or renewing a license or certificate must notify the health professional's regulatory board in writing within ten working days after the charge is filed.

6. Respondent failed to disclose his criminal charges to the Board within ten working days as required by A.R.S. § 32-3208.

7. On November 30, 2023, Board sent a complaint notice and a subpoena to Respondent at his address of record (by electronic, certified and regular mail), notifying him that the Board had received the DPS notification, opened a complaint, and requested that he respond and provide a written explanation of the criminal charge, as well as copies of police and court records by December 6, 2023. Respondent did not respond until December 13, 2023.

8. According to the police records provided by Respondent, he was the subject of a traffic stop on December 3, 2022 at approximately 7:01 pm. During the stop Respondent admitted that he had used marijuana flower earlier in the day, smoking two bowls but was unsure about the THC percentage. Respondent was arrested and later released to his wife.

9. Additional information reported by Respondent regarding his marijuana use is contained within the Board's files and for privacy reasons will not be detailed in this pleading, however, the information detailed in the records raised concerns about

Respondent's ability to safely practice, and serves, in part, as a basis for the issuance of an Interim Order.

10. On his September 2023 license renewal application, Respondent answered "No" to the question whether he had been arrested, charged, pled guilty or convicted of a felony or misdemeanor offense since his last renewal. He did not disclose his December 3, 2022 arrest.

11. On February 21, 2024, pursuant to A.R.S. §32-1927.01(F), the Board issued an Interim Order for a Substance Use Evaluation & Fitness for Duty Component.

12. Respondent timely complied with the Interim Order and the evaluation was conducted by Monica Faria, M.D. The evaluation report containing Dr. Faria's findings and recommendations are contained in the Board's files.

CONCLUSIONS OF LAW

1. The Board possesses jurisdiction over the subject matter and over Respondent pursuant to A.R.S. § 32-1901 *et seq.*

2. The Board may discipline a Pharmacy Technician, who has engaged in unprofessional conduct. A.R.S. §32-1927.01(A)(1).

3. The Board is authorized to enter into a Consent Agreement with a licensee to restrict the professional's practice to protect the public and ensure that the professional is able to safely engage in the practice of pharmacy in Arizona. A.R.S. § 32-1927.

4. Pursuant to A.R.S. §32-1932.01(D), a licensee who is impaired by alcohol or drug abuse may enter into a stipulation order with the board, or the license may be placed on probation or be subject to other action as provide by law.

5. The conduct and circumstances described above violate the notification requirements of A.R.S. § 32-3208(A), which constitute an act of unprofessional conduct under A.R.S. § 32-3208(D).

6. Respondent's failure to timely comply with the Board's subpoena, as described above, constitutes an act of unprofessional conduct under A.R.S. § 32-1901.01(C)(17) "Failing to comply with a board subpoena or failing to comply in a timely manner with a board subpoena without providing any explanation to the board for not complying with the subpoena."

7. Respondent's failure to disclose his 2022 arrest on his 2023 renewal application, as described above, constitutes an act of unprofessional conduct under A.R.S. § 32-1901.01(C)(3) "Obtaining or attempting to obtain a pharmacy technician or pharmacy technician trainee license or a pharmacy technician license renewal by fraud, by misrepresentation or by knowingly taking advantage of the mistake of another person or an agency."

8. Respondent's failure to disclose his 2022 arrest on his 2023 renewal application, as described above, constitutes an act of unprofessional conduct under A.R.S. § 32-1901.01(C)(13) "Knowingly filing with the board any application, renewal or other document that contains false or misleading information."

9. Respondent's failure to disclose his 2022 arrest on his 2023 renewal application, as described above, constitutes an act of unprofessional conduct under A.R.S. § 32-1901.01(C)(14) "Providing false or misleading information or omitting material information in any communication to the board or the board's employees or agents."

ORDER

Based on the Findings of Fact and Conclusions of Law, the Board under issues the following Order:

IT IS HEREBY ORDERED THAT:

1. Respondent's license shall be placed on **PROBATION** for a minimum period of one (1) year from the effective date of this Consent Agreement. The effective

date of the Consent Agreement is the date that it is signed by the Executive Director. The period of **PROBATION** is subject to the following terms and conditions:

2. Within five (5) days of the effective date of this Consent Agreement, Respondent shall enter into a rehabilitation and monitoring contract with one of the following two (2) providers. Prior to entering into the contract, Respondent shall ensure that the provider is able and willing to comply with all the requirements of this Order:

Arizona Pharmacy Foundation: Professionals Assisting Professionals
1845 E. Southern Ave.
Tempe, AZ 85282-5831
480-207-7869
https://azpharmacy.org/papa/

Community Bridges, Inc, - Professional Medical Monitoring Program
1855 W. Baseline Rd., Ste 101
Mesa, AZ 85202
480-990-3111 or 480-343-2158
Contact: Kristy Cole, Program Manager

3. Within five (5) business days of entering into a contract with one of the providers referenced above, Respondent shall provide the provider with a copy of this Consent Agreement, and notify the Board in writing of the provider with whom he has contracted.

4. Respondent shall ensure that within ten (10) business days of entering into a contract with one of the providers referenced above, the selected provider confirm in writing to the Board that they have received a copy of this Order and are willing and able to comply with all the requirements of this Order.

5. Respondent's written rehabilitation and monitoring contract with one of the entities set forth above shall extend for the entire term of his probation under this Consent Agreement. Respondent shall abide by each and every requirement of the contract, including 12 to 24 random drug screens per year; two weekly 12-step meetings; and

continuous abstention from all drugs of abuse as well as cannabis. Failure to participate in the rehabilitation and monitoring program, complete the program or to abide by the contract's terms is a violation of this Order.

6. Respondent shall advise the Board immediately (within 24 hours) of any missed (excused or not) drug screen, or 12-step meeting. Respondent shall also require the provider to notify the Board in writing within five (5) days of any missed (excused or not) drug screen, or 12-step meeting, and if excused, the reasons for excusing the absence.

7. Respondent shall execute all appropriate releases of information forms to permit the Respondent's treatment professionals to communicate with the Board regarding Respondent's treatment and monitoring.

8. Respondent shall pay all necessary fees and expenses relating to this probation, including all costs associated with the treatment and monitoring contract.

9. Respondent shall furnish all pharmacy employers with a copy of this Consent Agreement throughout the term of probation. Respondent shall ensure that all future pharmacy employers submit to the Board a written acknowledgement that they have received a copy of this Consent Agreement within ten (10) days of entering into an employment relationship with Respondent. Respondent shall advise the Board immediately (within 24 hours) of any change in pharmacy employment status throughout the term of his probation. Respondent shall update his online profile AND provide written notification to the Board within five (5) days of any change in pharmacy employment status.

10. Within five (5) days of the effective date of this Consent Agreement, Respondent shall furnish the Board with a list of all jurisdictions in which he maintains or has maintained licensure in the profession of pharmacy along with the registration numbers of said licenses.

11. Respondent shall obey all federal and state laws and rules governing the practice of pharmacy

12. Throughout the term of Respondent's probation, Respondent shall personally appear before the Board when requested to do so by the Board or Board staff.

13. **If during the pendency of this matter Respondent fails to renew his license, the license shall not expire but rather be automatically suspended until such time as Respondent files for renewal.**

14. The probationary term imposed by this Order shall not terminate unless and until Respondent submits a written request to the Board seeking termination of his probation, and provide written proof of completion of the requirements of this Agreement and Order. Respondent shall appear before the Board at a regularly scheduled Board meeting approximately one year after the effective date of this Order to request that the probation imposed by this Order be terminated. Respondent's failure to petition the Board to terminate the probation shall extend the probation period. Whether to lift/terminate the probation is within the sole discretion of the Board.

15. Failure to comply with any provision of this Consent Agreement is an act of unprofessional conduct pursuant to A.R.S. §32-1901.01(C)(16), which is violating a formal order, terms of probation, a consent agreement or a stipulation issued or entered into by the Board.

16. If Respondent violates this Order in any way or fails to fulfill the requirements of this Order, the Board, after giving the Respondent notice and the opportunity to be heard, may revoke, suspend or take other disciplinary actions against Respondent's license. The issue at such a hearing will be limited solely to whether this Order has been violated.

BOARD ACCEPTS, SIGNS AND DATES THIS CONSENT AGREEMENT

Dated this 28th day of June, 2024.

By: _____
KAMLESH GANDHI, PharmD
Executive Director
Arizona State Board of Pharmacy

ORIGINAL of the foregoing filed this 28th day of June, 2024 with:

Arizona State Board of Pharmacy
1110 W. Washington St., Ste. 260
Phoenix, Arizona 85007

EXECUTED COPY OF THE FOREGOING MAILED BY ELECTRONIC, REGULAR AND CERTIFIED MAIL this 28th day of June, 2024, to:

Fernando Esteban Frias Hernandez
[redacted]
Phoenix, AZ [redacted]
[redacted]@yahoo.com

EXECUTED COPY OF THE FOREGOING E-MAILED this 28th day of June, 2024 to:

Jeanne M. Galvin
Seth T. Hargraves
Assistant Attorney General
2005 N. Central Ave, SGD/LES
Phoenix, Arizona 85004
Attorneys for the State
LicensingEnforcement@azag.gov

JMitchell
Doc #12091196

RICHARD J. CODEY
Acting Governor

New Jersey Office of the Attorney General

Division of Consumer Affairs
Board of Pharmacy
124 Halsey Street, 6th Floor, Newark, NJ 07102

PETER C. HARVEY
Attorney General

KIMBERLY S. RICKETTS
Director

Mailing Address:
P.O Box 45013
Newark, NJ 07101
(973) 504-6450

October 4, 2005

By Certified and Regular Mail

Manal Arafat
Duane Reade
707 Broad Street
Newark, NJ 07102-4101

Re: Complaint [redacted]
33909

Dear Ms. Arafat:

This letter is to advise you that the New Jersey State Board of Pharmacy (the "Board") has had an opportunity to review information concerning your practice of pharmacy following an investigation that uncovered the following infractions of the law and regulations:

The Board determined to fine you, the dispensing pharmacist, $200.00, for the medication error. In addition, you must complete two (2) Board approved continuing education modules on medication errors. The completion of these modules will not be considered as part of the biennial continuing education requirment.

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:

pay a penalty in the amount of $200.00 (to be paid immediately upon your signing of the acknowledgment at the bottom of this letter), and **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 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.

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 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, R.Ph.
Executive Director

cc: Marianne Greenwald, Deputy Attorney General
Frank Manicone, Pharmacy Operations

CERTIFIED MAIL/C.R.R.R.
005 0390 0000 7172 3956

005 0390 0000 7172 3963

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

GURBIR S. GREWAL
Attorney General

PAUL R. RODRÍGUEZ
Acting Director

Mailing Address:
P.O. Box 45013
Newark, NJ 07101
(973) 504-6450

October 18, 2018

Manal Arafat
[redacted]

Dear Manal Arafat:

Enclosed is the Uniform Penalty Letter regarding Consumer Complaint # 38909 dated October 4, 2005.

The licensee holder of license # 28RI02978500 has paid all fines associated with this consumer complaint and has submitted a letter of corrective action. The Board reviewed the licensee's response and determined that the issue had been resolved to the Board's satisfaction and considers the matter closed.

At all times, the pharmacist's license was active and in good standing.

Sincerely,

Anthony Rubinaccio, R. Ph.

Anthony Rubinaccio, R.Ph.
Executive Director

AR/me

BEFORE THE BOARD OF PHARMACY
OF THE STATE OF OREGON

In the Matter of the Pharmacist License Application of	)	Case No. 2015-0258
KEVIN LINH NGUYEN	)	CONSENT ORDER
Applicant	)	

WHEREAS, the Board of Pharmacy of the State of Oregon has filed a Notice of Proposed License Denial; Answer Required ("Notice"), hereby incorporated by reference, regarding the applicant in the above-captioned matter; and

WHEREAS, the above-noted Notice was duly served on the applicant as required by law; and

WHEREAS, the parties are desirous of resolving and settling those matters contained in the above-noted Notice without further proceedings thereon; and

WHEREAS, the applicant is aware of the right to a hearing with the assistance of counsel and the right to judicial review of the Board's decision, and hereby freely and voluntarily waives those rights; and

WHEREAS, the applicant admits that the facts alleged in the above-noted Notice are true, that the applicant's conduct, as admitted, violated the statutes and rules cited in the Notice, and that legal cause exists pursuant to ORS 689.405 for refusal to issue a pharmacist license by the Board; and

WHEREAS, the Board is authorized to settle matters pursuant to ORS 183.417(3) and the Board and applicant agree to the terms set forth in this Consent Order;

The Board finds that the allegations in the Notice are true and hereby grants applicant's license with conditions.

1. Licensee shall pay a civil penalty in the amount of $1,000 with $850 stayed pending compliance with the terms of this Consent Order and no further violation for three (3) years. The $150 civil penalty shall be paid within ten days from the date this Consent Order becomes final.

2. Licensee shall earn and submit continuing education (CE) certificates for three (3) hours of CE in the area of pharmacy law or ethics within 10 days from the date this Consent Order becomes final. The continuing education hours earned in regards to this case are in addition to the CE required by pharmacists for renewal and are not eligible for renewal purposes. Licensee shall submit certificates of completion to the Board office by certified mail (or other

method approved by the Board in writing) and retain receipt of verification of delivery to the Board office.

3. Failure of the licensee to comply with all the requirements of the final order in this matter constitutes failure to cooperate with the Board and is grounds for revocation or any other form of discipline or sanction authorized by law.

CONSENT

I hereby acknowledge that I have read and understand the above-noted Notice and the terms of the Consent Order. I hereby acknowledge that I understand that the Consent Order with incorporated Notice is a public record and shall be available via the Board's online licensure verification; is available upon written request pursuant to public disclosure laws; and shall be reported to the National Practitioner Data Bank as required by federal law. I agree to the Board entering the Consent Order.

Kevin Linh Nguyen, Applicant — Date 6/25/15

IT IS SO ORDERED.

BOARD OF PHARMACY
FOR THE STATE OF OREGON

Gary Miner, R.Ph.
Compliance Director — Date 6/29/15

BEFORE THE BOARD OF PHARMACY
OF THE STATE OF OREGON

In the Matter of the Pharmacist License Application of	)	Case No. 2015-0258
KEVIN LINH NGUYEN	)	NOTICE OF PROPOSED LICENSE DENIAL; ANSWER REQUIRED
Applicant	)	

The Oregon Board of Pharmacy proposes to deny your pharmacist license application, and impose a civil penalty pursuant to ORS 689.445, ORS 689.832, and ORS 689.405 because you violated the Oregon Pharmacy Act and the Board of Pharmacy rules as follows:

On or about 4/8/2015, you made fraudulent statements or misrepresented the facts submitted to the Oregon Board of Pharmacy during the course of applying for licensure as a pharmacist. The Board of Pharmacy license application you completed requires that you respond fully and truthfully to questions. A question asked whether you have ever been cited, arrested for, charged with or convicted of the commission of any crime, offense or violation of the law in any state or by the Federal Government even if those charges were dismissed, to which you responded No. You were required to explain the circumstances in detail to any affirmative responses. You hand wrote on the form that you had "...never been arrested or cited for, charged with nor convicted of the commission of any crime, offense or violation of the law in any state or by the federal government." You signed the application certifying that you read the application and all information provided was true and correct and were aware that providing false information is grounds for denial of a license.

You failed to report that on or about 11/16/1995 you were arrested by the Travis County Sheriff's Office (TX) on the charge of Theft.

The above conduct is unprofessional conduct as defined by OAR 855-006-0005(28)(j) and (k) and in violation of and grounds for discipline pursuant to OAR 855-019-0310(1) and (7), OAR 855-001-0035, ORS 162.085, and ORS 689.405(1)(a), (e)(B) and (f).

Based on these alleged violations, the Board proposes to deny your pharmacist license application and impose a $1,000 civil penalty per violation.

HEARING RIGHTS

You are entitled to a hearing as provided by the Administrative Procedures Act (ORS chapter 183). If you wish to have a hearing, you must file a written request for hearing with the Board within 60 days from the date this notice was mailed. You may send or deliver a request for hearing to:

Oregon Board of Pharmacy
800 NE Oregon Street, Suite 150
Portland, OR 97232
Fax (971) 673-0002

If a request for hearing is not received within this 60-day period, your right to a hearing shall be considered waived.

If you request a hearing, you will be notified of the time and place of the hearing. Before the commencement of the hearing, you will be given information on the procedures, right of representation and other rights of parties relating to the conduct of the hearing. You may be represented by legal counsel.

If you do not request a hearing within 60 days, or if you withdraw a hearing request, notify the Board or Administrative Law Judge that you will not appear, or fail to appear at a scheduled hearing, the Board may issue a final order by default imposing discipline. If the Board issues a final order by default, it designates its file on this matter as the record.

Notice to Active Duty Servicemembers: Active duty servicemembers have a right to stay these proceedings under the federal Servicemembers Civil Relief Act. For more information contact the Oregon State Bar at 1-800-452-8260, the Oregon Military Department at 1-800-452-7500 or the nearest United States Armed Forces Legal Assistance Office through http://legalassistance.law.af.mil.

ANSWER REQUIRED

Pursuant to OAR 855-001-0010 and OAR 855-001-0015, if you request a hearing you must also provide, within 60 days from the date this document was served, a written answer to the allegations set forth in this document. Your written answer must include an admission or denial of each factual matter alleged in the notice. Except for good cause, factual matters alleged in this document and not denied in your answer will be presumed admitted.

Hearing Request and Answers:
Consequences of Failure to Answer
855-001-0015

(1) A hearing request, and answer when required, shall be made in writing to the Board by the party or his attorney and an answer shall include the following:

(a) An admission or denial of each factual matter alleged in the notice;

(b) A short and plain statement of each relevant affirmative defense the party may have.

(2) Except for good cause;

(a) Factual matters alleged in the notice and not denied in the answer shall be presumed admitted;

(b) Failure to raise a particular defense in the answer will be considered a waiver of such defense;

(c) New matters alleged in the answer (affirmative defenses) shall be presumed to be denied by the agency; and

(d) Evidence shall not be taken on any issue not raised in the notice and the answer.

BOARD OF PHARMACY
FOR THE STATE OF OREGON

Gary Miner, R.Ph.,
Compliance Director

6/11/15
Date

DATE OF MAILING 6/11/2015

AGREED BOARD ORDER #L-16-022

RE: IN THE MATTER OF
KEVIN LINH NGUYEN
(PHARMACIST LICENSE #40176)

BEFORE THE TEXAS STATE
BOARD OF PHARMACY

On this day came on to be considered by the Texas State Board of Pharmacy (Board) the matter of pharmacist license number 40176 issued to Kevin Linh Nguyen (Respondent).

By letter dated August 3, 2016, the Board gave preliminary notice to Respondent of its intent to take disciplinary action. This action was taken as a result of an investigation which produced evidence indicating that Respondent may have violated:

> Sections 565.001(a)(1), (2), (12) and (16); and 565.001(b) of the Texas Pharmacy Act, TEX. OCC. CODE ANN. Title 3, Subtitle J (2015); and
>
> Section 281.7(a)(13) of the Texas Pharmacy Board Rules, 22 TEX. ADMIN. CODE (2016), as alleged in the Count below.

The conduct described in the Consent Order of the Oregon Board of Pharmacy is substantially similar to conduct described in:

> Section 565.001(a)(1), (2), (5) and (12) of the Texas Pharmacy Act, TEX. OCC. CODE ANN. Title 3, Subtitle J (2013); and
>
> Sections 281.7(a)(21); and 281.7(c)(3) of the Texas Pharmacy Board Rules, 22 TEX. ADMIN. CODE (2015).

COUNT

On or about June 29, 2015, the Oregon Board of Pharmacy entered a Consent Order in the matter of the pharmacist license application of Kevin Linh Nguyen. The Order was based on allegations contained in a Notice of Proposed License Denial; Answer Required that on his April 2015 application for licensure, Mr. Nguyen falsely indicated that he had not been arrested for any offense, when he was arrested on or about November 16, 1995, for Theft in Travis County, Texas. The Order granted the license, imposed a $250 penalty, and required three hours of continuing education.

By letter dated August 3, 2016, Respondent was notified that the matters previously set out in this Order could be disposed of without the scheduling of an informal conference or a formal administrative hearing. By signing this Order, Respondent neither admits nor denies the truth of the matters previously set out in this Order, and agrees that the Board has jurisdiction in

this matter and waives the right to informal conference, notice of hearing, formal administrative hearing, and judicial review of this Order.

The parties acknowledge that this Order resolves the allegations set forth herein, and agree to the terms and conditions set forth in the ORDER OF THE BOARD below.

ORDER OF THE BOARD

THEREFORE, PREMISES CONSIDERED, the Board does hereby ORDER that Respondent's license is reprimanded.

And it is so ORDERED.

THIS ORDER IS A PUBLIC RECORD.

SIGNED AND ENTERED ON THIS 1st day of November, 2016.

MEMBER, TEXAS STATE BOARD OF PHARMACY

ATTEST:

Gay Dodson, R.Ph., Executive Director/Secretary
Texas State Board of Pharmacy

APPROVED AS TO FORM AND AGREED TO:

Kevin Linh Nguyen, R.Ph.

APPROVED AS TO FORM:

Kerstin Arnold, General Counsel
Texas State Board of Pharmacy

REMEDIAL PLAN #H-17-047-A

RE: IN THE MATTER OF
PHONGPHU ALEX DANG
(PHARMACIST LICENSE #49465)

BEFORE THE TEXAS STATE
BOARD OF PHARMACY

On this day came on to be considered by the Texas State Board of Pharmacy (Board) the matter of pharmacist license number 49465 issued to Phongphu Alex Dang (Respondent).

By letter dated April 18, 2018, the Board gave preliminary notice to Respondent of its intent to take disciplinary action. This action was taken as a result of an investigation which produced evidence indicating that Respondent may have violated the applicable law set forth below. An informal conference was held in the Board's office on June 5, 2018, with Respondent, and Dan Lype, Legal Counsel for Respondent, in attendance. The informal conference was heard by Board Member: Dennis F. Wiesner, R.Ph.; with Kerstin Arnold, General Counsel. Bhavesh Modi, Staff Attorney, was also in attendance.

BOARD HISTORY

Respondent has not previously been offered a Remedial Plan and has not been the subject of disciplinary action with the Board.

FINDINGS

1. On or about July 7, 2017, Phongphu Alex Dang, while acting as an employee (staff pharmacist) of Walgreens #7592, 802 East Pioneer Parkway, Grand Prairie, Texas 75051, dispensed memantine 5mg tablets to patient A.C., a 17-year-old with Down syndrome and Graves' disease, on a refill of a prescription calling for methimazole 5mg tablets. The prescription was dispensed in the manufacturer's stock bottle labeled as memantine 5mg tablets, but the prescription label that was affixed to the bottle indicated that 60 methimazole 5mg tablets had been dispensed. The prescription label instructed patient A.C. to "take 1 tablet by mouth twice daily." Patient A.C. was administered the wrong drug for approximately 20 days before the error was identified by patient A.C.'s physician and experienced adverse effects, including elevated thyroid levels, weight loss, and restlessness. The prescription was assigned prescription number 1252850.

2. Respondent does not admit or deny the Finding(s) and Applicable Law contained herein but, rather, has agreed to settle in good faith to avoid the cost, expense, and uncertainty of litigation.

MITIGATING FACTOR

Respondent cooperated in the investigation of the allegations that resulted in this Remedial Plan.

APPLICABLE LAW

1. The Board has jurisdiction over the subject matter and Respondent pursuant to Texas Pharmacy Act, TEX. OCC. CODE ANN. Title 3, Subtitle J (2017).

2. The Board is authorized to take disciplinary action for a violation of Section 565.001(a)(1), (2), (12) and (13) of the Texas Pharmacy Act, TEX. OCC. CODE ANN. Title 3, Subtitle J (2015); Sections 281.7(a)(12), (13) and (29)(A); 291.31(1), (15), (16) and (17); 291.32(c)(1)(E) and (F); 291.32(c)(2)(C) and (D); and 295.3(b) of the Texas Pharmacy Board Rules, 22 TEX. ADMIN. CODE (2017); and Sections 431.003; 431.021(a), (b) and (r); and 431.112(a)(1) of the Texas Food, Drug, and Cosmetic Act, TEX. HEALTH & SAFETY CODE ANN. (2015).

3. Section 565.060 of the Texas Pharmacy Act, TEX. OCC. CODE ANN. Title 3, Subtitle J (2017), and Section 281.68 of the Texas Pharmacy Board Rules, 22 TEX. ADMIN. CODE (2018), authorize the Board to resolve this matter with a Remedial Plan.

REMEDIAL PLAN TERMS

1. This Remedial Plan shall be in effect from the date of entry of the Plan and shall terminate five (5) years after the date of entry. Respondent agrees to comply with the terms set forth herein for the duration of the Plan.

2. Respondent shall obtain fifteen (15) hours of continuing education, which shall be in addition to the hours of continuing education required for renewal. Respondent shall submit proof of completion of the continuing education hours to Board staff within one (1) year after the entry of this Remedial Plan. All continuing education must be in compliance with the continuing education requirements set forth in the Texas Pharmacy Board Rules, and must be completed after the entry of this Remedial Plan and before one (1) year after the entry of this Remedial Plan.

3. Respondent shall submit written documentation of modifications implemented by Respondent to improve Respondent's practice of pharmacy to prevent dispensing errors and ensure proper drug regimen review. Such report shall be due one hundred twenty (120) days after the Remedial Plan is entered by the Board.

4. Respondent shall pay a Remedial Plan fee of one thousand dollars ($1,000) due one hundred twenty (120) days after the Remedial Plan is entered by the Board.

5. Respondent shall be responsible for all costs relating to compliance with the requirements of this Remedial Plan.

6. Respondent shall allow Board staff to directly contact Respondent on any matter regarding the enforcement of this Remedial Plan.

RESPONDENT HAS READ AND UNDERSTANDS THE FOREGOING REMEDIAL PLAN. RESPONDENT UNDERSTANDS THAT BY SIGNING, RESPONDENT WAIVES CERTAIN RIGHTS. RESPONDENT SIGNS IT VOLUNTARILY. RESPONDENT UNDERSTANDS THIS REMEDIAL PLAN IS A FINAL, NON-APPEALABLE AGREEMENT THAT CONTAINS THE ENTIRE AGREEMENT, AND THERE IS NO OTHER AGREEMENT OF ANY KIND, VERBAL, WRITTEN, OR OTHERWISE. RESPONDENT UNDERSTANDS AND AGREES THAT ANY VIOLATION OF THE REMEDIAL PLAN WILL RESULT IN THE RE-INSTITUTION OF DISCIPLINARY ACTION.

And it is so ORDERED.

THIS REMEDIAL PLAN IS A PUBLIC RECORD.
THIS REMEDIAL PLAN IS NON-DISCIPLINARY.

SIGNED AND ENTERED ON THIS 7th day of August, 2018.

Dat Wine R.Ph.

MEMBER, TEXAS STATE BOARD OF PHARMACY

ATTEST:

Allison Vordenbaumen Benz, R.Ph., M.S.
Executive Director/Secretary
Texas State Board of Pharmacy

APPROVED AS TO FORM AND AGREED TO:

Phongphu Alex Dang, R.Ph

Dan Lype, Legal Counsel for Phongphu Alex Dang
Leichter Law Firm
1602 East 7th Street
Austin, Texas 78702

APPROVED AS TO FORM:

Kerstin Arnold, General Counsel
Texas State Board of Pharmacy

S:\Attorneys\PNLs 0118 - 1218\Dang, Phongphu Alex\Dang, Phongphu Alex_RP_Entity 162441.docx

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Attorneys for the Arizona State Board of Pharmacy

BEFORE THE ARIZONA STATE BOARD OF PHARMACY

In the Matter of **WESLEY MONTGOMERY** Holder of License No T009712 As a Pharmacy Technician In the State of Arizona	Board Case No. 21-0594 **CONSENT AGREEMENT FOR CIVIL PENALTY, CONTINUING EDUCATION AND AUDIT**

In the interest of a prompt and judicious settlement of this case, consistent with the public interest, statutory requirements and the responsibilities of the Arizona State Board of Pharmacy ("Board") under A.R.S. § 32-1901, *et. seq.* Wesley Montgomery ("Respondent"), holder of certificate T009712 as a Pharmacy Technician in the State of Arizona and the Board enter into the following Recitals, Findings of Fact, Conclusions of Law and Order ("Consent Agreement") as a final disposition of this matter.

RECITALS

1. Respondent has read and understands this Consent Agreement and has had the opportunity to discuss this Consent Agreement with an attorney, or has waived the opportunity to discuss this Consent Agreement with an attorney.

2. Respondent understands that he has a right to a public administrative hearing concerning this matter at which hearing he could present evidence and cross examine witnesses. By entering into this Consent Agreement, Respondent knowingly and voluntarily relinquishes all right to such an administrative hearing, as well as rights of rehearing, review, reconsideration, appeal, judicial review or any other administrative and/or judicial action, concerning the matters set forth herein.

3. Respondent affirmatively agrees that this Consent Agreement shall be irrevocable.

4. Respondent understands that this Consent Agreement or any part of the agreement may be considered in any future disciplinary action by the Board against him.

5. Respondent understands this Consent Agreement deals with Case No. 21-0594 involving allegations of unprofessional conduct against Respondent. The investigation into these allegations against respondent shall be concluded upon the Board's adoption of this Consent Agreement.

6. Respondent acknowledges and agrees that the acceptance of this Consent Agreement is solely to settle this Board matter and does not preclude the Board from instituting other proceedings as may be appropriate now or in the future.

7. Respondent understands that this Consent Agreement does not constitute a dismissal or resolution of any other matters currently pending before the Board, if any, and does not constitute any waiver, express or implied, of the Board's statutory authority or jurisdiction regarding any other pending or future investigation, action or proceeding.

8. Furthermore, and notwithstanding any language in this Consent Agreement, this Consent Agreement does not preclude in any way any other state agency or officer or political subdivision of this state from instituting proceedings, investigating claims, or taking legal action as may be appropriate now or in the future relating to this matter other matters concerning Respondent, including violations of Arizona's Consumer Fraud Act.

Respondent acknowledges that, other than with respect to the Board, this Consent Agreement makes no representations, implied or otherwise, about the views or intended actions of any other state agency or officer or political subdivision of the state relating to this matter or other matters concerning Respondent.

9. Respondent acknowledges and agrees that, upon signing this Consent Agreement and returning this document to the Board's Executive Director, he may not revoke acceptance of the Consent Agreement or make any modifications to the document regardless of whether the Consent Agreement has been signed by the Executive Director. Any modification to this original document is ineffective and void unless mutually agreed by the parties in writing.

10. This Consent Agreement is subject to the approval of the Board and is effective only when accepted by the Board and signed by the Executive Director. In the event that the Board does not approve this Consent Agreement, it is withdrawn and shall be of no evidentiary value and shall not be relied upon nor introduced in any action by any party, except that the parties agree that should the Board reject this Consent Agreement and this case proceeds to hearing, Respondent shall assert no claim that the Board was prejudiced by its review and discussion of this document or any records relating thereto.

11. If a court of competent jurisdiction rules that any part of this Consent Agreement is void or otherwise unenforceable, the remainder of the Consent Agreement shall remain in full force and effect.

12. Respondent understands that this Consent Agreement is a public record that may be publicly disseminated as a formal action of the Board and may be reported as required by law to the National Practitioner Data Bank and the Healthcare Integrity and Protection Data Bank.

13. The parties understand and agree that Portable Document Format and facsimile copies of this Consent Agreement including Portable Document Format (PDF) and facsimile signatures thereto, shall have the same force and effect as the originals.

14. Respondent understands that any violation of this Consent Agreement constitutes unprofessional conduct and may result in disciplinary action. A.R.S. §§ 32-1901.01(C)(16) and A.R.S. §32-1927.01(A)(1).

15. Respondent agrees that the Board will adopt the following Findings of Fact, Conclusions of Law and Order.

ACCEPTED AND AGREED BY RESPONDENT

Dated: 11/22/21

Wesley Montgomery
Pharmacy Technician

FINDINGS OF FACT

1. The Board is the duly constituted authority for licensing and regulating the practice of pharmacy in the State of Arizona.

2. Respondent is the holder of certificate number T009712 as a Pharmacy Technician.

3. Pursuant to A.R.S. § 32-1925(H), the board shall not renew a license for a pharmacy technician unless that person has complied with the board-approved mandatory continuing professional education requirements.

4. Pursuant to A.A.C. R4-23-1106(A)(1), during the two years preceding an application for renewal, a pharmacy technician is required to participate in 20 contact hours (2.0 CEUs) of continuing education activity sponsored by a Board Approved Provider.

5. Pharmacy technicians are required to maintain records that verify the continuing education activities that the technician participated in during the preceding five years; attest to the number of CEUs the technician participated in during the renewal period on the biennial renewal form; and submit proof of the continuing education participation to the Board within 20 days of request. A.A.C. R4-23-1106(C).

6. The Board shall deem the failure to comply with the continuing education requirements as unprofessional conduct and grounds for disciplinary action. A.A.C. R4-23-1106(D).

7. On or about October 1, 2020, Respondent filed his application for license renewal, certifying that he had complied with the continuing education requirements set forth in A.R.S. §§ 32-1925, 32-3248.02 and A.A.C R4-23-1106, including the pharmacy law and opioid-related, substance use disorder-related or addiction-related continuing education requirements. In doing so, Respondent was attesting that he had completed the required twenty (20) continuing education (CE) hours during the renewal period.

8. On or about October 12, 2021, the Board staff conducted a continuing education audit that included Respondent (licensees are selected at random).

9. Prior to reaching out to Respondent, the Board staff reviewed the CPE Monitor and discovered that Respondent had completed zero (0) of the required 20 hours of continuing education during the audit time period.

10. Board staff sent Respondent an email on October 12, 20201, asking that he provide information showing completion of the required CE by November 1, 2021. No response was received.

11. Staff again reached out to Mr. Montgomery on October 27, 2021, again seeking proof of his completion of the required CEs. Respondent submitted documentation of CEs that were completed outside of the audit time period. When Board

staff asked Respondent to submit current CEs for the audit period, Respondent failed to respond.

12. Upon information and belief, Respondent was short all twenty (20) CE hours required for renewal of a pharmacy technician license.

CONCLUSIONS OF LAW

1. The Board possesses jurisdiction over the subject matter and over Respondent pursuant to A.R.S. § 32-1901 *et seq.*

2. The Board may discipline a pharmacy technician who has engaged in unprofessional conduct. A.R.S. § 32-1927.01(A)(1), which allows the board to discipline a pharmacy technician for committing unprofessional conduct that includes violating any federal or state law, rule or regulation relating to the practice of pharmacy.

3. The conduct and circumstances described above constitutes unprofessional conduct pursuant to A.R.S. § 32-1901.01(C)(3) "Obtaining or attempting to obtain a pharmacy technician or pharmacy technician license or a pharmacy technician license renewal by fraud, by misrepresentation or by knowingly taking advantage of the mistake of another person or an agency."

4. The conduct and circumstances described above constitutes unprofessional conduct pursuant to A.R.S. § 32-1901.01(C)(5) "Failing to comply with the mandatory continuing professional education requirements of section 32-1925, subsection H and rules adopted by the board."

5. The conduct and circumstances described above constitutes unprofessional conduct pursuant to A.R.S. § 32-1901.01(C)(13) "Knowingly filing with the board any application, renewal or other document that contains false or misleading information."

6. The conduct and circumstances described above constitutes unprofessional conduct pursuant to A.R.S. § 32-1901.01(C)(14) "Providing false or misleading

information or omitting material information in any communication to the board or the board's employees or agents."

7. The conduct and circumstances described above constitutes unprofessional conduct pursuant to A.R.S. § 32-1901.01(C)(15) "Violating or attempting to violate, directly or indirectly, or assisting in or abetting in the violation of, or conspiring to violate, this chapter.", specifically as it relates to A.R.S. § 32-1925.

ORDER

Based upon the above Findings of Fact and Conclusions of Law, IT IS HEREBY ORDERED THAT:

1. Respondent shall pay to the Board as a civil penalty the sum of Five Hundred **($500.00 [$25.00 per deficient CE hour])**. The civil penalty shall be paid in full to the Board within **ninety (90) days** of the effective date of this Consent Agreement and Order. The effective date of this Consent Agreement is the date it is signed by the Board's Executive Director.

2. In addition, Respondent shall complete a total of **thirty (30) continuing education hours for the next renewal period ending October 31, 2022.**

3. Respondent is also subject to a mandatory audit of his continuing education requirements for the 2020-2022 renewal cycle.

4. **IF RESPONDENT FAILS TO TIMELY COMPLY WITH THIS CONSENT AGREMENT AND ORDER, THE MATTER SHALL BE REFERRED TO FORMAL HEARING FOR THE SUSPENSION OR REVOCATION OF HIS LICENSE.** Failing to abide by this Consent Agreement and Order is a violation of A.R.S. §32-1901.01(C)(16), which is violating a formal order, terms of probation, a consent agreement or a stipulation issued or entered into by the board it its executive director. The issue at such a hearing will be limited solely to whether this Order has been violated.

5. Respondent understands that this Consent Agreement is a public record that may be publicly disseminated as a formal action.

DATED this 8th day of December, 2021.

ARIZONA STATE BOARD OF PHARMACY

By: _____
KAMLESH GANDHI, PharmD
Executive Director

ORIGINAL OF THE FORGOING FILED
this 8th day of December, 2021 with:

Arizona State Board of Pharmacy
1616 W. Adams Street
Phoenix, Arizona 85007

EXECUTED COPY OF THE FOREGOING MAILED
BY CERTIFIED MAIL
this 8th day of December, 2021, to:

Wesley Montgomery
[redacted]

EXECUTED COPY OF THE FOREGOING EMAILED
this 8th day of December, 2021, to:

Jeanne Galvin
Seth T. Hargraves
Arizona Attorney General's Office
2005 N. Central Ave. – SGD/LES
Phoenix, AZ 85004
LicensingEnforcement@azag.gov
Attorneys for the Board

JMitchell

Doc #9964535

TEXAS STATE BOARD OF PHARMACY

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Executive Director/Secretary
Austin

November 9, 2004

James Kyle Cooley
[redacted]

RE: In the Matter of James Kyle Cooley

Dear Mr. Cooley:

Enclosed is a copy of Agreed Board Order (ABO) #T-04-382 that was entered by the Texas State Board of Pharmacy (TSBP) concerning the above-referenced matter. TSBP entered this Order on September 24, 2004. The requirements and conditions of the enclosed Order and matters relating to the Order are discussed below.

GRANTING OF TEXAS PHARMACY TECHNICIAN REGISTRATION

Under the terms of ABO #T-04-382, Texas Pharmacy Technician Registration (#119555) was granted to you because you:

(1) successfully completed the requirements of registration as set forth in the Texas Pharmacy Act, TEX. OCC. CODE ANN. Subtitle J (Vernon 2003) and the Texas Pharmacy Rules of Procedure, 22 TEX. ADMIN. CODE (2004); and

(2) provided documentation to TSBP from a mutually acceptable mental health professional (MHP) that stated you were not physiologically or psychologically alcohol or drug dependent, did not have an incapacity of a nature that would prevent you from practicing as a pharmacy technician with reasonable skill, competence and safety to the public, and were able to practice as a pharmacy technician without posing a threat to yourself or the public.

With regard to the documentation described in (2) above, TSBP received this documentation on October 5, 2004, from Jan K. McCutchin, NCACII, LCDC. Subsequently, pharmacy technician registration #119555 was issued to you on October 20, 2004.

AGREED BOARD ORDER #T-04-382

RE: IN THE MATTER OF JAMES KYLE COOLEY (APPLICANT FOR PHARMACY TECHNICIAN REGISTRATION #119555)

BEFORE THE TEXAS STATE BOARD OF PHARMACY

On this day came on to be considered by the Texas State Board of Pharmacy (hereinafter referred to as "TSBP") the matter of pharmacy technician registration number 119555 issued to James Kyle Cooley, (hereinafter referred to as "Applicant").

The TSBP gave preliminary notice to Applicant of its intent to take disciplinary action with respect to Applicant's pharmacy technician registration as a result of information received by the TSBP which produced evidence indicating that Applicant may have violated:

(1) Section 568.003(a)(5) of the Texas Pharmacy Act, TEX. OCC CODE ANN. Subtitle J (2003), in that, allegedly, on or about April 8, 1998, Applicant was convicted of the misdemeanor offense of Driving While Intoxicated.

(2) Section 568.003(a)(5) of the Texas Pharmacy Act, TEX. OCC CODE ANN. Subtitle J (2003), in that, allegedly, on or about November 30, 1999, Applicant was convicted of the misdemeanor offense of Driving While Intoxicated.

An informal conference was held in the office of the Texas State Board of Pharmacy on September 15, 2004, with Applicant in attendance. The informal conference was heard by a Board panel.

At the aforementioned conference, Applicant waived Applicant's right to be represented by legal counsel. By Applicant's appearance at the informal conference and by

Applicant's signature on this Order, Applicant agrees that the Texas State Board of Pharmacy has jurisdiction in this matter and does hereby waive Applicant's right to legal counsel, to notice of hearing, to a formal administrative hearing, and to judicial review of this Order.

After discussion of the matters previously outlined in this Order, and subsequent communications, Applicant agreed to the entry of an Order disposing of the need for further disciplinary action in this matter. By Applicant's signature on this Order, Applicant neither admits nor denies the truth of the matters previously set out in this Order with respect to the above alleged violations.

Applicant understands that any failure to comply with the terms of this Order is a basis for discipline under the Texas Pharmacy Act.

Should this Order not be accepted by the TSBP, it is agreed that neither the presentation of the Order to the TSBP nor the TSBP's consideration of the Order, will be deemed to have unfairly or illegally prejudiced the TSBP or its individual members and, therefore, will not be grounds for precluding the TSBP or any individual member of the TSBP from further participation in proceedings related to the matters set forth in the Order.

At the conclusion of the aforementioned conference, and subsequent communications, the parties agreed to the entry of the ORDER OF THE BOARD set forth below.

ORDER OF THE BOARD

THEREFORE, PREMISES CONSIDERED, the TSBP does hereby ORDER that a Texas pharmacy technician registration shall be granted after Applicant successfully

completes the requirements of registration as set forth in the Texas Pharmacy Act, TEX. OCC. CODE ANN. Subtitle J (Vernon 2003) and the Texas Pharmacy Rules of Procedure, 22 TEX. ADMIN. CODE (2004), and after written documentation is provided by a mutually acceptable mental health professional which states that Applicant is not physiologically or psychologically alcohol or drug dependent, does not have an incapacity of a nature that would prevent Applicant from practicing as a pharmacy technician with reasonable skill, competence and safety to the public, and is able to practice as a pharmacy technician without posing a threat to Applicant or the public. If Applicant has not completed the requirements within ninety (90) days after the entry of this Order, the pharmacy technician registration application shall be DENIED.

It is finally ORDERED that failure to comply with any of the terms and conditions in this Order constitutes a violation and shall be grounds for further disciplinary action against the Texas technician registration held by Applicant.

And it is so Ordered.

THIS ORDER IS A PUBLIC RECORD.

SIGNED AND ENTERED ON THIS 24th day of September, 2004.

W Michael Brimberg RR
MEMBER, TEXAS STATE BOARD OF PHARMACY

ATTEST:

Gay Dodson, R.Ph., Executive Director/Secretary
Texas State Board of Pharmacy

APPROVED AS TO FORM AND AGREED TO:

James Kyle Cooley
James Kyle Cooley

Kerstin E. Arnold, General Counsel
Texas State Board of Pharmacy

STATE OF ILLINOIS
DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION
DIVISION OF PROFESSIONAL REGULATION

DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION of the State of Illinois DIVISION OF PROFESSIONAL REGULATION, Complainant	)	
v.	)	No. 2016-04570
WALGREENS SPECIALTY PHARMACY LLC, Walgreens Specialty Pharmacy #15443 License No. 054.017539, Walgreens Specialty Pharmacy #12314 License No. 054.017548, Walgreens Specialty Pharmacy #15438 License No. 054.017538, Respondents.	)	

ORDER

This matter having come before the Acting Director of the Division of Professional Regulation of the Illinois Department of Financial and Professional Regulation following the filing of a formal complaint against Walgreens Specialty Pharmacy #15443, Walgreens Specialty Pharmacy #12314, and Walgreens Specialty Pharmacy #15438 (hereinafter "Respondents") and said complaint being sent by email to Respondents' email addresses of record on or about January 11, 2019; Respondents having been ordered to file an answer or be held in default on February 25, 2019; Respondents having failed to answer the complaint and being held in default on March 25, 2019; the Illinois State Board of Pharmacy (hereinafter "Board") having deliberated this matter and issued a report containing certain findings of fact, conclusions of law, and a recommendation to the Director, and that report and a 20 Day Notice having been sent to Respondents' email addresses of record on May 17, 2019; Respondents having failed to reply within 20 days of the notice; and all due notice having been given:

Now therefor, I, Cecilia Abundis, Acting Director of the Division of Professional Regulation of the Illinois Department of Financial and Professional Regulation, after reviewing this matter and the documents attached hereto and referenced herein, do hereby adopt the Findings of Fact, Conclusions of Law, and Recommendation of the Board;

It is therefore ordered that Respondents Walgreens Specialty Pharmacy #15443, license no. 054.017539, Walgreens Specialty Pharmacy #12314, license no. 054.017548, and Walgreens Specialty Pharmacy #15438, license no. 054.017538, are each individually assessed a fine of two thousand dollars ($2,000.00).

DATED THIS 19th day of December, 2019.

ILLINOIS DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION
SECRETARY DEBORAH HAGAN

Acting Director Cecilia Abundis
Division of Professional Regulation

Case No. 2016-05470
License No. 054.017539
054.017548
054.017538

STATE OF ILLINOIS
DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION
DIVISION OF PROFESSIONAL REGULATION

DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION, DIVISION OF PROFESSIONAL REGULATION of the State of Illinois, Complainant	)	
v.	)	No. 2016-04570
WALGREENS SPECIALTY PHARMACY LLC Walgreens Specialty Pharmacy #15443, License No. 054.017539, Walgreens Specialty Pharmacy #12314, License No. 054.017548, Walgreens Specialty Pharmacy #15438, License No. 054.017538, Respondents.	)	

FINDINGS OF FACT, CONCLUSIONS OF LAW AND RECOMMENDATION TO THE DIRECTOR

Now comes the Illinois Board of Pharmacy of the Division of Professional Regulation of the Illinois Department of Financial and Professional Regulation and, after reviewing the record in this matter, a majority of its members hereby makes the following Findings of Fact, Conclusions of Law and Recommendation to the Director of Professional Regulation:

FINDINGS OF FACT

1. WALGREENS SPECIALTY PHARMACY LLC #15443, (hereinafter "Respondent Pharmacy #15443") is presently the holder of a license as a Licensed Pharmacy in the State of Illinois, License No. 054.017539. Said license is presently in ACTIVE status.
2. WALGREENS SPECIALTY PHARMACY LLC #12314, (hereinafter "Respondent Pharmacy #123143") is presently the holder of a license as a Licensed Pharmacy in the State of Illinois, License No. 054.017548. Said license is presently in ACTIVE status.
3. WALGREENS SPECIALTY PHARMACY LLC #15438, (hereinafter "Respondent Pharmacy #15438") is presently the holder of a license as a Licensed Pharmacy in the State of Illinois, License No. 054.017538. Said license is presently in ACTIVE status.
4. On January 11, 2019, the Department filed a Complaint against Respondent and sent notice of the Preliminary Hearing with the Complaint to Respondent on January 11, 2019, to the last known email

address of Respondent: specialtypharmacy@walgreens.com. The Preliminary Hearing was set for February 25, 2019.

5. On February 25, 2019, the Administrative Law Judge ordered that Respondent file an Answer to the Department's Complaint on or before March 18, 2019. A Status Hearing was set for March 25, 2019. A copy of the Administrative Law Judge's Order was emailed to Respondent at Respondent's last known email address of record.

6. On March 25, 2019, Respondent failed to appear. Respondent had not filed an answer to the Department's allegations. The Administrative Law Judge entered an Order of Default and transferred the matter to this Board for its deliberation on the pleadings. A copy of the Administrative Law Judge's Order was sent to the last known email address of Respondent.

7. The Board finds the allegations said Complaint to be true:

    i. Respondent Pharmacy #15443 holds a license to practice as a pharmacy in the State of Hawaii, Permit Number PMP 669.

    ii. On or about June 1, 2016, the Department received a self-report from Respondent Pharmacy #15443 stating that Respondent Pharmacy #15443 was disciplined by the Hawaii Board of Pharmacy.

    iii. On or about October 18, 2010, Respondent Pharmacy #15443 entered into a Stipulation and Final Agency Order with the Colorado State Board of Pharmacy in case number 2011-000518.

    iv. The Colorado Order disciplined Respondent Pharmacy #15443 for failing to submit the required data to the Prescription Drug Monitoring Program (PDMP) and Respondent Pharmacy #15443 also provided false information on applications.

    v. On or about October 18, 2010, the Colorado Order imposed a monetary penalty on Respondent Pharmacy #15443 in the amount of five thousand ($5,000) dollars in case number 2011-000518.

    vi. On or about April 6, 2016, Respondent Pharmacy #15443 entered into a Settlement

Agreement with the Hawaii Board of Pharmacy.

vii. Subsequently, Respondent Pharmacy #15443 was issued a two thousand ($2,000.00) dollar fine by the Hawaii Board of Pharmacy for failure to timely report discipline in another state in case number PHA 2015-90-L.

viii. This constitutes an adverse final action by another state agency, in Hawaii, against the Respondent Pharmacy #15443.

ix. On or about July 30, 2013, Respondent Pharmacy #15443 submitted a Change of Address application to the Department.

x. The 2013 application did not disclose that Respondent Pharmacy #15443 was disciplined in 2010.

xi. Respondent Pharmacy #15443 failed to disclose prior discipline on the July 30, 2013 Change of Address application.

xii. Respondent Pharmacy #12314 holds a license to practice as a pharmacy in the State of Hawaii, Permit Number PMP 547.

xiii. On or about June 1, 2016, the Department received a self-report from Respondent Pharmacy #12314 stating that Respondent Pharmacy #12314 was disciplined by the Hawaii Board of Pharmacy for failure to timely report discipline in another state.

xiv. On or about October 18, 2010, the Colorado Board of Pharmacy disciplined Respondent Pharmacy #12314 for failing to submit the required data to the Prescription Drug Monitoring Program (PDMP) and for providing false information on applications.

xv. On or about October 18, 2010, the Respondent Pharmacy #12314 entered into a Final Agency Order with the Colorado Board of Pharmacy in case number 2011-00522 and was assessed a fine in the amount of five thousand ($5,000.00) dollars.

xvi. On or about April 6, 2016, Respondent Pharmacy #12314 entered into a Settlement Agreement with the Hawaii Board of Pharmacy.

xvii. Subsequently, Respondent Pharmacy #12314 was issued a two thousand ($2,000.00) dollar

fine by the Hawaii Board of Pharmacy for failure to timely report discipline in another state in case number PHA 2015-62-L.

xviii. This constitutes an adverse final action by another state agency, in Hawaii, against the Respondent Pharmacy #12314.

xix. On or about March 2, 2011, March 4, 2014, and January 14, 2015, Respondent Pharmacy #12314 submitted Pharmacist-in-Charge applications to the Department.

xx. The 2013 application did not disclose that Respondent Pharmacy #12314 was disciplined in 2010.

xxi. Respondent Pharmacy #12314 failed to disclose prior discipline on the Pharmacist-in-Charge applications submitted to the Department in 2011, 2014, and 2015.

xxii. Respondent Pharmacy #15438 holds a license to practice as a pharmacy in the State of Hawaii, Permit Number PMP 644.

xxiii. On or about June 1, 2016, the Department received a self-report from Respondent Pharmacy #15438 stating that Respondent Pharmacy #15438 was disciplined by the Hawaii Board of Pharmacy for failure to timely report discipline in another state.

xxiv. On or about April 9, 2010, the Colorado Board of Pharmacy disciplined Respondent Pharmacy #15438 for failing to submit the required data to the Prescription Drug Monitoring Program (PDMP) in case number 2010-002889.

xxv. On or about July 14, 2010, the Colorado Board of Pharmacy disciplined Respondent Pharmacy #15438 for failing to timely submit a Change of Pharmacist-in-Charge application to the Colorado Board of Pharmacy in case number 2010-003719.

xxvi. On or about April 9, 2010, the Respondent Pharmacy #15438 entered into a Final Agency Order in case number 2010-002889 with a fine in the amount of five thousand ($5,000.00) dollars.

xxvii. On or about July 14, 2010, the Respondent Pharmacy #15438 entered into a Final Agency Order in case number 2010-003719 with a fine in the amount of one thousand ($1,000.00)

dollars.

xxviii. On or about April 6, 2016, Respondent Pharmacy #15438 entered into a Settlement Agreement with the Hawaii Board of Pharmacy.

xxix. Subsequently, Respondent Pharmacy #15438 was issued a two thousand ($2,000.00) dollar fine by the Hawaii Board of Pharmacy for failure to timely report discipline in another state in case number PHA 2015-91-L.

xxx. This constitutes an adverse final action by another state agency, in Hawaii, against the Respondent Pharmacy #15438.

xxxi. On or about September 5, 2013, Respondent Pharmacy #15438 submitted a Change of Address application to the Department.

xxxii. The 2013 application did not disclose that Respondent Pharmacy #15438 was disciplined in 2010.

xxxiii. Respondent Pharmacy #15438 failed to disclose prior discipline on the July 30, 2013 Change of Address application.

CONCLUSIONS OF LAW

1. The Illinois Board of Pharmacy of the Division of Professional Regulation of the Illinois Department of Financial and Professional Regulation has jurisdiction over the subject matter and of the parties in this case.
2. The Department has jurisdiction to investigate the complaints and to bring this action pursuant to 225 ILCS 85/1 et. seq.
3. Respondent Walgreens Specialty Pharmacy LLC is in violation of 68 Ill. Admin. Code 1330.30, 68 Ill. Admin. Code 1330.40, and 225 ILCS 85/30(a)(2), (3), (8), and (13).
4. Respondent Walgreens Specialty Pharmacy LLC's violations are grounds for discipline pursuant to 225 ILCS 85/30(a)(2), (3), (8), and (13).

RECOMMENDATION

The Illinois Board of Pharmacy of the Division of Professional Regulation of the Department of

Financial and Professional Regulation of the State of Illinois, after making the above Findings of Fact and Conclusions of Law, recommends to the Director of the Division of Professional Regulation of the Illinois Department of Financial and Professional Regulation, that the license to practice as a Licensed Pharmacy of WALGREENS SPECIALTY PHARMACY LLC, License Nos. 054.017539, 054.017548, and 054.017538 be FINED Two Thousand Dollars ($2,000.00) for each license for a total amount of Six Thousand Dollars ($6,000.00).

DATED THIS 14 DAY OF May, 2019.

recuse
Chairperson, Lemrey Al Carter Pharm.D.

MEMBER

MEMBER

MEMBER

MEMBER

MEMBER

MEMBER

MEMBER

MEMBER

MEMBER

MEMBER

Case No. 2016-04570
License Nos. 054.017539, 054.017548, 054.017538

Carter recuse
Pietrandoni recuse

800 SW Jackson St., Suite 1414
Topeka, KS 66612

Alexandra Blasi, Executive Secretary

Kansas
Board of Pharmacy

Phone: (785) 296-4056
Fax: (785) 296-8420
pharmacy@ks.gov
www.pharmacy.ks.gov

Laura Kelly, Governor

December 19, 2022

OJAS SAMPAT
[redacted]

RE: *In the Matter of Ojas Sampat*
Case No. 22-341

Dear Ojas Sampat:

The Kansas State Board of Pharmacy has concluded its audit of continuing education for your recent renewal and determined that you are noncompliant. Please read the enclosed Summary Order in its entirety, which includes assessment of a fine and mandatory additional continuing education. This discipline will be reported to the National Association of Boards of Pharmacy and all future license verifications will reflect this discipline.

If you disagree with the findings of fact, you have the right to request a hearing. Instructions for filing a written request are included under the "Notices" section of the order. Hearings are held before the full Board during their regularly scheduled meetings.

According to KSA 65-1627h, the Board is required to recoup the costs of administrative hearings when the decision is adverse to the licensee. These costs may include charges for services rendered by the Board's disciplinary counsel, an administrative law judge, and, if applicable, a court reporter.

If you have questions, please email pharmacy.compliance@ks.gov and reference your case number.

Sincerely,

Kansas State Board of Pharmacy

enc: Summary Order

BEFORE THE KANSAS STATE BOARD OF PHARMACY

In the Matter of the Renewal Application of Ojas Sampat License No. 1-14844	)	Case No. 22-341

SUMMARY ORDER

NOW on December 19, 2022, comes before the Kansas State Board of Pharmacy through its Executive Secretary (hereinafter referred to as the "Board") the matter of the pharmacist license renewal application of Ojas Sampat (hereinafter referred to as "Respondent") to engage in the practice of pharmacy in the state of Kansas.

Pursuant to the authority granted to the Board by the Kansas Pharmacy Act, K.S.A. 65-1625, *et seq.*, and in accordance with the provisions of the Kansas Administrative Procedure Act, K.S.A. 77-501, *et seq.*, the Board enters this Summary Order in the above-captioned matter. After reviewing the renewal materials and being otherwise duly advised in the premises, the Board makes the following findings, conclusions, and order:

FINDINGS OF FACT

1. On or around 6/19/2022, Respondent submitted a pharmacist license renewal application to engage in the practice of pharmacy in the State of Kansas.

2. In the renewal application, Respondent requested to renew the license on active status.

3. At the end of the renewal application, Respondent agreed to the following statement prior to submitting the completed renewal application: "I hereby attest that I have completed all continuing education hours required by law to renew my license."

4. Respondent's renewal application was selected for an audit to provide proof of Respondent's continuing education certificates or a transcript of completion of required hours.

5. Respondent provided proof of 27.75 hours of continuing education to renew Respondent's pharmacist license.

CONCLUSIONS OF LAW

6. Pursuant to K.S.A. 65-1627(a)(9), the Board may deny, revoke, suspend, or place on probation any pharmacist license upon a finding that Respondent failed to comply with the continuing education requirements of the Board for license renewal.

7. Pursuant to K.A.R. 68-1-1b, 30 hours of continuing education shall be required for renewal of a pharmacist license during each licensure period, which must be obtained in the two-year licensure period ending on the June 30 expiration date of each license.

8. Pursuant to K.S.A. 65-1627(a)(1), the Board may deny, revoke, suspend, or place on probation any pharmacist license upon a finding that Respondent renewed or attempted to renew a license by false means, including misrepresentation.

9. Pursuant to K.S.A. 65-1658, in addition to any other penalty imposed by the Pharmacy Practice Act, the Board may assess a civil fine for a violation of K.S.A. 65-1627(a), in an amount not to exceed $5,000 for each violation.

10. Respondent was required to provide proof of completion of 30 hours of continuing education earned between July 1, 2020 and June 30, 2022.

11. By only providing proof of completion of 27.75 hours of continuing education, Respondent failed to complete the required 30 hours of continuing education for renewal of Respondent's license, in violation of K.S.A. 65-1627(a)(9).

12. Respondent falsely attested on the renewal application that Respondent had completed all continuing education hours required by law to renew Respondent's license, in violation

of K.S.A. 65-1627(a)(1). Though material, the Board makes no finding about whether Respondent's misrepresentation was intentional.

13. The role of the Board is to protect the citizens of Kansas. The Board regards the failure to comply with the continuing education requirements for licensure as a serious issue. Given the number of home-study, web-based, and live programs available, achieving the 30 hours required each biennial renewal period cannot be viewed as a burden. Without continued investment in pharmacy education, the vision of quality pharmacy providers in Kansas will not be met. In order to provide safe, effective, and high quality healthcare for Kansas patients, the practice of pharmacy requires lifelong improvement and education.

ORDER

Based on the foregoing findings of fact and conclusions of law, the Board orders the following:

For Respondent's violation of K.S.A. 65-1627(a)(1) and (9), a fine is assessed in the amount of $100 for each hour of missing or falsified continuing education, with a minimum of $500. **Respondent is ordered to pay the $500 fine by check or money order within 30 days of the date of this Order.**

Furthermore, an additional four hours of continuing education will be required for each hour of missing or falsified continuing education. **Respondent shall complete 9 hours of additional ACPE-approved continuing education and provide proof of completion to the Board within 30 days of the date of this Order**. If Respondent is not already signed up for the NABP CPE monitor (free version), Respondent shall create an NABP CPE monitor profile and shall ensure that proof of completion of these penalty hours and all future required continuing education appears in the CPE monitor. Completion of penalty hours shall not count toward Respondent's next continuing education renewal requirement.

NOTICES

Respondent is hereby notified as follows:

1. The Respondent may request a hearing pursuant to the Kansas Administrative Procedure Act by filing a written request with the Kansas Board of Pharmacy, 800 SW Jackson, Suite 1414, Topeka, KS 66612-1231 within fifteen (15) days after service of this order.

2. If a hearing is not requested as described above, the Order shall become a final order of the Board, effective upon the expiration of the time to request a hearing.

3. Within fifteen (15) days after entry of a final agency order, either party may file a petition for reconsideration pursuant to K.S.A. 77-529.

4. Within the time limits established in K.S.A. 77-613, either party may seek judicial review of a final agency order, pursuant to said statute. The agency officer designated to receive service of a petition for judicial review is:

Alexandra Blasi
Executive Secretary
Kansas Board of Pharmacy
800 SW Jackson, Suite 1414
Topeka, KS 66612

IT IS SO ORDERED.

December 19, 2022
Date

Executive Secretary

CERTIFICATE OF SERVICE

I hereby certify that I did, on December 19, 2022, deposit in business mail a copy of the foregoing Summary Order, which is then placed in the United States Mail, postage prepaid, properly addressed to the following:

OJAS SAMPAT
[redacted]

Kansas Board of Pharmacy Staff

MARK BRNOVICH
Attorney General
(Firm State Bar No. 14000)

JEANNE M. GALVIN
Assistant Attorney General
State Bar No. 015072
15 South 15th Ave,, SDG/LES
Phoenix, Arizona 85007-2997
Tel: (602) 542-7983
Fax: (602) 364-3202

Attorneys for the Arizona State Board of Pharmacy

2018 JUN 13 AM 11:10

BEFORE THE ARIZONA STATE BOARD OF PHARMACY

In the Matter of **JITEN SIDHU, PharmD,** Holder of License No. S020833 As a Pharmacist In the State of Arizona.	Board Case No. 17-0114 **CONSENT AGREEMENT AND ORDER FOR PROBATION AND CIVIL PENALTIES**

In the interest of a prompt and judicious settlement of this case, consistent with the public interest, statutory requirements and the responsibilities of the Arizona State Board of Pharmacy ("Board") under A.R.S. § 32-1901, *et. seq.*, Jiten Sidhu ("Respondent"), holder of Pharmacist License No. S020833 in the State of Arizona and the Board enter into the following Recitals, Findings of Fact, Conclusions of Law and Order ("Consent Agreement") as a final disposition of this matter.

RECITALS

1. Respondent has read and understands this Consent Agreement and has had the opportunity to discuss this Consent Agreement with an attorney, or has waived the opportunity to discuss this Consent Agreement with an attorney.

2. Respondent understands that he has a right to a public administrative hearing concerning this matter at which hearing he could present evidence and cross examine witnesses. By entering into this Consent Agreement, Respondent knowingly and voluntarily relinquishes all right to such an administrative hearing, as well as rights of rehearing, review, reconsideration, appeal, judicial review or any other administrative and/or judicial action, concerning the matters set forth herein.

3. Respondent affirmatively agrees that this Consent Agreement shall be irrevocable.

4. Respondent understands that this Consent Agreement or any part of the agreement may be considered in any future disciplinary action by the Board against him.

5. Respondent understands this Consent Agreement deals with Board Complaint No. 17-0114 involving allegations of unprofessional conduct against Respondent.

6. Respondent understands that this Consent Agreement does not constitute a dismissal or resolution of any other matters currently pending before the Board, if any, and does not constitute any waiver, express or implied, of the Board's statutory authority or jurisdiction regarding any other pending or future investigation, action or proceeding.

7. Respondent also understands that acceptance of this Consent Agreement does not preclude any other agency, subdivision, or officer of this State from instituting any other civil or criminal proceedings with respect to the conduct that is the subject of this Consent Agreement.

8. Respondent acknowledges and agrees that, upon signing this Consent Agreement and returning this document to the Board's Executive Director, he may not revoke his acceptance of the Consent Agreement or make any modifications to the

document. Any modification to this original document is ineffective and void unless mutually agreed by the parties in writing.

9. This Consent Agreement is subject to the approval of the Board and is effective only when accepted by the Board and signed by the Executive Director. In the event that the Board does not approve this Consent Agreement, it is withdrawn and shall be of no evidentiary value and shall not be relied upon nor introduced in any action by any party, except that the parties agree that should the Board reject this Consent Agreement and this case proceeds to hearing, Respondent shall assert no claim that the Board was prejudiced by its review and discussion of this document or any records relating thereto.

10. If a court of competent jurisdiction rules that any part of this Consent Agreement is void or otherwise unenforceable, the remainder of the Consent Agreement shall remain in full force and effect.

11. Respondent understands that this Consent Agreement is a public record that may be publicly disseminated as a formal action of the Board and may be reported as required by law to the National Practitioner Data Bank and the Healthcare Integrity and Protection Data Bank.

12. Respondent understands that any violation of this Consent Agreement constitutes unprofessional conduct and may result in disciplinary action. A.R.S. §§ 32-1901.01(B) (20) and A.R.S. § - 1927(A) (1).

13. Respondent agrees that the Board will adopt the following Findings of Fact, Conclusions of Law and Order.

ACCEPTED AND AGREED BY RESPONDENT

2018 JUN 13 AM 11:10

Dated: 6/10/2018

Jiten Sidhu
Pharmacist

FINDINGS OF FACT

1. The Board is the duly constituted authority for licensing and regulating the practice of pharmacy in the State of Arizona.

2. Respondent is the holder of license number S020833 which allows him to practice as a Pharmacist in the State of Arizona.

3. The Board possesses jurisdiction over the subject matter and over Respondent pursuant to A.R.S. § 32-1901 *et seq.*

4. At all relevant times, Respondent was employed as a Pharmacist by Banner Family Pharmacy, University Medical Center—Phoenix, 1111 E. McDowell Rd. Phoenix, AZ 85006.

5. On or about August 4, 2017, Banner Health notified the Board that Respondent resigned from Banner Health on July 27, 2017.

6. Banner Health further explained that a recent investigation revealed the Respondent was fraudulently filling prescriptions under this girlfriend's name, also a Banner Health Pharmacist, and was using the medication for his own use.

7. Respondent admitted to writing a prescription not authorized by a medical prescriber, using his girlfriend's insurance to fill the medication as his insurance would not cover the early refills and consuming the medication from the bottle while on duty.

8. The prescribing physician on the medication bottle was contacted and she denied calling in any prescription and/or any acknowledgement of the pharmacist's

actions.

9. The Board's investigation revealed that following prescriptions were written by Respondent but not authorized:

a. Gabapentin 600mg #21 filled: 6/16/17; 6/21/17; and 7/25/17; filled under the girlfriend's name (cash was paid)

b. Nabumetone 500mg #14 filled: 6/16/17 and 6/22/17 under girlfriend's name (cash was paid)

c. Nitrofurantoin Marco 100mg filled: 1/6/17; 1/20/17, 2/21/17 and 4/11/17 under Respondent's name (billed to MedImpact)

10. In a written statement to the Board, Respondent explained that he had a medical condition that caused him pain and for which he was prescribed Gabapentin and Nabumetone. Additionally, he asserted that he often forgot his medications at home and that is when he would make the unauthorized refills. Further, he stated that he wrote them under his girlfriend's name and paid cash because he was aware that his insurance provider would not authorize the early fill the prescriptions.

CONCLUSIONS OF LAW

1. The Board possesses jurisdiction over the subject matter and over Respondent pursuant to A.R.S. § 32-1901 *et seq.*

2. The Board may discipline a pharmacist who has engaged in unprofessional conduct. A.R.S. § 32-1927(A) (1).

3. The conduct and circumstances described above constitutes unprofessional conduct pursuant to A.R.S. § 32-1901.01 (B)(10), (11) and (19).

ORDER

Based upon the above Findings of Fact and Conclusions of Law,

IT IS HEREBY ORDERED THAT Pharmacist License No. S020833, which was issued to Respondent for the practice of Pharmacy in the State of Arizona, is hereby placed on **SUSPENSION** for a period of six (6) months. However, the suspension is stayed and Respondent's license shall be placed on **PROBATION** for a minimum period of five (5) years from the effective date of this Consent Agreement. The effective date of this Consent Agreement and Order is the date that it is signed by the Board's Executive Director.

The **PROBATION** is subject to the following conditions:

1. Respondent shall pay to the Board the sum of **$9,000.00** in civil penalties within **ninety (90) days** from the effective date of this Consent Agreement and Order.

2. Respondent shall furnish all pharmacy employers/preceptors with a copy of this Board Order throughout the term of his probation. Respondent shall ensure that all pharmacy employers/preceptors submit to the Board a written acknowledgement that they have received a copy of this Consent Agreement within ten (10) days of entering into an employment relationship with Respondent.

3. Respondent shall advise the Board immediately of any change in pharmacy employment status throughout the term of his probation.

4. Throughout the term of Respondent's probation, Respondent shall not serve as a pharmacist in charge or preceptor at any place of employment.

5. Respondent shall furnish the Board with a list of all jurisdictions in which he maintains or has maintained licensure in the profession of pharmacy along with the registration numbers of said licenses.

6. Respondent shall obey all federal and state laws and rules governing the practice of pharmacy.

7. Throughout the term of Respondent's probation, Respondent shall personally appear before the Board when requested to do so by the Board or Board staff.

8. If Respondent violates this order in any way or fails to fulfill the requirements of this order, the Board, after giving the Respondent notice and the opportunity to be heard, may revoke, suspend or take other disciplinary actions against the Respondent's license. The issue at such a hearing will be limited solely to whether this order has been violated.

9. Respondent shall appear before the Board at a regularly scheduled Board meeting five years after the effective date of this Order to request that the probation imposed by this Order be terminated. Respondent's failure to petition the Board to terminate the probation shall extend the probation period.

DATED this 13 day of June, 2018.

ARIZONA STATE BOARD OF PHARMACY

(Seal)

By: _____
KAMLESH GANDHI, PHARM.D.
Executive Director

ORIGINAL OF THE FORGOING FILED
this 14th day of June, 2018, with:

Arizona State Board of Pharmacy
1616 W. Adams Street
Phoenix, Arizona 85007

EXECUTED COPY OF THE FOREGOING MAILED
BY CERTIFIED MAIL
this 14th day of June, 2018, to:

Jiten Sidhu
[redacted]

EXECUTED COPY OF THE FOREGOING MAILED
this 14th day of June, 2018, to:

Nicholas Meza
Quarles & Brady, LLP
2 N Central Ave, Suite 3
Phoenix, AZ 85004
Respondent's Attorney

EXECUTED COPY OF THE FOREGOING MAILED
this 14th day of June, 2018, to:

Jeanne M. Galvin
Assistant Attorney General
15 South 15th Ave.
Phoenix, Arizona 85007
Attorney for the Board

Doc # 6824957

MARK BRNOVICH
Attorney General
(Firm State Bar No. 14000)

JEANNE M. GALVIN
Assistant Attorney General
State Bar No. 015072
15 South 15th Ave,, SDG/LES
Phoenix, Arizona 85007-2997
Tel: (602) 542-7983
Fax: (602) 364-3202

Attorneys for the Arizona State Board of Pharmacy

2018 JUN 13 AM 11:10

BEFORE THE ARIZONA STATE BOARD OF PHARMACY

In the Matter of **LINDA TRINH, PharmD,** Holder of License No. S020176 As a Pharmacist In the State of Arizona.	Board Case No. 17-0115 **CONSENT AGREEMENT AND ORDER FOR PROBATION AND CIVIL PENALTIES**

In the interest of a prompt and judicious settlement of this case, consistent with the public interest, statutory requirements and the responsibilities of the Arizona State Board of Pharmacy ("Board") under A.R.S. § 32-1901, *et. seq.*, Linda Trinh ("Respondent"), holder of Pharmacist License No. S020176 in the State of Arizona and the Board enter into the following Recitals, Findings of Fact, Conclusions of Law and Order ("Consent Agreement") as a final disposition of this matter.

RECITALS

1. Respondent has read and understands this Consent Agreement and has had the opportunity to discuss this Consent Agreement with an attorney, or has waived the opportunity to discuss this Consent Agreement with an attorney.

2. Respondent understands that she has a right to a public administrative hearing concerning this matter at which hearing she could present evidence and cross examine witnesses. By entering into this Consent Agreement, Respondent knowingly and voluntarily relinquishes all right to such an administrative hearing, as well as rights of rehearing, review, reconsideration, appeal, judicial review or any other administrative and/or judicial action, concerning the matters set forth herein.

3. Respondent affirmatively agrees that this Consent Agreement shall be irrevocable.

4. Respondent understands that this Consent Agreement or any part of the agreement may be considered in any future disciplinary action by the Board against her.

5. Respondent understands this Consent Agreement deals with Board Complaint No. 17-0115 involving allegations of unprofessional conduct against Respondent.

6. Respondent understands that this Consent Agreement does not constitute a dismissal or resolution of any other matters currently pending before the Board, if any, and does not constitute any waiver, express or implied, of the Board's statutory authority or jurisdiction regarding any other pending or future investigation, action or proceeding.

7. Respondent also understands that acceptance of this Consent Agreement does not preclude any other agency, subdivision, or officer of this State from instituting any other civil or criminal proceedings with respect to the conduct that is the subject of this Consent Agreement.

8. Respondent acknowledges and agrees that, upon signing this Consent Agreement and returning this document to the Board's Executive Director, she may not revoke her acceptance of the Consent Agreement or make any modifications to the

document. Any modification to this original document is ineffective and void unless mutually agreed by the parties in writing.

9. This Consent Agreement is subject to the approval of the Board and is effective only when accepted by the Board and signed by the Executive Director. In the event that the Board does not approve this Consent Agreement, it is withdrawn and shall be of no evidentiary value and shall not be relied upon nor introduced in any action by any party, except that the parties agree that should the Board reject this Consent Agreement and this case proceeds to hearing, Respondent shall assert no claim that the Board was prejudiced by its review and discussion of this document or any records relating thereto.

10. If a court of competent jurisdiction rules that any part of this Consent Agreement is void or otherwise unenforceable, the remainder of the Consent Agreement shall remain in full force and effect.

11. Respondent understands that this Consent Agreement is a public record that may be publicly disseminated as a formal action of the Board and may be reported as required by law to the National Practitioner Data Bank and the Healthcare Integrity and Protection Data Bank.

12. Respondent understands that any violation of this Consent Agreement constitutes unprofessional conduct and may result in disciplinary action. A.R.S. §§ 32-1901.01(B) (20) and A.R.S. § - 1927(A) (1).

13. Respondent agrees that the Board will adopt the following Findings of Fact, Conclusions of Law and Order.

ACCEPTED AND AGREED BY RESPONDENT

2018 JUN 13 AM 11:10

Dated: June 10, 2018

Linda Trinh
Pharmacist

FINDINGS OF FACT

1. The Board is the duly constituted authority for licensing and regulating the practice of pharmacy in the State of Arizona.

2. Respondent is the holder of license number S020176 which allows her to practice as a Pharmacist in the State of Arizona.

3. The Board possesses jurisdiction over the subject matter and over Respondent pursuant to A.R.S. § 32-1901 *et seq.*

4. At all relevant times, Respondent was employed as a Pharmacist by Banner Heart Hospital located at 6750 E. Baywood Ave, Mesa, AZ 85206.

5. On or about August 4, 2017, Banner Health notified the Board that Respondent was terminated by Banner Health on July 31, 2017.

6. Banner Health further explained that a recent investigation revealed the Respondent's boyfriend, Jiten Sidhu, also a pharmacist employed by Banner Health was fraudulently filling prescriptions under Respondent's name, and was using the medication for his own use. Respondent admits being aware of her Mr. Sidhu's actions.

7. Mr. Sidhu admits to writing prescriptions not authorized by a medical prescriber, using Respondent's insurance to fill the medication as his insurance would not cover the early refills and consuming the medication from the bottle while on duty.

8. The prescribing physician on the medication bottle was contacted and she denied calling in any prescription and/or any acknowledgement of Mr. Sidhu's actions.

9. The Board's investigation revealed that following prescriptions were written by Mr. Sidhu but not authorized:

a. Gabapentin 600mg #21 filled: 6/16/17; 6/21/17; and 7/25/17; filled under Respondent's name (cash was paid)

b. Nabumetone 500mg #14 filled: 6/16/17 and 6/22/17 under Respondent's name (cash was paid)

c. Nitrofurantoin Marco 100mg filled: 1/6/17; 1/20/17, 2/21/17 and 4/11/17 filled under Respondent's name (billed to MedImpact)

10. In a written statement to the Board, Respondent explained that Mr. Sidhu suffered from a condition that caused pain and that on certain days he forgot his medications at home. Respondent further explained that on those days Mr. Sidhu forget his medications at home, he would text her and ask if he could fill prescriptions under her name as he was unable to leave work and get his medications from home. Respondent approved him doing so. Respondent also approved Mr. Sidhu to bill the prescriptions under her insurance as she was aware the prescriptions would be denied under Mr. Sidhu's insurance because of an early refill. Finally, Respondent states she regrets her involvement in this matter.

CONCLUSIONS OF LAW

1. The Board possesses jurisdiction over the subject matter and over Respondent pursuant to A.R.S. § 32-1901 *et seq*.

2. The Board may discipline a pharmacist who has engaged in unprofessional conduct. A.R.S. § 32-1927(A) (1).

3. The conduct and circumstances described above constitutes unprofessional conduct pursuant to A.R.S. § 32-1901.01 (B)(13) and (19).

ORDER

Based upon the above Findings of Fact and Conclusions of Law,

IT IS HEREBY ORDERED THAT Pharmacist License No. S020176, which was issued to Respondent for the practice of Pharmacy in the State of Arizona, is hereby placed on **SUSPENSION** for a period of six (6) months. However, the suspension is stayed and Respondent's license shall be placed on **PROBATION** for a minimum period of five (5) years from the effective date of this Consent Agreement. The effective date of this Consent Agreement and Order is the date that it is signed by the Board's Executive Director

The **PROBATION** is subject to the following conditions:

1. Respondent shall pay to the Board the sum of **$9,000.00** in civil penalties within **ninety (90) days** from the effective date of this Consent Agreement and Order.

2. Respondent shall furnish all pharmacy employers/preceptors with a copy of this Board Order throughout the term of his probation. Respondent shall ensure that all pharmacy employers/preceptors submit to the Board a written acknowledgement that they have received a copy of this Consent Agreement within ten (10) days of entering into an employment relationship with Respondent.

3. Respondent shall advise the Board immediately of any change in pharmacy employment status throughout the term of his probation.

4. Throughout the term of Respondent's probation, Respondent shall not serve as a pharmacist in charge or preceptor at any place of employment.

5. Respondent shall furnish the Board with a list of all jurisdictions in which he maintains or has maintained licensure in the profession of pharmacy along with the registration numbers of said licenses.

6. Respondent shall obey all federal and state laws and rules governing the practice of pharmacy.

7. Throughout the term of Respondent's probation, Respondent shall personally appear before the Board when requested to do so by the Board or Board staff.

8. If Respondent violates this order in any way or fails to fulfill the requirements of this order, the Board, after giving the Respondent notice and the opportunity to be heard, may revoke, suspend or take other disciplinary actions against the Respondent's license. The issue at such a hearing will be limited solely to whether this order has been violated.

9. Respondent shall appear before the Board at a regularly scheduled Board meeting five years after the effective date of this Order to request that the probation imposed by this Order be terminated. Respondent's failure to petition the Board to terminate the probation shall extend the probation period.

DATED this 13 day of June, 2018.

ARIZONA STATE BOARD OF PHARMACY

(Seal)

By: _____
KAMLESH GANDHI, PHARM.D.
Executive Director

ORIGINAL OF THE FORGOING FILED
this 13th day of June, 2018, with:

Arizona State Board of Pharmacy
1616 W. Adams Street
Phoenix, Arizona 85007

EXECUTED COPY OF THE FOREGOING MAILED
BY CERTIFIED MAIL
this 13th day of June, 2018, to:

Linda Trinh
[redacted]

EXECUTED COPY OF THE FOREGOING MAILED
this 13th day of June, 2018, to:

Nicholas Meza
Quarles & Brady, LLP
2 N Central Ave, Suite 3
Phoenix, AZ 85004

EXECUTED COPY OF THE FOREGOING MAILED
this 13th day of June, 2018, to:

Jeanne M. Galvin
Assistant Attorney General
15 South 15th Ave.
Phoenix, Arizona 85007
Attorney for the Board

Doc # 6828131

11

11A

NEVADA STATE BOARD OF PHARMACY

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

APPLICATION FOR OUT-OF-STATE OUTSOURCING FACILITY LICENSE

$500.00 Fee made payable to: Nevada State Board of Pharmacy

(**non-refundable** and **not transferable money order or cashier's check only**)

Application must be printed legibly or typed

Any misrepresentation in the answer to any question on this application is grounds for refusal or denial of the application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada.

☒ New OUTSOURCING FACILITY
☐ Ownership Change (Provide current license number if making changes:) OUT_____
☐ 503a OR ☐ 503b Apply as retail pharmacy only.

Check box below for type of ownership and complete all required forms for type of ownership that you have selected. If LLC use Non Public Corporation or Partnership

☐ Publicly Traded Corporation – Pages 1-3 & 4
☐ Partnership - Pages 1-3 & 6
☒ Non Publicly Traded Corporation – Pages 1-3 & 5
☐ Sole Owner – Pages 1-3 & 7

GENERAL INFORMATION to be completed by all types of ownership

Facility Name: ORION SPECIALTY LABS LLC

Physical Address: 1710 WHITNEY MESA DRIVE

City: HENDERSON State: NV Zip Code: 89014

Telephone: 702-347-4086 Fax: 725-258-6018

Toll Free Number: 800-827-3064 (Required per NAC 639.708)

E-mail: kim@orionspeclabs.com Website: www.orionspeclabs.com

Supervising Pharmacist: Nahla Ahmed Nevada License #: 24375

SERVICES PROVIDED

Yes/No

☐ ☒ Parenteral
☒ ☐ Sterile Compounding
☒ ☐ Non Sterile Compounding
☐ ☒ Mail Service Sterile Compounding
☐ ☒ Other Services: _____

All boxes must be checked for the application to be complete

An appearance will be required at a board meeting before the license will be issued.

Board Use Only Date Processed: 11/17/25 Amount: 500.00

7400

FEI Number (From FDA application): 3040172058

Please provide the name of the facility as registered with the FDA and the registration number:
Orion Specialty Labs, LLC

Please provide a list of all DBA's used by outsourcing facility. A separate sheet is acceptable.

Please provide the name and Nevada license number of the supervising pharmacist:
Name: Nahla Ahmed Nevada License Number: 24375

A Nevada business license is not required, however if the OUTSOURCING FACILITY has a Nevada business license please provide the number:

This page must be submitted for all types of ownership.

Within the last five (5) years:

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)? Yes ☐ No ☒

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? Yes ☐ No ☒

3) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been the subject of an administrative action, board citation, cite fine or proceeding relating to the pharmaceutical industry? Yes ☐ No ☒

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? Yes ☐ No ☒

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)? Yes ☐ No ☒

If the answer to question 1 through 5 is "yes", a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement, or other disposition may be required.

APPLICATION FOR OUT-OF STATE OUTSOURCING FACILITY - Page 3

I hereby certify that the answers given in this application and attached documentation are true and correct. I understand that any infraction of the laws of the State of Nevada regulating the operation of an authorized OUTSOURCING FACILITY may be grounds for the revocation of this permit.

I have read all questions, answers and statements and know the contents thereof. I hereby certify, under penalty of perjury, that the information furnished on this application are true, accurate and correct. I hereby authorize the Nevada State Board of Pharmacy, its agents, servants and employees, to conduct any investigation(s) of the business, professional, social and moral background, qualification and reputation, as it may deem necessary, proper or desirable. The facility must be registered with the FDA as an outsourcing facility (503B) to obtain an outsourcing facility from the Board of Pharmacy.

Federal and State law require a licensed pharmacist to supervise the compounding taking place in a registered outsourcing facility. This supervising pharmacist must be licensed by the Nevada Board of Pharmacy.

Does your outsourcing facility wholesale compounded medication for resale? Yes ☐ No ☒

The Law prohibits the resale of compounded medication. By signing this application you are attesting that your medications will be labeled with the statement "Not for Resale" and that the outsourcing facilities products will not be resold.

Original Signature of Person Authorized to Submit Application, no copies or stamps

Kimberly Moller
Print Name of Authorized Person

11/6/2025
Date

OWNERSHIP IS A NON PUBLICY TRADED CORPORATION

State of Incorporation: NEVADA

Parent Company if any: _____

Address: 1710 WHITNEY MESA DR

City: HENDERSON State: NV Zip: 89014

Telephone: 702-347-4086 Fax: 725-258-6018

Contact Person: KIMBERLY MOLLER

For any corporation non publicly traded, disclose the following:

1) List top 4 persons to whom the shares were issued by the corporation?

a) KIMBERLY MOLLER [redacted]
Name Address

b) _____
Name Address

c) _____
Name Address

d) _____
Name Address

2) Provide the number of shares issued by the corporation. 100

3) What was the price paid per share? $1.00

4) What date did the corporation actually receive the cash assets? January 5, 2024

5) Provide a copy of the corporation's stock register evidencing the above information

Include with the application for a non publicly traded corporation

Certificate of Corporate Status (also referred to as Certificate of Good Standing). The Certificate is obtained from the Secretary of State's office in the State where incorporated. The Certificate of Corporate status must be dated within the last 6 months.

List of officers and directors

ORION SPECIALTY LABS, LLC

List of Officers and Directors

Kimberly Moller:	Sole Member Sole Officer and Director

ORION SPECIALTY LABS, LLC

MEMBERSHIP INTEREST REGISTRY

Kimberly Moller	100 Membership Units

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 **Orion Specialty Labs, 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 11/27/2023, 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 09/16/2025.

FVAguilar

FRANCISCO V. AGUILAR
Secretary of State

Certificate Number: B202509166088904
You may verify this certificate online at https://www.nvsilverflume.gov/home

Registered Outsourcing Facilities

Facilities Registered as Human Drug Compounding Outsourcing Facilities Under Section 503B of the Federal Food, Drug, and Cosmetic Act (FD&C Act)

Updated as of 11/14/2025

- Information Concerning Outsourcing Facility Registration (/drugs/compounding/questions-and-answers-outsourcing-facility-registration)
- Outsourcing Facility Product Reporting Information (/drugs/compounding/information-outsourcing-facilities#reporting)

This table lists the outsourcing facilities that have submitted registration information that has been determined to be complete by the data lock date for the latest weekly update of the table.

Search: orion

Show 10 entries

Export Excel

Facility	Contact	Initial Registration Date [1]	Most Recent Registration Date [1]	Last Inspection [2]	Form 483 Issued? [3]	Recall Conducted? [9]	Action Based on Last Inspection [4,5]	Intends to Compound Sterile Drugs From Bulk Substances [6]
Orion Specialty Labs, LLC	Kimberly Mattera [redacted]	9/19/2025	9/19/2025	Not yet inspected	N/A	N/A	N/A	Yes

Showing 1 to 1 of 1 entries (filtered from 93 total entries)

Previous 1 Next

Feedback

Notes

1. The "initial date of registration as an outsourcing facility" is the date the facility was first registered (i.e., the date FDA determined that the initial registration information submitted for the facility was complete, and the establishment fee was paid in full).

   Under section 503B(b) of the FD&C Act, after the initial registration, a facility that elects to continue to be registered with FDA as an outsourcing facility must re-register annually. A facility that elects to register (or re-register) with FDA as an outsourcing facility must pay an annual establishment fee. The "date of most recent registration as an outsourcing facility" reflects the date FDA determined the most recently submitted registration information was complete and the annual establishment fee for that fiscal year paid in full.

   Unless a previously registered outsourcing facility re-registers and pays the annual establishment fee in full during the registration period (between October 1 and December 31 of each calendar year), the facility will be removed from the list of registered outsourcing facilities on January 1 of the next calendar year.

2. Once an outsourcing facility is registered, the facility will be added to the list of facilities FDA intends to inspect according to a risk-based schedule. FDA plans to inspect outsourcing facilities within a reasonable period of time following initial registration, once it is confirmed that the facility has initiated drug production and distribution. However, the exact timing of the inspections can be affected by a number of variables, including the number of outsourcing facility registrants, other inspection priorities, and the operational status of the newly registered outsourcing facility.

   Inspections identified in this table are associated with the facility at the listed address. A company may own or operate more than one registered outsourcing facility. FDA's web page Compounding: Inspections, Recalls, and other Actions (/node/363232) may contain information about compounding facilities under the same ownership as the listed registered outsourcing facility.

   Inspections may take place over several days, weeks or longer. The date of the inspection is the date a Form FDA 483 listing the investigators' observations was issued. If no FDA Form 483 was issued, the date is the last day of the inspection.

3. A Form FDA 483 is issued when investigators observe any significant objectionable conditions. It does not constitute a final agency determination of whether any condition is in violation of the FD&C Act or any relevant regulations.
4. This table does not include State Board of Pharmacy actions, if any. To determine whether a registered outsourcing facility has been the subject of a state enforcement action, check with the State Board of Pharmacy for the state in which the facility is located. Some states post disciplinary or other actions on their web sites.
5. "Closed" means the inspection has been closed without further action. "Open" means FDA has not determined whether further action will be taken. If an action has been taken, it will be listed. Possible FDA actions include warning letter, seizure or injunction.
6. The information in this column was provided by the registered outsourcing facility at the time of registration and has not been verified by FDA. "N/A" indicates the registered outsourcing facility has not provided this information.
7. This outsourcing facility was the subject of at least one previous inspection relating to compounding that resulted in a Form FDA 483, warning letter or other action. For information about such inspections and resulting actions, visit Compounding: Inspections, Recalls, and other Actions (/node/363232).
8. A remote regulatory assessment (RRA) is an examination of an FDA-regulated establishment and/or its records, conducted remotely, to evaluate compliance with applicable FDA requirements. These assessments assist in protecting human and animal health, inform regulatory decisions and verify certain information submitted to the agency.
9. Based on inspectional findings, the inspection revealed significant issues. As a result, the outsourcing facility may have either initiated a recall on their own following conversation(s) with the FDA investigator or FDA recommended a recall at the conclusion of the inspection or both. Additionally, the outsourcing facility may have conducted multiple recalls or recalled multiple drugs.

Was this page helpful? * (required)

Yes

No

Submit

An official form of the United States government. Provided by Touchpoints

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

☑ ANNUAL ☐ AMENDED (check one)

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

Orion Specialty Labs, LLC
NAME OF ENTITY

NV20232963763
Entity or Nevada Business Identification Number (NVID)

TYPE OR PRINT ONLY - USE DARK INK ONLY - DO NOT HIGHLIGHT

IMPORTANT: *Read instructions before completing and returning this form.*

Please indicate the entity type (check only one):

☐ Corporation
☐ This corporation is publicly traded, the Central Index Key number is:

☐ Nonprofit Corporation (see nonprofit sections below)

☑ Limited-Liability Company

☐ Limited Partnership

☐ Limited-Liability Partnership

☐ Limited-Liability Limited Partnership

☐ Business Trust

☐ Corporation Sole

Filed in the Office of	Business Number
F V Aguilar	E36531022023-6
	Filing Number
	20255173903
Secretary of State	Filed On
State Of Nevada	09/15/2025 14:45:48 PM
	Number of Pages
	2

Additional Officers, Managers, Members, General Partners, Managing Partners, Trustees or Subscribers, may be listed on a supplemental page.

CHECK ONLY IF APPLICABLE

Pursuant to NRS Chapter 76, this entity is exempt from the business license fee.
☐ 001 - Governmental Entity
☐ 006 - NRS 680B.020 Insurance Co, provide license or certificate of authority number

For nonprofit entities formed under NRS chapter 80: entities without 501(c) nonprofit designation are required to maintain a state business license, the fee is $200.00. Those claiming an exemption under 501(c) designation must indicate by checking box below.

☐ Pursuant to NRS Chapter 76, this entity is a 501(c) nonprofit entity and is exempt from the business license fee. Exemption Code 002

For nonprofit entities formed under NRS Chapter 81: entities which are Unit-owners' association or Religious, Charitable, fraternal or other organization that qualifies as a tax-exempt organization pursuant to 26 U.S.C $ 501(c) are excluded from the requirement to obtain a state business license. Please indicate below if this entity falls under one of these categories by marking the appropriate box. If the entity does not fall under either of these categories please submit $200.00 for the state business license.

☐ Unit-owners' Association ☐ Religious, charitable, fraternal or other organization that qualifies as a tax-exempt organization pursuant to 26 U.S.C. §501(c)

For nonprofit entities formed under NRS Chapter 82 and 80: Charitable Solicitation Information - check applicable box

Does the Organization intend to solicit charitable or tax deductible contributions?

☐ No - no additional form is required
☐ Yes - the "Charitable Solicitation Registration Statement" is required.
☐ The Organization claims exemption pursuant to NRS 82A 210 - the "Exemption From Charitable Solicitation Registration Statement" is required

****Failure to include the required statement form will result in rejection of the filing and could result in late fees.****

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 Manager:

KIMBERLY MATTERA	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 KIMBERLY MATTERA	Manager	09/15/2025
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

7410

SECRETARY OF STATE

STATE OF NEVADA

NEVADA STATE BUSINESS LICENSE

Orion Specialty Labs, LLC

Nevada Business Identification # NV20232963763
Expiration Date: 11/30/2026

In accordance with Title 7 of Nevada Revised Statutes, pursuant to proper application duly filed and payment of appropriate prescribed fees, the above named is hereby granted a Nevada State Business License for business activities conducted within the State of Nevada.
Valid until the expiration date listed unless suspended, revoked or cancelled in accordance with the provisions in Nevada Revised Statutes. License is not transferable and is not in lieu of any local business license, permit or registration.
License must be cancelled on or before its expiration date if business activity ceases. Failure to do so will result in late fees or penalties which, by law, cannot be waived.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on 09/15/2025.

FVAguilar

FRANCISCO V. AGUILAR
Secretary of State

Certificate Number: B202509156085119
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 ORION SPECIALTY LABS, LLC

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

Physical Address 1710 WHITNEY MESA DRIVE

City HENDERSON State NEVADA Zip 89014

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone 702-347-4086 Website www.orionspeclabs.com

Licensing Company Email kim@orionspeclabs.com

Section 2: Personal Information

First KIMBERLY Middle ANN Last MOLLER

Alias(es, nicknames, name changes, etc.) KIMBERLY MATTERA - MAIDEN NAME

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)	
TOTENVILLE HIGH SCHOOL			09/85 - 06/89	
Address		City	State	Zip
100 LUTEN AVENUE		STATEN ISLAND	NY	10312
Diploma/Degree obtained, if any				
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				
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
05/23 - Present	[redacted]			
01/10 - 05/23				
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: VESEY ENTERPRISES, INC.				From - To (MM/YY – MM/YY): 06/2013 - Present
Business Address: 168 CENTRAL AVENUE		City: FARMINGDALE	State: NY	Zip: 11735
Phone: 212-245-3413	Title: PRESIDENT			
Description of Duties: PRESIDENT AND OWNER OF HOLDING COMPANY FOR VARIOUS BUSINESS INTERESTS				

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.)		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?		X
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.

KIMBERLY A. MOLLER

Print Name (First, Last)

Kimberly Moller

Original Signature (electronic, copies or stamps not accepted)

11/6/2025

Date

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

State of South Carolina, ss. County of Horry

I, Kimberly Moller, 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.

Kimberly Moller

Original Signature

11/6/2025

Date

Subscribed and Sworn to before me this 6 day of November.

Notary Public Signature

David Gray
Notary Public
State of South Carolina
My commission expires 12/1/2032

(Seal)

NEVADA STATE BOARD OF PHARMACY

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

Sterile Compounding Questionnaire

Rev (09/11/2024)

This application cannot be returned by fax or email.
We must have an original signature to process.

Approval of this completed questionnaire is required for an existing pharmacy, new pharmacy and/or out-sourcing facility applicant who wish to engage in preparing, compounding, dispensing, and furnishing sterile compounded products to Nevada patients or consumers.

Please provide a thorough response to the questions below and provide any necessary supporting documents.
-For a new pharmacy or out-sourcing facility applicant, submit this completed form with your application.
-For an existing pharmacy, send the completed form to the address indicated above.

Section 1: General Information

Pharmacy Name: Orion Specialty Labs LLC

NV Pharmacy or Outsourcing facility license # (if applicable): _____

Physical Address: 1710 Whitney Mesa Drive

City: Henderson State: NV Zip: 89014

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: 702-347-4086 Toll Free # (NAC 639.708, NRS 639.23286): 800-827-3064

Fax: 725-258-6018 Contact Email: kim@orionspeclabs.com

Website: www.orionspeclabs.com

Nevada Business License # (if applicable) _____

Supervising/Managing Pharmacist Name (NRS 639.220): Nahla Ahmed, RPH

Supervising/Managing Pharmacist NV Pharmacist Registration #: 24375

Name of Designated Person(s) as defined by revised USP-797 guidelines: Hayes Attia, RPT

Email of Designated Person(s): hayes@orionspeclabs.com

Telephone of Designated Person(s): 702-347-4086

Section 2: Sterile Compounding Questions (Use a separate piece of paper if additional space is needed.)

1. What risk level sterile compounding will your facility be performing (check all that apply)?

☐ Category 1 ☒ Category 2 ☐ Category 3

If you marked "**Category 3**", you must also complete **section 4.**

2. If compounding Category 2 products is the location performing sterility and endotoxin testing (if required) to obtain extended beyond-use dates? ☒ Yes ☐ No

3. If compounding Category 2 products is the location performing aseptically processed CSPs or terminally sterilized CSPs? ☒ Aseptic ☐ Terminal

4. Is the pharmacy following the new garbing requirements listed in the revised USP-797 guidelines? ☒ Yes No

5. When was the most recent certification for the ISO classified areas? 12 September 2025

6. What is the frequency of the recertification for the ISO classified areas? Every 6 months

7. Were there any follow-up items required from the most recent certification report? ☐ Yes ☒ No

8. If preparing Category 2 or Category 3 CSPs from non-sterile starting components are the pre-sterilization procedures such as weighing and mixing completed in an ISO Class 8 or better environment? ☒ Yes ☐ No

9. If compounding Category 1 CSPs and Category 2 CSPs how often is surface sampling of all classified areas and pass-through chambers conducted? Monthly

10. Will you be performing sterile hazardous drug compounding? Yes ☒ No

If you marked "**Yes**", you must also complete **section 3.**

11. List the sterile compounded products that you will be compounding for Nevada patients or consumers:

To be determined

12. What laboratory performs your sterility or endotoxin testing?

Name: ARL BIO PHARMA

Address: 840 RESEARCH PARKWAY SUITE 546

City: OKLAHOMA CITY State: OK Zip: 73104

Telephone: (405) 271-1144

13. What is your procedure for visual inspection of compounded sterile products?
1. Determine if the finished preparation appearance is as expected (Correct Final fill volume)
2. Remove any Temporary labels on the container prior to performing inspection.
3. Ensure preparation labels not on the preparation containers are isolated and segregated from other preparations .
4. Examine preparations against a matt blackground and against a non-glare white background using an incandescent light.
5. Use higher illumination intensity sufficient to detect particles for preparations where solutions are colored, opaque or in a containers other than clear glass.
6. Inspect for viable and Non-viable particulate, leakage, cloydines,improper seal, crystal, discoloration or preciptation.

14. How often do you perform glove fingertip and medial fill testing?
Gloved Fingertip testing : Initially and every 6 months (CAT 2)
Media fill testing; Intially and every 6 months (CAT 2)

15. Describe your initial and ongoing training program for all personnel performing sterile compounding:
1. Hand Hygiene
2. Garbing (i.e gloving, donning and doffing for non hazardous drug handling and compounding)
3. Handling, receiving, unpacking and storing procedures .
4. Proper use of primary engineering controls (PECS)
5. Principles of high-efficiency particulate air (HEPA) filtered unidirectional airflow within the ISO Class 5 environment
6. Sanitization Procedures (i.e cleaning and disinfecting)
7. Aseptic techniques which includes its assessment by
a. Golved fingertip and thumb sampling. b. Media fill testing.
8. Environmental assessments (Air sampling and Surface sampling)

16. Describe the cleaning procedure for your primary and secondary engineering controls, including the frequency of cleaning and the names of cleaning, disinfectant, sporicidal, and/or deactivation and decontamination agents used:

Cleaning of PEC and eqiupments:
1. Cleaning agent: Equipments and all interior surfaces of the PEC daily on the days of compounding , weekly on the days where no compounding take place and when suface contamination is known or suspected. (sterile Peridox RTU)
2. Disinfectant agent: Equipments and all all interior surfaces of the PEC daily and before and after compounding and when suface contamination is Known or suspected. (sIPA 70%)
3. Sporocidal agent : Monthly for CAT 2 compounding and prior to introducing any equipment or supplies to the cleanroom. (sterile Peridox RTU)
Sequence of cleaning PEC: Ceilings--> walls -->Back of PEC---> Items on the DCA--->DCA
Top to bottom Left to right
(Our SOPS has detailed description of the whole procedure of cleaning PEC and SEC)
Floors of SEC and Anteroom: Daily (Cleaning agent), Monthly (Sporocidal)
Walls and Ceiling of SEC and Anteroom: Monthly (Sporocidal)

17. Who performs the sterile compounding process at your facility?

Nahla Ahmed (RPH), Marie Leider (RPT)

18. Who is responsible and accountable for the sterile compounding process at your facility?

Nahla Ahmed Rph

19. If products are shipped/mailed, what shipping conditions are used to ensure product safety/efficacy?

Products are shipped along with Ice packs to manintain storage requirements of the vials to ensure safety and efficacy.

Section 3: Sterile Hazardous Compounding Questions (Complete this section ONLY if you be performing Sterile Hazardous Compounding.)		
1. What type of primary engineering controls will you be using in your facility?		
2. Are you complying with all USP 800 guidelines?	■ Yes	No
3. Have your employees who compound with hazardous drugs signed an acknowledgement that they understand the risks associated with this process?	■ Yes	No
4. Is your BSC or CACI vented 100% to the outside?	■ Yes	No
5. Do you have a negative pressure buffer room at your facility?	■ Yes	No
6. Will you be compounding with antineoplastic HDs or HD API?	Yes	■ No
7. If yes, are the drugs stored in an externally ventilated, negative pressure room?	Yes	No
8. Will you be utilizing a closed system transfer device?	Yes	No
9. If yes, list the name of the device:		

10. What information is provided to the patient or consumer on the proper handling and disposal of hazardous drugs products/containers?

Each Patient or Consumer is provided a handout advising on the proper handling and disposal of hazardous drug products/containers. The handout addresses the following items:

1. Clear marking that the product container contains a Hazardous Drug that must be handled with care. Patients are advised to avoid direct contact with skin or mucous membranes (except as instructed) and to use disposable gloves when handling.
2. Why the medication is hazardous, symptoms of accidental exposure and what to do if it occurs, safe handling and storage instructions and specific instructions for caregivers.
3. How to handle unused or expired hazardous drugs. They are informed (a) not to flush or throw out in household trase, (b) to return via DEA-authorized drug take-back programs or hazardous pharmaceutical waste container. Used vials, syringes, gloves and gowns are to be placed in leak-proof, puncture-resistant "Hazardous Drug Waste" container.
4. Exposure & Emergency Instructions. If Skin contact, wash thoroughly with soap and water for 15 minutes; remove contaminated clothing. If Eye contact, rinse with clean water or saline for 15 minutes; seek immediate medical attention. If spill exposure, wipe up with disposable towels (wearing gloves and mask) and place materials in HD waste container; contact pharmacy if large spill. If accidental ingestion/injection, seek emergency medical help; provide the drug name and label to clinicians.
5. The following references are cited in the handout: USP <800> Hazardous Drugs—Handling in Healthcare Settings NIOSH List of Antineoplastic and Other Hazardous Drugs (2023 update); OSHA Technical Manual—Section VI, Chapter 2 (Controlling Occupational Exposure to Hazardous Drugs); EPA Pharmaceutical Waste Management Standards (40 CFR Subpart P); FDA Safe Disposal of Medicines (updated 2024)

11. Describe your initial process for training new employees prior to compounding sterile hazardous drugs?
All new employees must complete didactic, observational, and hands-on training before performing any independent compounding of sterile hazardous drugs.

Phase 1 Orientation & regulatory awareness
Overview of USP <797> (Sterile Compounding) and USP <800> (Hazardous Drugs Handling)
OSHA Hazard Communication Standard (29 CFR 1910.1200); Understanding Safety Data Sheets
PPE categories and donning/doffing order; Routes of exposure and potential health effects
Emergency and spill management procedures

Phase 2 Facility & workflow training
Controlled areas: Negative pressure buffer rooms, containment secondary engineering control (C-SEC)
Primary engineering controls: Biological Safety Cabinet (BSC) or Compounding Aseptic Containment Isolator (CACI)
Traffic flow and demarcation zones between sterile and non-sterile areas; HD storage areas (neg. pressure & venting)
Waste segregation: Hazardous vs non-hazardous; cleaning and disinfection

Phase 3 Aseptic & hazardous handling skills
Hand hygiene and garbing sequence; Proper donning of PPE: chemotherapy gown, double gloves, hair/beard covers, shoe covers, mask, face shield if needed; Proper syringe and vial handling; Techniques to prevent HD aerosolization or spills; Decontamination and deactivation process; Environmental monitoring basics

Each employee also must participate in: (a) spill management demonstration (using mock HD solution); Exposure incident response review (eye wash, skin wash, reporting); Waste disposal protocol for PPE, sharps, and containers

Section 4: Sterile Category 3 Compounding Questions (Complete this section ONLY if you will be performing Category 3 Compounding.)

1. List the specific Category 3 sterile products that your facility compounds:

2. What is the frequency for ongoing garbing, gloved fingertip and thumb sampling, and media fill testing for compounding personnel?

3. Is the pharmacy meeting all of the additional garbing requirements for compounding Category 3 CSPs as defined by the revised USP-797 guidelines? Yes No

4. What is the frequency for completing volumetric active air sampling?

5. What is the frequency for completing surface sampling?		
6. What is the frequency for using sporicidal agents?		
7. Is an endotoxin test performed for all products compounded from one or more nonsterile component?	¡Yes	¡No
8. Is the BUD assigned supported by stability data obtained using a stability-indicating analytical method?	¡Yes	¡No

I certify under penalty of perjury that the information contained in this form is accurate, true and complete in all material respects. I understand that making any false representation in this form is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire form 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 the form 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.

Nahla Ahmed, RPH

Name of Person who Completed the Form

Pharmacist in Charge

Title

Nahla Ahmed

Signature (copies or stamps not accepted)

10/31/2025

Date

Board Use Only	Date Received:_____ Date Approved: _____ Approved By: _____

12

12A

NEVADA STATE BOARD OF PHARMACY

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

Wholesaler Application

Non-Refundable $1,000 Fee

Rev (05/12/2022)

Where is the facility located?	☐ Nevada ■ Out-of-State

Type of Application (check applicable box)		**Wholesaler Business Type (check applicable box)**
■ New Wholesaler ☐ Ownership Change* ☐ Name Change* ☐ Location Change* (in-state only)	* If making a change, provide current license number: WH _____	☐ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9) ■ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9) ☐ Partnership (complete sections 1, 2, 3, 6, 8, 9) ☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9)

Section 1: General Information

Facility Name: Stellon Biotech Inc.

Physical Address: 50 Tice Blvd, STE A18

City: Woodcliff Lake State: NJ Zip: 07677

Mailing Address (if different from physical address): Not Applicable

City: _____ State: _____ Zip: _____

Telephone: 201-300-4811 Website: www.stellonbiotech.com

Name of Designated Representative (DR): Sanjeev Krishan

Licensing Company Email: sanjeev@stellonbiotech.com DR Email: sanjeev@stellonbiotech.com

Entities the Wholesaler will Serve (✓ all applicable)	**Products to be Handled or Wholesaled (✓ all applicable)**	**Type of Wholesaling (✓ all applicable)**
☐ Pharmacies	■ Dangerous Drugs	■ Manufacturer
☐ Practitioners	☐ Controlled Substances	☐ Repacker
☐ Hospitals	☐ [a]Medical devices, equipment, supplies, gases	☐ Reverse Distributor
■ Wholesalers	☐ Others: Prescription Drugs	☐ Warehouse
☐ Veterinarians		☐ Retail pharmacy wholesale distributor
☐ Others:		☐ Others: Virtual Manufacturer

Section 2: History of Company	**Yes**	**No**
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners 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 at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?		✔
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?		✔
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners 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 at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✔

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 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 # _____. **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court

Reason/Charge

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy

Name of Business/Industry/Entity

Provide explanation below: Not applicable

Jaspreet Singh

Original Signature (electronic, copies or stamps not accepted)

21st NOV 2025

Date

Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

Name: Not Applicable

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Section 4: Publicly Traded Corporation

State of Incorporation: NA

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:

Section 5: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: Delaware

Parent Company (if any): Concord Biotech Ltd.,B-16 Floor, Mondeal Heights,S.G. Highway, Ahmedabad, Gujarat (India)

Corporation/Organization Name: Stellon Biotech Inc.

Mailing Address: 50 Tice Blvd, STE A18

City: Woodcliff Lake State: NJ Zip: 07677

Telephone: 201-300-4811 Email: sanjeev@stellonbiotech. com

Contact Person Name: Sanjeev Krishan

Section 6: Partnership

Partnership Name: NA

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Section 7: Sole Owner

Owner's Name: NA

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

* At this point importation/purchase from suppliers has not been initiated

Section 8: NABP Accreditation/FDA Registration	Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:		✔
1. Copy of Certification 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		
Is your company licensed as a Manufacturer by the FDA? If yes, provide:		✔
1. Copy of FDA registration 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		

Section 9: Provide the following documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List of all Officers and Directors.**	✓	✓		
• **List the top four corporation shareholders and their percent ownership.**	✓			
• **List of all corporation shareholders and their percent ownership.**		✓		
• **List of all partners and their percent ownership.**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **12 months.**	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Copy of DEA certificate if handling controlled substances**	✓	✓	✓	✓
• **Copy of current SEC 10K or 8K** (First 15 pages only)	✓			
• **List containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.**	✓	✓	✓	✓
• **Copy of your license, certification, permit or registration issued to your wholesaler business** from the regulatory board or licensing authority of the state or territory in which the wholesaler is located. **(REQUIRED FOR OUT-OF-STATE WHOLESALERS, if applicable)**	✓	✓	✓	✓
• [a]**Medical Devices, Equipment and Gases (MDEG) Administrator form** must be completed if the business will wholesale medical devices, equipment, supplies, gases, including hypodermic devices. (NAC 639.6957). Access form at https://bop.nv.gov/Services/newapps/Business/	✓	✓	✓	✓
• **If providing [a]Medical Devices, Equipment and Gases (MDEG), supply a copy of proof of insurance (NAC 639.6957).** The MDEG wholesaler shall maintain liability insurance of at least one million dollars ($1,000,000.00).	✓	✓	✓	✓
ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered (see Section 8)				
• **Submit Fingerprints** following instructions found at: http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/7.1.2019.Fingerprint%20Submission%20Instructions.pdf.		✓	✓	✓
• **Copy of a bond in an amount of $100,000** made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the **Surety Bond form at:** http://bop.nv.gov/Services/newapps/Business/.		✓	✓	✓

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. I further certify compliance with NRS 639.590 and NAC 639.594 as applicable.

Stellon Biotech Inc.

Facility Name

Sanjeev Krishan

Print Name of Authorized Person Submitting Application

Sanjeev Krishan

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

21st NOV 2025

Date

Board Use Only	Date Received: 11/25/25	Amount: $1000 CK 1001

Drug Databases (https://www.fda.gov/Drugs/InformationOnDrugs/default.htm)

National Drug Code Directory

Current through December 02, 2025

You have searched Finished drug products

Search Results: *'85972'*

Back to Search Page () | Search Again ()

CSV Excel

Display 50 records per page

Search for text in the table:

Proprietary Name	NDC Package Code	Strength	Dosage Form	Route	Appl. No.	Labeler Name	Product NDC	Nonproprietary Name	Substance Name	Product Type Name	Start Marketing Date	End Marketing Date
+ Tacrolimus	85972-101-01	.5 mg/1	CAPSULE	ORAL	ANDA213112	Stellon Biotech. Inc.	85972-101	Tacrolimus	TACROLIMUS	HUMAN PRESCRIPTION DRUG	08/07/2025	N/A
+ Tacrolimus	85972-101-30	.5 mg/1	CAPSULE	ORAL	ANDA213112	Stellon Biotech. Inc.	85972-101	Tacrolimus	TACROLIMUS	HUMAN PRESCRIPTION DRUG	08/07/2025	N/A
+ Tacrolimus	85972-102-01	1 mg/1	CAPSULE	ORAL	ANDA213112	Stellon Biotech. Inc.	85972-102	Tacrolimus	TACROLIMUS	HUMAN PRESCRIPTION DRUG	08/07/2025	N/A
+ Tacrolimus	85972-102-30	1 mg/1	CAPSULE	ORAL	ANDA213112	Stellon Biotech. Inc.	85972-102	Tacrolimus	TACROLIMUS	HUMAN PRESCRIPTION DRUG	08/07/2025	N/A
+ Tacrolimus	85972-103-01	5 mg/1	CAPSULE	ORAL	ANDA213112	Stellon Biotech. Inc.	85972-103	Tacrolimus	TACROLIMUS	HUMAN PRESCRIPTION DRUG	08/07/2025	N/A
+ Tacrolimus	85972-103-30	5 mg/1	CAPSULE	ORAL	ANDA213112	Stellon Biotech. Inc.	85972-103	Tacrolimus	TACROLIMUS	HUMAN PRESCRIPTION DRUG	08/07/2025	N/A

Showing 1 to 6 of 6 entries

Previous 1 Next

Background Information (https://www.fda.gov/Drugs/InformationOnDrugs/ucm142438.htm)

Drug questions email: DRUGINFO@FDA.HHS.GOV (mailto:DRUGINFO@FDA.HHS.Gov)

See also: Drug Registration and Listing Instructions (https://www.fda.gov/Drugs/GuidanceComplianceRegulatoryInformation/DrugRegistrationandListing/ucm078801.htm)
National Drug Code Directory Data Files (https://www.fda.gov/Drugs/InformationOnDrugs/ucm142438.htm)

U.S Department of Health and Human Services
Public Health Service
Food and Drug Administration
Center for Drug Evaluation and Research
Division of Data Management and Services

Stellon Biotech Inc.

Active Product List:

The details of all the active product list which intended to be distributed by Stellon Biotech Inc. in the USA market are provided in Table 1 below:

Table 1: Active Product List

S. No	NDC code	Product Name	Strength	Pack Size	Dosage form	Applicant	Manufacturer	Distributor
1.	85972-101-01	Tacrolimus	0.5 mg	100	Capsule	Concord Biotech Limited	Concord Biotech Limited	Stellon Biotech Inc.
2.	85972-102-01	Tacrolimus	1 mg	100	Capsule	Concord Biotech Limited	Concord Biotech Limited	Stellon Biotech Inc.
3.	85972-103-01	Tacrolimus	5 mg	100	Capsule	Concord Biotech Limited	Concord Biotech Limited	Stellon Biotech Inc.

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Stellon Biotech Inc.

Nature of Business

Stellon Biotech Inc.("Stellon") is a virtual prescription drug manufacturer with assigned Dun & Bradstreet (DUNS) number 119525674 and FDA Labeler code 85972. As a newly established entity, Stellon is currently pursuing licensure with relevant state agencies prior to initiating virtual manufacturer/distributer activities. A contract manufacturer will be used to manufacture the product(s) that company intends to sell, and a third-party logistics provider (3PL) will handle receipt, storage and distribution activities. No product will be handled at Stellon's business office. Stellon will sell prescription drugs for which its co-Licensing partner/Affiliate holds FDA approval. Provided below are the details of the product(s) the company intends to sell, the contract manufacturing facility and the third-party logistics provider.

Contract Manufacturer & Product Details:

CMO Details	Product(s)	Active	ANDA	Dosage Form	Strength	NDC
Concord Biotech Limited Unit - II, 297-298 / 2P, At. Valthera, Ta. Dholka, Ahmedabad, Gujarat, 382 225, India FEIN: 3012520698	Tacrolimus	Tacrolimus	213112	Capsule	0.5mg, 1mg, 5 mg	85972-101-01 85972-102-01 85972-103-01

Third Party Logistics Provider:
Direct Customer Solutions, LLC
4277 Highway 412 South
Bells, TN, 38006
Nevada State BOP Registration# WH03234

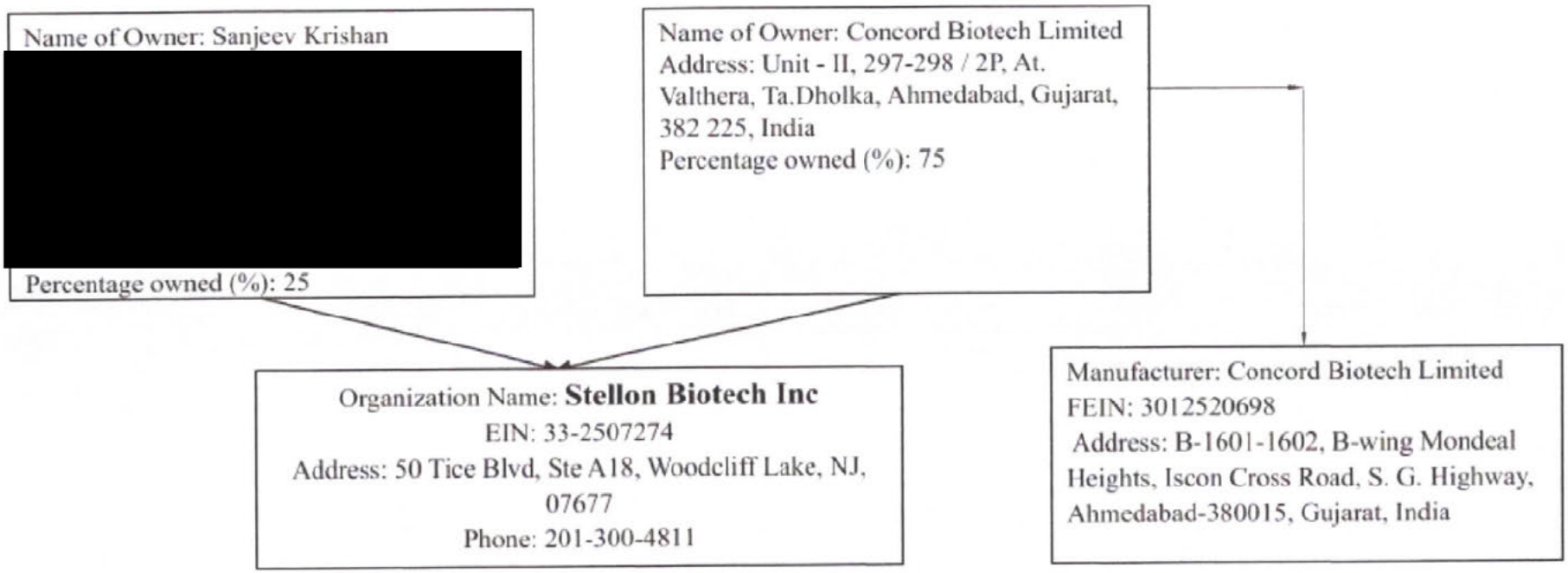
Stellon Biotech Inc.

Director/Officer Details:

Name	Title	Home Address
Sanjeev Krishan	President & CEO (Designated Rep)	[redacted]

Stellon Biotech Inc.

OWNERSHIP INTEREST CHART



State Of Delaware

THIS IS NOT AN OFFICIAL CERTIFICATE OF STATUS

Date Retrieved: 11/21/2025 11:35:28AM

File Number: 10042888
Incorporation Date / Formation Date: 12/19/2024
Entity Name: STELLON BIOTECH INC.
Entity Kind: Corporation
Entity Type: General
Residency: Domestic
State: DELAWARE
Status: Good Standing
Status as of: 4/5/2025

Registered Agent Information

Name: REGISTERED AGENT SOLUTIONS, INC.
Address: 838 WALKER ROAD SUITE 21-2
City: DOVER
Country:
State: DE
Postal Code: 19904
Phone: 888-716-7274

Tax Information

Last AnnualReport Filed: 2024
Tax Due: $ 0
Annual Tax Assessment: $144627.50
Total Authorized Shares: 25000000

Filing History (Last 5 Filings)

Seq	Description	No of Pages	Filing Date mm/dd/yyyy	Filing Time	Effective Date mm/dd/yyyy
1	Amendment Stock	3	20250626	154200	20250626
2	Stock Corporation	2	20241219	084600	20241219

THIS IS NOT AN OFFICIAL CERTIFICATE OF STATUS

Delaware

The First State

I, CHARUNI PATIBANDA-SANCHEZ, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "STELLON BIOTECH INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE THIRD DAY OF DECEMBER, A.D. 2025.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "STELLON BIOTECH INC." WAS INCORPORATED ON THE NINETEENTH DAY OF DECEMBER, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

C. B. Sanchez

Charuni Patibanda-Sanchez, Secretary of State

10042888 8300

SR# 20254738162

Authentication: 205485350

Date: 12-03-25

You may verify this certificate online at corp.delaware.gov/authver.shtml

NEW JERSEY DEPARTMENT OF HEALTH
CONSUMER AND ENVIRONMENTAL HEALTH SERVICE

0754089

P.O. Box 369, Trenton, New Jersey 08625-0369

DRUG AND MEDICAL DEVICE CERTIFICATE OF REGISTRATION

N.J.S.A. 24:6B-5 -- "If any location of a registered business is to be changed, the registrant shall give the department written notice prior to the change of the address of such new location and the name and address of the individual to be in charge thereof. A fee of $20.00 shall accompanying such notification."

Registered as: [X] manufacturer [X] wholesaler which conducts business at the following locations in this State:

50 TICE BLVD, STE A18 WOODCLIFF LAKE, NJ 07677-

Reg. No.
5006860

STELLON BIOTECH INC.
50 TICE BLVD, STE A18
WOODCLIFF LAKE, NJ 07677-

ISSUED PURSUANT TO
N.J.S.A. 24:6B

EXPIRES: January 31, 2027

Establishment Copy

Registration Number: 5006860 **Registered As:** Manufacturer,Distributor Information Recorded in the System as of 11/21/2025

Name: STELLON BIOTECH INC. New Jersey Department of Health

DBA: STELLON BIOTECH INC.

Address: 50 TICE BLVD STE A18 WOODCLIFF LAKE, NJ 07677

Original Issue Date: 10/10/2025 **Expiration Date:** 01/31/2027

Current Issue Date: 10/10/2025

Disciplines: No

Permit Status: Active

Stellon Biotech Inc.

A list of all licenses and permits issued to the applicant by any other state under which the applicant is permitted to purchase or possess prescription drugs:

Firm Name	Registered as	State	Issue Date	Expiration Date	Registration Number
Stellon Biotech Inc.	Manufacturer and Wholesaler	NJ	10/10/2025	1/31/2027	5006860

P.S.: At this point Stellon Biotech Inc. "Stellon" only has a permit in the State of New Jersey.

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206
Reno, NV 89521
(775) 850-1440
Fax: (775) 850-1444

PHARMACEUTICAL WHOLESALER SURETY BOND

Bond No. 83BSBJK7179

Application/License No. _____

STELLON BIOTECH INC., doing or intending to do business as a
(Applicant/Principal)
pharmaceutical wholesaler, whose address for purposes of service is
50 Tice Blvd., Suite A18 Woodcliff Lake, NJ 07677, as
(Address of Applicant/Principal)
PRINCIPAL, and HARTFORD FIRE INSURANCE COMPANY, a
(Surety Company)
corporation organized under the laws of the state of CT
(State of Incorporation)
and authorized to transact a general surety business in the State of

Nevada, whose address for purposes of service is
One Hartford Plaza Hartford, CT 06155 as
(Address of Surety)
SURETY, are held and firmly bound unto the State of Nevada and to the Nevada State Board of Pharmacy for the penal sum of TWENTY-FIVE THOUSAND DOLLARS ($25,000.00), for which payment we bind ourselves, our heirs, executors, administrators, successors and assigns jointly and severally, by these presents. This bond term shall become effective on November 13, 2025.
(Effective Date)

WHEREAS, the provisions of Nevada Revised Statue (NRS) 639.515 and Nevada Administrative Code (NAC) 639.5937 require that the Applicant/Principal file or have on file with the Nevada State Board of Pharmacy (Board) a bond in the sum of $25,000.00 payable to the Nevada State Board of Pharmacy and this bond is executed and tendered in accordance therewith. This bond secures payment of any administrative fines imposed by the Board pursuant to NRS 639.255 and any costs incurred by the Board regarding the license of Applicant/Principal that are impose pursuant to NRS 622.400 or 622.410 which the Applicant/Principal fails to pay.

THIS BOND is subject to the following conditions:

(1) This bond shall be deemed continuous in form and shall remain in full force and effect and shall run concurrently with the license period for which the license is granted and each and every succeeding license period or periods for which said Applicant/Principal may be licensed, after which liability hereunder shall cease except as to any liability or indebtedness therefore incurred or accrued hereunder.
(2) This bond is executed by the Applicant/Principal and the Surety to comply with the provisions of NRS 639.515 and NAC 639.5937 and said bond shall be subject to all of the terms and provisions thereof.
(3) The Surety, its successors and assigns, are jointly and severally liable on the obligations of the bond.
(4) The limitations of the liability of the Surety and the conditions of the bond are set forth in NRS 639.515 and NAC 639.5937. Any claim by the Board may be made directly to the Surety and need not be preceded by the filing of any action in a proper court. Payment of any such claim shall be payable to the Nevada State Board of Pharmacy.
(5) The aggregate liability of the Surety hereunder on all claims whatsoever shall not exceed the penal sum of this bond in any event.
(6) This bond may not be cancelled by the Surety without first giving the Board written notice at least thirty days in advance of any intent to cancel the bond.
(7) The Applicant/Principal and Surety may be served with notices, papers and other documents at the addresses given above.

I certify or declare under penalty of perjury, under the laws of the State of Nevada, that I have executed the foregoing bond on behalf of the Surety under an unrevoked power of attorney.

In witness whereof, each party to this bond has caused it to be executed on this 13th day of November, 20 25.

APPLICANT/PRINCIPAL
STELLON BIOTECH INC.

Authorized Representative

SURETY COMPANY
HARTFORD FIRE INSURANCE COMPANY

Surety Company's Representative

Derek J. Elston, Attorney-in-fact
print name

SIGNED and SEALED in the presence of:

Witness

Witness

SIGNED and SEALED in the presence of:

Witness Marcia Cesafsky

Witness Aaron Griffin

Countersigned by:

N/A
Nevada Resident Agent

Posted February 20, 2020

POWER OF ATTORNEY

Direct Inquiries, Bond Authenticity and Claims to:
THE HARTFORD
BOND, T-14
One Hartford Plaza
Hartford, Connecticut 06155
Bond.Claims@thehartford.com
call: 888-266-3488 *or fax:* 860-757-5835

KNOW ALL PERSONS BY THESE PRESENTS THAT:

Agency Name: AON RISK SERVICES CENTRAL INC
Agency Code: 83-553702

- ☒ **Hartford Fire Insurance Company**, a corporation duly organized under the laws of the State of Connecticut
- ☒ **Hartford Casualty Insurance Company**, a corporation duly organized under the laws of the State of Indiana
- ☒ **Hartford Accident and Indemnity Company**, a corporation duly organized under the laws of the State of Connecticut
- ☐ **Hartford Insurance Company of the Midwest**, a corporation duly organized under the laws of the State of Indiana

having their home office in Hartford, Connecticut, (hereinafter collectively referred to as the "Companies") do hereby make, constitute and appoint, ***up to the amount of*** Unlimited :
Derek J. Elston, Jennifer L. Jakaitis, Richard Casas, Aaron D. Griffin, Bartlomiej Siepierski, Aerie Walton of CHICAGO, Illinois

their true and lawful Attorney(s)-in-Fact, each in their separate capacity if more than one is named above, to sign its name as surety(ies) only as delineated above by ☒, and to execute, seal and acknowledge any and all bonds, undertakings, contracts and other written instruments in the nature thereof, on behalf of the Companies in their business of guaranteeing the fidelity of persons, guaranteeing the performance of contracts and executing or guaranteeing bonds and undertakings required or permitted in any actions or proceedings allowed by law.

In Witness Whereof, and as authorized by a Resolution of the Board of Directors of the Companies on May 23, 2016 the Companies have caused these presents to be signed by its Assistant Vice President and its corporate seals to be hereto affixed, duly attested by its Assistant Secretary. Further, pursuant to Resolution of the Board of Directors of the Companies, the Companies hereby unambiguously affirm that they are and will be bound by any mechanically applied signatures applied to this Power of Attorney.

Phyllis A. Clark, Assistant Secretary

Joelle L. LaPierre, Assistant Vice President

STATE OF FLORIDA
COUNTY OF SEMINOLE } ss. Lake Mary

On this 1st day of March, 2024, before me personally came Joelle L. LaPierre, to me known, who being by me duly sworn, did depose and say: that (s)he resides in Seminole County, State of Florida; that (s)he is the Assistant Vice President of the Companies, the corporations described in and which executed the above instrument; that (s)he knows the seals of the said corporations; that the seals affixed to the said instrument are such corporate seals; that they were so affixed by authority of the Boards of Directors of said corporations and that (s)he signed his/her name thereto by like authority.

Mariluz Arce
My Commission HH 287363
Expires July 13, 2026

I, the undersigned, Assistant Vice President of the Companies, DO HEREBY CERTIFY that the above and foregoing is a true and correct copy of the Power of Attorney executed by said Companies, which is still in full force effective as of November 13th, 2025.

Signed and sealed in Lake Mary, Florida.

Keith D. Dozois, Assistant Vice President

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 STELLON BIOTECH INC.

Pharmacy/Wholesaler License # (if applicable) NA

Physical Address 50 TICE BLVD, STE A18

City WOODCLIFF LAKE State NJ Zip 07677

Mailing Address (if different from physical address) NA

City _____ State _____ Zip _____

Telephone 201-300-4811 Website WWW.STELLONBIOTECH.COM

Licensing Company Email SANJEEV@STELLONBIOTECH.COM

Section 2: Personal Information

First SANJEEV Middle _____ Last KRISHAN

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

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

Mailing Addres[redacted]

City HIGHLAND MILLS State NY Zip [redacted]

Telephone [redacted] Ema[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)	
ARMY PUBLIC SCHOOL		06/87-06/88	
Address	City	State	Zip
RIDGE ROAD, DHAULA KUAN	NEW DELHI	DELHI	110010
Diploma/Degree obtained, if any			
ALL INDIA SECONDARY SCHOOL EXAM (AISSE) 10TH GRADE			

School Name		From - To (MM/YY – MM/YY)	
ARMY PUBLIC SCHOOL		06/88-06/90	
Address	City	State	Zip
RIDGE ROAD, DHAULA KUAN	NEW DELHI	DELHI	110010
Diploma/Degree obtained, if any			
ALL INDIA SECONDARY SCHOOL CERTIFICATION EXAM (AISSCE); HIGH SCHOOL			

School Name		From - To (MM/YY – MM/YY)	
UNIVERSITY OF DELHI		08/90- 05/93	
Address	City	State	Zip
NORTH CAMPUS, UNIVERSITY ENCLAVE	NEW DELHI	DELHI	110007
Diploma/Degree obtained, if any			
BACHELOR OF SCIENCE (CHEMISTRY)			

School Name		From - To (MM/YY – MM/YY)	
INDIAN INSTITUTE OF TECHNOLOGY (IIT), ROORKEE		08/93- 05/95	
Address	City	State	Zip
ROORKEE HARIDWAR HIGHWAY	ROORKEE	UK	247667
Diploma/Degree obtained, if any			
MASTER OF SCIENCE (BIOTECHNOLOGY)			

School Name		From - To (MM/YY – MM/YY	
SYMBIOSIS INSTITUE OF MANAGEMENT STUDIES		08/95-05/97	
Address	City	State	Zip
RANGE HILL, KHADKI	PUNE	MH	411020
Diploma/Degree obtained, if any			
BUSINESS MANAGEMENT (FINANCE & MARKETING)			

Education has been received in "Republic of INDIA"

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
01/15- PRESENT	[redacted]	HIGHLAND MILLS	NY	[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)	
STELLON BIOTECH INC.			01/25- PRESENT	
Business Address		**City**	**State**	**Zip**
50 TICE BLVD, STE A18		WOODCLIFF LAKE	NJ	07677
Phone	**Title**		**Number of Employed Hours**	
201-300-4811	PRESIDENT & CEO		1680	
Description of Duties				
AS DESIGNATED REP: PLAN, EXECUTE, CONTROL AND DIRECT STRATEGIC INITIATIVES IN THE AREA OF COMPANY'S OVERALL BUSINESS INCLUDING QUALITY, COMPLIANCE, RECORD KEEPING & LOGISTICS MGMT				

Business Name			From - To (MM/YY – MM/YY)	
GLENMARK PHARMACEUTICALS INC. USA			12/20- 12/24	
Business Address		**City**	**State**	**Zip**
750 CORPORATE DRIVE		MAHWAH	NJ	07430
Phone	**Title**		**Number of Employed Hours**	
201-684-8000	PRESIDENT, NORTH AMERICA		8480	
Description of Duties				
AS DESIGNATED REP: PLAN, EXECUTE, CONTROL AND DIRECT STRATEGIC INITIATIVES IN THE AREA OF COMPANY'S OVERALL BUSINESS INCLUDING QUALITY, COMPLIANCE, RECORD KEEPING & LOGISTICS MGMT				

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.

Employment with Glenmark Pharma Inc starting 12/05 (Refer personal history)
Responsibility initiated 12/20

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				

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				

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?		✔

From: Sanjeev Krishan <Sanjeev@stellonbiotech.com>
Sent: Thursday, December 4, 2025 1:01 PM
To: Maria Herrera <m.herrera@pharmacy.nv.gov>
Subject: Re: Nevada Out-of-State Wholesaler Application-Stellon Biotech Inc.

WARNING - This email originated from outside the State of Nevada. Exercise caution when opening attachments or clicking links, especially from unknown senders.

Dear Maria,

Thank You for prompt response with respect to this application- Please note my responses to your questions

1. Please see attached Delaware Certificate of Good Standing.
2. With respect to question marked as Yes on DR disclosure form. I have provided detailed information re the court cases my previous employer was involved upto 2024. I was not personally named and do not have access to any more information at this point.
3. Please return the FP Cards to : Stellon Biotech Inc., 50 Tice Blvd, STE A18, Woodcliff Lake, NJ 07677

We spoke on point 2 above and I have provided the best possible information i have access to.

Thanks again for your guidance and support in expeditious review of our application

Best regards,
Sanjeev Krishan
CEO
———————————//

Stellon Biotech Inc
50 Tice Blvd, STE A18
Woodcliff Lake NJ 07677

Work +1-201-300-4811
[redacted]

From: Maria Herrera <m.herrera@pharmacy.nv.gov>
Sent: Tuesday, December 2, 2025 6:08 PM
To: Sanjeev Krishan <Sanjeev@stellonbiotech.com>
Subject: Nevada Out-of-State Wholesaler Application-Stellon Biotech Inc.

The Nevada State Board of Pharmacy received an Out-of-State Wholesaler application from Stellon Biotech Inc. The application is incomplete due to the following missing item(s).

- Provide a copy of the Delaware Certificate of Good Standing, the one provided is not a Certificate of Status
- Provide any supporting documents regarding the DR disclosure question marked yes
- Please provide a return address, where I can mail back the fingerprint documents for fingerprints are not required if the facility holds an FDA labeler.

All items must be received to move forward with processing your application.

Please let me know if you have any questions.

Thank you,

Maria Herrera
Licensing Specialist
Nevada State Board of Pharmacy
775-850-1440
m.herrera@pharmacy.nv.gov

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
June 15, 2018	Dec 14, 2023	VA	Norfolk	None

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court
18-MD-2836	Eastern District of VA

Reason/Charge
Re: Zetia (Ezetimibe) Antitrust Litigation

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy
Def- Glenmark/Merck Pharma; PT-Wholesalers/health plans	Lawsuit

Name of Business/Industry/Entity
Glenmark Pharmaceuticals Inc / Merck Pharmaceuticals

Provide explanation below:

> This case involved my previous employer- Glenmark Pharmaceuticals Inc, a large generics pharma company and predates my holding officer's position

Case was resolved in Dec 2023 between Merck, Glenmark & plaintiffs to all party's satisfaction

Original Signature (electronic, copies or stamps not accepted)

21st NOV 2025

Date

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Date of Event/Arrest	Disposition Date	State	City	County
August 25, 2020	August 21, 2023	PA	Philadelphia	Philadelphia
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
20-200		Eastern District of PA		
Reason/Charge				
Antitrust Sherman Act Litigation				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Defendant- Glenmark/Teva Pharma; Plaintiff: USA			Lawsuit	
Name of Business/Industry/Entity				
Glenmark Pharmaceuticals Inc / Teva Pharmaceuticals				

Provide explanation below:

> This case involved my previous employer- Glenmark Pharmaceuticals Inc, a large generics pharma company and predates my holding officer's position

Case was resolved with Glenmark entering into a deferred prosecution agreement in August 2023

Jayan Doshi

Original Signature (electronic, copies or stamps not accepted)

21st NOV 2025

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 # 5 . **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
May 19, 2016	Ongoing	PA	Philadelphia	Philadelphia
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
MDL 2724		Eastern District of PA		
Reason/Charge				
Generic Pharmaceuticals Pricing Antitrust Litigation				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Defendant :Over 20 Generic pharma cos; Plaintiff: CT AG			Lawsuit	
Name of Business/Industry/Entity				
Glenmark Pharmaceuticals Inc				

Provide explanation below:

> This case involved my previous employer- Glenmark Pharmaceuticals Inc, a large generics pharma company and predates my holding officer's position

The litigation consolidates numerous lawsuits alleging price fixing of generic drugs in violation of the Sherman Act and state antitrust laws.

Defendants are multiple pharmaceutical manufacturers accused of collusion through direct contacts and trade association meetings.

Over time, the scope expanded to include claims brought by 40 U.S. states through their Attorneys General

Jaymee Dolan

Original Signature (electronic, copies or stamps not accepted)

21st NOV 2025

Date

I, SANJEEV KRISHAN, **certify that as the designated representative for**

STELLON BIOTECH INC.,

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.

SANJEEV KRISHAN

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

21st NOV 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.

SANJEEV KRISHAN

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

24th NOV 2025

Date

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

State of NY, ss. County of ORANGE

I, Sanjeev Krishan, 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

24th NOV 2025

Date

Subscribed and Sworn to before me this 24th day of November, 2025.

Notary Public Signature

TRACY E MAGGIO
Notary Public, State of New York
Reg. No. 01MA6377633
Qualified in Orange County
Commission Expires July 9, 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 STELLON BIOTECH INC.

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

Physical Address 50 TICE BLVD, STE A18

City WOODCLIFF LAKE State NJ Zip 07677

Mailing Address (if different from physical address) NA

City _____ State _____ Zip _____

Telephone 201-300-4811 Website WWW.STELLONBIOTECH.COM

Licensing Company Email SANJEEV@STELLONBIOTECH.COM

Section 2: Personal Information

First SANJEEV Middle _____ Last KRISHAN

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

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

Mailing Addres[redacted]

City HIGHLAND MILLS State NY Zip [redacted]

Telephone[redacted] Em[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)	
ARMY PUBLIC SCHOOL		06/87-06/88	
Address	**City**	**State**	**Zip**
RIDGE ROAD, DHAULA KUAN	NEW DELHI	DELHI	110010
Diploma/Degree obtained, if any			
ALL INDIA SECONDARY SCHOOL EXAM (AISSE) 10TH GRADE			
School Name		From - To (MM/YY – MM/YY)	
ARMY PUBLIC SCHOOL		06/88-06/90	
Address	City	State	Zip
RIDGE ROAD, DHAULA KUAN	NEW DELHI	DELHI	110010
Diploma/Degree obtained, if any			
ALL INDIA SECONDARY SCHOOL CERTIFICATION EXAM (AISSCE); HIGH SCHOOL			
School Name		From - To (MM/YY – MM/YY)	
UNIVERSITY OF DELHI		08/90- 05/93	
Address	City	State	Zip
NORTH CAMPUS, UNIVERSITY ENCLAVE	NEW DELHI	DELHI	110007
Diploma/Degree obtained, if any			
BACHELOR OF SCIENCE (CHEMISTRY)			
School Name		From - To (MM/YY – MM/YY)	
NDIAN INSTITUTE OF TECHNOLOGY (IIT), ROORKEE		08/93- 05/95	
Address	City	State	Zip
ROORKEE HARIDWAR HIGHWAY	ROORKEE	UK	247667
Diploma/Degree obtained, if any			
MASTER OF SCIENCE (BIOTECHNOLOGY)			
School Name		From - To (MM/YY – MM/YY	
SYMBIOSIS INSTITUE OF MANAGEMENT STUDIES		08/95-05/97	
Address	City	State	Zip
RANGE HILL, KHADKI	PUNE	MH	411020
Diploma/Degree obtained, if any			
BUSINESS MANAGEMENT (FINANCE & MARKETING)			

Education has been received in "Republic of INDIA"

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
1/15- PRESENT	[redacted]	HIGHLAND MILLS	NY	[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)	
STELLON BIOTECH INC.			01/25- PRESENT	
Business Address		**City**	**State**	**Zip**
50 TICE BLVD, STE A18		WOODCLIFF LAKE	NJ	07677
Phone	**Title**			
201-300-4811	PRESIDENT & CEO			
Description of Duties				
AS DESIGNATED REP: PLAN, EXECUTE, CONTROL AND DIRECT STRATEGIC INITIATIVES IN THE AREA OF COMPANY'S OVERALL BUSINESS INCLUDING QUALITY, COMPLIANCE, RECORD KEEPING & LOGISTICS MGMT				

Business Name			From - To (MM/YY – MM/YY)	
GLENMARK PHARMACEUTICALS INC. USA			12/05-12/24	
Business Address		**City**	**State**	**Zip**
750 CORPORATE DRIVE		MAHWAH	NJ	07430
Phone	**Title**			
201-684-8000	PRESIDENT, NORTH AMERICA			
Description of Duties				
AS DESIGNATED REP: PLAN, EXECUTE, CONTROL AND DIRECT STRATEGIC INITIATIVES IN THE AREA OF COMPANY'S OVERALL BUSINESS INCLUDING QUALITY, COMPLIANCE, RECORD KEEPING & LOGISTICS MGMT				

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?		✔

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This is in response to Question # 5 . **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
June 15, 2018	Dec 14, 2023	VA	Norfolk	None
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
18-MD-2836		Eastern District of VA		
Reason/Charge				
Re: Zetia (Ezetimibe) Antitrust Litigation				
Plaintiff/Defendant/Claimant/Respondent		**Lawsuit/Arbitration/Bankruptcy**		
Def- Glenmark/Merck Pharma; PT-Wholesalers/health plans		Lawsuit		
Name of Business/Industry/Entity				
Glenmark Pharmaceuticals Inc / Merck Pharmaceuticals				

Provide explanation below:

> This case involved my previous employer- Glenmark Pharmaceuticals Inc, a large generics pharma company and predates my holding officer's position

Case was resolved in Dec 2023 between Merck, Glenmark & plaintiffs to all party's satisfaction

Original Signature (electronic, copies or stamps not accepted)

21st NOV 2025

Date

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Reason/Charge				
Antitrust Sherman Act Litigation				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Defendant- Glenmark/Teva Pharma; Plaintiff: USA			Lawsuit	
Name of Business/Industry/Entity				
Glenmark Pharmaceuticals Inc / Teva Pharmaceuticals				

Provide explanation below:

> This case involved my previous employer- Glenmark Pharmaceuticals Inc, a large generics pharma company and predates my holding officer's position

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Jacques Dinlan

Original Signature (electronic, copies or stamps not accepted)

21 st NOV 2025

Date

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Generic Pharmaceuticals Pricing Antitrust Litigation				
Plaintiff/Defendant/Claimant/Respondent		**Lawsuit/Arbitration/Bankruptcy**		
Defendant :Over 20 Generic pharma cos; Plaintiff: CT AG		Lawsuit		
Name of Business/Industry/Entity				
Glenmark Pharmaceuticals Inc				

Provide explanation below:

> This case involved my previous employer- Glenmark Pharmaceuticals Inc, a large generics pharma company and predates my holding officer's position

The litigation consolidates numerous lawsuits alleging price fixing of generic drugs in violation of the Sherman Act and state antitrust laws.

Defendants are multiple pharmaceutical manufacturers accused of collusion through direct contacts and trade association meetings.

Over time, the scope expanded to include claims brought by 40 U.S. states through their Attorneys General

Jayce Dinh

Original Signature (electronic, copies or stamps not accepted)

21st NOV 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.

SANJEEV KRISHAN

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

24th NOV 2025

Date

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

State of NY, ss. County of ORANGE

I, Sanjeev krishan, 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

24th NOV 2025

Date

Subscribed and Sworn to before me this 24th day of November, 2025,

Notary Public Signature

TRACY E MAGGIO
Notary Public, State of New York
Reg. No. 01MA6377633
Qualified in Orange County
Commission Expires July 9, 2026

(Seal)

Stellon Biotech Inc.

List containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant:

Employees of Stellon Biotech Inc:

1. Sanjeev Krishan, CEO
2. Melissa Cain, Senior Director National Accounts
3. Louis Pearce, Executive Director & Head of Finance

Holder of Indebtedness:

Concord Biotech Limited

16th Floor, B-Wing, Mondeal Heights,

Iscon Cross Road, S.G. Highway,

Ahmedabad, Gujarat 380015, India

13

13A

Monday, November 24, 2025

To the Honorable Members of the Nevada State Board of Pharmacy,

I am writing to respectfully request reconsideration for an additional opportunity to sit for the NAPLEX examination. I earned my Doctor of Pharmacy degree in 2020, during a period when COVID-19 significantly disrupted pharmacy education nationwide. My final year—including rotations, mentorship, and licensure preparation—occurred without direct guidance or in-person support. All of my initial attempts at the NAPLEX were taken during this period of instability, and my performance reflected the challenges of that time.

Several years later, when I sought assistance from the Nevada Board, I was grateful that you reviewed my circumstances thoroughly. During the Board's Zoom deliberation, I understood that some members supported granting two opportunities while others supported one. The Board ultimately decided to grant me one examination attempt. I prepared diligently for that opportunity, but unfortunately, I did not pass.

Since that time, I have continued to support my family—my wife and our three young children—by working full-time as a rideshare driver while managing more than $200,000 in student loan debt that continues to accrue interest. Despite these challenges, I have not distanced myself from the profession. I have remained in contact with practicing pharmacists at the University of Michigan and other institutions who have guided me, reviewed material with me, and offered to support my preparation going forward. With proper mentorship and significantly more stability in my life, I am in a far better position to succeed.

I am requesting another opportunity because I believe that I can now demonstrate the competence and professionalism expected of a licensed pharmacist. The fact that some Board members previously expressed support for granting two attempts gives me hope that the Board may be willing to reconsider under these improved circumstances. If permitted, I am fully prepared to follow any conditions the Board may impose, including structured study requirements, progress documentation, or appearing before the Board to answer questions regarding my preparation.

I am sincerely grateful for the Board's previous consideration and for your continued dedication to protecting the standards of the pharmacy profession. I respectfully ask that you allow me one final opportunity to take the NAPLEX and prove my readiness to serve as a pharmacist.

Thank you for your time and reconsideration.

With respect,

Ameer Alhaj
[redacted]

NEVADA STATE BOARD OF PHARMACY

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

Pharmacist Application
Non-Refundable $250 fee

Section 1: Select how will you be obtaining your Nevada Pharmacist Registration

☑ **Examination**

☐ **Score Transfer** (Transfer your NAPLEX SCORE to Nevada within 89 days after taking your exam at https://nabp.pharmacy/ before completing this application.)

☐ **Reciprocation** (Complete NABP's Electronic Licensure Transfer Program (e-LTP) application at https://nabp.pharmacy/ before completing this application.)

Are you submitting this application to RETAKE the NAPLEX and/or NVLE? ☑ Yes ☐ No

Section 2: General Information

First: Ameer Middle: Abdo Last: Alhaj

[redacted]

Section 3: Employment Information

Pharmacy Name: N/A NV Pharmacy License # (if applicable): _____

Address: 1658 W Grandview

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Section 4: College of Pharmacy Information

School Name: Lake Erie College of Osteopathic Medicine

Address: 1858 W Grandview Blvd

City: Erie State: PA Zip: 16509

Country/Territory/Province: U.S.A

Graduation Date: May 30, 2020 Degree: ☑ PharmD ☐ BS in Pharmacy ☐ Other

Section 5: ONLY COMPLETE this section if you are applying for a Nevada Pharmacist Registration by RECIPROCATION.

Original State of licensure/registration you are reciprocating from must be active and issued by exam (passing the NAPLEX and that state's MPJE or law examination).

State: _____ License #: _____ Date of Issuance: _____ Expiry Date: _____

Section 6: List all pharmacist license/registration you have/had in other states. Use another sheet if additional space is needed.								
State	License/ Registration #	Issued Date	Expiry Date	License/Registration Status (check applicable box)				
				Active	Inactive	Expired	Revoked	Surrendered

Section 7: 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 8: 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 9: 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 registration?		✓
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 administrative action whether completed or pending in any state?		✓
4. Has your license/registration been subjected to any discipline for violation of pharmacy or drug laws in any state?		✓

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.

I attest to the knowledge of and compliance with the guidelines of the Centers for Disease Control and Prevention concerning the prevention of transmission of infectious agents through safe and appropriate injection practices. NRS 639.132

I understand that Nevada law requires a registered pharmacist who, in their professional or occupational capacity, knows or has reasonable cause to believe a child has been abused/neglected to report the abuse/neglect to an agency which provides child welfare services or to a local law enforcement agency, and make such a report as soon as reasonably practicable but not later than 24 hours after the person knows or has reasonable cause to believe that the child has been abused/neglected. NRS 432B.220.

Ameer Alhaj

Print Name

Original Signature, no copies or stamps accepted

10-8-25

Date

Board Use Only	Date Received: 10/13/25	Amount: $750-MD 22-108777275
	NAPLEX:	NVLE:

14

14A

NEVADA STATE BOARD OF PHARMACY

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

Pharmaceutical Technician (PT) Application

Non-Refundable $50 fee

Rev (12/17/2024)

Y

Section 1: General Information

First: DeLaney Middle: Raine Last: Tabor

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: M | (F) X

Mailing Address: [redacted]

City: Huber Heights State: OH Zip: 45424

Telephone: [redacted] Email: [redacted]

Section 2: Program of Training for Pharmaceutical Technicians (Complete this section ONLY if you have successfully completed an ASHP and Board approved PT school or training program.)

Program/School Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Name of Program Director: _____

Section 3: Employment Information

Pharmacy Name: Cenex well specialty pharmacy License #: 3677955

Address: 9843 Windisch rd

City: West Chester township State: OH Zip: 45069

Section 4: Age and Education Requirements (You do not qualify to be a PT if you answer "NO" in this section.)	Yes	No
1. Are you 18 years of age or older?	Y	
2. Are you a high school graduate or the equivalent?	Y	

High School Name: Centennial High School Graduation Date OR Date GED obtained (mm/yy): 06/2016

Address: 10200 W. Centennial Pkwy

City: Las Vegas State: NV Zip: 89149

Section 5: 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.)		N
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.)		N
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.)		N

Section 6: 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?		X

Section 7: Personal and Professional History		
Before answering the questions below, please INITIAL to the right to attest you have read and understand the following: **WARNING** **You MUST provide truthful and complete responses to the questions on this application. If you omit information or provide false or misleading responses, including any failure to disclose past arrests or expunged convictions, this may be a basis for denial of your application and may result in disciplinary action against any other license or registration you hold from the Board.**	**Initials**	
	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 registration?		X
2. Have you been charged, arrested, or convicted of a felony or misdemeanor in any state even if the case or charge has been dismissed, sealed, acquitted, or expunged?	X	
3. Have you been the subject of a board citation or administrative action whether completed or pending in any state?		X
4. Has your license/registration been subjected to any discipline for violation of pharmacy or drug laws in any state?		X

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-4, you have marked "YES" to in section 7 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 # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
7.12.2019	8.3.2021	OH	Beavercreek	Greene

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court
2020CR0197 2019CR0687 2019CR0743	Common Pleas Court of Greene County

Reason/Charge
Possession

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy
Delaney Tabor / Charles W. Slicer	N/A

Name of Business/Industry/Entity
N/A

Provide explanation below: Please review provided documents

Original Signature (electronic, copies or stamps not accepted)

9.9.2024
Date

Section 8: You MUST submit the documents below with your application base on your qualifications as a PT.	
Select your qualification as a PT (please check a box).	**Required documents to be submitted with your application.**
The successful completion of an ASHP-approved PT school or training program	a. Provide a copy of the certification of completion of the program.
Active practice in good standing in another state as a PT, and the successful completion of at least 1,500 hours of employment as a PT in a pharmacy in that state performing the duties set forth in paragraph (c) of subsection 3 of NRS 639.1371, which must be verified by a **signed affidavit** by the managing pharmacist of the pharmacy.	a. Provide a copy of your PT registration, license, or certificate (if it is a requirement by that state to practice as a PT), which must be current, active, and in good standing. b. Provide the signed affidavit from your managing pharmacist that you have completed at least 1,500 hours of employment as a PT in a pharmacy **in that state** (see form provided in this application).
The successful completion of at least 1,500 hours of training and experience as a registered pharmaceutical technician in training (PTT), performing the duties set forth in paragraph (c) of subsection 3 of NRS 639.1371, in Nevada licensed pharmacies, which must be verified by the managing pharmacist of the pharmacy.	a. Provide the signed form from your managing pharmacist that you have completed 1,500 hours of training and experience in a pharmacy **in this state** as a registered PTT (see form provided in this application).
The successful completion of a pharmaceutical technician training program conducted by a branch of the U.S. Armed Forces, the Indian Health Service of United States Department of Health and Human Services or the U.S. Department of Veterans Affairs.	a. Provide a copy of the certification of completion of the program.

Section 9: Fingerprints for a background check. ALL APPLICANTS MUST COMPLETE THIS SECTION. NRS 639.1371

In addition to the requirements in section 7, submit fingerprints for a background check by following the instructions https://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/FP%20Instructions%20NRS%20639.127%20639.1371%20updated%2012.16.24(1).pdf.

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.

I understand that Nevada law requires a registered pharmaceutical technician who, in their professional or occupational capacity, knows or has reasonable cause to believe a child has been abused/neglected to report the abuse/neglect to an agency which provides child welfare services or to a local law enforcement agency, and make such a report as soon as reasonably practicable but not later than 24 hours after the person knows or has reasonable cause to believe that the child has been abused/neglected. NRS 432B.220.

Delaney Raine Tabor
Print Name

Original Signature, no copies or stamps accepted

9-9-2025
Date

Board Use Only	Date Received: 9/15/25	Amount: $50 ck 193

CERTIFIED TO BE A TRUE COPY OF THE ORIGINAL
FILED June 28, 2021
CERTIFIED THIS 3 DAY OF August 20 21
DEPUTY CLERK OF COURTS, GREENE COUNTY OHIO

FILED
2021 JUN 28 PM 2:57
AJ WILLIAMS
COMMON PLEAS COURT
GREENE COUNTY, OHIO

IN THE COMMON PLEAS COURT OF GREENE COUNTY, OHIO

STATE OF OHIO, Plaintiff vs Delaney Raine Tabor, Defendant	:	CASE NO. 2020CR0197 SUCCESSFUL TERMINATION (Intervention in Lieu of Conviction)

The Court FINDS on June 3, 2021, the Defendant was granted Intervention in Lieu of Conviction for:

Count 1: a violation of O.R.C. § 2925.11(A), Possession Of LSD, a felony of the fourth degree

Count 2: a violation of O.R.C. § 2925.11(A), Possession Of LSD, a felony of the fourth degree

Count 3: a violation of O.R.C. § 2925.11(A), Possession Of LSD, a felony of the fourth degree

The Court FINDS the Defendant has successfully completed Intervention in Lieu of Conviction and has received the maximum benefit from the program as administered by TCN Behavioral Healthcare and the treatment has served the purpose intended.

Pursuant to O.R.C. §2951.04(E), IT IS THE ORDER OF THE COURT, all records related to this case and offense be SEALED in manner provided in O.R.C. §2953.52.

IT IS THE ORDER OF THE COURT, this case be and is hereby **DISMISSED.**

IT IS THE FURTHER ORDER OF THE COURT, the costs associated with the filing and processing of this entry are waived.

IT IS SO ORDERED.

Michael A Buckwalter, Judge

Courtney Castle

Courtney Castle, Probation Officer

J. Campbell
~~Director~~/ Deputy Director

Service of Copy: A copy was served upon:
Delaney R. Tabor, Defendant: 40 Beam Drive, Apt. L, Franklin, Ohio 45005
Attorney: Charles Slicer
BCI&I, PO Box 365, London, Ohio 43140
Originating Municipal Court: N/A
Originating Police Department: GREENE COUNTY SHERIFF OFFICE
Greene County Sheriff's Office, 120 E. Main Street, Xenia, Ohio 45385
Greene County Prosecutor, Courthouse, Xenia, Ohio 45385
Greene County Adult Probation Department, Courthouse, Xenia, Ohio 45385
By mailing same to them on the date of the file stamp hereon.

Mike DeWine
Ohio Attorney General

Criminal Quality Assurance
Office 740-845-2222
Fax 740-845-2633

P.O. Box 365
London, OH 43140-0365
www.ohioattorneygeneral.gov
robert.sweitzer@ohioattorneygeneral.gov

TO ALL POLICE DEPARTMENTS, SHERIFF'S OFFICES & CLERKS OF COURTS

RE: SEALING AND/OR EXPUNGEMENTS

When submitting court orders for Sealing or Expungement of an arrest, B.C.I.& I. requests this form be completed and attached to the court order to assure complete accuracy of our records.

Defendant's Name: DELANEY R TABOR

Defendant's Address: [redacted]
(Complete address with zip)

Date of Birth: [redacted] Social Security Number: [redacted]

Arresting Agency: GCSO Arrest No: _____

Arrest Charge:
4-2-2020 DEFT IN VIOLATION OF CT 1 – ORC 2925.11(A), POSSESSION OF LSD, A FELONY OF THE FOURTH DEGREE (F4); CT 2 - ORC 2925.11(A), POSSESSION OF LSD, A FELONY OF THE FOURTH DEGREE (F4); CT 3 - ORC 2925.11(A), POSSESSION OF LSD, A FELONY OF THE FOURTH DEGREE (F4).

Date of Arrest 12-11-2019

Ohio BCI&I No: [redacted] FBI No.: [redacted]

Common Pleas Court Case No.: 2020 CR 0197 Control No.: _____

Municipal Court Case No.: _____

Conviction ☐ OR Dismissal ☒

Conviction Charge:
6-3-2020 DEFT GRANTED ILC IN VIOLATION OF CT 1 – ORC 2925.11(A), POSSESSION OF LSD, A FELONY OF THE FOURTH DEGREE (F4); CT 2 - ORC 2925.11(A), POSSESSION OF LSD, A FELONY OF THE FOURTH DEGREE (F4); CT 3 - ORC 2925.11(A), POSSESSION OF LSD, A FELONY OF THE FOURTH DEGREE (F4).

Final Disposition of Conviction:
6-3-2020 DEFT GRANTED ILC IN VIOLATION OF CT 1 – ORC 2925.11(A), POSSESSION OF LSD, A FELONY OF THE FOURTH DEGREE (F4); CT 2 - ORC 2925.11(A), POSSESSION OF LSD, A FELONY OF THE FOURTH DEGREE (F4); CT 3 - ORC 2925.11(A), POSSESSION OF LSD, A FELONY OF THE FOURTH DEGREE (F4).
6-28-2021 SUCCESSFUL TERMINATION OF INTERVENTION IN LIEU OF CONVICTION (ILC).

Send to the Attention of: ***Identification Section***

Ohio Bureau of Criminal Identification and Investigation

P.O. Box 365
London, OH 43140
Telephone: (740) 845-2000
Facsimile: (740) 845-2020

An Internationally Certified Law Enforcement Agency

www.ag.state.oh.us

1560 State Route 56 SW
London, OH 43140
Telephone: (740) 845-2000
Facsimile: (740) 845-2020

COMMON PLEAS COURT GREENE COUNTY OHIO

CERTIFIED TO BE A TRUE COPY OF THE ORIGINAL
FILED September 24, 2021
CERTIFIED THIS 27 DAY OF September 20 21
DEPUTY CLERK OF COURTS, GREENE COUNTY OHIO

FILED
2021 SEP 24 PM 1:58
AJ WILLIAMS
COMMON PLEAS COURT
GREENE COUNTY, OHIO

IN THE COMMON PLEAS COURT OF GREENE COUNTY, OHIO

STATE OF OHIO, Plaintiff	:	CASE NO. 2019-CR-0687 2019-CR-0743
	:	JUDGE MICHAEL A. BUCKWALTER
vs	:	
	:	JUDGMENT ENTRY ADOPTING MAGISTRATE'S DECISION
DELANEY TABOR, Defendant	:	(Sealing of Record Granted)

This matter having been referred to the Magistrate, this Court has independently reviewed the Magistrate's Decision filed on August 31, 2021 and has made an independent determination as to its correctness and hereby adopts the Magistrate's Decision in its entirety and makes it an ORDER of the Court.

This matter is before the Court on August 31, 2021 for a hearing on a motion requesting sealing of record. Present was the defendant, Delaney R. Tabor represented by Charles W. Slicer, III.

This Court, after careful consideration of the Motion of the Defendant herein for an order of this Court sealing the record of this Defendant in accordance with the provisions of O.R.C. §2953.32, and/or O.R.C. §2953.53.

The Court FINDS the following:

- ☒ the Defendant has timely filed for the Sealing of his/her Record;
- ☒ the Defendant has no criminal proceedings pending against him/her;
- ☒ the Greene County Prosecutor's Office has no objection as to the Sealing of Record in this case;
- ☒ The interests of the Defendant to have his/her records sealed are not outweighed by any legitimate governmental need to maintain those records;
- ☒ the Defendant was fingerprinted;
- ☒ the Defendant has fulfilled his/her financial obligations to the Court;
- ☒ the Defendant has been rehabilitated to the satisfaction of the court;
- ☒ the defendant does qualify as an eligible offender;

and the Court FURTHER FINDS said Motion is well taken.

IT IS THEREFORE ORDERED, ADJUDGED AND DECREED the Defendant's Motion is hereby **GRANTED.**

It is therefore ORDERED that upon payment of the fee provided by law and the cost herein, all indexed references thereto shall be deleted; that the proceeding in said case shall be deemed not to have occurred and that the applicant's arrest and conviction shall be sealed, subject to the provisions set forth in Revised Code §2953.32(D).

All sealed criminal records and all indexed references thereto shall be deleted from the Court website.

It is further ORDERED that a certified copy of this entry shall be served by the Clerk of this Court by mail upon the following:

1. The law enforcement official in charge of the agency or organization which caused the defendant's arrest;
2. The Prosecuting Attorney of Greene County, Ohio;
3. The Greene County, Ohio Sheriff
4. The Ohio Bureau of Criminal Identification and Investigation (BCI&I)
5. Defendant and his/her attorney
6. The Greene County Adult Probation Department

It is further ORDERED that none of the foregoing personal shall inspect or use said records nor shall permit inspection or use of said records except as provided in Revised Code §2953.32 as now enacted and as hereinafter amended.

IT IS SO ORDERED.

Judge Michael A. Buckwalter

DELANEY TABOR, C/O Charles W. Slicer, III, 426 Patterson Road, Dayton, Ohio 45419
CHARLES W. SLICER, III, 426 Patterson Road, Dayton, Ohio 45419
GREENE COUNTY SHERIFF, 120 E Main St, Xenia, OH 45385, via inter-office mail attn.: Amy O'Brien
GREENE COUNTY PROSECUTOR, 61 Greene Street, Xenia, Ohio 45385
BEAVERCREEK POLICE DEPARTMENT, 1388 Research Park Drive, Dayton, OH 45432
FAIRBORN MUNICIPAL COURT, 1148 Kauffman Avenue, Fairborn, OH 45324
GREENE COUNTY ADULT PROBATION DEPT., Courthouse, Xenia, Ohio 45385
Ohio Bureau of Criminal Identification and Investigation (BCI), PO Box 365, London, Ohio 43140

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15A

NEVADA STATE BOARD OF PHARMACY

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

CONTROLLED SUBSTANCE APPLICATION

Non-Refundable $200 fee

Rev (01/05/2023)

[redacted]

(This application cannot be used by PA's or APRN's)

Select the Controlled Substance Schedules you are applying to prescribe (optometrists are limited to schedules III, IV, and V.)

☐ Schedule I ☒ Schedule II ☒ Schedule III ☒ Schedule IV ☒ Schedule V

Section 1: Personal Information

First: Soren Middle: _____ Last: Paape

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

Home Address: [redacted]

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

Telephone: [redacted] Email: [redacted]

Degree: DDS Practitioner License #: 8326 Specialty: _____

(You MUST have a current and active practice license with your respective BOARD to apply for and maintain a controlled substance registration.)

Section 2: Practice Information (A practice address is required for processing of your application.)

Practice Name (if any): Smile Now Reno

Practice Address: 6350 Mae Anne Ave Suite #: #1

City: Reno State: NV Zip: 89523

Telephone: (775) 525-7669 Fax: (775) 525-7669 Email: info@smilenowreno.com

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: 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?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-4, you have marked "YES" to in section 5 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 # 2 . **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
07/11/2013	04/11/2014	WI	Algoma	Kewaunee

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court
13 CF 51	Kewaunee County Court

Reason/Charge
Conspiracy to Deliver a Schedule I, II, or III Non-Narcotic Controlled Substance

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy

Name of Business/Industry/Entity

Provide explanation below:

Nature of Incident:

In March of 2013, when I was 16 years old, I was persuaded by a 22-year-old individual to assist in making a dark-web purchase of a non-narcotic street substance and to have it shipped to his residence. The package was delivered on July 11, 2013, approximately two months after I had turned 17. Shortly thereafter, the individual was arrested and identified me as the purchaser, implicating me in the offense. As a result, I was subsequently charged and convicted of conspiracy to deliver a Schedule I, II, or III non-narcotic substance.

Result:

I ultimately received a conviction for conspiracy to deliver a Schedule I, II, or III non-narcotic substance. Following the conviction, the District Attorney extended a pretrial offer: if I entered a plea to the conspiracy charge, I would receive a sentence of house arrest followed by a period of probation. Importantly, the offer included a recommendation that upon my full and successful completion of all sentencing requirements, the conviction would be eligible for expungement. I fulfilled every requirement without violation, and the conviction has since been fully expunged. For your review, I have attached the expungement record.

Additionally, I would like to note that I have been approved for a DEA registration over 3 years ago for Colorado and my DEA number is [redacted] reflecting my full compliance with all federal standards for professional licensing and my standing as a provider in good moral and legal status.

[redacted]

Original Signature (electronic, copies or stamps not accepted)

11/24/25

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.

Soren Paape — 11/24/25

Print Name (First, Last) — Date

[redacted] — 11/24/25

Original Signature (electronic, copies or stamps not accepted) — Date

Board Use Only: Date Processed: 12/7/25 Amount: $100.00

CIRCUIT COURT CHAMBERS
KEWAUNEE COUNTY
613 Dodge Street
Kewaunee, Wisconsin 54216

Hon. Keith A. Mehn
Circuit Court Judge

Deb Van Ess
Judicial Assistant
Telephone: 920-388-7142

Nancy M. Baux
Court Reporter
Telephone: 920-388-7113

Juliet Schleis
Register in Probate
Telephone: 920-388-7143

Candi Browne
Juvenile Court Clerk
Telephone: 920-388-7183

January 8, 2019

Soren Paape
[redacted]

Mr. Paape:

As per your recent correspondence, as Kewaunee County Circuit Court Judge, I am confirming that case number 13 CF 51, State of Wisconsin v. Soren Paape, has been expunged from the Kewaunee County circuit court records. It is my understanding that you need this confirmation of expungement for licensing purposes.

I am unable to provide any further information regarding this matter.

Sincerely,

Keith A. Mehn
Circuit Court Judge

KAM/dlv

Credentials	Practitioner Name	Speciality Details	Location	Status	Public Health	Action

Full Name : Paape, Soren Joseph

Primary Office Address : ,

City, State Zip : ,

Office Phone :

Graduated From : Marquette University School of Dentistry

Graduation Date : 05/20/2022

License Information	Status	Start Date	End Date
8326	Active	11/21/2025	06/30/2027

Permits :

Permit	Permit Number	Issue Date	Exp Date

Board Action / Malpractice :

Action Type	Date	Document Link

← Close detail

First ()	Previous ()	1 ()	2 ()	3 ()	4 ()	5 ()	Next ()	Last ()

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16A

Proposed Regulation of the Nevada State Board of Pharmacy

Workshop – January 15th, 2026

Explanation – Language in ***blue italics*** is new; language in ***red text*** [~~*omitted material*~~] is language to be omitted, and language in ***green text*** indicates prior Board-approved amendments that are in the process of being codified.

AUTHORITY: NRS 453.162; NRS 453.163; NRS 639.070; NRS 639.23916

A REGULATION relating to the registration of pharmaceutical technician in training and other matters properly relating thereto.

NAC 639.242 Registration of pharmaceutical technician in training; grounds for denial of application for registration; expiration of registration; certification by managing pharmacist. (NRS 639.070, 639.1371)

1. An applicant for registration as a pharmaceutical technician in training must:

(a) Be ~~18~~ *16* years of age or older;

(b) Be *enrolled in a* high school ~~graduate~~ or the equivalent; and

(c) Participate in training while on the job and acquire experience that is commensurate with the duties of his or her employment.

2. The Board may deny an application for registration as a pharmaceutical technician in training if the applicant has:

(a) Been convicted of any felony or a misdemeanor involving moral turpitude, dishonesty or the unlawful possession, sale or use of drugs; or

(b) A history of drug misuse.

3. A person may perform the duties of a pharmaceutical technician while the person is receiving the training and experience required by paragraph (c) of subsection 1 if he or she is registered with the Board.

4. If the Board does not deny the application pursuant to subsection 2 and determines that the applicant meets the requirements of this chapter and chapter 639 of NRS for registration as a pharmaceutical technician in training, the Board will issue a certificate of registration as a pharmaceutical technician in training to the applicant.

5. Registration as a pharmaceutical technician in training expires on October 31 of each even-numbered year unless renewed before that date.

6. The managing pharmacist of the pharmacy where a pharmaceutical technician in training is employed to receive the training and experience required by paragraph (c) of subsection 1 shall file with the Board a completed form prescribed by the Board certifying:

(a) The number of hours of training and experience the trainee has successfully completed;

(b) The specific training and experience the trainee has completed; and

(c) That the trainee is competent to perform the duties of a pharmaceutical technician.

(Added to NAC by Bd. of Pharmacy, eff. 11-15-93; A 11-9-95; 7-17-96; R072-19, 2-7-2020; R041-21, 9-28-2022)

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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. Licensing Activities Report
F. Citations & Fines issued pursuant to NRS 632.2895

January 2026 - Temporary License since last Board Meeting

Pharmacist Name	Pharmacist License #
Stephanie Delgado	24919

Regulation Tracking Log

Regulation Number and Topic	Workshop Propose To Bd	30 Days To LCB W/Letter	LCB R Number Issued	LCB Return Date	30 Days Post Public Hearing	Public Hearing Meeting Date	To LCB Final W/ Cov./Info	Secretary of State File Date
NAC 639.520: Security of Pharmacies	09/07/23 Dave to meet with industry							
Amendment to Nevada Administrative Code (NAC). The proposed amendments establish the minimum staffing standards in a pharmacy and modify the number of pharmaceutical technicians and pharmaceutical technicians in training a pharmacist may supervise.	5/29/24	6/3/24	R113-24	6/25/24 – To Yenh/Dave for review 7/15/24 –sent revised version to Dave/Yenh	12/10/24	1/16/25 – This public hearing was withdrawn from the agenda and will be heard at a future BM. 4/17/25 – To be heard at a future BM.		
Amendment to the Nevada Administrative Code ("NAC") 639. The proposed amendments relate to the licensing requirements for facilities for treatment with narcotics and provide other matters properly relating thereto.	10/17/24	10/21/24	R197-24	7/21/25 – Sent to Dave/Yenh for review.	10/28/25	12/4/25		

Amendment to the Nevada Administrative Code ("NAC") 639. The proposed amendments relate to the licensing requirements for facilities for intermediate care or facilities for skilled nursing licensed by the State Board of Health pursuant to NRS 449.0303 and provide other matters properly relating thereto.	12/5/24	12/9/24	R203-24	9/19/25 – Sent to Dave/Yenh for review	10/28/25	12/4/25		
Amendment to the Nevada Administrative Code ("NAC") 639.742. The proposed amendments relate to removing the requirement that Dispensing Practitioners must personally dispense at a facility and provide other matters properly relating thereto. The change would allow Dispensing Practitioners to mail prescriptions to individual patients in their care as allowed by the Center for Medicare and Medicaid Services.	12/5/24 – Waiting for the federal reg to pass. The Board would like to see at a future meeting.							
A REGULATION relating to controlled substances adding ethylphenidate and 2-methyl AP-237 to the controlled substances listed in Schedule I; and providing other matters properly relating thereto.	12/5/24	12/9/24	R204-24	7/23/25 – Sent to Dave/Yenh for review	10/28/25	12/4/25		

Amendment to Nevada Administrative Code NAC 454. The proposed amendment revises the ability of an advanced emergency medical technicians to possess and administer dangerous drugs upon the order of a practitioner in a license hospital when practicing under their scope of practice as determined by the State of Nevada Health Department.	4/17/25	4/28/25	R004-25	7/22/25 – Sent to Dave/Yenh for review	10/28/25	12/4/25 Note: Agenda item was "A REGULATION relating to the possession and administration of dangerous drugs by an advanced emergency medical technician or paramedic."		
Amendment to Nevada Administrative Code (NAC) 639. The proposed amendment specifies the requirements for pharmacies and practitioners to be authorized to engage in the sterile or nonsterile compounding of drug products.	7/17/25 – Need updated language from Dave to send to LCB for R Number.							

A REGULATION relating to the authority of a homeopathic physician who is not licensed as an allopathic or osteopathic physician in Nevada to possess, administer, prescribe and dispense controlled substances and dangerous drugs; and providing other matters properly relating thereto.	9/4/25 – Tabled and work with Homeopathic Board. 12/4/25	12/9/25	R106-25					
Amendment to Nevada Administrative Code (NAC). The proposed amendments establish standards for licensees relating to staffing, supervision, duties of a pharmacy, duties of a pharmacist and requirements related to the timing of dispensing prescription drugs and devices	9/4/25 – Tabled and make modifications to language. 10/16/25 – Approved with amendments	10/22/25	R072-25					
A REGULATION relating to controlled substances adding dipentylone and seven fentanyl related substances to the controlled substances listed in Schedule I; and providing other matters properly relating thereto.	12/4/25	12/9/25	R107-25	12/17/25 – Sent to Dave/Yenh for review				

Amendment to Chapter 639 of the Nevada Administrative Code. The proposed amendments reduce the minimum age to register to become a pharmaceutical technician in training along with modify certain requirements to become a pharmaceutical technician in training.	1/15/26							

Citations & Fines issued pursuant to NRS 639.2895 (Since last Board Meeting)

- **Cease & Desist/Citation –**
  - **Unlicensed Practice: 7**
  - **Other: 1**

- **Citation & Fine –**
  - **Unlicensed Practice: 0**
  - **Misfill: 2**
  - **Other: 2**

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