



Chapter 90 of the General Statutes of North Carolina, and the rules and regulations promulgated thereunder.

2. Respondent Neil Medical (Permit Number 4780), located at 947 N. Main Street, Mooresville, North Carolina, and its employees are and were at all relevant time periods subject to the rules and regulations of the North Carolina Board of Pharmacy and the laws of the State of North Carolina.

3. Between about January 2008 and January 2009, Respondent Pharmacy failed to provide adequate security and failed to maintain an appropriate inventory control system to detect and prevent the diversion of controlled substances.

4. During this time period, at least 39,000 dosage units of controlled substances, including but not limited to about 20,000 dosage units of Hydrocodone/APAP (a schedule III controlled substance), about 200 dosage units of Oxycodone/APAP (a schedule III controlled substance), and about 19,000 dosage units of Alprazolam (a schedule IV controlled substance), were diverted from the Pharmacy.

5. Respondent Pharmacy conducted an investigation, which resulted in the discharge of four employees.

6. Respondent Pharmacy reported the diversions from the Mooresville facility to the Board in August 2008, November 2008, and April 2009.

7. The Board investigator acknowledged that Respondent Pharmacy cooperated in the investigation of these matters by the Board.

8. Respondent Pharmacy acknowledges responsibility for the failure to provide adequate security measures and failure to maintain an appropriate inventory control system to detect and prevent the diversion of controlled substances at the Mooresville facility.

9. Respondent Pharmacy provided testimony and evidence demonstrating that, subsequent to learning of the diversions, the following measures were implemented to improve security and inventory control systems:

- Install additional surveillance camera(s).
- Install a locked cage with limited access to securely store all excess stock of CIII-CV controlled substances.
- Use a tracking log out system as new supplies are needed.
- Limit key access to the control cabinets by creating a log for key assignments.
- Appropriate pharmacy personnel will be present when unlocked controlled drugs are in the dispensing area of the pharmacy.
- Reconcile sales, dispensing, and purchases with inventory during each physical inventory three times yearly.
- Perform selective inventory and reconcile hydrocodone and anxiolytics every two weeks.
- Not less than once a year, an auditor will verify compliance with inventory procedures.
- Limit pharmacy access to pharmacy personnel only. Pharmacy staff to remove trash directly to the compactor via a buddy or similar system with adequate safeguards.
- Prohibit purses, bags, large packages, and lab coats in the pharmacy.
- Discontinue dispensing of controls to employees.
- Background check and criminal history will be performed on all employees.

#### **FINDINGS OF FACT REGARDING DISCIPLINE**

Respondent's misconduct is mitigated by the following factors:

- a. Absence of a prior disciplinary record;
- b. Cooperative approach to the Board's investigation proceedings;
- c. Acceptance of responsibility;

- d. Testimonial and evidentiary demonstration of Respondent's efforts to improve inventory, security, and control measures for controlled substances.

### CONCLUSIONS OF LAW

Based upon the above findings the Board concludes as a matter of law:

1. All parties are properly before the Board, and the Board has jurisdiction over Respondent and the subject matter of this proceeding.
2. Respondent Pharmacy violated N.C. Gen. Stat. §§ 90-85.25(b), 90-85.40(f), and 21 N.C.A.C. 46.1804 and 46.2502.
3. The Pharmacy's conduct constitutes grounds for discipline pursuant to N.C. Gen. Stat. § 90-85.38(a).

### CONCLUSIONS REGARDING DISCIPLINE

Based upon the foregoing Findings of Fact and Conclusions of Law, and with the consent of Respondent, the Board enters the following:

### CONSENT ORDER OF DISCIPLINE

Respondent Neil Medical Group, Permit No. 4780, is hereby REPRIMANDED by the Board for the aforementioned conduct.

This the 27<sup>th</sup> day of October, 2009.

NORTH CAROLINA BOARD OF PHARMACY

By: 

Jack W. Campbell, IV  
Executive Director

Neil Medical Group, the holder of permit number 4780, has full knowledge that it has the right to a formal hearing, at which it would have the right to be represented at its expense by counsel, in this matter. The undersigned freely, knowingly and voluntarily waives such right by entering into this Consent Order. The undersigned understands and agrees that by entering into this Consent Order, it certifies that it has read the foregoing Consent Order and that it voluntarily consents to the terms and conditions set forth therein and relinquishes any right to judicial review of Board actions which may be taken concerning this matter. The undersigned further understands that should it violate the terms and conditions of this Consent Order, the Board may take additional disciplinary action. The undersigned understands and agrees that this Consent Order will not become effective unless and until approved by the Board.

The undersigned understands that it has the right to have counsel of its choice review and advise it with respect to its rights and this Consent Order, and represents that it enters this Consent Order after consultation with its counsel or after knowingly and voluntarily choosing not to consult with counsel. The undersigned certifies that its agent executing this Consent Order is duly authorized to accept this Consent Order on behalf of the permit holder and to bind the permit holder.

ACCEPTED AND CONSENTED TO BY:

NEIL MEDICAL GROUP (Permit No. 4780)

Randy Uzzell Date 10/20/09

By: N RANDY Uzzell

Title: President

NORTH CAROLINA

Greene COUNTY

I, the undersigned Notary Public of the County and State aforesaid, do hereby certify that the following person(s) personally appeared before me this day, and each acknowledged the due execution of the foregoing document: N Randy Uzzell

Date: 10-20-09

Bonita G. Hill  
Notary Public

BONITA G HILL

My commission expires: March 6, 2012

\*\*\*\*\*

REJECTED BY:

NEIL MEDICAL GROUP (Permit No. 4780)

\_\_\_\_\_ Date \_\_\_\_\_

By: \_\_\_\_\_

Title: \_\_\_\_\_