

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

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| <p><b>IN THE MATTER OF</b></p> <p><b>KRHC FAMILY PHARMACY</b><br/><b>1519 S. Phillips</b><br/><b>Algona, IA 50511</b></p> <p><b>RESPONDENT</b></p> | <p><b>CASE NO.: 2024-0168</b></p> <p><b>COMBINED STATEMENT OF</b><br/><b>CHARGES, SETTLEMENT</b><br/><b>AGREEMENT, AND FINAL ORDER</b></p> |
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COME NOW the Iowa Board of Pharmacy (“Board”) and KRHC Family Pharmacy (“Respondent”) and enter into this combined Statement of Charges and Settlement Agreement and Final Order (“Order”) pursuant to Iowa Code sections 17A.10(2), 272C.3(4), and 272C.10 and 657 Iowa Administrative Code (“IAC”) 35.24.

**A. BACKGROUND**

1. **Iowa License.** Respondent maintains Iowa pharmacy license number 1248. Respondent’s Iowa pharmacy license is active and will next expire on December 31, 2024. Respondent also maintains CSA Registration Number 110768.
2. **Practice Setting.** Respondent is an Iowa licensed pharmacy located in Algona, Iowa, during the time period relevant to these allegations.
3. **Jurisdiction.** The Board has jurisdiction in this matter pursuant to Iowa Code section 155A.
4. **Allegations.** On or about the date of May 25, 2023, the Board conducted an in-depth inspection the Respondent’s accountability measures for Schedule III through V controlled substances. After this inspection, Respondent represented that it would utilize ninety (90) day cycle counts to come into compliance with 657 IAC 10.20(3). On July 17, 2024, a follow-up inspection of Respondent evidenced that no accountability measures for Schedule III through V

controlled substances had been implemented.

## **B. STATEMENT OF CHARGES**

### **COUNT I**

5. Respondent is charged under 657 IAC 10.20 with failing to ensure accountability of Schedule III through V controlled substances.

## **C. SETTLEMENT AGREEMENT**

6. Respondent acknowledges that the allegations in the Statement of Charges, if proven in a contested case hearing, would constitute grounds for the discipline agreed to in this Order.

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

- a. **PROBATION.** Respondent's pharmacy license is placed on probation for a period of five (5) years;
- b. **QUARTERLY REPORTS.** Respondent shall submit quarterly reports detailing all ninety-day cycle counts, or other method of compliance with 10.20, conducted and noting any discrepancies for the Board. 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) during the probationary period; and
- c. **CIVIL PENALTY.** Respondent shall pay a civil penalty in the amount of five thousand dollars (\$5,000.00). Respondent's check shall be made payable to the "Treasurer of Iowa" and shall be remitted to the Iowa Board of Pharmacy, 6200

Park Avenue, Ste. 100, Des Moines, Iowa, 50321.

8. In entering this Order, Respondent acknowledges the following:
  - a. This 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 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 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 Order.
  - h. Failure to comply with the provisions of this Order shall be grounds for further disciplinary action pursuant to Iowa Code § 272C.3(2)(a).
  - i. I understand the Board will report this Order to the National Association of Pharmacy Boards. The report to the database will reflect the language included in this Order.
  - j. I understand I am responsible for all expenses incurred to comply with the conditions and requirements of this Order.

12. Respondent shall submit a copy of this Order to all licensing boards where Respondent holds a license, whether active or not, within **THIRTY days** of the date of the Board approval of this Order.

13. This Order constitutes discipline against Respondent and is the final agency action in a contested case pursuant to Iowa Code section 17A.10.

14. This 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.

15. This Order becomes a public record available for inspection and copying upon execution in accordance with the requirements of Iowa Code Sections 17A, 22, and 272C.

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

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

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

a. **PROBATION.** Respondent's pharmacy license is placed on probation for a period of five (5) years;

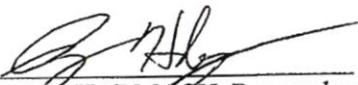
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c. **CIVIL PENALTY.** Respondent shall pay a civil penalty in the amount of five

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**FOR THE RESPONDENT:**

Voluntarily agreed to and accepted by KRHC PHARMACY on this 2<sup>nd</sup> day of December, 2024.

  
By: KRHC PHARMACY, Respondent

**FOR THE IOWA BOARD OF PHARMACY:**

Voluntarily agreed to and accepted by the IOWA BOARD OF PHARMACY on this 7<sup>th</sup> day of January, 2025

  
Kathy Stone, Chair  
Iowa Board of Pharmacy