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BEFORE THE
BOARD OF PHARMACY
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA

In the Matter of the Accusation Against: **COMMUNITY INFUSION SERVICES INC., DBA CDM DRUGS** **2865 East Coast Hwy., Suite 150** **Corona del Mar, CA 92625** **Pharmacy Permit No. PHY 46007** **CHAD TRENOR KEARNS** **1601 Anita Lane** **Newport Beach, CA 92660** **Pharmacist License No. RPH 42817** Respondents.	Case No. 5267 **A C C U S A T I O N**

Complainant alleges:

PARTIES

1. Virginia Herold (Complainant) brings this Accusation solely in her official capacity as the Executive Officer of the Board of Pharmacy, Department of Consumer Affairs.

2. On or about July 3, 2002, the Board of Pharmacy issued Pharmacy Permit Number PHY 46007 to Community Infusion Services Inc., doing business as CDM Drugs with Chad Trenor Kearns designated as the Pharmacist-in-Charge (Respondent Community Infusion

Services Pharmacy.) The Pharmacy Permit was in full force and effect at all times relevant to the charges brought herein and will expire on July 1, 2015, unless renewed.

3. On or about August 10, 1989, the Board of Pharmacy issued Pharmacist License Number RPH 42817 to Chad Trenor Kearns (Respondent Chad Kearns). The Pharmacist License was in full force and effect at all times relevant to the charges brought herein and will expire on November 30, 2014, unless renewed.

JURISDICTION

4. This Accusation is brought before the Board of Pharmacy (Board), Department of Consumer Affairs, under the authority of the following laws. All section references are to the Business and Professions Code unless otherwise indicated.

5. Section 4011 of the Code provides that the Board shall administer and enforce both the Pharmacy Law [Bus. & Prof. Code, § 4000 et seq.] and the Uniform Controlled Substances Act [Health & Safety Code, § 11000 et seq.].

6. Section 4300(a) of the Code provides that every license issued by the Board may be suspended or revoked.

7. Section 4300.1 of the Code states:

> The expiration, cancellation, forfeiture, or suspension of a board-issued license by operation of law or by order or decision of the board or a court of law, the placement of a license on a retired status, or the voluntary surrender of a license by a licensee shall not deprive the board of jurisdiction to commence or proceed with any investigation of, or action or disciplinary proceeding against, the licensee or to render a decision suspending or revoking the license.

STATUTORY PROVISIONS

8. Section 4022 of the Code states:

> Dangerous drug" or "dangerous device" means any drug or device unsafe for self-use in humans or animals, and includes the following:
>
> (a) Any drug that bears the legend: "Caution: federal law prohibits dispensing without prescription," "Rx only," or words of similar import.
>
> (b) Any device that bears the statement: "Caution: federal law restricts this device to sale by or on the order of a ____," "Rx only," or words of similar import, the blank to be filled in with the designation of the practitioner licensed to use or order use of the device.

(c) Any other drug or device that by federal or state law can be lawfully dispensed only on prescription or furnished pursuant to Section 4006.

9. Section 4076(a)(7) of the Code states:

A pharmacist shall not dispense any prescription except in a container that meets the requirements of state and federal law and is correctly labeled with all of the following:

....

The strength of the drug or drugs dispensed.

10. Section 4113, subdivision (c) of the Code states:

The pharmacist-in-charge shall be responsible for a pharmacy's compliance with all state and federal laws and regulations pertaining to the practice of pharmacy.

11. Section 4127.7 of the Code states:

On or after July 1, 2005, a pharmacy shall compound sterile injectable products from one or more nonsterile ingredients in one of the following environments:

(a) An ISO class 5 laminar airflow hood within an ISO class 7 cleanroom. The cleanroom must have a positive air pressure differential relative to adjacent areas.

(b) An ISO class 5 cleanroom.

(c) A barrier isolator that provides an ISO class 5 environment for compounding.

12. Section 4301 of the Code states in pertinent part:

The board shall take action against any holder of a license who is guilty of unprofessional conduct or whose license has been procured by fraud or misrepresentation or issued by mistake. Unprofessional conduct shall include, but is not limited to, any of the following:

.....

(f) The commission of any act involving moral turpitude, dishonesty, fraud, deceit, or corruption, whether the act is committed in the course of relations as a licensee or otherwise, and whether the act is a felony or misdemeanor or not.

....

(o) Violating or attempting to violate, directly or indirectly, or assisting in or abetting the violation of or conspiring to violate any provision or term of this chapter or of the applicable federal and state laws and regulations governing pharmacy, including regulations established by the board or by any other state or federal regulatory agency.

. . . .

13. Section 4306.5 of the Code states, in pertinent part:

Unprofessional conduct for a pharmacist may include any of the following:

(a) Acts or omissions that involve, in whole or in part, the inappropriate exercise of his or her education, training, or experience as a pharmacist, whether or not the act or omission arises in the course of the practice of pharmacy or the ownership, management, administration, or operation of a pharmacy or other entity licensed by the board.

. . .

(c) Acts or omissions that involve, in whole or in part, the failure to consult appropriate patient, prescription, and other records pertaining to the performance of any pharmacy function.

14. Section 4342(a) of the Code states:

The board may institute any action or actions as may be provided by law and that, in its discretion, are necessary to prevent the sale of pharmaceutical preparations and drugs that do not conform to the standard and tests as to quality and strength, provided in the latest edition of the United States Pharmacopoeia or the National Formulary, or that violate any provision of the Sherman Food, Drug and Cosmetic Law (Part 5 (commencing with Section 109875) of Division 104 of the Health and Safety Code).

REGULATORY PROVISIONS

15. Title 16, California Code of Regulations, section 1735 (a) states in pertinent part:

"Compounding" means any of the following activities occurring in a licensed pharmacy, by or under the supervision of a licensed pharmacist, pursuant to a prescription:

(1) Altering the dosage form or delivery system of a drug

(2) Altering the strength of a drug

(3) Combining components or active ingredients

(4) Preparing a drug product from chemicals or bulk drug substances

. . .

16. Title 16, California Code of Regulations, section 1735.2 (d), (e) and (h) states:

(d) A drug product shall not be compounded until the pharmacy has first prepared a written master formula record that includes at least the following elements:

(1) Active ingredients to be used.

(2) Equipment to be used.

(3) Expiration dating requirements.

(4) Inactive ingredients to be used.

(5) Process and/or procedure used to prepare the drug.

(6) Quality reviews required at each step in preparation of the drug.

(7) Post-compounding process or procedures required, if any.

(e) Where a pharmacy does not routinely compound a particular drug product, the master formula record for that product may be recorded on the prescription document itself.

. . .

(h) Every compounded drug product shall be given an expiration date representing the date beyond which, in the professional judgment of the pharmacist performing or supervising the compounding, it should not be used. This "beyond use date" of the compounded drug product shall not exceed 180 days from preparation or the shortest expiration date of any component in the compounded drug product, unless a longer date is supported by stability studies of finished drugs or compounded drug products using the same components and packaging. Shorter dating than set forth in this subsection may be used if it is deemed appropriate in the professional judgment of the responsible pharmacist.

. . . .

17. Title 16, California Code of Regulations, section 1735.3 (a), (b) and (c), states:

(a) For each compounded drug product, the pharmacy records shall include:

(1) The master formula record.

(2) The date the drug product was compounded.

(3) The identity of the pharmacy personnel who compounded the drug product.

(4) The identity of the pharmacist reviewing the final drug product.

(5) The quantity of each component used in compounding the drug product.

(6) The manufacturer, expiration date and lot number of each component. If the manufacturer name is demonstrably unavailable, the name of the supplier may be substituted. Exempt from the requirements in this paragraph are sterile products compounded on a one-time basis for administration within seventy-two (72) hours and stored in accordance with standards for "Redispensed CSPS" found in Chapter 797 of the United States Pharmacopeia - National Formulary (USP-NF) (35th Revision, Effective May 1, 2012), hereby incorporated by reference, to an inpatient in a health care facility licensed under section 1250 of the Health and Safety Code.

(7) A pharmacy assigned reference or lot number for the compounded drug product.

(8) The expiration date of the final compounded drug product.

(9) The quantity or amount of drug product compounded.

(b) Pharmacies shall maintain records of the proper acquisition, storage, and destruction of chemicals, bulk drug substances, drug products, and components used in compounding.

(c) Chemicals, bulk drug substances, drug products, and components used to compound drug products shall be obtained from reliable suppliers. The pharmacy shall acquire and retain any available certificates of purity or analysis for chemicals, bulk drug substances, drug products, and components used in compounding. Certificates of purity or analysis are not required for drug products that are approved by the Food and Drug Administration.

...

18. Title 16, California Code of Regulations, section 1735.4 (b) states:

A statement that the drug has been compounded by the pharmacy shall be included on the container or on the receipt provided to the patient.

19. Title 16, California Code of Regulations, section 1735.5 states:

(a) Any pharmacy engaged in compounding shall maintain a written policy and procedures manual for compounding that establishes procurement procedures, methodologies for the formulation and compounding of drugs, facilities and equipment cleaning, maintenance, operation, and other standard operating procedures related to compounding.

(b) The policy and procedure manual shall be reviewed on an annual basis by the pharmacist-in-charge and shall be updated whenever changes in processes are implemented.

(c) The policy and procedure manual shall include the following:

(1) Procedures for notifying staff assigned to compounding duties of any changes in processes or to the policy and procedures manual

(2) Documentation of a plan for recall of a dispensed compounded drug product where subsequent verification demonstrates the potential for adverse effects with continued use of a compounded drug product;

(3) The procedures for maintaining, storing, calibrating, cleaning, and disinfecting equipment used in compounding, and for training on those procedures as part of the staff training and competency evaluation process.

(4) Documentation of the methodology used to test integrity, potency, quality, and labeled strength of compounded drug products.

(5) Documentation of the methodology used to determine appropriate expiration dates for compounded drug products.

20. Title 16, California Code of Regulations, section 1735.6 (a) states:

Any pharmacy engaged in compounding shall maintain written documentation regarding the facilities and equipment necessary for safe and accurate compounded drug products. Where applicable, this shall include records of certification(s) of

facilities or equipment.

21. Title 16, California Code of Regulations, section 1735.7 (a) states:

Any pharmacy engaged in compounding shall maintain written documentation sufficient to demonstrate that the pharmacy personnel have the skills and training required to properly and accurately perform their assigned responsibilities relating to compounding.

22. Title 16, California Code of Regulations, section 1735.8 (a) states:

Any pharmacy engaged in compounding shall maintain, as part of its written policies and procedures, a written quality assurance plan designed to monitor and ensure the integrity, potency, quality, and labeled strength of compounded drug products.

23. Title 16, California Code of Regulations, section 1751 (b)(4) states:

(b) Any pharmacy compounding sterile injectable drug products shall have a designated area for the preparation of sterile injectable products which shall meet the following standards:

. . . .

(4) Be certified annually by a qualified technician who is familiar with the methods and procedures for certifying laminar air flow hoods and clean room requirements, in accordance with standards adopted by the United States General Services Administration. Certification records must be retained for at least 3 years.

24. Title 16, California Code of Regulations, section 1751.4 (d) states:

Exterior workbench surfaces and other hard surfaces in the designated area, such as walls, floors, ceilings, shelves, tables, and stools, must be disinfected weekly and after any unanticipated event that could increase risk of contamination.

25. Title 16, California Code of Regulations, section 1751.6 (e)(1) states:

(e) Pharmacies that compound sterile products from one or more non-sterile ingredients must comply with the following training requirements:

(1) The pharmacy must establish and follow a written program of training and performance evaluation designed to ensure that each person working in the designated area has the knowledge and skills necessary to perform their assigned tasks properly. This program of training and performance evaluation must address at least the following:

(A) Aseptic technique.

(B) Pharmaceutical calculations and terminology.

(C) Sterile product compounding documentation.

(D) Quality assurance procedures.

(E) Aseptic preparation procedures.

(F) Proper gowning and gloving technique.

(G) General conduct in the controlled area.

(H) Cleaning, sanitizing, and maintaining equipment used in the controlled area.

(I) Sterilization techniques.

(J) Container, equipment, and closure system selection.

26. Title 16, California Code of Regulations, section 1751.7 (b) and (c) states:

(b) Each individual involved in the preparation of sterile injectable products must first successfully complete a validation process on technique before being allowed to prepare sterile injectable products. The validation process shall be carried out in the same manner as normal production, except that an appropriate microbiological growth medium is used in place of the actual product used during sterile preparation. The validation process shall be representative of all types of manipulation, products and batch sizes the individual is expected to prepare. The same personnel, procedures, equipment, and materials must be involved. Completed medium samples must be incubated. If microbial growth is detected, then the sterile preparation process must be evaluation, corrective action taken, and the validation process repeated. Personnel competency must be revalidated at least every twelve months, whenever the quality assurance program yields an unacceptable result, when the compounding process changes, equipment used in the compounding of sterile injectable drug products is repaired or replaced, the facility is modified in a manner that affects airflow or traffic patterns, or whenever improper aseptic techniques are observed. Revalidation must be documented.

(c) Batch-produced sterile injectable drug products compounded from one or more non-sterile ingredients shall be subject to documented end product testing for sterility and pyrogens and shall be quarantined until the end product testing confirms sterility and acceptable levels of pyrogens.

COST RECOVERY

27. Section 125.3 of the Code provides, in pertinent part, that the Board may request the administrative law judge to direct a licentiate found to have committed a violation or violations of the licensing act to pay a sum not to exceed the reasonable costs of the investigation and enforcement of the case.

DRUGS

28. Sodium Phosphorous is a dangerous drug pursuant to Business and Professions Code section 4022.

29. Potassium Phosphorous is a dangerous drugs pursuant to Business and Professions Code section 4022.

30. Calcium Gluconate is a dangerous drugs pursuant to Business and Professions Code section 4022.

31. Sodium Chloride is a dangerous drugs pursuant to Business and Professions Code section 4022.

FACTUAL ALLEGATIONS

32. Since July 3, 2002, Respondent Chad Kearns has been the Pharmacist-in-Charge of Respondent Community Infusion Services Pharmacy.

33. On April 20, 2012, the Board notified Respondents that they needed to maintain records of: (1) training and ongoing competence for the staff who were compounding drugs and (2) cleaning logs for the sterile compounding area. The Board issued a notice of correction to Respondents for their failure to identify drug products as compounded on their labels.

34. In 2013 and 2014, Respondents compounded and sold Total Parenteral Nutrition (TPN) sterile injectable drug products which contained the following dangerous drug components or ingredients, sodium phosphorous, potassium phosphorous, ascorbic folic acid, calcium gluconate or sodium chloride.

35. From June 24, 2013 through April 22, 2014, Respondents compounded sterile injectable batch products of sodium phosphate, potassium phosphate, calcium gluconate and concentrated sodium chloride from non-sterile sources and added them to the TPN sterile injectable drug products without compounding those dangerous drug products in either: (a) an ISO class 5 laminar airflow hood within an ISO class 7 cleanroom with a positive air pressure differential relative to the adjacent areas; (b) an ISO class 5 cleanroom or (c) a barrier isolator that provides an ISO class 5 environment for compounding.

36. From June 24, 2013 through March 4, 2014, Respondents utilized a horizontal laminar flow hood to compound TPN sterile injectable drug products. However, the horizontal laminar flow hood used to compound those sterile injectable drug products had not been certified since March 29, 2012, by a qualified technician who was familiar with the methods and procedures for certifying laminar air flow hoods and clean room requirements in accordance with standards adopted by the United States General Services Administration.

37. Respondents did not disinfect hard surfaces in the designated compounding area weekly and after any unanticipated event that could increase risk of contamination.

38. Respondents did not possess records showing that they had conducted documented end product testing to confirm sterility and acceptable levels of pyrogens for the components compounded from non-sterile ingredients which were used to compound TPN sterile injectable drug products. Respondents did not conduct that testing or quarantine the ingredients until the end product testing confirmed sterility and acceptable levels of pyrogens. Respondents also failed to produce and maintain documentation of the methodology used to test integrity, potency, quality and strength of compounded drug products.

39. Respondents did not possess training records, performance evaluations or records showing each individual involved in the preparation of sterile injectable drug products successfully completed a validation process on technique before being allowed to prepare sterile injectable drug products. Individuals involved in the preparation of sterile injectable drug products did not successfully complete a validation process on technique before being allowed to prepare sterile injectable drug products.

40. Similarly, Respondents did not possess updated compounding policies and procedures, a compounding quality assurance plan or documentation of facilities and equipment for compounding. The policy and procedure manual was not reviewed on an annual basis by the pharmacist-in-charge and not updated whenever changes in processes were implemented.

41. Respondents did not possess complete compounding records identifying all individuals who compounded the TPN sterile injectable drug products and the dates that those drug products were compound by them. Additionally, Respondents did not record the lot numbers and expiration dates for the dangerous drug components which were made from non-sterile sources. Also, there was a variance between the compounding records for TPN sterile injectable drug products in that the compounding record stated RX number 1144 contained 15 ml of potassium phosphate while the worksheets stated that they contained 4 ml of sodium phosphate and RX number 711 contained 4 ml of potassium phosphate while the worksheet stated that it contained 25 ml of sodium phosphate. Moreover, Respondents did not possess and produce the

prescriptions with the master formulas recorded on them for TPN sterile injectable drug products compounded by them.

42. Respondents did not accurately label certain TPN sterile injectable drug products in that they were labeled as containing 15 ml of potassium phosphate, but actually contained 4 ml of sodium phosphate.

43. In or about March 2014, Respondents maintained numerous expired dangerous drugs on the shelves of the pharmacy, including bulk quantities of the dangerous drug components used to compound drugs.

44. Respondents assigned a beyond use date of 365 days for a topical gel compounded by them (Rx number 132517) without adequate testing to support that beyond use date. Additionally, calcium gluconate compounded from a non sterile source and used in the TPN sterile injectable drug products was assigned beyond use dates of 365 days without adequate testing to support those beyond use dates.

45. Respondents did not record that a topical gel (Rx nmber 132517) was compounded on the label of the container when it had been compounded by Respondents.

46. On March 4, 2014, Respondent Chad Kearns informed the Board that he did not compound any sterile injectable drug products from non-sterile components when he had done so. On May 2, 2014, Respondent Chad Kearns informed the Board that he had purchased sterile dangerous drug components to compound the TPN sterile injectable drug products when he had in fact compounded those components from non-sterile sources. Respondent Chad Kearns also informed the Board that he had purchased an injectable ascorbic acid product from two manufacturers when he had not purchased that product from them.

FIRST CAUSE FOR DISCIPLINE

(Inadequate Record-Keeping)

47. Respondents are subject to disciplinary action under Code section 4301(o) for violating Pharmacy Law and regulations, as set forth in paragraphs 32 through 46, which are incorporated herein by reference and as described below:

a. **California Code of Regulations, title 16, sections 1735.7(a) and 1751.6(e)(1)**: Failure to maintain training records for compounding staff.

b. **California Code of Regulations, title 16, section 1735.5(a)**: Failure to maintain current written policies and procedures for compounding.

c. **California Code of Regulations, title 16, section 1735.5(b)**: Failure to review policy and procedures manual on an annual basis and update it.

d. **California Code of Regulations, title 16, section 1735.6(a)**: Failure to maintain written documentation of facilities and equipment for compounding.

e. **California Code of Regulations, title 16, section 1735.8(a)**: Failure to maintain a compounding quality assurance plan.

f. **California Code of Regulations, title 16, section 1735.5(c)(4)** : Failure to produce and maintain documentation of the methodology used to test integrity, potency, quality, and labeled strength of compounded drug products.

g. **California Code of Regulations, title 16, section 1735.3**: Failure to produce and maintain complete records or any records of compounded drugs, including failing to record the lot number, the expiration date of all components, the pharmacist who verified the compounded drugs and the identity of the pharmacy staff who compounded the drug product.

h. **California Code of Regulations, title 16, section 1735.2(d) and (e):** Failure to produce and maintain current prescriptions with the master formulas recorded on them for TPN sterile injectable drug products.

i. **California Code of Regulations, title 16, section 1751.7(b) and (c):** Failure to produce and maintain records for each individual involved in the preparation of sterile injectable drug products having completed a validation process on technique before being allowed to compound sterile injectable drug products. Failure to produce and maintain records of end product testing of batch-produced sterile injectable drug products compounded from one or more non-sterile ingredients.

SECOND CAUSE FOR DISCIPLINE

(Failure to Assign Proper Beyond Use Date)

48. Respondents are subject to disciplinary action under Code section 4301(o), for violating California Code of Regulations, section 1735.2(h), in that they did not assign a proper beyond use date for certain of the electrolyte components used to compound TPN sterile injectable drug products and the compounded topical gel (Rx 132517), as set forth in paragraphs 32 through 46, which are incorporated herein by reference.

THIRD CAUSE FOR DISCIPLINE

(Failure to Label Drug as Compounded)

49. Respondents are subject to disciplinary action under Code section 4301(o), for violating California Code of Regulations, section 1735.4(b), in that they did not label the compounded topical gel (Rx 132517) as being compounded, as set forth in paragraphs 32 through 46, which are incorporated herein by reference.

FOURTH CAUSE FOR DISCIPLINE

(Failure to Complete Validation Process on Technique)

50. Respondents are subject to disciplinary action under Code section 4301(o), for violating California Code of Regulations, title 21, section 1751.7(b), in that Respondent Chad Kearns and the pharmacy technician compounding sterile injectable drugs were not properly trained, as set forth in paragraphs 32 through 46, which are incorporated herein by reference.

FIFTH CAUSE FOR DISCIPLINE

(Failure to Compound Sterile Injectable Drugs in Authorized Environment)

51. Respondents are subject to disciplinary action under Code section 4301(o), for violating Business and Professions Code section 4127.7, in that they compounded sterile injectable drugs from non-sterile ingredients, in an environment which was not authorized by law, as set forth in paragraphs 32 through 46, which are incorporated herein by reference.

SIXTH CAUSE FOR DISCIPLINE

(Compounded Sterile Injectable Drugs in Uncertified Hood)

52. Respondents are subject to disciplinary action under Code section 4301(o), for violating California Code of Regulations, title 16, section 1751(b)(4), in that in or about June 2013 through March 2014, they compounded sterile injectable drugs from non-sterile ingredients, in a horizontal laminar flow hood that had not been certified since March 2012, as set forth in paragraphs 32 through 46, which are incorporated herein by reference.

SEVENTH CAUSE FOR DISCIPLINE

(Failure to Conduct End Product Testing for Sterile Injectable Drug Products)

53. Respondents are subject to disciplinary action under Code section 4301(o), for violating title 16, California Code of Regulations, section 1751.7(c), in that they failed to properly test sterile injectable drug products, as set forth in paragraphs 32 through 46, which are incorporated herein by reference.

EIGHTH CAUSE FOR DISCIPLINE

(Failure to Properly Label Strength of Compounded Sterile Injectable Drugs)

54. Respondents are subject to disciplinary action under Code section 4301(o), for violating Business and Professions Code section 4076(a)(7), in that they labeled TPN sterile injectable drug product RX number 1144 as containing 15 ml of potassium phosphate when it actually contained 4 ml of sodium phosphate and TPN sterile injectable product RX number 711 as containing 4 ml of potassium phosphate when it actually contained 25 ml of sodium phosphate, as set forth in paragraphs 32 through 46, which are incorporated herein by reference.

NINTH CAUSE FOR DISCIPLINE

(Maintained Expired Dangerous Drugs on Shelves)

55. Respondents are subject to disciplinary action under Code section 4301(o), for violating Business and Professions Code section 4342(a), in that they maintained expired dangerous drugs on the shelves of the pharmacy, as set forth in paragraphs 32 through 46, which are incorporated herein by reference.

TENTH CAUSE FOR DISCIPLINE

(Failure to Disinfect Hard Surfaces)

56. Respondents are subject to disciplinary action under Code section 4301(o), for violating California Code of Regulations, title 16, section 1751.4(d), in that they failed to disinfect hard surfaces in the designated compounding area, as set forth in paragraphs 32 through 46, which are incorporated herein by reference.

ELEVENTH CAUSE FOR DISCIPLINE

(Acts Involving Dishonesty, Fraud or Deceit against Respondent Chad Kearns)

57. Respondent Chad Kearns is subject to disciplinary action under Code section 4301(f), in that he committed acts involving dishonesty, fraud or deceit, when he misrepresented facts to the Board, as set forth in paragraphs 32 through 46, which are incorporated herein by reference.

TWELFTH CAUSE FOR DISCIPLINE

(Failure to Exercise or Implement Best Professional Judgment When Compounding Drugs against Respondent Chad Kearns)

58. Respondent Chad Kearns is subject to disciplinary action under Code section 4301(o), for violating Business and Professions Code sections 4306.5(a) and (c), in that he failed to exercise or implement his best professional judgment when he compounded and dispensed drugs, as set forth in paragraphs 32 through 46 above, which are incorporated herein by reference.

THIRTEENTH CAUSE FOR DISCIPLINE

(Unprofessional Conduct)

59. Respondents are subject to disciplinary action under Code section 4301 for unprofessional conduct in that they engaged in the activities described in paragraphs 32 through 46 above, which are incorporated herein by reference.

PRAYER

WHEREFORE, Complainant requests that a hearing be held on the matters herein alleged, and that following the hearing, the Board of Pharmacy issue a decision:

1. Revoking or suspending Pharmacy Permit Number PHY 46007, issued to Community Infusion Services Inc., doing business as CDM Drugs;

2. Revoking or suspending Pharmacist License Number RPH 42817, issued to Chad Trenor Kearns;

3. Ordering Community Infusion Services Inc., doing business as CDM Drugs and Chad Trenor Kearns to pay the Board of Pharmacy the reasonable costs of the investigation and enforcement of this case, pursuant to Business and Professions Code section 125.3;

4. Taking such other and further action as deemed necessary and proper.

DATED: 1/17/15

VIRGINIA HEROLD
Executive Officer
Board of Pharmacy
Department of Consumer Affairs
State of California
Complainant

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