

BEFORE THE PHARMACY BOARD OF THE STATE OF IOWA

<p>IN THE MATTER OF</p> <p>HY-VEE PHARMACY 1610 CSA Registration Number: 1102840 License Number: 488</p> <p>RESPONDENT</p>	<p>CASE NO.: 2023-0142</p> <p>COMBINED STATEMENT OF CHARGES, SETTLEMENT AGREEMENT, AND FINAL ORDER</p>
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COME NOW the Iowa Board of Pharmacy (“Board”) and Hy-Vee Pharmacy 1610 (“Respondent”) and enter into this Combined Statement of Charges, Settlement Agreement, and Final Order (“Order”) pursuant to Iowa Code sections 17A.10(2), 272C.3(4), and 272C.10 and 657 IAC 35.24.

A. BACKGROUND

1. **Iowa License.** Respondent was most recently issued Iowa pharmacy license 488 on December 4, 2023. Respondent’s Iowa pharmacy license is active and will next expire on December 31, 2024.
2. **Practice Setting.** Respondent was an Iowa-licensed pharmacy in Sioux City, Iowa, during the time period relevant to these allegations.
3. **Jurisdiction.** The Board has jurisdiction in this matter pursuant to Iowa Code § 155A.
4. **Stipulated Facts.** On or about the date of October 6, 2023, Respondent incorrectly administered an influenza vaccine to a patient that had requested a COVID-19 booster vaccination.

B. STATEMENT OF CHARGES

COUNT I

5. Respondent is charged under 657 Iowa Administrative Code 36.6(41) with dispensing an incorrect prescription, which includes but is not limited to, the incorrect drug, the incorrect

strength, the incorrect patient or prescriber, or the incorrect or incomplete directions.

C. SETTLEMENT AGREEMENT

6. Respondent acknowledges the Stipulated Facts in the Background section, if proven in a contested case hearing, would constitute grounds for the discipline agreed to in this Order.

7. In order to resolve this matter without proceeding to hearing, Respondent agrees to the following conditions:

a. A civil penalty in the amount of two thousand dollars (\$2,000.00).

b. Completion of the continuing education program from Oregon State University entitled: “Patient Safety and Medication Error Prevention for Pharmacy”.

c. Any documentation, including the civil penalty, required to be submitted to the Board pursuant to this Order shall be sent to the Iowa Board of Pharmacy, Attn: Amanda Woltz, 6200 Park Avenue, Suite 100, Des Moines IA 50321 or by email as appropriate to amanda.woltz@iowa.gov.

8. In accepting this Settlement Agreement, Respondent acknowledges the following:

a. This Combined Statement of Charges, Settlement Agreement, and Final Order is subject to the approval of the Board and will have no force or effect if it is not accepted by the Board.

b. Counsel for the State will present this Combined Statement of Charges, Settlement Agreement, and Final Order to the Board *ex parte*.

c. I have the right to be represented by counsel in this matter.

d. I understand I have an opportunity to be heard and to contest the allegations against me in a formal hearing before the Board and that by waiving the formal hearing, I waive

my right to challenge the allegations against me and all attendant rights, including the right to seek judicial review of the Board's actions.

e. I waive my ability to review the investigative file in this case.

f. I understand this Combined Statement of Charges, Settlement Agreement, and Final Order will be part of my permanent licensure file and may be considered by the Board in determining the nature and severity of any disciplinary action to be imposed in the event of any future violations.

g. I am voluntarily entering into this Combined Statement of Charges, Settlement Agreement, and Final Order.

h. Failure to comply with the provisions of this Combined Statement of Charges, Settlement Agreement, and Final Order shall be grounds for further disciplinary action pursuant to Iowa Code § 272C.3(2)(a).

i. Respondent understands and acknowledges the Board will report this Order to the National Association of Boards of Pharmacy (NABP) Clearinghouse. The report to the Clearinghouse will reflect the language included in this Order.

12. This Combined Statement of Charges, Settlement Agreement, and Final Order constitutes discipline against Respondent and is the final agency action in a contested case pursuant to Iowa Code section 17A.10.

13. This Combined Statement of Charges, Settlement Agreement, and Final Order shall not preclude the Board from taking additional action against Respondent should Respondent violate laws, rules, or standards of practice administered by the Board in the future.

14. This Combined Statement of Charges, Settlement Agreement, and Final Order becomes a

public record available for inspection and copying upon execution in accordance with the requirements of Iowa Code Chapters 17A, 22, and 272C.

15. The Board's approval of this Order shall constitute a **Final Order** of the Board.

D. FINAL ORDER

IT IS THEREFORE ORDERED:

Pursuant to this Settlement Agreement, Respondent is subject to the following conditions:

- 1) **Civil Penalty.** Within thirty (30) days of this Order, Respondent shall pay a civil penalty in the amount of two thousand dollars (\$2,000.00). The check shall be made payable to the "Treasurer of Iowa" and shall be deposited in the general fund.
- 2) **Full Professional Staff Compliance with Education Program:** Within ninety (90) days of this Order, all pharmacist and technician staff shall complete, at Respondent's expense, the medication error and patient safety program administered by Oregon State University. Information regarding this program can be located [here](#).

FOR THE RESPONDENT:

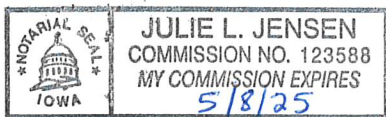
Voluntarily agreed to and accepted by Hy-Vee Pharmacy 1610, on this 3rd day of May, 2024.

Angie Nelson
By: Hy-Vee Pharmacy 1610, Respondent

State of IOWA)

County of POLK)

Signed and sworn to before me on this 3rd day of May, 2024, by:



Julie L. Jensen

Notary Public, State of IOWA
Printed Name: Julie L. Jensen
My Commission Expires: 5/8/25

FOR THE IOWA BOARD OF PHARMACY:

Voluntarily agreed to and accepted by the **IOWA BOARD OF PHARMACY** on
this 7th day of _____ May, 2024.

Kathryn Stone

Chairperson
Iowa Board of Pharmacy