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

In the Matter of the Accusation Against:	Case No. 5666
OAKDALE PHARMACY **CHRISTEN YUNAH KIM,** **OWNER/PHARMACIST-IN-CHARGE** **1390 West H Street, Suite F** **Oakdale, CA 95361**	**A C C U S A T I O N**
Pharmacy Permit No. PHY 50734	
and	
CHRISTEN YUNAH KIM **1390 West H Street, Suite F** **Oakdale, CA 95361**	
Pharmacist License No. RPH 62576	
Respondents.	

Complainant alleges:

PARTIES

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

2. On or about October 4, 2011, the Board issued Pharmacy Permit Number PHY 50734 to Christen Yunah Kim ("Respondent"), owner and pharmacist-in-charge of Oakdale Pharmacy.

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The pharmacy permit was in full force and effect at all times relevant to the charges brought herein and will expire on October 1, 2016, unless renewed.

3. On or about July 27, 2009, the Board issued Pharmacist License Number RPH 62576 to Respondent. The pharmacist license was in full force and effect at all times relevant to the charges brought herein and will expire on June 30, 2017, unless renewed.

JURISDICTION/STATUTORY AND REGULATORY PROVISIONS

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

5. Code section 4300 states, in pertinent part:

> (a) Every license issued may be suspended or revoked.
>
> (b) The board shall discipline the holder of any license issued by the board, whose default has been entered or whose case has been heard by the board and found guilty, by any of the following methods:
>
> (1) Suspending judgment.
>
> (2) Placing him or her upon probation.
>
> (3) Suspending his or her right to practice for a period not exceeding one year.
>
> (4) Revoking his or her license.
>
> (5) Taking any other action in relation to disciplining him or her as the board in its discretion may deem proper . . .

6. Code section 4300.1 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.

7. Code section 4301 states, in pertinent part:

> The board shall take action against any holder of a license who is guilty of unprofessional conduct . . . Unprofessional conduct shall include, but is not limited to, any of the following:
>
> . . . .

(d) The clearly excessive furnishing of controlled substances in violation of subdivision (a) of Section 11153 of the Health and Safety Code.

. . . .

(j) The violation of any of the statutes of this state, or any other state, or of the United States regulating controlled substances and dangerous drugs.

. . . .

(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 . . . .

8. Code section 4306.5 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.

(b) Acts or omissions that involve, in whole or in part, the failure to exercise or implement his or her best professional judgment or corresponding responsibility with regard to the dispensing or furnishing of controlled substances, dangerous drugs, or dangerous devices, or with regard to the provision of services.

(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 . . .

9. Code section 4307, subdivision (a) states:

Any person who has been denied a license or whose license has been revoked or is under suspension, or who has failed to renew his or her license while it was under suspension, or who has been a manager, administrator, owner, member, officer, director, associate, or partner of any partnership, corporation, firm, or association whose application for a license has been denied or revoked, is under suspension or has been placed on probation, and while acting as the manager, administrator, owner, member, officer, director, associate, or partner had knowledge of or knowingly participated in any conduct for which the license was denied, revoked, suspended, or placed on probation, shall be prohibited from serving as a manager, administrator, owner, member, officer, director, associate, or partner of a licensee as follows:

(1) Where a probationary license is issued or where an existing license is placed on probation, this prohibition shall remain in effect for a period not to exceed five years.

(2) Where the license is denied or revoked, the prohibition shall continue until the license is issued or reinstated.

10. Code section 4113, subdivision (c), states that "[t]he 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. Health and Safety Code section 11153, subdivision (a), states:

> A prescription for a controlled substance shall only be issued for a legitimate medical purpose by an individual practitioner acting in the usual course of his or her professional practice. The responsibility for the proper prescribing and dispensing of controlled substances is upon the prescribing practitioner, but a corresponding responsibility rests with the pharmacist who fills the prescription. Except as authorized by this division, the following are not legal prescriptions: (1) an order purporting to be a prescription which is issued not in the usual course of professional treatment or in legitimate and authorized research; or (2) an order for an addict or habitual user of controlled substances, which is issued not in the course of professional treatment or as part of an authorized narcotic treatment program, for the purpose of providing the user with controlled substances, sufficient to keep him or her comfortable by maintaining customary use.

12. Health and Safety Code section 11162.1 states, in pertinent part:

> (a) The prescription forms for controlled substances shall be printed with the following features:
>
> (1) A latent, repetitive "void" pattern shall be printed across the entire front of the prescription blank; if a prescription is scanned or photocopied, the word "void" shall appear in a pattern across the entire front of the prescription.
>
> (2) A watermark shall be printed on the backside of the prescription blank; the watermark shall consist of the words "California Security Prescription."
>
> . . . .
>
> (4) A feature printed in thermochromic ink.
>
> . . . .
>
> (8) Prescription blanks shall contain a statement printed on the bottom of the prescription blank that the "Prescription is void if the number of drugs prescribed is not noted."
>
> . . . .
>
> (13) An identifying number assigned to the approved security printer by the Department of Justice.
>
> (14)(A) A check box by the name of each prescriber when a prescription form lists multiple prescribers.
>
> . . . .
>
> (b) Each batch of controlled substance prescription forms shall have the

lot number printed on the form and each form within that batch shall be numbered sequentially beginning with the numeral one . . .

13. Health and Safety Code section 11164 states, in pertinent part:

> Except as provided in Section 11167, no person shall prescribe a controlled substance, nor shall any person fill, compound, or dispense a prescription for a controlled substance, unless it complies with the requirements of this section.
>
> (a) Each prescription for a controlled substance classified in Schedule II, III, IV, or V, except as authorized by subdivision (b), shall be made on a controlled substance prescription form as specified in Section 11162.1 . . .

14. Title 21, Code of Federal Regulations ("CFR"), section 1301.75, subdivision (b), states that "[c]ontrolled substances listed in Schedules II, III, IV, and V shall be stored in a securely locked, substantially constructed cabinet. However, pharmacies and institutional practitioners may disperse such substances throughout the stock of noncontrolled substances in such a manner as to obstruct the theft or diversion of the controlled substances."

15. Title 16, California Code of Regulations ("CCR"), section 1711 states, in pertinent part:

> (a) Each pharmacy shall establish or participate in an established quality assurance program which documents and assesses medication errors to determine cause and an appropriate response as part of a mission to improve the quality of pharmacy service and prevent errors.
>
> . . . .
>
> (c)(1) Each quality assurance program shall be managed in accordance with written policies and procedures maintained in the pharmacy in an immediately retrievable form.
>
> . . . .
>
> (e) The primary purpose of the quality assurance review shall be to advance error prevention by analyzing, individually and collectively, investigative and other pertinent data collected in response to a medication error to assess the cause and any contributing factors such as system or process failures. A record of the quality assurance review shall be immediately retrievable in the pharmacy . . .
>
> (f) The record of the quality assurance review, as provided in subdivision (e) shall be immediately retrievable in the pharmacy for at least one year from the date the record was created . . .

16. CCR section 1714 states, in pertinent part:

> . . . .
>
> (d) Each pharmacist while on duty shall be responsible for the security of

the prescription department, including provisions for effective control against theft or diversion of dangerous drugs and devices, and records for such drugs and devices . . .

17. CCR section 1761 states:

(a) No pharmacist shall compound or dispense any prescription which contains any significant error, omission, irregularity, uncertainty, ambiguity or alteration. Upon receipt of any such prescription, the pharmacist shall contact the prescriber to obtain the information needed to validate the prescription.

(b) Even after conferring with the prescriber, a pharmacist shall not compound or dispense a controlled substance prescription where the pharmacist knows or has objective reason to know that said prescription was not issued for a legitimate medical purpose.

COST RECOVERY

18. Code section 125.3 provides, in pertinent part, that a 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.

DRUG CLASSIFICATIONS

19. "Norco" is the brand name for a compound consisting of hydrocodone and acetaminophen and is used to treat pain. Norco is a Schedule II controlled substance pursuant to Code of Federal Regulations, section 1308.12, subdivision (b)(1)(vi).

20. "Roxicodone" is a brand name for oxycodone. Oxycodone is a Schedule II controlled substance pursuant to Health and Safety Code section 11055, subdivision (b)(1)(M), and is used to treat pain.

21. "Phenergan with codeine" is a brand name for promethazine with codeine. Promethazine with codeine is a Schedule V controlled substance pursuant to Health and Safety Code section 11058, subdivision (c)(1), and is used to treat cough.

22. All of the above controlled substances are dangerous drugs pursuant to Code section 4022.

FACTUAL ALLEGATIONS

23. On or about March 11, 2015, a Board Inspector conducted a complaint investigation at Oakdale Pharmacy and determined that Respondent and her husband, technician Steve Kim ("Kim"), had violated the Pharmacy Law. An audit revealed that Kim stole 545 dosage units of

1 Adderall 30 mg immediate-release (IR) tablets and 600 dosage units of Adderall 30 mg extended-
2 release (XR) capsules. The inspector found that Schedule II controlled substances had been
3 dispersed among the stock of non-controlled substances in the pharmacy and that Kim had access
4 to the alarm system code and Respondent's keys, allowing him to enter the facility in the middle
5 of the night and steal the drugs. The inspector also found questionable practices as to the
6 dispensing of controlled substances, and an internal complaint was opened against Oakdale
7 Pharmacy by the Board.

8 24. Board Inspector T. requested and analyzed CURES data for Oakdale Pharmacy and
9 identified irregularities or "red flags" pertaining to certain prescriptions, all of which were written
10 by Dr. Terrill Eugene Brown. Dr. Brown surrendered his physician's and surgeon's certificate to
11 the Medical Board of California effective June 24, 2013.[1]

12 25. On or about May 20, 2015, Board Inspectors T. and K. conducted an inspection at
13 Oakdale Pharmacy and were assisted by Respondent. The inspectors obtained prescription hard
14 copies that were written by Dr. Brown and identified during the review of the CURES data.
15 Inspector T. found, among other things, that the majority of prescriptions written by Dr. Brown
16 were assigned consecutive prescription numbers, indicating that the pharmacy typed the
17 prescriptions sequentially and that a customer dropped off multiple prescriptions or multiple
18 individuals came in groups to pick up their medications. Inspector T. asked Respondent to
19 explain the circumstances surrounding the consecutive prescription numbers. Respondent stated
20 that at first, one person came in with a prescription from Dr. Brown, then "all these people started
21 coming." Initially, one person would bring in three or four prescriptions for several people.
22 Later, groups of people began arriving with prescriptions from Dr. Brown. Respondent stated
23 that she had the ability to access the PDMP (Prescription Drug Monitoring Program)[2].

24
25 [1] Dr. Brown was charged in a grand jury indictment with illegally distributing and dispensing Schedule II controlled substances and structuring transactions to evade reporting
26 requirements. Dr. Brown pled guilty to the charges and was sentenced to 57 months in prison.

27 [2] The PDMP is a component of CURES and is accessible to pharmacists and prescribers. The data from the PDMP may be used to aid in determining if a patient see multiple prescribers,
28 goes to multiple pharmacies to have controlled substance prescriptions filled and/or has

(continued...)

26. During the inspection, Inspector K. found the pharmacy's Schedule II controlled substances sequestered in various drawers. Each of the drawers had hasps; however, the padlocks were unlocked and several of the drawers did not have a lock. Inspector T. also found that Quality Assurance reports were not immediately retrievable in the pharmacy.

27. Inspector T. requested that Respondent provide her with all electronic pharmacy dispensing records (controlled and non-controlled substances) for the period from March 1, 2012 to March 12, 2015, and gave her a blank CD. Respondent inserted the CD into the pharmacy computer, burned the requested files onto the CD, and provided it to the inspector.

28. Inspector T. selected several of Dr. Brown's patients who had prescriptions filled at Oakdale Pharmacy and obtained CURES Patient Activity Reports for each patient from the Board. The reports indicated that the patients were "doctor shopping" in that they would obtain prescriptions for the same controlled substance from different physicians, including Dr. Brown. The patients would then have the prescriptions filled at different pharmacies, including Oakdale Pharmacy ("pharmacy shopping"). The reports also showed that the patients were receiving early refills of the controlled substances, oftentimes many days in advance of the previously dispensed supply being exhausted.

29. Inspector T. determined based on her analysis of the CURES data, the prescription hard copies, Oakdale Pharmacy's dispensing data and the CURES Patient Activity Reports that from March 1, 2012 to March 12, 2015, the pharmacy dispensed numerous prescriptions for controlled substances without regard to the following factors:

a. Dr. Brown practiced General Preventative Medicine, but only wrote prescriptions for hydrocodone with acetaminophen 10/325 mg tablets, oxycodone 30 mg tablets, and promethazine with codeine syrup. Dr. Brown did not prescribe non-controlled substances to his patients.

b. 100% of the prescriptions written by Dr. Brown and dispensed by the pharmacy were paid for with cash.

(...continued)
controlled substance prescriptions refilled early.

c. Multiple patients of Dr. Brown, with prescriptions for identical controlled substances, presented to the pharmacy around the same time.

d. Dr. Brown's patients paid cash for high retail cost medications without the benefit of insurance.

e. All of Dr. Brown's patients received the highest tablet strength of oxycodone (most patients received two tablets per dose) with no evidence of upward titration from a lower dose.

f. Dr. Brown had two medical offices, one located in Fresno, approximately 98 miles from Oakdale Pharmacy, and the other located in Visalia, approximately 143 miles from the pharmacy.

g. Dr. Brown's patients traveled far distances in order to obtain controlled substance prescriptions from Dr. Brown and to have those prescriptions filled at Oakdale pharmacy. Several of his patients travelled from Victorville (approximately 343 miles from Oakdale pharmacy) and Long Beach (approximately 345 miles from Oakdale pharmacy). In some instances, his patients provided a Northern California address, however, their license listed an address in Long Beach or nearby city.

h. Multiple patients of Dr. Brown resided at the same address and received very similar prescriptions for controlled substances.

i. Multiple prescriptions were written on forms that were not in compliance with Health and Safety Code section 11162.1, as set forth in paragraph 30 below.

FIRST CAUSE FOR DISCIPLINE

(Excessive Furnishing of Controlled Substances)

30. Respondent's pharmacy permit is subject to disciplinary action for unprofessional conduct pursuant to Code section 4301, subdivision (d), in that Respondent, as owner of Oakdale Pharmacy, clearly excessively furnished the controlled substances hydrocodone with acetaminophen 10/325 mg tablets, oxycodone 30 mg tablets, and promethazine with codeine syrup, in violation of Health and Safety Code section 11153, subdivision (a), as follows: On and between March 1, 2012 and March 12, 2015, Respondent dispensed numerous prescriptions for the above controlled substances when she knew or had objective reason to know that said

prescriptions were not issued for a legitimate medical purpose based on the irregularities or "red flags" set forth in paragraph 28 above. Further, Respondent failed to assume her corresponding responsibility when she failed to appropriately scrutinize patients' drug therapies with readily available tools, such as the PDMP and her own pharmacy records, resulting in the repeated early dispensing of controlled substances due to patients who engaged in "doctor shopping" and poly-pharmacy activity.

SECOND CAUSE FOR DISCIPLINE

(Dispensing of Controlled Substances Based on Prescription Forms Not in Compliance with the Law)

31. Respondent's pharmacy permit is subject to disciplinary action for unprofessional conduct pursuant to Code section 4301, subdivision (j), in that Respondent, as owner of Oakdale Pharmacy, violated Health and Safety Code section 11164 when she filled, compounded, or dispensed approximately 31 prescriptions for hydrocodone with acetaminophen 10/325 mg tablets, oxycodone 30 mg tablets, and/or promethazine with codeine syrup based on controlled substance prescription forms, written by Dr. Brown (obtained during the Board's inspection of May 20, 2015), that were not in compliance with Health and Section 11162.1, as follows:

a. The prescription forms did not have a latent, repetitive "void" pattern printed across the entire front of the prescription blank.

b. The prescription forms did not have a watermark printed on the backside of the prescription blank consisting of the words "California Security Prescription."

c. The prescription forms did not have a feature printed in thermochromic ink.

d. The prescription forms did not contain a statement printed on the bottom of the prescription blank that the "Prescription is void if the number of drugs prescribed is not noted."

e. The prescription forms did not have an identifying number assigned to the approved security printer by the Department of Justice.

f. The prescription forms did not have a check box by the name of each prescriber when the prescription formed listed multiple prescribers.

g. Each batch of controlled substance prescription forms did not have the lot number printed on the form and/or each form within the batch was not numbered sequentially beginning with the numeral one.

THIRD CAUSE FOR DISCIPLINE

(Failure to Comply with Quality Assurance Program)

32. Respondent's pharmacy permit is subject to disciplinary action for unprofessional conduct pursuant to Code section 4301, subdivision (o), in that Respondent, as owner of Oakdale Pharmacy, failed to have available at the pharmacy any quality assurance review records or reports to provide to the inspector during the inspection, in violation of CCR section 1711.

FOURTH CAUSE FOR DISCIPLINE

(Failure to Maintain Pharmacy, Fixtures, and Equipment so that Drugs Were Safely and Properly Secured)

33. Respondent's pharmacy permit is subject to disciplinary action for unprofessional conduct pursuant to Code section 4301, subdivisions (o) and (j), in that Respondent, as owner of Oakdale Pharmacy, failed to maintain the pharmacy and its facilities, space, fixtures and/or equipment so that drugs were safely and properly secured, in violation of CCR section 1714, subdivision (d), and failed to store Schedule II, III, IV, and/or V Controlled Substances in securely locked, substantially constructed cabinets, in violation of CFR section 1301.75, subdivision (b), as follows: On or about May 20, 2015, Respondent failed to ensure that Schedule II Controlled Substances were stored in locked cabinets or dispersed throughout the pharmacy's stock of noncontrolled substances.

FIFTH CAUSE FOR DISCIPLINE

(Excessive Furnishing of Controlled Substances)

34. Respondent's pharmacist license is subject to disciplinary action for unprofessional conduct pursuant to Code section 4301, subdivision (d), in that Respondent, while acting as the pharmacist-in-charge at Oakdale Pharmacy, clearly excessively furnished the controlled substances hydrocodone with acetaminophen 10/325 mg tablets, oxycodone 30 mg tablets, and promethazine with codeine syrup, in violation of Health and Safety Code section 11153,

subdivision (a), as follows: On and between March 1, 2012 and March 12, 2015, Respondent dispensed numerous prescriptions for the above controlled substances when she knew or had objective reason to know that said prescriptions were not issued for a legitimate medical purpose based on the irregularities or "red flags" set forth in paragraph 28 above. Further, Respondent failed to assume her corresponding responsibility when she failed to appropriately scrutinize patients' drug therapies with readily available tools, such as the PDMP and her own pharmacy records, resulting in the repeated early dispensing of controlled substances due to patients who engaged in "doctor shopping" and poly-pharmacy activity.

SIXTH CAUSE FOR DISCIPLINE

(Unprofessional Conduct)

35. Respondent's pharmacist license is subject to disciplinary action for unprofessional conduct pursuant to Code sections 4301 and 4306.5, subdivisions (a) through (c), in that Respondent, while acting as the pharmacist-in-charge at Oakdale Pharmacy, failed to appropriately exercise her education, training, or experience as a pharmacist, failed to exercise or implement her best professional judgment or corresponding responsibility with regard to the dispensing or furnishing of controlled substances and dangerous drugs, and failed to consult appropriate patient, prescription, and other records pertaining to the performance of her pharmacy function, as set forth in paragraph 33 above.

SEVENTH CAUSE FOR DISCIPLINE

(Dispensing of Controlled Substances Based on Prescription Forms Not in Compliance with the Law)

36. Respondent's pharmacist license is subject to disciplinary action for unprofessional conduct pursuant to Code section 4301, subdivision (j), in that Respondent, while acting as the pharmacist-in-charge at Oakdale Pharmacy, violated Health and Safety Code section 11164 when she filled, compounded, or dispensed approximately 31 prescriptions for hydrocodone with acetaminophen 10/325 mg tablets, oxycodone 30 mg tablets, and/or promethazine with codeine syrup based on controlled substance prescription forms, written by Dr. Brown (obtained during

the Board's inspection of May 20, 2015), that were not in compliance with Health and Section 11162.1, as follows:

a. The prescription forms did not have a latent, repetitive "void" pattern printed across the entire front of the prescription blank.

b. The prescription forms did not have a watermark printed on the backside of the prescription blank consisting of the words "California Security Prescription."

c. The prescription forms did not have a feature printed in thermochromic ink.

d. The prescription forms did not contain a statement printed on the bottom of the prescription blank that the "Prescription is void if the number of drugs prescribed is not noted."

e. The prescription forms did not have an identifying number assigned to the approved security printer by the Department of Justice.

f. The prescription forms did not have a check box by the name of each prescriber when the prescription formed listed multiple prescribers.

g. Each batch of controlled substance prescription forms did not have the lot number printed on the form and/or each form within the batch was not numbered sequentially beginning with the numeral one.

EIGHTH CAUSE FOR DISCIPLINE

(Failure to Comply with Quality Assurance Program)

37. Respondent's pharmacist license is subject to disciplinary action for unprofessional conduct pursuant to Code section 4301, subdivision (o), in that Respondent, while acting as the pharmacist-in-charge at Oakdale Pharmacy, failed to have available at the pharmacy any quality assurance review records or reports, in violation of CCR section 1711.

NINTH CAUSE FOR DISCIPLINE

(Failure to Maintain Pharmacy, Fixtures, and Equipment
so that Drugs Were Safely and Properly Secured)

38. Respondent's pharmacist license is subject to disciplinary action for unprofessional conduct pursuant to Code section 4301, subdivisions (o) and (j), in that Respondent, while acting as the pharmacist-in-charge at Oakdale Pharmacy, failed to maintain the pharmacy and its

facilities, space, fixtures and/or equipment so that drugs were safely and properly secured, in violation of CCR section 1714, subdivision (d), and failed to store Schedule II, III, IV, and/or V Controlled Substances in securely locked, substantially constructed cabinets, in violation of CFR section 1301.75, subdivision (b), as follows: On or about May 20, 2015, Respondent failed to ensure that Schedule II Controlled Substances were stored in locked cabinets or dispersed throughout the pharmacy's stock of noncontrolled substances.

OTHER MATTERS

39. Pursuant to Code section 4307, if discipline is imposed on Pharmacy Permit Number PHY 50734 issued to Oakdale Pharmacy, Oakdale Pharmacy shall be prohibited from serving as a manager, administrator, owner, member, officer, director, associate, or partner of a licensee for five years if Pharmacy Permit Number PHY 50734 is placed on probation or until Pharmacy Permit Number PHY 50734 is reinstated if it is revoked.

40. Pursuant to Code section 4307, if discipline is imposed on Pharmacy Permit Number PHY 50734 issued to Oakdale Pharmacy while Christen Yunah Kim has been an officer and/or owner and had knowledge of or knowingly participated in any conduct for which the licensee was disciplined, Christen Yunah Kim shall be prohibited from serving as a manager, administrator, owner, member, officer, director, associate, or partner of a licensee for five years if Pharmacy Permit Number PHY 50434 is placed on probation or until Pharmacy Permit Number PHY 50734 is reinstated if it is revoked.

MATTERS IN AGGRAVATION

41. To determine the degree of discipline to be assessed against Respondent, if any, Complainant alleges as follows:

a. On or about March 11, 2015, a Board Inspector conducted a complaint investigation at Oakdale Pharmacy, as set forth in paragraph 22 above. On or about May 21, 2015, the Board issued Citation and Fine No. CI 2014 65415 against Respondent's pharmacy permit for violating CCR section 1714, subdivision (d) (failure to maintain adequate security of the prescription department). The Board ordered Respondent to pay a fine of $750 by June 20, 2015. Respondent paid the citation in full on November 4, 2015.

1 b. On or about May 21, 2015, the Board issued Citation and Fine No. CI 2014 65416 against Respondent's pharmacist license for violating CCR section 1714, subdivision (d) (failure to maintain adequate security of the prescription department), following the complaint investigation referenced in subparagraph (a) above. The Board ordered Respondent to pay a fine of $500 by June 20, 2015. Respondent paid the citation in full on November 4, 2015.

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 50734, issued to Christen Yunah Kim, owner of Oakdale Pharmacy;

2. Revoking or suspending Pharmacist License Number RPH 62576, issued to Christen Yunah Kim;

3. Prohibiting Oakdale Pharmacy from serving as a manager, administrator, owner, member, officer, director, associate, or partner of a licensee for five years if Pharmacy Permit Number PHY 50734 is placed on probation or until Pharmacy Permit Number PHY 50734 is reinstated if Pharmacy Permit Number 50734 issued to Oakdale Pharmacy is revoked;

4. Prohibiting Christen Yunah Kim from serving as a manager, administrator, owner, member, officer, director, associate, or partner of a licensee for five years if Pharmacy Permit Number PHY 50734 is placed on probation or until Pharmacy Permit Number PHY 50734 is reinstated if Pharmacy Permit Number 50734 issued to Oakdale Pharmacy is revoked;

4. Ordering Christen Yunah Kim, individually, and as owner of Oakdale Pharmacy, 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; and

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

DATED: 6/13/16

Virginia Herold

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