

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

<b>IN THE MATTER OF</b> <b>CHRISTOPHER STEELE</b> <b>22362 Norman Drive</b> <b>Underwood, Iowa 51576</b> <b>RESPONDENT</b>	<b>CASE NO.: 2023-0167 and 2024-0055</b>  <b>COMBINED STATEMENT OF</b> <b>CHARGES, SETTLEMENT</b> <b>AGREEMENT, AND FINAL ORDER</b>
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COME NOW the Iowa Board of Pharmacy (“Board”) and Christopher Steele (“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 most recently on May 30, 2023. Respondent’s Iowa pharmacist license is active and will next expire on June 30, 2025.
2. **Practice Setting.** Respondent was an Iowa-licensed pharmacist practicing in Woodbine, 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 June 19, 2023, Respondent incorrectly filled a prescription for S.B. On or about the dates of July 19, 2023, August 17, 2023, and September 11, 2023, Respondent incorrectly filled prescriptions for D.S.

**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 Iowa Administrative Code 8.24 with failing to provide, document, and retain a final prescription verification prior to providing a patient with delivery of a medication.

### C. SETTLEMENT AGREEMENT

7. Respondent acknowledges that the allegations 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 the following conditions of probation for a period of two (2) years:

- a. A civil penalty in the amount of one thousand dollars (\$1,000).
- b. Quarterly Reporting on all of Respondent's individual CQI events including "dispensing errors" as defined by the rules of the Iowa Board of Pharmacy.
- c. Completion of a continuing education program from Oregon State University entitled: "Patient Safety and Medication Error Prevention for Pharmacy".
- d. Respondent has the ability to request release from probation after one (1) year and, if approved, quarterly reporting will end.
- e. 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 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 Settlement Agreement and Final Order to the Board *ex parte*.

c. I have the right to be represented by counsel in this matter. For purposes of negotiating this Settlement Agreement and Final Order, I was represented by Janice Thomas of Lamson, Dugan, and Murray.

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.

10. 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.

11. 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.

12. 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.

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

#### **D. FINAL ORDER**

##### **IT IS THEREFORE ORDERED:**

Respondent's pharmacist license is hereby placed on **PROBATION** for a period of two (2) years, 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 one thousand dollars (\$1,000). The check shall be made payable to the "Treasurer of Iowa" and shall be deposited in the general fund.

2) **Quarterly Reporting.** Respondent shall submit quarterly reports to the Board on his compliance with this Order. Each quarterly report shall include the following: a review of Respondent's individual CQI reportable events, including event analysis, detailed explanation of any CQI reportable events which qualify as a "dispensing error" in accordance with 657 IAC 36.6(41) and implemented procedural changes to ensure similar events do not continue to occur. The quarterly reports shall be submitted on forms provided by the Board on or before March 5<sup>th</sup>

(reporting on December – February), June 5<sup>th</sup> (reporting on March-May), September 5<sup>th</sup> (reporting on June-August), and December 5<sup>th</sup> (reporting on September-November) each year during the probationary period.

3) **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.

4) **Probation Release:** Respondent has the ability to request release from probation after one (1) year and, if approved, quarterly reporting will end.

5) **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.

6) **Compliance with laws and rules.** Respondent shall abide by all state and federal laws and regulations governing the practice of pharmacy.

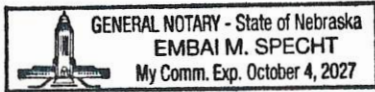
**FOR THE RESPONDENT:**

Voluntarily agreed to and accepted by Christopher Steele on this 6<sup>th</sup> day of July, 2024.

  
By: Christopher Steele, Respondent

State of Nebraska )  
County of Douglas ) ss.

Signed and sworn to before me on this 6<sup>th</sup> day of July, 2024, by:



EMBAI M. SPECHT  
Notary Public, State of Nebraska  
Printed Name: EMBAI M. SPECHT  
My Commission Expires: October 4, 2027

**FOR THE IOWA BOARD OF PHARMACY:**

Voluntarily agreed to and accepted by the **IOWA BOARD OF PHARMACY** on this 10th day of September, 2024.

Kathryn Stone  
Chairperson  
Iowa Board of Pharmacy