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Iowa Board of Pharmacy

BEFORE THE PHARMACY BOARD OF THE STATE OF IOWA

IN THE MATTER OF

SHAUNA RICHARDSON
1391 Cardinal Ridge Drive
Newton, Iowa 50208

RESPONDENT

CASE NO.: 2024-0016

COMBINED STATEMENT OF
CHARGES, SETTLEMENT
AGREEMENT, AND FINAL ORDER

COME NOW the Iowa Board of Pharmacy ("Board") and Shauna Richardson ("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 issued Iowa pharmacist license 20942 most recently on June 9, 2022. Respondent's Iowa pharmacist license is active and will next expire on June 30, 2024.
2. **Practice Setting.** Respondent was an Iowa-licensed pharmacist practicing in Newton, 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 January 14, 2024, Respondent dispensed 30ml of morphine 100mg/5ml concentrate to a patient with incorrect directions on the label resulting in a substantial overdose and possibly early death.

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.

COUNT II

6. Respondent is charged under 657 IAC 6.14 with failure to provide patient counseling.

C. SETTLEMENT AGREEMENT

7. 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.

8. In order to resolve this matter without proceeding to hearing, Respondent agrees to be placed on four (4) years of probation subject 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.

9. 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 shall be placed on four (4) years of probation subject to the following terms and 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) **Continuing Education Program:** Within ninety (90) days of this Order, the Respondent shall complete the medication error and patient safety program administered by Oregon State University. Information regarding this program can be located [here](#). The continuing education obtained shall not be used to satisfy and shall be in addition to the two (2) hours of patient or medication safety continuing education required for Respondent's pharmacist license renewal.
- 3) **Quarterly Reporting.** Respondent shall submit quarterly reports to the Board on its compliance with this Order. Each quarterly report shall include the following: documentation of any dispensing errors which occurred throughout the quarter. The

quarterly reports shall be submitted on forms provided by the Board on or before March 5th (reporting on December – February), June 5th (reporting on March-May), September 5th (reporting on June-August), and December 5th (reporting on September-November) each year during the probationary period.

- 4) **Board appearances.** Respondent shall appear before the Board upon request for purposes of evaluating performance of the probationary period. Respondent shall be given reasonable notice of the date, time, and place for such appearances.
- 5) **Compliance with laws and rules.** Respondent shall abide by all state and federal laws and regulations governing the practice of pharmacy. Respondent shall operate in accordance with its policies and procedures.

FOR THE RESPONDENT:

Voluntarily agreed to and accepted by Shauna Richardson on this 18 day of April, 2024.

Shauna Richardson
By: Shauna Richardson, Respondent

State of Iowa

County of Mahaska

Signed and sworn to before me on this 18 day of April, 2024, by:



Michelle Kent
Notary Public, State of Iowa
Printed Name: Michelle Kent
My Commission Expires: 4/9/27

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