

**BEFORE THE BOARD OF PHARMACY EXAMINERS
OF THE STATE OF IOWA**

Re:)
Pharmacist License of)
MICHELLE S. CARRIS) **STATEMENT OF CHARGES**
License No. 18014)
Respondent)

COMES NOW, the Complainant, Lindy A. Pearson, and states:

1. She is the Chief Investigator for the Iowa Board of Pharmacy Examiners and files this Statement of Charges solely in her official capacity.
2. The Board has jurisdiction in this matter pursuant to Iowa Code Chapters 155A and 272C (1995).
3. On July 23, 1993, Michelle S. Carris, the Respondent, was issued license number 18014 by the Board to engage in the practice of pharmacy, subject to the laws of the State of Iowa and the rules of the Board.
4. License number 18014 is current and active until June 30, 1997.
5. Respondent currently resides at 1443 26th Street N.W., Cedar Rapids, Iowa 52405.
6. Respondent was employed as a pharmacist by Drug Town Pharmacy #5 in Cedar Rapids, Iowa, until June 5, 1996.

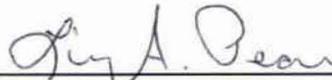
COUNT I

The Respondent is charged under Iowa Code Sections 155A.12(1) and 155A.12(3) (1995) and 657 Iowa Administrative Code Sections 9.1(4)(b) and 9.1(4)(m) with the inability to practice pharmacy with reasonable skill and safety by reason of professional incompetency and/or mental or physical impairment.

THE CIRCUMSTANCES

1. Respondent committed a dispensing error on or about March 13, 1996, by dispensing the wrong medication.
2. Respondent committed at least 13 other dispensing errors while working as a staff pharmacist between June 11, 1995, and May 5, 1996.

WHEREFORE, the Complainant prays that a hearing be held in this matter and that the Board take such action as it may deem to be appropriate under the law.



Lindy A. Pearson
Chief Investigator

On this 11th day of June, 1996, the Iowa Board of Pharmacy Examiners found probable cause to file this Statement of Charges and to order a hearing in this case.



Phyllis A. Olson, Chairperson
Iowa Board of Pharmacy Examiners
Executive Hills West
1209 East Court Avenue
Des Moines, Iowa 50319

5. The Respondent understands that there is no admission on her part of the truth of the allegations specified in the Statement of Charges, but merely an agreement that the Board may treat the allegations as true solely for the purpose of this Stipulation and Consent Order. This Stipulation and Consent Order is executed as a compromise settlement of disputed claims.

SECTION I

Upon approval of this Stipulation and Consent Order by the Board, Respondent's license to practice pharmacy shall be placed on probation for three (3) years. During the probationary period the Respondent shall not serve as the pharmacist in charge of any pharmacy, shall not supervise any registered intern, and shall not perform any of the duties of a preceptor.

Within one (1) year of the effective date of this Stipulation and Consent Order, the Respondent shall complete a continuing education course or other formal, structured course in medication dispensing errors. This course shall be *not less than* six (6) hours in length and shall be pre-approved by the Board. Documentation of completion of the course shall be submitted to the Board. This course is in addition to the thirty (30) hours of continuing education required for license renewal.

In addition, during the probationary period the Respondent shall:

1. Submit a written incident report to the Board for any medication dispensing error committed by Respondent. Such written report shall be submitted within 72 hours of when the error is discovered by Respondent or is brought to Respondent's attention. Such written report shall include the name, address, and telephone number of the pharmacy where the dispensing error occurred; the name, address, telephone number, and age of the patient; the original date of the prescription; the date the prescription was filled or refilled by the Respondent; the prescription

number; the name, address, and telephone number of the prescribing practitioner; the prescription order as issued by the prescriber (the name of the drug, strength of the drug, quantity of drug prescribed, and directions for use); the name of the drug, strength of the drug, quantity of drug, and label instructions as dispensed by Respondent; the date and time that the dispensing error was either discovered by Respondent or brought to Respondent's attention; how the dispensing error was discovered or brought to Respondent's attention; the disposition of the medication that was dispensed by Respondent in error; how much of the medication was taken by the patient; the current medical condition and status of the patient; whether the prescribing practitioner was notified of the error and when such notification was made; whether the patient was notified of the error (if applicable) and when such notification was made; and any other action taken by Respondent or the pharmacy in regard to the incident. In addition, Respondent shall attach to the incident report a photocopy of both sides of the prescription which is the subject of the incident report.

2. Submit a written report to the Board for any adverse judgment in a malpractice action to which Respondent is a party, and any settlement of a claim alleging malpractice by Respondent. The written report together with a copy of the judgment or settlement shall be submitted to the Board within ten (10) days from the date of the judgment or settlement.

3. Continue to receive appropriate medical treatment and shall comply with all medical recommendations as to treatment, counseling, and/or therapy.

4. Comply with any restrictions on her practice of pharmacy as recommended by her treating physician, counselor, or therapist or as ordered by the Board following receipt of an evaluation report and recommendation from Respondent's physician, counselor, or therapist.

5. Make quarterly reports to the Board on September 5, December 5, March 5, and June 5 of each year of the Respondent's probation for as long as the treatment,

counseling, or therapy continues. These reports shall include, but not be limited to, information relative to any medications prescribed to Respondent, her progress, participation in therapy, compliance with the physician's, counselor's, or therapist's recommendations, and any further information deemed necessary by the Board. Such reports shall be submitted by both Respondent and Respondent's treating physician, counselor, or therapist. Any problems determined by the treating physician, counselor, or therapist that may cause concern for the well-being of patients should be immediately reported to the Board by the treating physician, counselor, or therapist. The Board may require Respondent to submit to further evaluations, treatment, or other appropriate action if so indicated. If the Respondent, physician, counselor, or therapist feel it is necessary to terminate their doctor/patient relationship, a written explanation by both parties must be submitted to the Board at least thirty (30) days before any scheduled report is due. The Board will consider the explanations and determine whether or not another physician, counselor, or therapist shall be sought for Respondent.

6. Inform the Board in writing within ten (10) days of any change of home address, place of employment, home telephone number, or work telephone number.

7. Provide evidence of efforts to maintain skill and knowledge as a pharmacist through continuing pharmacy education (CPE) as directed by the Board.

8. Obey all federal and state laws, rules, and regulations substantially related to the practice of pharmacy and the distribution of controlled substances.

9. Notify all present and prospective treating physicians, counselors, or therapists and all present and prospective pharmacy employers of the resolution of this case and the terms, conditions, and restrictions imposed on Respondent by this document. Within thirty (30) days after approval of this Stipulation and Consent Order by the Board, and within fifteen (15) days of Respondent becoming a patient of a new treating physician, counselor, or therapist, Respondent shall cause her treating physician, counselor, or therapist to report to the Board in writing acknowledging that the treating

physician, counselor, or therapist has read this document. Within thirty (30) days after approval of this Stipulation and Consent Order by the Board, and within fifteen (15) days of Respondent undertaking new employment, Respondent shall cause her employer to report to the Board in writing acknowledging that the employer has read this document.

SECTION II

1. Should Respondent leave Iowa to reside or practice in another state, she shall notify the Board in writing fourteen (14) days prior to her departure and within fourteen (14) days of her return. Periods of residency or practice outside the State of Iowa shall not apply to reduction of the probationary period.

2. Respondent may apply for modification of the provision prohibiting Respondent from serving as a pharmacist in charge after one year of probation has been successfully completed.

3. Respondent shall fully and promptly comply with all Orders of the Board and the statutes and rules regulating the practice of pharmacy in Iowa. Any violation of the terms of this Order is grounds for further disciplinary action, upon notice and opportunity for hearing, for failure to comply with an Order of the Board, in accordance with Iowa Code section 272C.3(2)(a).

4. Should Respondent continue to make excessive medication dispensing errors while working as a pharmacist or violate probation in any respect, the Board, after giving Respondent notice and an opportunity to be heard, may revoke probation and impose additional disciplinary sanctions, including the suspension or revocation of Respondent's license to practice pharmacy. If a petition to revoke probation is filed against Respondent during probation, the Board shall have continuing jurisdiction until the matter is final, and the period of probation shall be extended until the matter is final.

5. Upon successful completion of probation, Respondent's certificate will be fully restored.

6. This Stipulation and Consent Order is subject to approval of a majority of the full Board. If the Board approves this Stipulation and Consent Order, it becomes the final disposition of this matter. If the Board fails to approve this Stipulation and Consent Order, it shall be of no force or effect to either party.

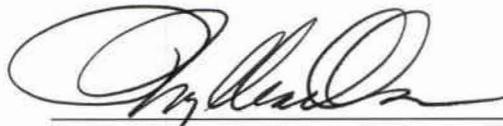
7. This Stipulation and Consent Order is voluntarily submitted by Respondent to the Board for its consideration on the 14 day of August, 1996.


MICHELLE S. CARRIS, R.Ph.
Respondent

Subscribed and Sworn to before me on this 14th day of August, 1996.


NOTARY PUBLIC IN AND FOR THE
STATE OF IOWA

8. This Stipulation and Consent Order is accepted by the Iowa Board of Pharmacy Examiners on the 17th day of September, 1996.



PHYLLIS A. OLSON, Chairperson
Iowa Board of Pharmacy Examiners
Executive Hills West
1209 East Court Avenue
Des Moines, Iowa 50319

**BEFORE THE BOARD OF PHARMACY EXAMINERS
OF THE STATE OF IOWA**

Re:)	Case No. 2003-63
Pharmacist License of)	
MICHELLE S. CARRIS,)	STATEMENT OF CHARGES
License No. 18014,)	
Respondent.)	

COMES NOW, the Complainant, Lloyd K. Jessen, and states:

1. He is the Executive Secretary/Director for the Iowa Board of Pharmacy Examiners and files this Statement of Charges solely in his official capacity.
2. The Board has jurisdiction in this matter pursuant to Iowa Code Chapters 155A and 272C (2003).
3. On July 23, 1993, the Board issued Respondent, Michelle S. Carris, by examination, a license to engage in the practice of pharmacy as evidenced by license number 18014, subject to the laws of the State of Iowa and the rules of the Board.
4. Respondent's pharmacist license is current and active until June 30, 2004.
5. Respondent's current address is 1443 26th St. NW, Cedar Rapids, IA 52405.
6. Respondent was employed, at all times material to this statement of charges, as a pharmacist at Econofoods Pharmacy, 2100 Edgewood Road SW, Cedar Rapids, Iowa 52404.

A. CHARGES

COUNT I – LACK OF PROFESSIONAL COMPETENCY

Respondent is charged under Iowa Code § 155A.12(1) (2003) and 657 Iowa Administrative Code § 36.1(4) with a lack of professional competency, as demonstrated by willful and repeated departures from, and a failure to conform to, the minimal standard and acceptable and prevailing practice of pharmacy in the state of Iowa, specifically the commission of numerous dispensing errors.

COUNT II – ILLEGAL DISTRIBUTION OF DRUGS

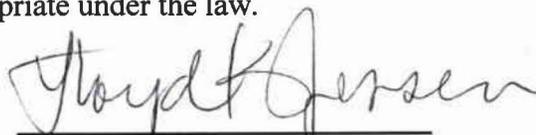
Respondent is charged with distribution of drugs for other than lawful purposes in violation of Iowa Code § 155A.12(1) (2003) and 657 Iowa Administrative Code § 36.1(4)(h), specifically, distribution of drugs prior to the time authorized by the prescriber.

B. CIRCUMSTANCES

On or about July 22, 2003, an investigation was commenced which revealed the following:

1. Respondent has, in the course of her employment, made a substantial number of dispensing errors, on a recurrent basis. Between October 24, 2003 and November 13, 2003, Respondent made four dispensing errors.
2. Respondent has dispensed refills of prescription medication prior to the time authorized by prescribers.

WHEREFORE, the Complainant prays that a hearing be held in this matter and that the Board take such action as it may deem to be appropriate under the law.



Lloyd K. Jessen
Executive Secretary/Director

On this 30th day of January, 2004, the Iowa Board of Pharmacy Examiners found probable cause to file this Statement of Charges and to order a hearing in this case.



Katherine A. Linder, Chairperson
Iowa Board of Pharmacy Examiners
400 SW Eighth Street, Suite E
Des Moines, Iowa 50309-4688

cc: Scott M. Galenbeck
Assistant Attorney General
Hoover State Office Building
Des Moines, Iowa

**BEFORE THE BOARD OF PHARMACY EXAMINERS
OF THE STATE OF IOWA**

Re:)	Case No. 2003-63
Pharmacist License of)	
MICHELLE S. CARRIS)	STIPULATION
License No. 18014)	AND
Respondent)	CONSENT ORDER

Pursuant to Iowa Code §§ 17A.10 and 272C.3(4) (2003), the Iowa Board of Pharmacy Examiners (hereinafter, "the Board") and Michelle S. Carris (hereinafter, "Respondent"), enter into the following Stipulation and Consent Order settling a licensee disciplinary proceeding currently pending before the Iowa Board of Pharmacy Examiners.

Allegations specified in a Statement of Charges filed against Respondent shall be resolved without proceeding to hearing, as the Board and Respondent stipulate as follows:

1. Respondent was issued a license to practice pharmacy in Iowa on July 23, 1993, following examination, as evidenced by Pharmacist License Number 18014, which is recorded in the permanent records of the Board.
2. The Iowa Pharmacist License issued to and held by Respondent is active and current until June 30, 2004.
3. Respondent was, at all times material to the Statement of Charges, employed as the pharmacist at Econofoods Pharmacy, 2100 Edgewood Road S.W., Cedar Rapids, Iowa 52404.
4. A Statement of Charges was filed against Respondent on January 30, 2004.
5. The Board has jurisdiction over the parties and jurisdiction over the subject matter of these proceedings.

6. Respondent does not contest the allegations set forth in the Statement of Charges.

7. Within six (6) months after the date of the Board's approval of this Stipulation and Consent Order, Respondent shall complete not fewer than four (4) hours of continuing pharmacy education ("CPE") or other formal, structured education in each of the following areas: (1) Improvement of Respondent's interpersonal skills utilized in the pharmacy work setting and (2) prevention of and response to medication dispensing errors in the pharmacy setting. The above-required CPE shall be pre-approved by the Board. Documentation of satisfactory completion of the education shall be promptly submitted to the Board following completion. This CPE shall be in addition to – not in lieu of – thirty (30) hours of continuing pharmacy education required every two years for license renewal.

8. Within sixty (60) days after the date of the Board's approval of this Stipulation and Consent Order, Respondent will submit to the Board *typewritten* pharmacy policies and procedures for the following: implementation of a continuous quality improvement program for Respondent when working in any pharmacy setting. Following review and approval by the Board, Respondent agrees to adopt, implement, and adhere to these policies and procedures in her current employment setting and whenever engaging in the practice of pharmacy.

9. Should the Respondent violate or fail to comply with any of the terms or conditions of this Stipulation and Consent Order, the Board may initiate action to revoke or suspend the Respondent's Iowa pharmacist license or to impose other licensee discipline as authorized by Iowa Code chapters 272C and 155A (2003) and 657 IAC 36.

10. This Stipulation and Consent Order is the resolution of a contested case. By entering into this Stipulation and Consent Order, Respondent waives all rights to a contested case hearing on the allegations contained in the Statement of Charges, and waives any objections to this Stipulation and Consent Order.

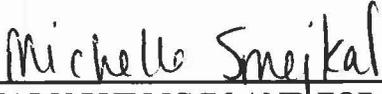
11. This proposed settlement is subject to approval by a majority of the full Board. If the Board fails to approve this settlement, it shall be of no force or effect to either the Board or Respondent. If the Board approves this Stipulation and Consent Order, it shall be the full and final resolution of this matter.

12. The Board's approval of this Stipulation and Consent Order shall constitute a FINAL ORDER of the Board in a disciplinary action.

This Stipulation and Consent Order is voluntarily submitted by Respondent to the Board for its consideration on the 16th day of April 2004.


Michelle S. Carris, R.Ph.
Respondent

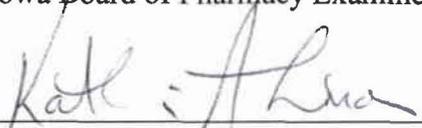
Subscribed and sworn to before me by Michelle S. Carris on this 16th day of April 2004.



NOTARY PUBLIC IN AND FOR
THE STATE OF IOWA



This Stipulation and Consent Order is accepted by the Iowa Board of Pharmacy Examiners on the 20 day of April 2004.


KATHERINE A. LINDER, Chairperson
Iowa Board of Pharmacy Examiners
400 SW Eighth Street, Suite E
Des Moines, Iowa 50309-4688

cc: Scott M. Galenbeck
Assistant Attorney General
Office of the Attorney General
Hoover State Office Building
Des Moines, Iowa 50319

Cynthia Sueppel
2720 First Avenue NE
PO Box 1943
Cedar Rapids, IA 42406-1943

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