

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

<b>IN THE MATTER OF HOUCK PHARMACY License #751 RESPONDENT</b>	<b>CASE NO.: 2024-0034 and 2024-0103  COMBINED STATEMENT OF CHARGES, SETTLEMENT AGREEMENT, AND FINAL ORDER</b>
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**COME NOW** the Iowa Board of Pharmacy (“Board”) and Houck 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 751. Respondent’s Iowa pharmacy license is active and will next expire on December 31, 2024.
2. **Practice Setting.** Respondent is an Iowa licensed pharmacy located in Mason City, 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.** Respondent incorrectly compounded a medication resulting in an overdose to a minor patient.

**B. STATEMENT OF CHARGES**

**COUNT I**

5. Respondent is charged under 657 IAC 36.6(41) with dispensing an incorrect prescription to a patient.

**COUNT II**

6. Respondent is charged under 657 IAC 20.3 with failing to comply with USP 795.

**COUNT III**

7. Respondent is charged under 657 IAC 20.23(2) with failing to include the required elements in its compounding records.

**COUNT IV**

8. Respondent is charged under 657 IAC 10.18 with failure to maintain a Schedule II perpetual inventory.

**COUNT V**

9. Respondent is charged under 657 IAC 10.14(2) with failure to maintain a controlled substance accountability program to document review of controlled substance inventory adjustments, review patterns of controlled substance loss, and create an action plan following a report of theft or loss pursuant to subrule 10.21(5).

**C. SETTLEMENT AGREEMENT**

10. 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.

11. 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 twelve (12) months;
- b. **QUARTERLY REPORTS.** Respondent shall submit quarterly reports detailing all dispensing errors and provide copies of the CQI reporting made as a result of those events for a period of twelve months. Each quarterly report shall include the following: documentation of any dispensing errors and CQI events that occurred

throughout the quarter. The quarterly reports shall be submitted June 5<sup>th</sup> (reporting on March-May), September 5<sup>th</sup> (reporting on June-August), December 5<sup>th</sup> (reporting on September – November) and March 5<sup>th</sup> (reporting on December – February). Respondent will submit to PCAA the pharmacy Master Formulas and Compound logs quarterly for review for a period of twelve months.

- c. CIVIL PENALTY. Respondent shall pay a civil penalty in the amount of five hundred dollars (\$500.00). 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.

12. 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.

13. 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.

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

15. 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.

16. 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.

17. 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 twelve (12) months;

**B. QUARTERLY REPORTS.** Respondent shall submit quarterly reports detailing all dispensing errors and provide copies of the CQI reporting made as a result of those events.

Each quarterly report shall include the following: documentation of any dispensing errors and CQI events that occurred throughout the quarter. The quarterly reports shall be submitted June 5<sup>th</sup> (reporting on March-May), September 5<sup>th</sup> (reporting on June-August), December 5<sup>th</sup> (reporting on September – November) and March 5<sup>th</sup> (reporting on December – February).

C. Respondent will submit to PCAA the pharmacy Master Formulas and Compound logs quarterly for review for a period of twelve months.

D. **CIVIL PENALTY.** Respondent shall pay a civil penalty in the amount of five hundred dollars (\$500.00). 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.

**FOR THE RESPONDENT:**

Voluntarily agreed to and accepted by HOUCK PHARMACY on this 9 day of May, 2025.

Houck Pharmacy  
By: HOUCK PHARMACY, Respondent

**FOR THE IOWA BOARD OF PHARMACY:**

Voluntarily agreed to and accepted by the **IOWA BOARD OF PHARMACY** on this 9<sup>th</sup> day of May, 2025.

[Signature]  
Chairperson -  
Iowa Board of Pharmacy