

*A Notary Public must notarize your signature on the appropriate line of the original (white) copy if you accept the Letter of Reprimand. If, however, you do not accept the Letter of Reprimand, you must sign the appropriate signature line at the end of the document. The original (white) document should be returned using the enclosed envelope, to the Board at P. O. Box 362, Newton, NC 28658, within ten (10) days. The yellow copy is provided for your records.

Permit Holder, Permit No. 6571 has full knowledge that of the right to a formal hearing before the Board and freely, knowingly, and voluntarily waives such right by accepting this Letter of Reprimand.

Permit Holder, Permit No. 6571 understands and agrees that consenting to this action voluntarily relinquishes any right to judicial review of Board actions that may be taken concerning this matter.

Permit Holder, Permit No. 6571 understands and agrees that this action will not become effective unless and until approved by the Board.

Permit Holder, Permit No. 6571 admits there is a factual basis for the issuance of the Letter of Reprimand.

CONSENTED TO BY [Signature]
(On behalf of Permit No.6571) President of Rhode Island Compliance Title
12/31/02 Date

State of Rhode Island
Providence County

I, Stephen E Murphy, a Notary Public for the above named County and State, do hereby certify that [Signature] personally appeared before me this day and acknowledged the due execution of the foregoing instrument.

Witnessed my hand and official seal

This the 4th day of December, 2002

Stephen E Murphy #38550
Notary Public



My Commission Expires: 2/1/2006

Permit Holder, Permit No. 6571 does not accept the Letter of Reprimand as a disposition of this matter.

(On behalf of Permit number 6751) Title
Date

na-#02.36 Permit Holder - CVS #6571 (CO.LOR)
CERTIFIED MAIL - RETURN RECEIPT REQUESTED
M/C/F: _____

Office of Investigations
& Inspections

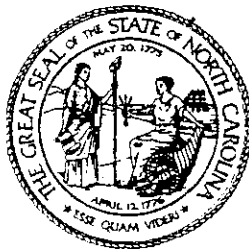
Mailing Address:

PO Box 362
Newton, NC 28658

828-465-2324
Fax: 828-465-4539

Bailey & Dixon
Legal Counsel
919-828-0731

NORTH CAROLINA
BOARD OF PHARMACY
OFFICE OF INVESTIGATIONS & INSPECTIONS



David R. Work
Executive Director

Mailing Address:
PO Box 459
Carrboro, NC 27510-0459

919-942-4454
Fax: 919-967-5757
www.ncbop.org

October 2, 2002

Permit Holder, #6571
CVs/pharmacy
11314 US 15-501 North
Chapel Hill, NC 27514

LETTER OF REPRIMAND

Dear Permit Holder:

On September 17, 2002, representatives of your permit met with Board Member Robert Crocker, Board staff, and RPh. David Rogers at a prehearing conference in the Board's office located at 104-C Carrboro Plaza, Hwy 54 Bypass, Carrboro, NC. The purpose of the conference was to consider the culpability of RPh. Rogers in the dispensing of Amoxicillin Pediatric Drops with incorrect directions for administration on the label and your responsibility for the error and/or other violations of the Pharmacy Practice Act.

After giving careful consideration to the investigative findings and your response, Mr. Crocker found that RPh. Rogers committed the error as alleged. He also found that the permit was culpable for allowing RPh. Rogers to fill prescriptions at such a rate as to pose a danger to the public health or safety.

Considering these findings, Mr. Crocker directed that this Letter of Reprimand be issued to the permit for violation of 21 NCAC 46.1811. This letter will be made a part of the permit's record with the Board for consideration should similar activity be found in the future.

Sincerely,

Steve Hudson
Director of Investigations & Inspections

cc: File

Josh Kohler
Susan DelMonico
Ann Christian

na-#02.36 Permit Holder - CVS #6571 (CO.LOR)
CERTIFIED MAIL - RETURN RECEIPT REQUESTED ✓
M/C/F: 10.4.02