

NORTH CAROLINA BOARD OF PHARMACY

In Re: )  
 )  
Westbury Pharmacy ) ORDER SUMMARILY  
(Permit No. 11343) ) SUSPENDING PHARMACY  
 ) PERMIT  
 )

Pursuant to G.S. § 150B-3(c) and 21 N.C.A.C. 46.2006(b), the North Carolina Board of Pharmacy (“Board”), vis Members Gene Minton, J. Parker Chesson, Jr., Carol Day Yates, William A. (Bill) Mixon, and Robert McLaughlin, Jr. find that the protection of the public health, safety and welfare requires emergency action. Accordingly, the Board hereby Summarily Suspends Permit No. 11343 issued to Westbury Pharmacy (“Respondent Pharmacy”), effective upon service of this Order. Respondent Pharmacy shall immediately cease any practice of pharmacy in North Carolina pending issuance by the Board of a Final Agency Decision.

Respondent Pharmacy may request a hearing on the charges against you by submitting a written request within sixty (60) days of service of this order, pursuant to 21 N.C.A.C. 46. 2004. Within sixty (60) days of receipt of your written request, the Board will issue a notice of hearing with respect to whether the summary suspension should be continued. That notice will advise Respondent Pharmacy of the date and time of the hearing, which will be set within the discretion of the Board. In the event that Respondent Pharmacy requests a hearing, this summary suspension remains in effect until the issuance of a further decision by the Board.

If Respondent Pharmacy does not request a hearing as set forth above, the Respondent Pharmacy waives the right to contest the Board’s decision and the summary suspension imposed upon the permit by this order. However, the Respondent Pharmacy retains the right to file a written petition for reinstatement of permit at any time following this order. The Board will set a

hearing at a time and place within its discretion and will rule on the petition for reinstatement, in its discretion, under its duty to consider the public health, safety and welfare.

By Order of the Board, this 21<sup>st</sup> day of April, 2015.

NORTH CAROLINA BOARD OF PHARMACY




\_\_\_\_\_  
Jack W. Campbell, IV  
Executive Director

**CERTIFICATE OF SERVICE**

I certify that on the 23<sup>rd</sup>, day of April, 2015, a copy of the Order Summarily Suspending License No. 11343, was served upon Westbury Pharmacy by certified mail, return receipt requested to:

8903 Three Chopt Road  
Richmond, VA 23229

  
\_\_\_\_\_  
Joshua Kohler,  
Director of Investigations  
North Carolina Board of Pharmacy

7072 1010 0000 4434 5332

U.S. Postal Service<sup>TM</sup>  
**CERTIFIED MAIL<sup>TM</sup> RECEIPT**  
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4/23/15  
Postmark  
Here

Sent To **Westbury Pharmacy**  
**8903 Three Chopt Rd**  
**Richmond VA 23229**

Street, Apt. No.  
or PO Box No.  
City, State, ZIP

PS Form 3800, August 2006 See Reverse for Instructions

**SENDER: COMPLETE THIS SECTION**

- Complete Items 1, 2, and 3. Also complete Item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Westbury Pharmacy  
8903 Three Chopt Rd  
Richmond VA 23229

2. Article Number


**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  
 Addressee  
*Pamela Mason*

B. Received by (Printed Name)  Agent  
 Addressee  
*Pamela Mason*

C. Date of Delivery  
*4/23/15*

D. Is delivery address different from item 1?  Yes  
 No  
If YES, enter delivery address below:



3. Service Type

Certified Mail®  Priority Mail Express™  
 Registered  Return Receipt for Merchandise  
 Insured Mail  Collect on Delivery

4. Restricted Delivery? (Extra Fee)  Yes