

CERTIFICATE OF SERVICE

The undersigned hereby certifies that on the 20 day of September, 2011 a copy of the foregoing Voluntary Surrender, was served upon Respondent [REDACTED] on behalf of LTC Pharmacy, Inc. Permit number [REDACTED].

[REDACTED]
[REDACTED] Investigator, NC Board of Pharmacy
Office of Investigations and Inspections

**THIS FORM IS ONLY FOR ORIGINAL PERMIT REGISTRATION,
TRANSFER OF OWNERSHIP, OR LATE RENEWAL.**

RESET FORM

PRINT FORM

Fees (Non-Refundable)
New Permits = \$500.00
 Full/Limited Service; Transfer of
 Ownership/In or Out of State
Late Renewal = \$400.00
 (Applies March 2 - March 31 only)

Fed ID # 56-6000725
 Return Check Fee = \$25
CHECK OR MONEY ORDER ONLY

2011
APPLICATION FOR REGISTRATION
AND PERMIT TO CONDUCT A PHARMACY

Complete and submit to: North Carolina Board of Pharmacy, 6015 Farrington Rd, Suite 201
 Chapel Hill, NC 27517. Permits expire December 31st of the year for which it is issued. It
 shall be unlawful to practice pharmacy more than 60 days after the expiration date without
 renewing the permit.

Complete electronically, then print, sign, and date where applicable.

(Internal Board Use Only)
 Permit #: [REDACTED]
 Batch #: 041511 pmd
 Date issued: 5/2/11

http://www.ncbop.org
 phone 919.246.1050
 fax 919.246.1056

Under North Carolina Law, making "false representations or with[holding] material information in connection with securing a license or permit" is grounds
 for "refus[ing] to grant ... a license to practice pharmacy." N.C.G.S. § 90-85.38(a)(1). Any license or permit obtained through false representation or with-
 holding of material information shall be void and of no effect. N.C.G.S. § 90-85.38(c).

Select one: Original Transfer of Ownership Late Renewal

ITEM 1. Pharmacy Name and Address (No more than 37 characters per pharmacy name)

Pharmacy Permit #: _____
(Permit is REQUIRED for LATE RENEWAL or TRANSFER OF OWNERSHIP)
 Pharmacy Name: LTC Pharmacy, Inc.
 Pharmacy Address: 1618 Page Rd Ext 101-B
 City: Durham State: North Carolina Zip: 27703
 County (NC Only): Durham
 All voice telephone numbers: [REDACTED]
 Direct phone # for Pharmacist-Manager: [REDACTED]
 Opening Date (for original permit only): 4/1/11

ITEM 2. COMPLETED Rx LABEL

Attached to this Application
**REQUIRED FOR
 ORIGINAL REGISTRATION
 ONLY**

FAX number (direct line only): [REDACTED]
 DEA registration number: Need this Lic # to apply

ITEM 3. Transfers of ownership fill in the following items, only at the time of transfer:

Name of former owner: _____ Date of transfer: _____ Name of former Pharmacist-Manager: _____
 Permission is hereby given for the transfer of this permit to the signators on Certificates A and B on this document.

 (Former Pharmacist-Manager Signature)
 Former Pharmacy Name: _____ Former Pharmacy Location: _____

ITEM 4. All applicants fill in the information requested below for all Pharmacists employed in this pharmacy:

Name & License Number of Pharmacist-Manager: [REDACTED]	Number of Hours On Duty Per Week: <u>35</u>
Name & License # of other full-time or relief pharmacist: _____	Number of Hours On Duty Per Week: _____
Name & License # of other full-time or relief pharmacist: _____	Number of Hours On Duty Per Week: _____
Name & License # of other full-time or relief pharmacist: _____	Number of Hours On Duty Per Week: _____
Name of Board-approved PA, NP or, in Health Depts., RN on duty: _____	Number of Hours On Duty Per Week: _____
Name of Board-approved PA, NP or, in Health Depts., RN on duty: _____	Number of Hours On Duty Per Week: _____
Name of Board-approved PA, NP or, in Health Depts., RN on duty: _____	Number of Hours On Duty Per Week: _____
	Total Hours Open: _____

RECEIVED
 MAR 24 2011
 N.C. Board of Pharmacy

ITEM 5. Names and registration numbers of technicians or persons who act under pharmacist supervision in the pharmacy:
N/A

ITEM 6. Has the Pharmacist-Manager, any staff pharmacist, or any pharmacy technician SINCE THEIR LAST RENEWAL been charged or disciplined by any licensing or permitting authority, federal or state? Discipline includes, but is not limited to, any letter of warning, reprimand, license suspension or revocation, permit suspension or revocation, or registration suspension or revocation. (Yes/No) NO

If yes, please provide the Board with appropriate documentation, including but not limited to the charging document and any disposition of the charge.

ITEM 7. Forms of operation and percent of ownership:

Chain (11 or more stores)
 Independent
 Health Department
 Hospital (# Hospital Beds): _____
 "Free" Clinic
 Infusion
 Nursing Home
 Automated Dispensing System
 Other (Describe): Long Term Care

Incorporated or organized in the state of North Carolina on (Date): 12/10/2010

Are you requesting a Limited Service permit? (Yes/No) No

IF YES, indicate the number of hours that the Pharmacist-Manager will be (physically) present at the site (REQUIRED): _____

Is the number of hours you indicated above WEEKLY or MONTHLY? _____

If a Limited Service permit is requested, an attachment in writing is required. Explain in detail why a Limited Service permit is needed. Include a detailed description of what the site will be dispensing and/or services that will be provided.

Does this pharmacy donate or dispense donated prescription drugs, devices, or supplies under 21 NCAC 46.2513? (Yes/No) No

Will any component of this pharmacy's practice be Internet-based? (Yes/No) No

If yes, explain in detail below:

Information below MUST be completed for Original Registration or Transfer of Ownership.

NAMES OF OFFICERS AND OTHERS. INDICATE AMOUNT, WHERE APPROPRIATE, OF STOCK OWNED IF MORE THAN 10%. ALL HOSPITALS OR GOVERNMENT UNITS MUST COMPLETE THIS SECTION WITH EQUIVALENT OFFICIALS. NOTE APPLICABLE TITLES AND MAKE CHANGES WHERE NECESSARY.	BUSINESS ADDRESS	PERCENT OF OWNERSHIP	PHARMACIST LICENSE NUMBER
PRESIDENT, PRESIDING OFFICER OR EQUIVALENT <u>Jessica Hoppe</u>	<u>1618 Page Rd Ext 101B Durham NC 27703</u>	<u>100%</u>	
VICE PRESIDENT OR EQUIVALENT			
SECRETARY OR EQUIVALENT			
TREASURER OR EQUIVALENT			
OTHERS			

ITEM 8. GPS COORDINATES: Please enter your pharmacy's GPS coordinates as degrees minutes-decimal, (e.g. 35°54.63, -78°58.998) or degree decimal format, (e.g. 35.9105, -78.9833)

Latitude (North): 35° 55.8305
 Longitude (West): W078° 48.7508

Need help obtaining your pharmacy's GPS coordinates?
 Click here: <http://www.ncbop.org/gps.htm>

SEAL OF CORPORATION


 Signature of Executive Officer or Corporation or Partner

President
 Title

CERTIFICATE A

(To be completed by a person listed in Item 7)

I do hereby certify that:

- 1) I have read this complete document and it is true and correct to the best of my knowledge and belief.
- 2) Any permit issued will be in the name of the pharmacist-manager signing Certificate B and is valid only if pharmacists remain on duty, as specified.
- 3) The pharmacist-manager has complete control over security in the pharmacy.
- 4) If there is a change in pharmacist-manager, the permit renewal will be returned to the Board within 5 days of the change.
- 5) If the pharmacist-manager position is vacated, the permit will be returned to the Board office to be held in trust and, if no replacement is made within 30 days, the Board may revoke the permit.
- 6) Adequate qualified staff will be present in the pharmacy.
- 7) No pharmaceutical services will be delivered or prescription drugs dispensed when a pharmacist is not on duty, except as specifically provided by statute or Board regulation.
- 8) I understand the laws governing the practice of pharmacy and distribution of drugs and assure their observance.
- 9) If the pharmacy is sold or discontinues business, the permit will be returned within 10 days to the Board office.

Name of Executive Officer: Jessica Hoppe

[Signature] - President
Signature and Title of Executive Officer

Date Filed

CERTIFICATE B

(To be executed by the pharmacist-manager of the pharmacy)

I do hereby certify that:

- 1) I have a current license to practice pharmacy in North Carolina or state of practice.
- 2) I intend this position as pharmacist-manager is permanent and not temporary for the foreseeable future.
- 3) I am responsible for the conduct of this pharmacy according to the laws of this state, including, but not limited to, those specified in the Pharmacy Practice Act.
- 4) Any permit issued is valid only so long as I function as pharmacist-manager, and if I leave the position, the permit will be properly transferred to a successor or returned to the Board office.
- 5) No pharmaceutical services will be rendered or prescription drugs dispensed by a person not licensed as a pharmacist, except under the supervision of a person licensed as a pharmacist in this state.
- 6) Should I be unable to fulfill the duties of pharmacist-manager, I will return the permit to the Board office within 5 days.

7) All licensees and registrants shall give the Board notice of a change of mailing address or a change of place of employment within 30 days after the change.

8) I understand that Pharmacist-Managers have many responsibilities in statutes and rules, including, but not limited to, the following:

- a) Operating the pharmacy in accordance with all laws, Rule .1317 (26);
- b) Proper pharmacy security, Rule .2502 (a);
- c) Be present in the pharmacy at least one half the open hours, on the average, Rule .2502 (b);
- d) Take a controlled substance inventory within 10 days of a Pharmacist-Manager or ownership change, Rule .2502 (c);
- e) Develop and maintain a system to detect drug shortages, Rule .2502 (d);
- f) Maintain control of all keys to the pharmacy or prescription department, Rule .2502 (e);
- g) Have a plan to safeguard records and pharmaceuticals in case of a natural disaster such as a hurricane, Rule .2502 (j);
- h) Remove outdated drugs from stock, Rule .2502 (k);
- i) Report to the Board any deaths due to drugs dispensed through their pharmacy, Rule .2502 (l);
- j) Comply with the Board's Rule on Patient Counseling, Rule .2504.

9) And that all technicians at this location are currently registered with this Board.

10) I have read this document and it is true and correct to the best of my knowledge and belief.

Name of Pharmacist-Manager: [Redacted]

Email address of Pharmacist-Manager: [Redacted]

Email address of PHARMACY: LTCpharmNC@gmail.com

Home Phone Number (no spaces or hyphens) [Redacted]

[Redacted]

Signature of Pharmacist-Manager: [Redacted]

The most recent inventory as required by state and federal controlled substances laws for this location has been compiled as of the close of business on w/A (date) and will remain on file in the pharmacy for the required period.

* Not Applicable - The pharmacy does not have a license therefore it has not conducted any business.

* We will not be selling controlled substances.



BEFORE THE NORTH CAROLINA BOARD OF PHARMACY

In the Matter of:)

[REDACTED])

License No. [REDACTED])

VOLUNTARY SURRENDER
OF LICENSE FOR CAUSE

[REDACTED] was issued License No. [REDACTED] by the North Carolina Board of Pharmacy on March 16, 2011, such license being active until December 31, 2011.

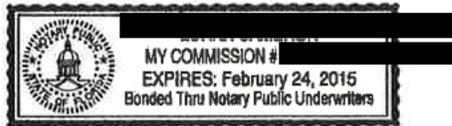
[REDACTED] admits that while working as a licensed pharmacist with LTC Pharmacy, permit No. [REDACTED], located on 1618 Page Road, Ext 101-B, Durham, North Carolina she committed acts that give the Board sufficient cause to revoke her license to practice pharmacy in North Carolina.

Considering that, [REDACTED] voluntarily surrenders her license to practice pharmacy in North Carolina. The surrender of the license is made voluntarily and without pressure, coercion, or the threat of force being made against her. As a result of the voluntary surrender, [REDACTED] shall not be present in any North Carolina pharmacy in any capacity other than as a *customer/patient*, with a valid prescription from a treating physician, unless and until the Board issues any further order.

[REDACTED] understands and accepts that, at any point in the future, she may petition for reinstatement by submitting a request to the Board of Pharmacy, in writing. Upon a request for reinstatement, the Board will determine within sixty (60) days when it will schedule a hearing on the request for reinstatement. That hearing will be scheduled at the Board's discretion. There is no presumption, guarantee or other implication intended within this document that the Board will reinstate the license.

The decision will be made by the Board based on consideration of all available evidence presented at a formal hearing before the Board. The license will not be returned until and unless the Board issues a reinstatement order after any formal hearing.

This the 26th day of October, 2011.





Steve Troxler
Commissioner

North Carolina Department of Agriculture
and Consumer Services
Food and Drug Protection Division

Daniel L. Ragan
Director

November 3, 2011

Jessica Hoppe, President
International Pharmaceuticals, Inc.
6409 Fayetteville Road, Suite 120-166
Durham, NC 27713

Dear Ms. Hoppe,

Please be advised that this letter is notification of our intention to deny any further renewal of the license of International Pharmaceuticals, Inc. located at 1618 Page Road Extension, Suite 101 in Durham NC 27703 due to the violations noted during the inspection dated 9/19/2011. Specifically, the purchasing of prescription drugs from an unlicensed source is a violation of our rule 02 NCAC 09M.0103. Under the North Carolina Administrative Procedure Act, it is the policy of the State of North Carolina that disputes between an agency and another person that involves the person's rights, duties or privileges, including licensing, should be settled through informal procedures. If you wish to provide us with information to demonstrate that you are in compliance with the licensing requirements for wholesale prescription drug distributors, please provide that information to us no later than November 18, 2011. If you have any questions or wish to discuss this matter, you can call 919-733-7366 and ask to speak with me. If we do not hear from you by November 18, 2011, we will assume that you do not intend to contest the denial of your application for renewal of your license. If we are unable to resolve this matter through informal procedures, either party can file a contested case petition with the Office of Administrative Hearings, 6714 Mail Service Center, Raleigh, NC 27699-6714. Information on filing a contested case petition can be found on their web page at ncoah.com, or by calling 919-431-3100.

Respectfully,

Daniel L. Ragan, RPh
Director



NORTH CAROLINA BOARD OF PHARMACY
 Investigations and Inspections
 6015 Farrington Road, Suite 201
 Chapel Hill, N.C. 27517-8822
 (919) 246-1050

MISCELLANEOUS INSPECTION REPORT

DATE: 9.19.2011		CASE NO.: 225-11	
ADDRESS: 1618 Page Rd Durham, NC 27703		FACILITY NAME: LTC Pharmacy	
PERSON PROVIDING INFORMATION:		PERSON IN CHARGE: [REDACTED]	
		PERMIT NUMBER: [REDACTED]	TYPE: IV infusion / LTC
		PHONE NUMBER: [REDACTED]	
		ADDITIONAL EMPLOYEE(S):	

THE FOLLOWING DISCREPANCIES WERE FOUND DURING AN INSPECTION CONDUCTED ON THIS DATE:

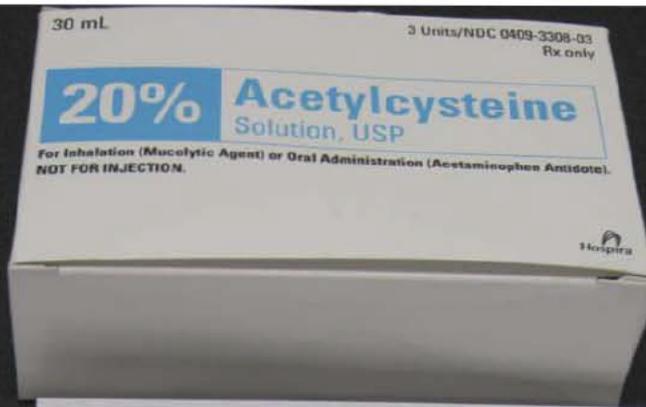
X 90-85-23, 46-1161(e), 46-2503(j), 46-2305/46-2503(e), 46-2503(d)
 GS 90-85-26/46-2302, 46-2303,

* this pharmacy is not an operating pharmacy as indicated on the permit application. Pharmacist Manager is not at present at Pharmacy 35 hours a week. Pharmacy is not equipped with Clean room that is required for IV infusion dispensing. Staff has indicated no dispensing has taken place since opening, rather orders being placed by the pharmacy are transferred to International Pharmaceuticals for wholesale distribution. The Pharmacy is acting as a wholesaler/distributor and a license to do so.

SIGNATURES:

INSPECTOR [REDACTED]

PPI: PTC unavailable [REDACTED]



CE # K78369 *J.P.*

PHARMACY INC
PAGE RD EXT 101B
M, NC 27703
STP 0 D83711

CUSTOMER DEA	INVOICE #	INVOICE DATE	PAGE #
FL2571190	K78369	05/24/11	001

UNIT PRICE	EXTENDED PRICE
001	
002	

LTC Pharmacy, Inc.
1618 PAGE ROAD EXT UNIT 101-B
DURHAM, NC 27703

Invoice

Date	Invoice #
5/26/2011	3

Bill To

INTERNATIONAL PHARMACEUTICALS
1618 PAGE ROAD EXT UNIT 101A
DURHAM NC 27703

Ship To

INTERNATIONAL PHARMACEUTICALS
1618 PAGE ROAD EXT UNIT 101A
DURHAM, NC 27703

P.O. No.
5642

Item	Description	Lot	Exp	Qty	Rate
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INVOICE

INVOICE # K78369

BILL TO
LTC PHARMACY INC
1618 PAGE RD EXT 101B
DURHAM, NC 27703

SHIP TO
LTC PHARMACY INC
1618 PAGE RD EXT 101B
DURHAM, NC 27703
RT UPS STP 0 D83711

ORDER NO.	SHIP DATE	ACCOUNT #	SALESPERSON	PHONE	PURCHASE ORDER	SHIP VIA	ZONE	TERMS	CUSTOMER DEA	INV
D83711	05/24/11	30424	MONICA M	(734) 743-6341		UPS	0	<15=25;<31=10	FL2571190	K

LOCATION	QTY	SIZE	ITEM NUMBER	GENERIC DESCRIPTION	COMPARE TO	CLASS	UNIT PRICE
0652	✓ 5	3X30ML	#655018 1	04257EV 4/13 NDC=00409-3308-03 ✓	ACETYL CYSTEINE 20% SOLN INH ✓		18.55
652	✓ 5	3X30ML	#655018 1	04257EV 4/13 NDC=00409-3308-03 ✓	ACETYL CYSTEINE 20% SOLN INH ✓		18.55

M THANK YOU
NORTH CAROLINA SALES TAX
COD/FREIGHT AMOUNT

This wholesale distributor purchased the specific unit of the prescription drug directly from the manufacturer.

This wholesale distributor has ADR status with the manufacturers of prescription items. To receive pedigrees, please go to www.theharvarddruggroup.com and click on the main CPSIA Certification Documents for applicable products at www.theharvarddruggroup.com.

INVOICE

Date: 8/09/11

OK
8/9/11

SHIP TO
LTC PHARMACY
1618 PAGE ROAD EXT UNIT 101-B
DURHAM, NC 27703

BILL TO
LTC PHARMACY
1618 PAGE ROAD EXT UNIT 101-B
DURHAM, NC 27703

CUSTOMER PURCHASE ORDER NO.		CONFIRMATION #		DEA 222 FORM#		CUSTOMER'S DEA #			
W6527		W118				FL2571190			
CD	QTY ORD	QTY SHIP	PACK SIZE	U/M	DESCRIPTION	ITEM	NDC / UPC	Rx	AWP
	24	✓24	1X473 ML ORA	✓EA	Thank You For Your Business! NYSTATIN ORAL SUSP PT YELO ✓ NYSTATIN ORAL SUSP PT YELO ✓	458000	60432053716	✓RX	
	6	✓6	1X473 ML ORA	✓EA		458000	60432053716	✓RX	
							30896A		
							30896A		

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

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
FL2571190	03-31-2014	\$551

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N, 3,3N,4,5,	RETAIL PHARMACY	05-11-2011

LTC PHARMACY, INC.
1618 PAGE RD EXTENSION
UNIT 101 B
DURHAM, NC 27703-0000



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 (4/07)

This is to Certify
That the PHARMACY PERMIT to Operate

LTC Pharmacy, Inc

Located at Durham, NC County of Durham

has been renewed for the year ending December 31, 2011, as required by law and is issued to the pharmacist-manager pursuant to the representations made in application therefore. The issuance of this renewal permit is not complete and the permit is not valid until countersigned in the space indicated below by the pharmacist-manager as represented in the application. THIS PERMIT CERTIFICATE MUST BE CONSPICUOUSLY DISPLAYED IN THE PHARMACY TO WHICH IT APPLIES. Pharmacy permits are not transferable and may be revoked for the causes specified in the Law and the Rules and Regulations of the Board. (In the event of change of pharmacist-manager, see instructions at the top of the certificate).

Countersigned _____ Pharmacist-Manager

Issued 5/2/11

Rebecca Wheeler Chater
President

John G. Galle
Executive Director









