August 18, 2010

LeRoy Harrison Carhart, MD
Bellevue Health Clinic Pharmacy
1002 W Misson Ave
Bellevue NE 68005

Dear Pharmacist-in-Charge:

Your 2010 Pharmacy Quality Assurance Report of your facility, Dispensing Practitioner Pharmacy License #1001881, was received.

The Department of Health and Human Services, Division of Public Health has determined that your pharmacy is in full compliance with the Health Care Facilities Licensure Act and 175 NAC 8 Nebraska Regulations Governing the Licensure of Pharmacies. Therefore, your Pharmacy Quality Assurance Report fulfills the requirement of an annual inspection.

If you have questions, please contact our office or your Pharmacy Inspector.

Sincerely,

Joann Schaefer, M.D.
Chief Medical Officer
Director, Division of Public Health
Department of Health and Human Services

Helen L. Meeks, Administrator
Licensure Unit

JS/HLM/als

xc: Inspector - Tony Kopf, RP
Your Pharmacy Quality Assurance Report (PQAR) is due on 06/17/2010. The Department will accept your PQAR 30 days before the due date. You will be notified by the Department whether your PQAR is determined to be in full compliance with the Health Care Facilities Licensure Act and 175 NAC 8 Nebraska Regulations Governing Licensure of Pharmacies.

LeRoy Harrison Carhart, MD  
Bellevue Health Clinic Pharmacy  
1002 W Mission Ave  
Bellevue NE 68005

Dispensing Practitioner Pharmacy License # 1001881  
Last Self-Inspection date: 05/30/2009

<table>
<thead>
<tr>
<th>Pharmacy License Number:</th>
<th>1001881</th>
<th>Exp. Date:</th>
<th>7/01/2010</th>
</tr>
</thead>
<tbody>
<tr>
<td>DEA registration Number:</td>
<td></td>
<td>Exp. Date:</td>
<td>08/31/2012</td>
</tr>
<tr>
<td>Owner's Name:</td>
<td>LeRoy Harrison Carhart, MD</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pharmacy Name:</td>
<td>Bellevue Health Clinic Pharmacy</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pharmacy Street Address:</td>
<td>1002 W Mission Ave</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pharmacy City, State, Zip Code:</td>
<td>Bellevue, NE 68005</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
| Pharmacy Telephone #:   | 402-292-4164  
| Pharmacy Fax #:         | 402-291-4643 |
| Pharmacy Web Page/E-mail: | janine76@aol.com |
| Pharmacy Hours:         | Variable when MD present |

List Pharmacy Personnel:

- Name of PIC: LeRoy Harrison Carhart, MD  
  License #: 15162

Staff Pharmacists Name & NE License #  
Pharmacist Interns Name & NE Registration #  
Pharmacy Technicians Name & NE Registration #

| Software: | NONE |
| RX'S PER DAY: | |

I, the pharmacist in charge, state that all of the statements herein contained are each and strictly true in every respect. I have read the applicable Nebraska State Statutes and Rules and Regulations concerning the practice of pharmacy, am familiar with its provisions, and agree to abide by all said provisions. I understand that false or forged statements made in connection with this Quality Assurance Report may be grounds for action against my pharmacist license and/or the pharmacy license.

(Signature of Pharmacist in Charge)  
(MD)  
20 May 2010  
(Date)
<table>
<thead>
<tr>
<th>Section cited</th>
<th>Requirement</th>
<th>C</th>
<th>NC</th>
<th>NA</th>
</tr>
</thead>
<tbody>
<tr>
<td>8-003.01A</td>
<td>1. All information provided on the application for a pharmacy license is accurate and correct.</td>
<td></td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>8-006.02C</td>
<td>2. Adequate security is maintained for the prescription inventory and prescription records.</td>
<td></td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>8-006.02A</td>
<td>3. Drugs, devices and biologicals are stored at the proper temperature.</td>
<td></td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>8-007.02</td>
<td>4. The pharmacy is maintained in a clean, orderly, and sanitary manner.</td>
<td></td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>8-007.03</td>
<td>5. The pharmacy maintains in printed or electronic form appropriate reference material for the practice of pharmacy.</td>
<td></td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>8-007.01</td>
<td>6. The pharmacy provides the pharmacist access to all utilities/equipment needed to practice pharmacy.</td>
<td></td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>8-006.04H</td>
<td>7. Patient counseling is being provided as required.</td>
<td></td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>8-006.04H2</td>
<td>8. The pharmacy maintains documentation of a patient's refusal of counseling.</td>
<td></td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>8-006.04H</td>
<td>9. Patient counseling is being done by only a pharmacist or pharmacist intern.</td>
<td></td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>38-2869</td>
<td>10. Prior to the dispensing or the delivery of each new or refill prescription, a pharmacist is conducting a prospective drug utilization review.</td>
<td></td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>CFR 1304/1306</td>
<td>11. All computer or electronic record keeping requirements are met.</td>
<td></td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>8-005.03A5</td>
<td>12. The poison control phone number is posted in the pharmacy.</td>
<td></td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>CFR 1305.05</td>
<td>13. Power of Attorney forms are complete and appropriately filed.</td>
<td></td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>8-006.03A</td>
<td>14. The pharmacy maintains complete and accurate records of all controlled substances received and added to the inventory.</td>
<td></td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>CFR 1307.21</td>
<td>15. The pharmacy complies with all transfer and/or destruction requirements for controlled substances.</td>
<td></td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>8-006.02D</td>
<td>16. The pharmacy does not have in its saleable inventory any drug, device or biological which is misbranded or adulterated.</td>
<td></td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>8-006.04C, .04D, .04E</td>
<td>17. The pharmacy assures that all requirements pertaining to unit dose packaging and labeling are met.</td>
<td></td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>8-006.04G</td>
<td>18. The pharmacy assures that all requirements pertaining to multi-drug containers are met.</td>
<td></td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>8-006.05B, .05C</td>
<td>19. All requirements pertaining to the inventory of controlled substances are met.</td>
<td></td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>CFR 1305.09</td>
<td>20. CII acquisitions are properly documented.</td>
<td></td>
<td>X</td>
<td></td>
</tr>
</tbody>
</table>

**Date of Current Inventory:** May 09

**Daily Inventory Check Complete:** [Signature]
<table>
<thead>
<tr>
<th>Code</th>
<th>Requirement</th>
<th>Compliance</th>
</tr>
</thead>
<tbody>
<tr>
<td>8-006.05A</td>
<td>All controlled substances are properly stored.</td>
<td></td>
</tr>
<tr>
<td>8-006.04B</td>
<td>All prescriptions contain the required information prior to being filled.</td>
<td></td>
</tr>
<tr>
<td>CFR 1306.05(a)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8-006.04B.9a</td>
<td>All refill requirements for prescriptions are in compliance.</td>
<td></td>
</tr>
<tr>
<td>CFR 1306.13 and 1306.23</td>
<td></td>
<td></td>
</tr>
<tr>
<td>28-414 (3b)</td>
<td>Prescriptions filled for a Schedule II controlled substance are signed and dated on the front of the prescription.</td>
<td></td>
</tr>
<tr>
<td>28-414</td>
<td>All emergency Schedule II prescriptions are properly filled and recorded.</td>
<td></td>
</tr>
<tr>
<td>8-006.04D</td>
<td>All prescriptions are properly labeled.</td>
<td></td>
</tr>
<tr>
<td>8-006.03A1</td>
<td>Hardcopy requirements for Schedule II prescriptions are met.</td>
<td></td>
</tr>
<tr>
<td>CFR 1306.11</td>
<td></td>
<td></td>
</tr>
<tr>
<td>71-5401.01-5409</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8-006.03A1</td>
<td>A three-file system for prescriptions is used and maintained.</td>
<td></td>
</tr>
<tr>
<td>28-414(3a)(3c)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>71-2413</td>
<td>Proper records are maintained for Emergency Drug Boxes.</td>
<td></td>
</tr>
<tr>
<td>8-006.01D</td>
<td>All requirements and documentation are met for the utilization of Pharmacy Technicians.</td>
<td></td>
</tr>
<tr>
<td>8-005.03A(13)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Please forward your completed Pharmacy Quality Assurance Report (PQAR) to your Pharmacy Inspector at the address provided below and keep a copy for your records:

<table>
<thead>
<tr>
<th>Name</th>
<th>Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tony Kopf, RP</td>
<td>9353 Corby 3104 N. 160th Ave</td>
</tr>
<tr>
<td>Mike Rueb</td>
<td>1521 Newell Cozad NE 69130</td>
</tr>
<tr>
<td>Mike Swanda, RP</td>
<td>9353 Corby 3104 N. 160th Ave</td>
</tr>
<tr>
<td></td>
<td>Omaha NE 68116-2442</td>
</tr>
<tr>
<td></td>
<td>Omaha NE 68134</td>
</tr>
<tr>
<td></td>
<td>Omaha NE 68116-2442</td>
</tr>
<tr>
<td></td>
<td>Omaha NE 68134</td>
</tr>
</tbody>
</table>
STATEMENT OF COMPLIANCE PAGE

For each item not in compliance, please list below (may continue on a separate page if needed):

a) The item number that is not in compliance;
b) Why it is not in compliance;
c) How the deficiency will be corrected; and
d) How long it will take to do so

All Items Are in Compliance

[Signature]

Pharmacist in Charge

For Office Use Only:

In Compliance □ Not In Compliance □

Comments:

[Space for comments]
June 11, 2010

LeRoy Harrison Carhart, MD
Bellevue Health Clinic Pharmacy
1002 W Misson Ave
Bellevue NE 68005

Dear Pharmacist-in-Charge:

This letter is to inform you that the Department Health and Human Services Licensure Unit has not received your annual controlled substances inventory for 2010.

28-410(2) of the Statutes Relating to Pharmacy states: "Commencing January 1, 2009, each registrant manufacturing, distributing, storing, or dispensing such controlled substances shall prepare an annual inventory of each controlled substance in his or her possession. Such inventory shall (a) be taken within two years after the previous biennial inventory date but in no event later than December 31, 2009, and each year thereafter be taken within one year after the previous annual inventory date, (b) contain such information as shall be required by the Board of Pharmacy, (c) be copied and such copy forwarded to the department within thirty days after completion, (d) be maintained at the location listed on the registration for a period of five years, (e) contain the name, address, and Drug Enforcement Administration number of the registrant, the date and time of day the inventory was completed, and the signature of the person responsible for taking the inventory, (f) list the exact count or measure of all controlled substances listed in Schedules I, II, III, IV, and V of section 28-405, and (g) be maintained in permanent, read-only format separating the inventory for controlled substances listed in Schedules I and II of section 28-405 from the inventory for controlled substances listed in Schedules III, IV, and V of section 28-405. A registrant whose inventory fails to comply with this subsection shall be guilty of a Class IV misdemeanor."

175 NAC 8-008.01B of the Regulations Governing Licensure of Pharmacies states: "The Department may take disciplinary action against ... a pharmacy license for any of the following grounds: 1. Violation of any provision of the Health Care Facility Licensure Act, or these regulations;..."

Please forward a copy of your completed annual controlled substances inventory to the Department at the above address, by June 25, 2010, to avoid disciplinary action being taken against your pharmacy license.

Sincerely,

Becky Wisell, Administrator
Office of Medical & Specialized Health

Annette Scheinost
Health Licensing Specialist
Licensure Unit

BW/als

Helping People Live Better Lives
An Equal Opportunity/Affirmative Action Employer
printed with soy ink on recycled paper
September 9, 2009

LeRoy Harrison Carhart, MD
Bellevue Health Clinic Pharmacy
1002 W Mission Ave
Bellevue NE 68005

Dear Pharmacist-in-Charge:

Your 2009 Pharmacy Quality Assurance Report of your facility, Dispensing Practitioner Pharmacy License #1001881, was received.

The Department of Health and Human Services, Division of Public Health has determined that your pharmacy is in full compliance with the Health Care Facilities Licensure Act and 175 NAC 8 Nebraska Regulations Governing the Licensure of Pharmacies. Therefore, your Pharmacy Quality Assurance Report fulfills the requirement of an annual inspection.

If you have any questions, please feel free to contact our office or your Pharmacy Inspector.

Sincerely,

Joann Schaefer, M.D.
Chief Medical Officer
Director, Division of Public Health
Department of Health and Human Services

Helen L. Meeks, Administrator
Licensure Unit

xc: Inspector - Tony Kopf, RP
Your Pharmacy Quality Assurance Report (PQAR) is due on 06/17/2009. The Department will accept your PQAR 30 days before the due date. You will be notified by the Department whether your PQAR is determined to be in full compliance with the Health Care Facilities Licensure Act and 175 NAC 8 Nebraska Regulations Governing Licensure of Pharmacies.

LeRoy Harrison Carhart, MD
Bellevue Health Clinic Pharmacy
1002 W Mission Ave
Bellevue NE 68005

Dispensing Practitioner Pharmacy License # 1001881

I, the pharmacist in charge, state that all of the statements herein contained are each and strictly true in every respect. I have read the applicable Nebraska State Statutes and Rules and Regulations concerning the practice of pharmacy, am familiar with its provisions, and agree to abide by all said provisions. I understand that false or forged statements made in connection with this Quality Assurance Report may be grounds for action against my pharmacist license and/or the pharmacy license.

(Signature of Pharmacist in Charge) 5-30-2009

<table>
<thead>
<tr>
<th>Staff Pharmacists Name &amp; NE License #</th>
<th>Pharmacist Interns Name &amp; NE Registration #</th>
<th>Pharmacy Technicians Name &amp; NE Registration #</th>
</tr>
</thead>
<tbody>
<tr>
<td>LeRoy H. Carhart M.D.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Med. Lic. 15162</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Section cited</td>
<td>Requirement</td>
<td>C</td>
</tr>
<tr>
<td>--------------</td>
<td>-----------------------------------------------------------------------------</td>
<td>---</td>
</tr>
<tr>
<td>8-003.01A</td>
<td>1. All information provided on the application for a pharmacy license is accurate and correct.</td>
<td></td>
</tr>
<tr>
<td>8-006.02C</td>
<td>2. Adequate security is maintained for the prescription inventory and prescription records.</td>
<td></td>
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<td>8-006.02A</td>
<td>3. Drugs, devices and biologicals are stored at the proper temperature.</td>
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<td>8-007.02</td>
<td>4. The pharmacy is maintained in a clean, orderly, and sanitary manner.</td>
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<td>5. The pharmacy maintains in printed or electronic form appropriate reference material for the practice of pharmacy.</td>
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<td>6. The pharmacy provides the pharmacist access to all utilities/equipment needed to practice pharmacy.</td>
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<td>8-006.04H</td>
<td>7. Patient counseling is being provided as required.</td>
<td></td>
</tr>
<tr>
<td>8-006.04H2</td>
<td>8. The pharmacy maintains documentation of a patient's refusal of counseling.</td>
<td></td>
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<td>9. Patient counseling is being done by only a pharmacist or pharmacist intern.</td>
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<td>10. Prior to the dispensing or the delivery of each new or refill prescription, a pharmacist is conducting a prospective drug utilization review.</td>
<td></td>
</tr>
<tr>
<td>CFR 1304/1306</td>
<td>11. All computer or electronic record keeping requirements are met.</td>
<td></td>
</tr>
<tr>
<td>8-005.03A5</td>
<td>12. The poison control phone number is posted in the pharmacy. Office telephones</td>
<td></td>
</tr>
<tr>
<td>CFR 1305.05</td>
<td>13. Power of Attorney forms are complete and appropriately filed.</td>
<td></td>
</tr>
<tr>
<td>8-006.03A</td>
<td>14. The pharmacy maintains complete and accurate records of all controlled substances received and added to the inventory.</td>
<td></td>
</tr>
<tr>
<td>CFR 1307.21</td>
<td>15. The pharmacy complies with all transfer and/or destruction requirements for controlled substances.</td>
<td></td>
</tr>
<tr>
<td>8-006.02D</td>
<td>16. The pharmacy does not have in its saleable inventory any drug, device or biological which is misbranded or adulterated.</td>
<td></td>
</tr>
<tr>
<td>8-006.04C, .04D, .04E</td>
<td>17. The pharmacy assures that all requirements pertaining to unit dose packaging and labeling are met.</td>
<td></td>
</tr>
<tr>
<td>8-006.04G</td>
<td>18. The pharmacy assures that all requirements pertaining to multi-drug containers are met.</td>
<td></td>
</tr>
<tr>
<td>8-006.05B, .05C</td>
<td>19. All requirements pertaining to the inventory of controlled substances are met.</td>
<td></td>
</tr>
<tr>
<td>CFR 1305.09</td>
<td>20. CII acquisitions are properly documented.</td>
<td></td>
</tr>
<tr>
<td>8-006.05A</td>
<td>21. All controlled substances are properly stored.</td>
<td></td>
</tr>
<tr>
<td>8-006.04B</td>
<td>22. All prescriptions contain the required information prior</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Date of Current Inventory: 1-May-2009</td>
<td></td>
</tr>
<tr>
<td>CFR 1306.05(a)</td>
<td>to being filled.</td>
<td></td>
</tr>
<tr>
<td>----------------</td>
<td>-----------------</td>
<td>---</td>
</tr>
<tr>
<td>8-006.04B.9a</td>
<td>23. All refill requirements for prescriptions are in compliance. No Refils - all original Rx</td>
<td>X</td>
</tr>
<tr>
<td>CFR 1306.13 and 1306.23</td>
<td>24. Partial fillings of controlled substances are recorded and dispensed appropriately.</td>
<td>X</td>
</tr>
<tr>
<td>28-414 (3b)</td>
<td>25. Prescriptions filled for a Schedule II controlled substance are signed and dated on the front of the prescription.</td>
<td>X</td>
</tr>
<tr>
<td>28-414 8-006.05D CFR 1306.11(d)(1,2,3,4)</td>
<td>26. All emergency Schedule II prescriptions are properly filled and recorded. Does not apply as Dr. Carhart has to be present to dispense.</td>
<td>X</td>
</tr>
<tr>
<td>28-414 28-1437 38-2870</td>
<td>27. All requirements for filling electromagnetic transmission prescriptions are followed. None done here</td>
<td>X</td>
</tr>
<tr>
<td>8-006.04F</td>
<td>28. All prescriptions are properly labeled. For prescriptions written by Physician Assistants, both the prescription and the prescription container labels shall bear the name of the supervising physician and the Physician Assistant.</td>
<td>X</td>
</tr>
<tr>
<td>8-006.03A1 CFR 1306.11</td>
<td>29. Hardcopy requirements for Schedule II prescriptions are met.</td>
<td>X</td>
</tr>
<tr>
<td>71-5401.01-5409</td>
<td>30. The pharmacy is in compliance with the Drug Product Selection Act.</td>
<td>X</td>
</tr>
<tr>
<td>8-006.03A1 28-414(3a)(3c)</td>
<td>31. A three-file system for prescriptions is used and maintained.</td>
<td>X</td>
</tr>
<tr>
<td>71-2413</td>
<td>32. Proper records are maintained for Emergency Drug Boxes. No emergency drug boxes</td>
<td>X</td>
</tr>
<tr>
<td>8-006.01D</td>
<td>33. All requirements and documentation are met for the utilization of Pharmacy Technicians. No Techs here.</td>
<td>X</td>
</tr>
<tr>
<td>8-005.03A(13)</td>
<td>34. No outdated inventory is mixed with saleable stock.</td>
<td>X</td>
</tr>
</tbody>
</table>

Please forward your completed Pharmacy Quality Assurance Report (PQAR) to your Pharmacy Inspector at the address provided below and keep a copy for your records:

Tony Kopf, RP  
9353 Corby  
Omaha NE 68134

Mike Rueb  
3104 N. 160th Ave  
Omaha NE 68116-2442

Mike Swanda, RP  
1521 Newell  
Cozad NE 69130
STATEMENT OF COMPLIANCE PAGE

For each item not in compliance, please list below (may continue on a separate page if needed):

a) The item number that is not in compliance;
b) Why it is not in compliance;
c) How the deficiency will be corrected; and
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For Office Use Only:

In Compliance □ Not In Compliance □

Comments:

__________________________________________________________________________

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__________________________________________________________________________
September 2, 2008

LeRoy Harrison Carhart, MD  
Bellevue Health Clinic Pharmacy  
1002 W Mission Ave  
Bellevue NE 68005

Dear LeRoy Harrison Carhart, MD:

This letter is to inform you that the Department Health and Human Services Licensure Unit has not received your biennial controlled substances inventory for 2007.

175 NAC 8-006.05C1 of the Regulations Governing Licensure of Pharmacies states, "Each pharmacy registered with the D.E.A. to handle controlled substances must complete a biennial inventory in odd numbered years within 24 months of the previous biennial inventory date."

175 NAC 8-006.05C4 of the Regulations Governing Licensure of Pharmacies states, "A copy of the initial controlled substances inventory, biennial controlled substances inventory, or a controlled substances inventory taken pursuant to a change in the pharmacist-in-charge must be forwarded to the Department, within 30 days after the completion."

175 NAC 8-008.01B of the Regulations Governing Licensure of Pharmacies states, "The Department may take disciplinary action against ... a pharmacy license for any of the following grounds: 1. Violation of any provision of the Heath Care Facility Licensure Act, or these regulations;..."

Please forward a copy of your completed biennial controlled substances inventory to the Department at the above address, by September 16, 2008, to avoid disciplinary action being taken against your pharmacy license.

Sincerely,

Becky Wisell, Administrator  
Office of Medical & Specialized Health  

[Signature]

Annette Scheinost  
Health Licensing Specialist  
Licensure Unit

BW/wals

*IC's inventory dated 5-1-07 received 9-4-08, noted on computer files & placed in inspector's book.
LeRoy Harrison Carhart, MD
Bellevue Health Clinic Pharmacy
1002 W Misson Ave
Bellevue NE 68005

Dear Pharmacist-in-Charge:

Your 2008 Pharmacy Quality Assurance Report of your facility, Dispensing Practitioner Pharmacy License #1001881, was received.

The Department of Health and Human Services, Division of Public Health has determined that your pharmacy is in full compliance with the Health Care Facilities Licensure Act and 175 NAC 8 Nebraska Regulations Governing the Licensure of Pharmacies. Therefore, your Pharmacy Quality Assurance Report fulfills the requirement of an annual inspection.

If you have any questions, please feel free to contact our office or your Pharmacy Inspector.

Sincerely,

Joann Schaefer, M.D.
Chief Medical Officer
Director, Division of Public Health
Department of Health and Human Services

Helen L. Meeks, Administrator
Licensure Unit

JS/HLM/als

xc: Inspector - Tony Kopf, RP
Your Pharmacy Quality Assurance Report (PQAR) is due on 06/17/2008. The Department will accept your PQAR 30 days before the due date. You will be notified by the Department whether your PQAR is determined to be in full compliance with the Health Care Facilities Licensure Act and 175 NAC 8 Nebraska Regulations Governing Licensure of Pharmacies.

LeRoy Harrison Carhart, MD
Bellevue Health Clinic Pharmacy
1002 W Mission Ave
Bellevue NE 68005

Dispensing Practitioner Pharmacy License # 1001881

Pharmacy License Number: 1001881 Exp. Date: 7-1-09
DEA registration Number: Exp. Date: 8-31-09
Owner's Name: LeRoy H. Carhart, MD
Pharmacy Name: Bellevue Health Clinic Pharmacy
Pharmacy Street Address: 1002 W. Mission Ave
Pharmacy City, State, Zip Code: Bellevue NE 68005
Pharmacy Telephone #: 402 291 4643 Pharmacy Fax #: 402 291 4643
Pharmacy Web Page/E-mail: jaivie7@aol.com
Pharmacy Hours: leRoy H. Carhart, MD Medical Lic. # 15162

Pharmacy Personnel including Pharmacist Interns and Pharmacy Technicians—list name and license number (if applicable)(attach a separate sheet of paper if additional room:

I, the pharmacist in charge, state that all of the statements herein contained are each and strictly true in every respect. I have read the applicable Nebraska State Statutes and Rules and Regulations concerning the practice of pharmacy, am familiar with its provisions, and agree to abide by all said provisions. I understand that false or forged statements made in connection with this Quality Assurance Report may be grounds for action against my pharmacist license and/or the pharmacy license.

(Signature of Pharmacist in Charge) 6-10-08
LeRoy Harrison Carhart, MD Dispensing Practitioner Pharmacy License 1001881 Self-Inspection Date 6-10-08

PROTOCOL #1: For the following 34 areas of quality assurance, you are to indicate “Yes” if you are in compliance, “No” if you are not in compliance, or “N/A” if it does not apply to your pharmacy.

For each item not in compliance, you are to go to the Compliance Page and list:

a) The item number that is not in compliance;
b) Why it is not in compliance;
c) How the deficiency will be corrected; and

d) How long it will take to do so

Yes 1. All information provided on the application for a pharmacy license is accurate and correct. (8-003.01)
Yes 2. Adequate security is maintained for the prescription inventory and prescription records. (8-006.02C)
Yes 3. Drugs, devices and biologicals are stored at the proper temperature. (8-006.02A)
Yes 4. The pharmacy is maintained in a clean, orderly, and sanitary manner. (8-007.02)
Yes 5. The pharmacy maintains in printed or electronic form appropriate reference material for the practice of pharmacy. (8-007.03)
Yes 6. The pharmacy provides the pharmacist access to all utilities/equipment needed to practice pharmacy. (8-007.01)
Yes 7. Patient counseling is being provided as required. (71-1,147.35(2)(a)) (8-006.04H)
NA 8. The pharmacy maintains documentation of a patient's refusal of counseling. (8-006.04H2) (8-006.04H)
Yes 9. Patient counseling is being done by only a pharmacist or pharmacist intern. (8-006.04H)
Yes 10. Prior to the dispensing or the delivery of each new or refill prescription, a pharmacist is conducting a prospective drug utilization review. (71-1,147.35)
NA 11. All computer or electronic record keeping requirements are met. (CFR 1304/1306)
Yes 12. The poison control phone number is posted in the pharmacy. ReC(9) iTeC.)H(is)

PROTOCOL #2: Review a minimum of six (6) months of invoices for scheduled drugs and note any non-compliance on the Compliance Page.

No 13. Power of Attorney forms are complete and appropriately filed. (CFR 1305.05)
Yes 14. The pharmacy maintains complete and accurate records of all controlled substances received and added to the inventory. (28-411)(4)
Yes 15. The pharmacy complies with all transfer and/or destruction requirements for controlled substances. (CFR 1307.21D)
Yes 16. The pharmacy does not have in its saleable inventory any drug, device or biological which is misbranded or adulterated. (71-2402) (71-2421(3)(a)) (8-006.02D)
The pharmacy assures that all requirements pertaining to unit dose packaging and labeling are met. (8-006.04C, .04D, .04E)

The pharmacy assures that all requirements pertaining to multi-drug containers are met. (8-006.04G)

All requirements pertaining to the inventory of controlled substances are met. (8-006.05B, .05C) (CFR 1304.11)

All DEA forms 222 are properly completed. (CFR 1305.09)

All controlled substances are properly stored. (8-006.05A)

PROTOCOL #3: In reviewing hardcopy prescriptions for compliance, check the most recent Schedule II file for 100 prescriptions. For the Schedule iii-V, check 400 prescriptions selected randomly since the last inspection. Note any non-compliance on the Compliance Page.

All prescriptions contain the required information prior to being filled. (8-006.04B) (CFR 1306.05(a))

All refill requirements for prescriptions are in compliance. (CFR 1306.02) (28-414)

Partial fillings of controlled substances are recorded and dispensed appropriately. (CFR 1306.13 and 1306.23) (28-414)

Prescriptions filled for a Schedule II controlled substance are signed and dated on the front of the prescription. (28-414 (3b))

All emergency Schedule II prescriptions are properly filled and recorded. (28-414) (28-414) (8-006.05D) (CFR 1306.11(d)(1,2,3,4))

All requirements for filling electromagnetic transmission prescriptions are followed. (28-414) (28-1437)

PROTOCOL #4: Visually look at ten (10) completed prescriptions that are waiting to be picked up to verify that they are filled and labeled correctly. Also, if applicable, check computer-generated stickers against hard copy information while checking the 500 prescriptions in Protocol #3. Note any non-compliance on the Compliance Page.

All prescriptions are properly labeled. For prescriptions written by Physician Assistants, both the prescription and the prescription container labels shall bear the name of the supervising physician and the Physician Assistant. (8-006.04F) (71-1,107.30)

Hardcopy requirements for Schedule II prescriptions are met. (28-414)

The pharmacy is in compliance with the Drug Product Selection Act. (71-5401-5408)

A three-file system for prescriptions is used and maintained (8-006.03A1) (28-414)

Proper records are maintained for Emergency Drug Boxes (71-2413)
PROTOCOL #5: In reviewing Pharmacy Technician requirements, verify that a current policy and procedure manual is on file and that all pharmacy technician documentation is complete and on file. Note any non-compliance on the Compliance Page.

We have no Pharmacy Technician.

PROTOCOL #6: To check for outdates, randomly select 20 drugs and note the number, if any, of outdates found on the Compliance Page.

No outdated inventory is mixed with saleable stock.

Please forward your completed Pharmacy Quality Assurance Report (PQAR) to your Pharmacy Inspector at the address provided below and keep a copy for your records:

<table>
<thead>
<tr>
<th>Tony Kopf, RP</th>
</tr>
</thead>
<tbody>
<tr>
<td>9353 Corby</td>
</tr>
<tr>
<td>Omaha NE 68134</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Mike Swanda, RP</th>
</tr>
</thead>
<tbody>
<tr>
<td>1521 Newell</td>
</tr>
<tr>
<td>Cozad NE 69130</td>
</tr>
</tbody>
</table>
STATEMENT OF COMPLIANCE PAGE

For each item not in compliance, please list below (may continue on a separate page if needed):

a) The item number that is not in compliance;
b) Why it is not in compliance;
c) How the deficiency will be corrected; and
d) How long it will take to do so

All items are in compliance

For Office Use Only:

In Compliance ☐ Not In Compliance ☐

Comments:

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________
June 25, 2007

LeRoy Harrison Carhart, MD
Bellevue Health Clinic Pharmacy
1002 W Mission Ave
Bellevue NE 68005

Dear Pharmacist-in-Charge:

Your 2007 Pharmacy Quality Assurance Report of your facility, Dispensing Practitioner Pharmacy License #1001881, was received.

The Department of Health and Human Services Regulation and Licensure has determined that your pharmacy is in full compliance with the Health Care Facilities Licensure Act and 175 NAC 8 Nebraska Regulations Governing the Licensure of Pharmacies. Therefore, your Pharmacy Quality Assurance Report fulfills the requirement of an annual inspection.

If you have any questions, please feel free to contact our office or your Pharmacy Inspector.

Sincerely,

Joann Schaefer, M.D., Chief Medical Officer, Director
Department of Health and Human Services
Regulation and Licensure

Helen L. Meeks, Administrator
Credentialing Division

JC/HLM/als

xc: Inspector - Tony Kopf, RP
Your Pharmacy Quality Assurance Report (PQAR) is due on 06/17/2007. The Department will accept your PQAR 30 days before the due date. You will be notified by the Department whether your PQAR is determined to be in full compliance with the Health Care Facilities Licensure Act and 175 NAC 8 Nebraska Regulations Governing Licensure of Pharmacies.

LeRoy Harrison Carhart, MD
Bellevue Health Clinic Pharmacy
1002 W Mission Ave
Bellevue NE 68005

Dispensing Practitioner Pharmacy License # 1001881

<table>
<thead>
<tr>
<th>Pharmacy License Number:</th>
<th>1001881</th>
<th>Exp. Date:</th>
<th>7-1-08</th>
</tr>
</thead>
<tbody>
<tr>
<td>DEA registration Number:</td>
<td></td>
<td>Exp. Date:</td>
<td>8-31-09</td>
</tr>
<tr>
<td>Owner's Name:</td>
<td>LeRoy H. Carhart</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pharmacy Name:</td>
<td>Bellevue Health Clinic Pharmacy</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pharmacy Street Address:</td>
<td>1002 W Mission Ave</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pharmacy City, State, Zip Code:</td>
<td>Bellevue, NE 68005</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pharmacy Telephone #:</td>
<td>402-291-4164</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pharmacy Fax #:</td>
<td>402-291-4643</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pharmacy Web Page/E-mail:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pharmacy Hours:</td>
<td>Varies</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Pharmacy Personnel including Pharmacist Interns and Pharmacy Technicians—list name and license number (if applicable). (attach a separate sheet of paper if additional room):

| LeRoy H. Carhart mo 15162 |

I, the pharmacist in charge, state that all of the statements herein contained are each and strictly true in every respect. I have read the applicable Nebraska State Statutes and Rules and Regulations concerning the practice of pharmacy, am familiar with its provisions, and agree to abide by all said provisions. I understand that false or forged statements made in connection with this Quality Assurance Report may be grounds for action against my pharmacist license and/or the pharmacy license.

[Signature of Pharmacist in Charge]

(Date)
PROTOCOL #1: For the following 34 areas of quality assurance, you are to indicate “Yes” if you are in compliance, “No” if you are not in compliance, or “N/A” if it does not apply to your pharmacy.

For each item not in compliance, you are to go to the Compliance Page and list:

a)  The item number that is not in compliance;

b)  Why it is not in compliance;

c)  How the deficiency will be corrected; and

d)  How long it will take to do so

1. All information provided on the application for a pharmacy license is accurate and correct. (8-003.01)

2. Adequate security is maintained for the prescription inventory and prescription records. (8-006.02C)

3. Drugs, devices and biologicals are stored at the proper temperature. (8-006.02A)

4. The pharmacy is maintained in a clean, orderly, and sanitary manner. (8-007.02)

5. The pharmacy maintains in printed or electronic form appropriate reference material for the practice of pharmacy. (8-007.03)

6. The pharmacy provides the pharmacist access to all utilities/equipment needed to practice pharmacy. (8-007.01)

7. Patient counseling is being provided as required. (71-1,147.35(2)(a) (8-006.04H)

8. The pharmacy maintains documentation of a patient’s refusal of counseling. (8-006.04H2)

9. Patient counseling is being done only by a pharmacist or pharmacist intern. (8-006.04H)

10. Prior to the dispensing or the delivery of each new or refill prescription, a pharmacist is conducting a prospective drug utilization review. (71-1,147.35)

11. All computer or electronic record keeping requirements are met. (CFR 1304/1306)

12. The poison control phone number is posted in the pharmacy.

PROTOCOL #2: Review a minimum of six (6) months of invoices for scheduled drugs and note any non-compliance on the Compliance Page.

13. Power of Attorney forms are complete and appropriately filed. (CFR 1305.07)

14. The pharmacy maintains complete and accurate records of all controlled substances received and added to the inventory. (28-411)(4)

15. The pharmacy complies with all transfer and/or destruction requirements for controlled substances. (CFR 1307.21D)

16. The pharmacy does not have in its saleable inventory any drug, device or biological which is misbranded or adulterated. (71-2402) (71-2421(3)(a)) (8-006.02D)
PROTOCOL #3: In reviewing hardcopy prescriptions for compliance, check the most recent
Schedule II file for 100 prescriptions. For the Schedule III-V, check 400 prescriptions selected
randomly since the last inspection. Note any non-compliance on the Compliance Page.

22. All prescriptions contain the required information prior to being filled. (8-006.04B)
   (CFR 1306.05(a))

23. All refill requirements for prescriptions are in compliance. (CFR 1306.22) (28-414)
   (8-006.04B)

24. Partial fillings of controlled substances are recorded and dispensed appropriately.
   (CFR 1306.13 and 1306.23) (28-414)

25. Prescriptions filled for a Schedule II controlled substance are signed and dated on the
   front of the prescription. (28-414 (3b))

26. All emergency Schedule II prescriptions are properly filled and recorded. (28-414)
   (8-006.05D) (CFR 1306.11(d)(1,2,3,4))

27. All requirements for filling electromagnetic transmission prescriptions are followed.
   (28-414) (28-1437) NO DOne HERE

PROTOCOL #4: Visually look at ten (10) completed prescriptions that are waiting to be picked
up to verify that they are filled and labeled correctly. Also, if applicable, check computer-generated
stickers against hard copy information while checking the 500 prescriptions in Protocol #3. Note
any non-compliance on the Compliance Page.

28. All prescriptions are properly labeled. For prescriptions written by Physician
   Assistants, both the prescription and the prescription container labels shall bear the
   name of the supervising physician and the Physician Assistant. (8-006.04F)
   (71-1,107.30)

29. Hardcopy requirements for Schedule II prescriptions are met. (28-414)

30. The pharmacy is in compliance with the Drug Product Selection Act. (71-5401-5408)

31. A three-file system for prescriptions is used and maintained (8-006.03A1) (28-414)

32. Proper records are maintained for Emergency Drug Boxes (71-2413)
   NO EMERGENCY DRUG BOX
PROTOCOL #5: In reviewing Pharmacy Technician requirements, verify that a current policy and procedure manual is on file and that all pharmacy technician documentation is complete and on file. Note any non-compliance on the Compliance Page.

Yes.

NA 33. All requirements and documentation are met for the utilization of Pharmacy Technicians (8-006.01D) (71-1,147.33)

We have None.

PROTOCOL #6: To check for outdates, randomly select 20 drugs and note the number, if any, of outdates found on the Compliance Page.

☑ 34. No outdated inventory is mixed with saleable stock.

Please forward your completed Pharmacy Quality Assurance Report (PQAR) to Tony Kopf, RP, Pharmacy Inspector at the address provided below and keep a copy for your records:

<table>
<thead>
<tr>
<th>Tony Kopf, RP</th>
<th>Ronald Klein, RP</th>
<th>Mike Swanda, RP</th>
</tr>
</thead>
<tbody>
<tr>
<td>9353 Corby</td>
<td>1213 Grant</td>
<td>1521 Newell</td>
</tr>
<tr>
<td>Omaha NE 68134</td>
<td>Norfolk NE 68701</td>
<td>Cozad NE 69130</td>
</tr>
</tbody>
</table>
LeRoy Harrison Carhart, MDDispensing Practitioner Pharmacy License 1001881Self-Inspection Date

STATEMENT OF COMPLIANCE PAGE

For each item not in compliance, please list below (may continue on a separate page if needed):

a) The item number that is not in compliance;
b) Why it is not in compliance;
c) How the deficiency will be corrected; and
d) How long it will take to do so

All items are in compliance.

For Office Use Only:

In Compliance □ Not In Compliance □

Comments:

____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
October 12, 2006

LeRoy Harrison Carhart, MD
Bellevue Health Clinic Pharmacy
1002 W. Mission Ave
Bellevue NE 68005

Dear LeRoy Harrison Carhart, MD:

A Random Inspection of your facility, Dispensing Practitioner Pharmacy License # 1001881, was performed by Tony Kopf, R.P., Pharmacy Inspector, on 10/02/2006.

The Inspection has been reviewed and it has been determined that your pharmacy fully complies with Health Care Facilities Licensure Act and 175 NAC 8 Nebraska Regulations Governing Licensure of Pharmacies.

If you have any questions, please feel free to contact our office.

Sincerely,

Joann Schaefer, M.D., Chief Medical Officer, Director
Department of Health and Human Services
Regulation and Licensure

Helen L. Meeks, Administrator
Credentialing Division

JS/HLM/va

xc: Inspector
PHARMACY QUALITY ASSURANCE REPORT

Pharmacy License Number: 1001881   Exp. Date: 7/1/07
DEA registration Number: Exp. Date: 8/31/09
Owner’s Name: LEROY CARHART, MD
Pharmacy Name: BELLEVUE HEALTH CLINIC PHARMACY
Pharmacy Street Address: 1002 WEST MISSION AVENUE
Pharmacy City, State, and Zip Code: BELLEVUE, NEBRASKA 68005
Pharmacy Telephone #: 292-4164   Pharmacy Fax #: 291-4643
Pharmacy Web Page/E-mail: janine70@aol.com
Pharmacy Hours: VARIABLE WHEN MD IS IN TOWN
Pharmacy Personnel including Pharmacist Interns and Pharmacy Technicians—list name and license number (if applicable):
LEROY CARHART #15162 MD

I, the pharmacist in charge, state that all of the statements herein contained are each and strictly true in every respect. I have read the applicable Nebraska State Statutes and Rules and Regulations concerning the practice of pharmacy, am familiar with its provisions, and agree to abide by all said provisions. I understand that false or forged statements made in connection with this Quality Assurance Report may be grounds for action against my pharmacist license and/or the pharmacy license.

LEROY CARHART, MD 10/2/06(random)
(Signature of Pharmacist in Charge) (Date)
Pharmacy Quality Assurance Report

PROTOCOL #1: For the following 35 areas of quality assurance, you are to indicate “Yes” if you are in compliance, “No” if you are not in compliance, or “N/A” if it does not apply to your pharmacy.

For each item not in compliance, you are to go to the Compliance Page and list:

a) The item number that is not in compliance;
b) Why it is not in compliance;
c) How the deficiency will be corrected; and
d) How long it will take to do so

1. All information provided on the application for a pharmacy license is accurate and correct.  
   (8-003.01) NA
2. Adequate security is maintained for the prescription inventory and prescription records.  
   (8-006.02C) YES
3. Drugs, devices and biologicals are stored at the proper temperature. (8-006.02A) YES
4. The pharmacy is maintained in a clean, orderly, and sanitary manner. (8-007.02) YES
5. The pharmacy maintains in printed or electronic form appropriate reference material for the practice of pharmacy. (8-007.03) YES
6. The pharmacy provides the pharmacist access to all utilities/equipment needed to practice pharmacy. (8-007.01) YES
7. Patient counseling is being provided as required. (8-006.04H) YES
8. The pharmacy maintains documentation of a patient’s refusal of counseling. (8-006.04H2) YES  
   (EVERYONE IS COUNSELED)
9. Patient counseling is being done by only a pharmacist or pharmacist intern. (8-006.04H) YES
10. Prior to the dispensing or the delivery of each new or refill prescription, a pharmacist is conducting a prospective drug utilization review. (71-1,147.35) YES
11. All computer or electronic record keeping requirements are met. (CFR 1304/1306) NA
12. The poison control phone number is posted in the pharmacy. YES

PROTOCOL #2: Review a minimum of six (6) months of invoices for scheduled drugs and note any non-compliance on the Compliance Page.

13. Power of Attorney forms are complete and appropriately filed. (CFR 1305.07) NA
14. The pharmacy maintains complete and accurate records of all controlled substances received and added to the inventory. (28-411)(4) YES
15. The pharmacy complies with all transfer and/or destruction requirements for controlled substances. (CFR 1307.21D) YES
16. The pharmacy does not have in its saleable inventory any drug, device or biological which is misbranded or adulterated. (8-006.02D) YES

17. The pharmacy assures that all requirements pertaining to unit dose packaging and labeling are met. (8-006.04C, .04D, .04E) NA

18. The pharmacy assures that all requirements pertaining to multi-drug containers are met. (8-006.04G) NA

19. All requirements pertaining to the inventory of controlled substances are met. (8 006.05B, .05C) YES

20. All DEA forms 222 are properly completed. (CFR 1305.09) YES

21. All controlled substances are properly stored. (8-006.05A) YES

PROTOCOL #3: In reviewing hardcopy prescriptions for compliance, check the most recent Schedule II file for 100 prescriptions. For the Schedule III-V, check 400 prescriptions selected randomly since the last inspection. Note any non-compliance on the Compliance Page.

22. All prescriptions contain the required information prior to being filled. (8-006.04B) YES

23. All refill requirements for prescriptions are in compliance. (CFR 1306.22) (28-414) (8-006.04B) NA

24. Partial fillings of controlled substances are recorded and dispensed appropriately. (CFR 1306.23) (28-414) NA

25. Prescriptions filled for a Schedule II controlled substance are signed and dated on the front of the prescription. (28-414(3b)) NA

26. All emergency Schedule II prescriptions are properly filled and recorded. (28-414) (8-006.05D) NA

27. All requirements for filling electromagnetic transmission prescriptions are followed. (28-414) (28-1437) NA

28. All chart orders contain the required information. NA
PROTOCOL #4: Visually look at ten (10) completed prescriptions that are waiting to be picked up to verify that they are filled and labeled correctly. Also, if applicable, check computer-generated stickers against hard copy information while checking the 500 prescriptions in Protocol #3. Note any non-compliance on the Compliance Page.

29. All prescriptions are properly labeled. For prescriptions written by Physician Assistants, both the prescription and the prescription container labels shall bear the name of the supervising physician and the Physician Assistant. (8-006.04F) (71-1,107.30) YES

30. Hardcopy requirements for Schedule II prescriptions are met. (28-414) NA

31. The pharmacy is in compliance with the Drug Product Selection Act. (71-5401-5408) YES

32. A three-file system for prescriptions is used and maintained (8-006.03A1) (28-414) (TWO) YES

33. Proper records are maintained for Emergency Drug Boxes (71-2413) NA

PROTOCOL #5: In reviewing Pharmacy Technician requirements, verify that a current policy and procedure manual is on file and that all pharmacy technician documentation is complete and on file.
Note any non-compliance on the Compliance Page.

34. All requirements and documentation are met for the utilization of Pharmacy Technicians (8-006.01D) (71-1,147.33) NA

PROTOCOL #6: To check for outdates, randomly select 20 drugs and note the number, if any, of outdates found on the Compliance Page.

35. No outdated inventory is mixed with saleable stock. YES
COMPLIANCE PAGE

For each item not in compliance, please list below (may continue on a separate page if needed):

a) The item number that is not in compliance;
b) Why it is not in compliance;
c) How the deficiency will be corrected; and

d) How long it will take to do so

2002

#3 THIS HAS BEEN CORRECTED

#8 THERE IS CURRENTLY NO DOCUMENTATION OF THIS BEING DONE. Dr. CARHART STATES THAT ALL PATIENTS ARE COUNSELED.

#20 THIS HAS BEEN CORRECTED

2004 SELF INSPECTION: COULDN'T FIND, LINCOLN WILL SEND HIM A COPY

2005 RANDOM INSPECTION: ALL OK

2006 RANDOM INSPECTION: ALL OK
June 13, 2006

LeRoy Harrison Carhart, MD
Bellevue Health Clinic Pharmacy
1002 W. Mission Ave
Bellevue NE 68005

Dear Dispensing Practitioner:

Your 2006 Pharmacy Quality Assurance Report of your facility, Dispensing Practitioner Pharmacy License #1001881, was received.

The Department of Health and Human Services Regulation and Licensure has determined that your pharmacy is in full compliance with the Health Care Facilities Licensure Act and 175 NAC 8 Nebraska Regulations Governing the Licensure of Pharmacies. Therefore, your Pharmacy Quality Assurance Report fulfills the requirement of an annual inspection.

If you have any questions, please feel free to contact our office or your Pharmacy Inspector.

Sincerely,

Joann Schaefer, M.D., Chief Medical Officer, Director
Department of Health and Human Services
Regulation and Licensure

Helen L. Meeks, Administrator
Credentialing Division

xc: Inspector - Tony Kopf, RP
Your Pharmacy Quality Assurance Report (PQAR) is due on 06/17/2006. The Department will accept your PQAR 30 days before the due date. You will be notified by the Department whether your PQAR is determined to be in full compliance with the Health Care Facilities Licensure Act and 175 NAC 8 Nebraska Regulations Governing Licensure of Pharmacies.

LeRoy Harrison Carhart, MD
Bellevue Health Clinic Pharmacy
1002 W. Mission Ave
Bellevue NE 68005

Dispensing Practitioner Pharmacy License # 1001881
Last Self-Inspection date: 12/05/2005

Pharmacy License Number: 1001881
DEA registration Number: 
Owner’s Name: LeRoy Harrison Carhart, MD
Pharmacy Name: Bellevue Health Clinic Pharmacy
Pharmacy Street Address: 1002 W. Mission Ave
Pharmacy City, State, Zip Code: Bellevue NE 68005
Pharmacy Telephone #: 402-292-4164
Pharmacy Fax #: 402-292-4164
Pharmacy Web Page/E-mail: 
Pharmacy Hours: Varies - When Clinic is open

Pharmacy Personnel including Pharmacist Interns and Pharmacy Technicians—list name and license number (if applicable)(attach a separate sheet of paper if additional room):

LeRoy Harrison Carhart, MD - Dispensing Practitioner # 1001881

I, the pharmacist in charge, state that all of the statements herein contained are each and strictly true in every respect. I have read the applicable Nebraska State Statutes and Rules and Regulations concerning the practice of pharmacy, am familiar with its provisions, and agree to abide by all said provisions. I understand that false or forged statements made in connection with this Quality Assurance Report may be grounds for action against my pharmacist license and/or the pharmacy license.

(Date)

(Signature of Pharmacist in Charge)
PROTOCOL #1: For the following 34 areas of quality assurance, you are to indicate “Yes” if you are in compliance, “No” if you are not in compliance, or “N/A” if it does not apply to your pharmacy.

For each item not in compliance, you are to go to the Compliance Page and list:

a) The item number that is not in compliance;
b) Why it is not in compliance;
c) How the deficiency will be corrected; and

d) How long it will take to do so

1. All information provided on the application for a pharmacy license is accurate and correct. (8-003.01)

2. Adequate security is maintained for the prescription inventory and prescription records. (8-006.02C)

3. Drugs, devices and biologicals are stored at the proper temperature. (8-006.02A)

4. The pharmacy is maintained in a clean, orderly, and sanitary manner. (8-007.02)

5. The pharmacy maintains in printed or electronic form appropriate reference material for the practice of pharmacy. (8-007.03)

6. The pharmacy provides the pharmacist access to all utilities/equipment needed to practice pharmacy. (8-007.01)

7. Patient counseling is being provided as required. (71-1, 147.35(2)(a)) (8-006.04H)

8. The pharmacy maintains documentation of a patient's refusal of counseling. (8-006.04H2) NO refusal.

9. Patient counseling is being done by only a pharmacist or pharmacist intern. (8-006.04H)

10. Prior to the dispensing or the delivery of each new or refill prescription, a pharmacist is conducting a prospective drug utilization review. (71-1, 147.35)

11. All computer or electronic record keeping requirements are met. (CFR 1304/1306)

12. The poison control phone number is posted in the pharmacy. - ON THE PHONES

PROTOCOL #2: Review a minimum of six (6) months of invoices for scheduled drugs and note any non-compliance on the Compliance Page.

13. Power of Attorney forms are complete and appropriately filed. (CFR 1305.07)

14. The pharmacy maintains complete and accurate records of all controlled substances received and added to the inventory. (28-411)(4)

15. The pharmacy complies with all transfer and/or destruction requirements for controlled substances. (CFR 1307.21D)

16. The pharmacy does not have in its saleable inventory any drug, device or biological which is misbranded or adulterated. (71-2402) (71-2421(3)(a)) (8-006.02D)
17. The pharmacy assures that all requirements pertaining to unit dose packaging and labeling are met. (8-006.04C, .04D, .04E)  

18. The pharmacy assures that all requirements pertaining to multi-drug containers are met. (8-006.04G)  

19. All requirements pertaining to the inventory of controlled substances are met. (8-006.05B, .05C) (CFR 1304.11)  

20. All DEA forms 222 are properly completed. (CFR 1305.09)  

21. All controlled substances are properly stored. (8-006.05A)  

PROTOCOL #3: In reviewing hardcopy prescriptions for compliance, check the most recent Schedule II file for 100 prescriptions. For the Schedule III-V, check 400 prescriptions selected randomly since the last inspection. Note any non-compliance on the Compliance Page.  

22. All prescriptions contain the required information prior to being filled. (8-006.04B) (CFR 1306.05(a))  

23. All refill requirements for prescriptions are in compliance. (CFR 1306.22) (28-414) (8-006.04B)  

24. Partial fillings of controlled substances are recorded and dispensed appropriately. (CFR 1306.13 and 1306.23) (28-414)  

25. Prescriptions filled for a Schedule II controlled substance are signed and dated on the front of the prescription. (28-414 (3b))  

26. All emergency Schedule II prescriptions are properly filled and recorded. (28-414) (8-006.05D) (CFR 1306.11(d)(1,2,3,4))  

27. All requirements for filling electromagnetic transmission prescriptions are followed. (28-414) (28-1437)  

PROTOCOL #4: Visually look at ten (10) completed prescriptions that are waiting to be picked up to verify that they are filled and labeled correctly. Also, if applicable, check computer-generated stickers against hard copy information while checking the 500 prescriptions in Protocol #3. Note any non-compliance on the Compliance Page.  

28. All prescriptions are properly labeled. For prescriptions written by Physician Assistants, both the prescription and the prescription container labels shall bear the name of the supervising physician and the Physician Assistant. (8-006.04F) (71-1,107.30)  

29. Hardcopy requirements for Schedule II prescriptions are met. (28-414)  

30. The pharmacy is in compliance with the Drug Product Selection Act. (71-5401-5408)  

31. A three-file system for prescriptions is used and maintained (8-006.03A1) (28-414)  

32. Proper records are maintained for Emergency Drug Boxes (71-2413)
PROTOCOL #5: In reviewing Pharmacy Technician requirements, verify that a current policy and procedure manual is on file and that all pharmacy technician documentation is complete and on file. Note any non-compliance on the Compliance Page.

NA 33. All requirements and documentation are met for the utilization of Pharmacy Technicians (8-006.01D) (71-1,147.33)

PROTOCOL #6: To check for outdates, randomly select 20 drugs and note the number, if any, of outdates found on the Compliance Page.

Yes 34. No outdated inventory is mixed with saleable stock.

Please forward your completed Pharmacy Quality Assurance Report (PQAR) to Tony Kopf, RP, Pharmacy Inspector at the address provided below and keep a copy for your records:

<table>
<thead>
<tr>
<th>Tony Kopf, RP</th>
<th>Ronald Klein, RP</th>
<th>Mike Swanda, RP</th>
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<td>Cozad NE 69130</td>
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For each item not in compliance, please list below (may continue on a separate page if needed):

a) The item number that is not in compliance;
b) Why it is not in compliance;
c) How the deficiency will be corrected; and
d) How long it will take to do so

For Office Use Only:
In Compliance ☐ Not In Compliance ☐

Comments:

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________
December 20, 2005

LeRoy Harrison Carhart, MD
Bellevue Health Clinic Pharmacy
1002 W. Misson Ave
Bellevue NE 68005

Dear Doctor Carhart:

Your 2005 Pharmacy Quality Assurance Report of your facility, Dispensing Practitioner Pharmacy License #1001881, was received.

The Department of Health and Human Services Regulation and Licensure has determined that your pharmacy is in full compliance with the Health Care Facilities Licensure Act and 175 NAC 8 Nebraska Regulations Governing the Licensure of Pharmacies. Therefore, your Pharmacy Quality Assurance Report fulfills the requirement of an annual inspection.

If you have any questions, please feel free to contact our office or your Pharmacy Inspector.

Sincerely,

Joann Schaefer, M.D., Chief Medical Officer, Director
Department of Health and Human Services
Regulation and Licensure

[Signature]

Helen L. Meeks, Administrator
Credentialing Division

JS/HLM/va

xc: Inspector - Tony Kopf
Your Pharmacy Quality Assurance Report (PQAR) was due on 06/17/2005. The Department has not received your PQAR for 2005. This PQAR is due by 12/31/2005. You will be notified by the Department whether your PQAR is determined to be in full compliance with the Health Care Facilities Licensure Act and 175 NAC 8 Nebraska Regulations Governing Licensure of Pharmacies.

LeRoy Harrison Carhart MD
Bellevue Health Clinic Pharmacy
1002 W. Mission Ave
Bellevue NE 68005

Dispensing Practitioner Pharmacy License # 1001881
06/14/2004

Pharmacy License Number: 1001881 Exp. Date: 07-01-2006
DEA registration Number: Exp. Date: 09-31-2006
Owner's Name: LEROY H. CARHART MD
Pharmacy Name: BELLEVUE HEALTH CLINIC PHARMACY
Pharmacy Street Address: 1002 W. Mission Ave
Pharmacy City, State, Zip Code: Bellevue, NE 68005
Pharmacy Telephone #: 402-292-4167 Pharmacy Fax #: 402-291-4643
Pharmacy Web Page/E-mail:
Pharmacy Hours: Variable - Open when services are scheduled
Pharmacy Personnel including Pharmacist Interns and Pharmacy Technicians—list name and license number (if applicable) attach a separate sheet of paper if additional room:
LeRoy H. Carhart MD

I, the pharmacist in charge, state that all of the statements herein contained are each and strictly true in every respect. I have read the applicable Nebraska State Statutes and Rules and Regulations concerning the practice of pharmacy, am familiar with its provisions, and agree to abide by all said provisions. I understand that false or forged statements made in connection with this Quality Assurance Report may be grounds for action against my pharmacist license and/or the pharmacy license.

[signature]
(Signature of Pharmacist in Charge)

(Date)
PROTOCOL #1: For the following 35 areas of quality assurance, you are to indicate “Yes” if you are in compliance, “No” if you are not in compliance, or “N/A” if it does not apply to your pharmacy.

For each item not in compliance, you are to go to the Compliance Page and list:

a) The item number that is not in compliance;
b) Why it is not in compliance;
c) How the deficiency will be corrected; and
d) How long it will take to do so

1. All information provided on the application for a pharmacy license is accurate and correct. (8-003.01)

2. Adequate security is maintained for the prescription inventory and prescription records. (8-008.02C)

3. Drugs, devices and biologicals are stored at the proper temperature. (8-008.02A)

4. The pharmacy is maintained in a clean, orderly, and sanitary manner. (8-007.02)

5. The pharmacy maintains in printed or electronic form appropriate reference material for the practice of pharmacy. (8-007.03)

6. The pharmacy provides the pharmacist access to all utilities/equipment needed to practice pharmacy. (8-007.01)

7. Patient counseling is being provided as required. (71-1,147.35(2)(a)) (8-006.04H)

8. The pharmacy maintains documentation of a patient's refusal of counseling. (8-006.04H2)

9. Patient counseling is being done by only a pharmacist or pharmacist intern. (8-006.04H)

10. Prior to the dispensing or the delivery of each new or refill prescription, a pharmacist is conducting a prospective drug utilization review. (71-1,147.35)

11. All computer or electronic record keeping requirements are met. (CFR 1304/1306)

12. The poison control phone number is posted in the pharmacy.

PROTOCOL #2: Review a minimum of six (6) months of invoices for scheduled drugs and note any non-compliance on the Compliance Page.

13. Power of Attorney forms are complete and appropriately filed. (CFR 1305.07)

14. The pharmacy maintains complete and accurate records of all controlled substances received and added to the inventory. (28-411)(4)

15. The pharmacy complies with all transfer and/or destruction requirements for controlled substances. (CFR 1307.21D)

16. The pharmacy does not have in its saleable inventory any drug, device or biological which is misbranded or adulterated. (71-2402) (71-2421(3)(a)) (8-006.02D)
Leroy Harrison Carhart MDDispensing Practitioner Pharmacy License 1001881 Current Inspection Date __

**PROTOCOL #3:** In reviewing hardcopy prescriptions for compliance, check the most recent Schedule II file for 100 prescriptions. For the Schedule III-V, check 400 prescriptions selected randomly since the last inspection. Note any non-compliance on the Compliance Page.

17. The pharmacy assures that all requirements pertaining to unit dose packaging and labeling are met. (8-006.04C, .04D, .04E) **Not Used**

18. The pharmacy assures that all requirements pertaining to multi-drug containers are met. (8-006.04G)

19. All requirements pertaining to the inventory of controlled substances are met. (8-006.05B, .05C) (CFR 1304.11)

20. All DEA forms 222 are properly completed. (CFR 1305.09)

21. All controlled substances are properly stored. (8-006.05A)

22. All prescriptions contain the required information prior to being filled. (8-006.04B) (CFR 1306.05(a))

23. All refill requirements for prescriptions are in compliance. (CFR 1306.22) (28-414) (8-006.04B)

24. Partial fillings of controlled substances are recorded and dispensed appropriately. (CFR 1306.13 and 1306.23) (28-414)

25. Prescriptions filled for a Schedule II controlled substance are signed and dated on the front of the prescription. (28-414 (3b))

26. All emergency Schedule II prescriptions are properly filled and recorded. (28-414) (8-006.05D) (CFR 1306.11(d)(1,2,3,4))

27. All requirements for filling electromagnetic transmission prescriptions are followed. (28-414) (28-1437)

28. All chart orders contain the required information. **Not Done**

**PROTOCOL #4:** Visually look at ten (10) completed prescriptions that are waiting to be picked up to verify that they are filled and labeled correctly. Also, if applicable, check computer-generated stickers against hard copy information while checking the 500 prescriptions In Protocol #3. Note any non-compliance on the Compliance Page.

29. All prescriptions are properly labeled. For prescriptions written by Physician Assistants, both the prescription and the prescription container labels shall bear the name of the supervising physician and the Physician Assistant. (8-006.04F) (71-1,107.30)

30. Hardcopy requirements for Schedule II prescriptions are met. (28-414)

31. The pharmacy is in compliance with the Drug Product Selection Act. (71-5401-5408)

32. A three-file system for prescriptions is used and maintained (8-006.03A1) (28-414)

33. Proper records are maintained for Emergency Drug Boxes (71-2413)
PROTOCOL #5: In reviewing Pharmacy Technician requirements, verify that a current policy and procedure manual is on file and that all pharmacy technician documentation is complete and on file. Note any non-compliance on the Compliance Page.

N/A 34. All requirements and documentation are met for the utilization of Pharmacy Technicians (8-006.01D) (71-147.33)

NONZ USE

PROTOCOL #6: To check for outdates, randomly select 20 drugs and note the number, if any, of outdates found on the Compliance Page.

YES 35. No outdated inventory is mixed with saleable stock.

Please forward your completed Pharmacy Quality Assurance Report (PQAR) to Tony Kopf, RP, Pharmacy Inspector at the address provided below and keep a copy for your records:

<table>
<thead>
<tr>
<th>Tony Kopf, RP</th>
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COMPLIANCE PAGE

For each item not in compliance, please list below (may continue on a separate page if needed):

a) The item number that is not in compliance;
b) Why it is not in compliance;
c) How the deficiency will be corrected; and
d) How long it will take to do so

For Office Use Only:

In Compliance □ Not In Compliance □

Comments:
December 2, 2005

Leroy Harrison Carhart MD
Bellevue Health Clinic Pharmacy
1002 W. Mission Ave
Bellevue NE 68005

Dear Dr. Carhart:

This letter is to inform you that the Department Health and Human Services Regulation and Licensure has not received your Pharmacy Quality Assurance Report (PQAR) to indicate that you have conducted a self-inspection of your pharmacy for 2005. Your PQAR/self-inspection was due on 06/17/2005.

175 NAC 8-005.03 of the Regulations Governing Licensure of Pharmacies states, "All pharmacies must ensure that the pharmacist-in-charge annually submits a completed Pharmacy Quality Assurance Report on a form made available by the Department, electronically or upon request, within 30 days of the due date of the report, as specified in 175 NAC 8-005.03C."

175 NAC 8-005.03C of the Regulations Governing Licensure of Pharmacies states, "The Pharmacy Quality Assurance Report is due one year from the date of the initial onsite inspection, and annually thereafter."

175 NAC 8-008.01B of the Regulations Governing Licensure of Pharmacies states, "The Department may take disciplinary action against ... a pharmacy license for any of the following grounds: 1. Violation of any provision of the Health Care Facility Licensure Act, or these regulations;..."

Enclosed is a PQAR/self-inspection form for your use in conducting the required self-inspection of your pharmacy. The completed PQAR/self-inspection form must be returned to this office no later than December 31, 2005, to avoid disciplinary action being taken against your pharmacy license.

Sincerely,

Becky Wisell, Section Administrator
Medical & Specialized Health Section

Vonda Apking
Credentiaing Coordinator
Credentiaing Division

Enclosure
May 5, 2005

Leroy Harrison Carhart MD  
Bellevue Health Clinic Pharmacy  
1002 W. Misson Ave  
Bellevue NE 68005

Dear Leroy Harrison Carhart MD:

A Random Inspection of your facility, Dispensing Practitioner Pharmacy License # 1001881, was performed by Tony Kopf, R.P., Pharmacy Inspector, on 04/28/2005.

The Inspection has been reviewed and it has been determined that your pharmacy fully complies with Health Care Facilities Licensure Act and 175 NAC 8 Nebraska Regulations Governing Licensure of Pharmacies.

If you have any questions, please feel free to contact our office.

Sincerely,

Richard A. Raymond, M.D., Director  
Department of Health and Human Services  
Regulation and Licensure

Helen L. Meeks, Administrator  
Credentialing Division

RN/HLM/va

xc: Inspector
PHARMACY QUALITY ASSURANCE REPORT

Pharmacy License Number: 1001881   Exp. Date: 7/1/01
DEA registration Number: Exp. Date: 8/31/06
Owner's Name: LEROY CARHART, MD
Pharmacy Name: BELLEVUE HEALTH CLINIC PHARMACY
Pharmacy Street Address: 1002 WEST MISSION AVENUE
Pharmacy City, State, and Zip Code: BELLEVUE, NEBRASKA 68005
Pharmacy Telephone #: 292-4164   Pharmacy Fax #: 291-4643
Pharmacy Web Page/E-mail: NONE
Pharmacy Hours: VARIABLE WHEN MD IS IN TOWN
Pharmacy Personnel including Pharmacist Interns and Pharmacy Technicians—list name and license number (if applicable):
LEROY CARHART #15162 MD

I, the pharmacist in charge, state that all of the statements herein contained are each and strictly true in every respect. I have read the applicable Nebraska State Statutes and Rules and Regulations concerning the practice of pharmacy, am familiar with its provisions, and agree to abide by all said provisions. I understand that false or forged statements made in connection with this Quality Assurance Report may be grounds for action against my pharmacist license and/or the pharmacy license.

LEROY CARHART, MD
(Signature of Pharmacist in Charge) 4/28/05(random)
(Date)
PROTOCOL #1: For the following 35 areas of quality assurance, you are to indicate “Yes” if you are in compliance, “No” if you are not in compliance, or “N/A” if it does not apply to your pharmacy.

For each item not in compliance, you are to go to the Compliance Page and list:

a) The item number that is not in compliance;
b) Why it is not in compliance;
c) How the deficiency will be corrected; and

d) How long it will take to do so

1. All information provided on the application for a pharmacy license is accurate and correct. (8-003.01) NA

2. Adequate security is maintained for the prescription inventory and prescription records. (8-006.02C) YES

3. Drugs, devices and biologicals are stored at the proper temperature. (8-006.02A) YES

4. The pharmacy is maintained in a clean, orderly, and sanitary manner. (8-007.02) YES

5. The pharmacy maintains in printed or electronic form appropriate reference material for the practice of pharmacy. (8-007.03) YES

6. The pharmacy provides the pharmacist access to all utilities/equipment needed to practice pharmacy. (8-007.01) YES

7. Patient counseling is being provided as required. (8-006.04H) YES

8. The pharmacy maintains documentation of a patient's refusal of counseling. (8-006.04H2) YES

9. Patient counseling is being done by only a pharmacist or pharmacist intern. (8-006.04H) YES

10. Prior to the dispensing or the delivery of each new or refill prescription, a pharmacist is conducting a prospective drug utilization review. (71-1,147.35) YES

11. All computer or electronic record keeping requirements are met. (CFR 1304/1306) NA

12. The poison control phone number is posted in the pharmacy. YES

PROTOCOL #2: Review a minimum of six (6) months of invoices for scheduled drugs and note any non-compliance on the Compliance Page.

13. Power of Attorney forms are complete and appropriately filed. (CFR 1305.07) NA

14. The pharmacy maintains complete and accurate records of all controlled substances received and added to the inventory. (28-411)(4) YES

15. The pharmacy complies with all transfer and/or destruction requirements for controlled substances. (CFR 1307.21D) YES
16. The pharmacy does not have in its saleable inventory any drug, device or biological which is misbranded or adulterated. (8-006.02D) YES

17. The pharmacy assures that all requirements pertaining to unit dose packaging and labeling are met. (8-006.04C, .04D, .04E) NA

18. The pharmacy assures that all requirements pertaining to multi-drug containers are met. (8-006.04G) NA

19. All requirements pertaining to the inventory of controlled substances are met. (8 006.05B, .05C) YES

20. All DEA forms 222 are properly completed. (CFR 1305.09) YES

21. All controlled substances are properly stored. (8-006.05A) YES

PROTOCOL #3: In reviewing hardcopy prescriptions for compliance, check the most recent Schedule II file for 100 prescriptions. For the Schedule III-V, check 400 prescriptions selected randomly since the last inspection. Note any non-compliance on the Compliance Page.

22. All prescriptions contain the required information prior to being filled. (8-006.04B) YES

23. All refill requirements for prescriptions are in compliance. (CFR 1306.22) (28-414) (8-006.04B) NA

24. Partial fillings of controlled substances are recorded and dispensed appropriately. (CFR 1306.23) (28-414) NA

25. Prescriptions filled for a Schedule II controlled substance are signed and dated on the front of the prescription. (28-414(3b)) NA

26. All emergency Schedule II prescriptions are properly filled and recorded. (28-414) (8-006.05D) NA

27. All requirements for filling electromagnetic transmission prescriptions are followed. (28-414) (28-1437) NA

28. All chart orders contain the required information. NA
PROTOCOL #4: Visually look at ten (10) completed prescriptions that are waiting to be picked up to verify that they are filled and labeled correctly. Also, if applicable, check computer-generated stickers against hard copy information while checking the 500 prescriptions in Protocol #3. Note any non-compliance on the Compliance Page.

29. All prescriptions are properly labeled. For prescriptions written by Physician Assistants, both the prescription and the prescription container labels shall bear the name of the supervising physician and the Physician Assistant. (8-006.04F) (71-1,107.30) YES

30. Hardcopy requirements for Schedule II prescriptions are met. (28-414) NA

31. The pharmacy is in compliance with the Drug Product Selection Act. (71-5401-5408) YES

32. A three-file system for prescriptions is used and maintained (8-006.03A1) (28-414) (TWO) YES

33. Proper records are maintained for Emergency Drug Boxes (71-2413) NA

PROTOCOL #5: In reviewing Pharmacy Technician requirements, verify that a current policy and procedure manual is on file and that all pharmacy technician documentation is complete and on file.

Note any non-compliance on the Compliance Page.

34. All requirements and documentation are met for the utilization of Pharmacy Technicians (8-006.01D) (71-1,147.33) NA

PROTOCOL #6: To check for outdates, randomly select 20 drugs and note the number, if any, of outdates found on the Compliance Page.

35. No outdated inventory is mixed with saleable stock. YES
COMPLIANCE PAGE

For each item not in compliance, please list below (may continue on a separate page if needed):

a) The item number that is not in compliance;
b) Why it is not in compliance;
c) How the deficiency will be corrected; and
d) How long it will take to do so

2002

#3 THIS HAS BEEN CORRECTED

#8 THERE IS CURRENTLY NO DOCUMENTATION OF THIS BEING DONE. DR. CARHART STATES THAT ALL PATIENTS ARE COUNSELED.

#20 THIS HAS BEEN CORRECTED

2004 SELF INSPECTION: COULDN'T FIND, LINCOLN WILL SEND HIM A COPY

2005 RANDOM INSPECTION:

October 18, 2004

Leroy Harrison Carhart MD
Bellevue Health Clinic Pharmacy
1002 W. Mission Ave
Bellevue NE 68005

Dear Leroy Harrison Carhart MD:

Your 2004 Pharmacy Quality Assurance Report of your facility, Dispensing Practitioner Pharmacy License #1001881, was received.

The Department has determined that your pharmacy is in full compliance with the Health Care Facilities Licensure Act and 175 NAC 8 Nebraska Regulations Governing the Licensure of Pharmacies. Therefore, your Pharmacy Quality Assurance Report fulfills the requirement of an annual inspection.

If you have any questions, please feel free to contact our office or your Pharmacy Inspector.

Sincerely,

Richard P. Nelson, Director
Health and Human Services System
Department of Regulation and Licensure

Helen L. Meeks, Administrator
Credentialing Division

RP/HLM/va

xc: Inspector - Tony Kopf
Your Pharmacy Quality Assurance Report (PQAR) is due on 06/17/2004. The Department will accept your PQAR 30 days before the due date. You will be notified by the Department whether your PQAR is determined to be in full compliance with the Health Care Facilities Licensure Act and 175 NAC 8 Nebraska Regulations Governing Licensure of Pharmacies.

Leroy Harrison Carhart MD
Bellevue Health Clinic Pharmacy
1002 W. Mission Ave
Bellevue NE 68005

Dispensing Practitioner Pharmacy License # 1001881
Last Self-Inspection date: 06/12/2003

Pharmacy License Number: 1001881 Exp. Date: 6-30-2005
DEA registration Number: __ Exp. Date: 8-31-2006
Owner's Name: LeRoy H. Carhart MD
Pharmacy Name: Bellevue Health Clinic Pharmacy
Pharmacy Street Address: 1002 W. Mission Ave
Pharmacy City, State, Zip Code: Bellevue Ne 68005
Pharmacy Telephone #: 402-292-4164 Pharmacy Fax #: 402-493-0936
Pharmacy Web Page/E-mail: __
Pharmacy Hours: Varies- when clinic is open
Pharmacy Personnel including Pharmacist Interns and Pharmacy Technicians—list name and license number (if applicable) (attach a separate sheet of paper if additional room):

LeRoy H. Carhart MD - Dispensing Practitioner # 1001881

I, the pharmacist in charge, state that all of the statements herein contained are each and strictly true in every respect. I have read the applicable Nebraska State Statutes and Rules and Regulations concerning the practice of pharmacy, am familiar with its provisions, and agree to abide by all said provisions. I understand that false or forged statements made in connection with this Quality Assurance Report may be grounds for action against my pharmacist license and/or the pharmacy license.

(Signature of Pharmacist in Charge)  
June 14, 2004 (Date)
PROTOCOL #1: For the following 35 areas of quality assurance, you are to indicate “Yes” if you are in compliance, “No” if you are not in compliance, or “N/A” if it does not apply to your pharmacy.

For each item not in compliance, you are to go to the Compliance Page and list:

a) The item number that is not in compliance;
b) Why it is not in compliance;
c) How the deficiency will be corrected; and
d) How long it will take to do so

---

1. All information provided on the application for a pharmacy license is accurate and correct. (8-003.01)  Yes

2. Adequate security is maintained for the prescription inventory and prescription records. (8-006.02C)  Yes

3. Drugs, devices and biologicals are stored at the proper temperature. (8-006.02A)  Yes

4. The pharmacy is maintained in a clean, orderly, and sanitary manner. (8-007.02)  Yes

5. The pharmacy maintains in printed or electronic form appropriate reference material for the practice of pharmacy. (8-007.03)  Yes

6. The pharmacy provides the pharmacist access to all utilities/equipment needed to practice pharmacy. (8-007.01)  Yes

7. Patient counseling is being provided as required. (71-1,147.35(2)(a)) (8-006.04H)  Yes

8. The pharmacy maintains documentation of a patient's refusal of counseling. (8-006.04H2)  No patients refuse

9. Patient counseling is being done by only a pharmacist or pharmacist intern. (8-006.04H)  Yes

10. Prior to the dispensing or the delivery of each new or refill prescription, a pharmacist is conducting a prospective drug utilization review. (71-1,147.35)  Yes

11. All computer or electronic record keeping requirements are met. (CFR 1304/1306)  Yes

12. The poison control phone number is posted in the pharmacy.  Yes

PROTOCOL #2: Review a minimum of six (6) months of invoices for scheduled drugs and note any non-compliance on the Compliance Page.

13. Power of Attorney forms are complete and appropriately filed. (CFR 1305.07)  Yes

14. The pharmacy maintains complete and accurate records of all controlled substances received and added to the inventory. (28-411)(4)  Yes

15. The pharmacy complies with all transfer and/or destruction requirements for controlled substances. (CFR 1307.21D)  Yes

16. The pharmacy does not have in its saleable inventory any drug, device or biological which is misbranded or adulterated. (71-2402) (71-2421(3)(a)) (8-006.02D)  Yes
17. The pharmacy assures that all requirements pertaining to unit dose packaging and labeling are met. (8-006.04C, 04D, 04E)

18. The pharmacy assures that all requirements pertaining to multi-drug containers are met. (8-006.04G)

19. All requirements pertaining to the inventory of controlled substances are met. (8-006.05B, 05C) (CFR 1304.11)

20. All DEA forms 222 are properly completed. (CFR 1305.09)

21. All controlled substances are properly stored. (8-006.05A)

PROTOCOL #3: In reviewing hardcopy prescriptions for compliance, check the most recent Schedule II file for 100 prescriptions. For the Schedule III-V, check 400 prescriptions selected randomly since the last inspection. Note any non-compliance on the Compliance Page.

22. All prescriptions contain the required information prior to being filled. (8-006.04B) (CFR 1306.05(a))

23. All refill requirements for prescriptions are in compliance. (CFR 1306.22) (28-414) (8-006.04B)

24. Partial fillings of controlled substances are recorded and dispensed appropriately. (CFR 1306.13 and 1306.23) (28-414)

25. Prescriptions filled for a Schedule II controlled substance are signed and dated on the front of the prescription. (28-414 (3b))

26. All emergency Schedule II prescriptions are properly filled and recorded. (28-414) (8-006.05D) (CFR 1306.11(d)(1,2,3,4))

27. All requirements for filling electromagnetic transmission prescriptions are followed. (28-414) (28-1437)

28. All chart orders contain the required information.

PROTOCOL #4: Visually look at ten (10) completed prescriptions that are waiting to be picked up to verify that they are filled and labeled correctly. Also, if applicable, check computer-generated stickers against hard copy information while checking the 500 prescriptions in Protocol #3. Note any non-compliance on the Compliance Page.

29. All prescriptions are properly labeled. For prescriptions written by Physician Assistants, both the prescription and the prescription container labels shall bear the name of the supervising physician and the Physician Assistant. (8-006.04F) (71-1,107.30)

30. Hardcopy requirements for Schedule II prescriptions are met. (28-414)

31. The pharmacy is in compliance with the Drug Product Selection Act. (71-5401-5408)

32. A three-file system for prescriptions is used and maintained (8-006.03A1) (28-414)

33. Proper records are maintained for Emergency Drug Boxes (71-2413)
PROTOCOL #5: In reviewing Pharmacy Technician requirements, verify that a current policy and procedure manual is on file and that all pharmacy technician documentation is complete and on file. Note any non-compliance on the Compliance Page.

NA 34. All requirements and documentation are met for the utilization of Pharmacy Technicians (8-006.01D) (71-1,147.33)

PROTOCOL #6: To check for outdates, randomly select 20 drugs and note the number, if any, of outdates found on the Compliance Page.

Yes 35. No outdated inventory is mixed with saleable stock.

Please forward your completed Pharmacy Quality Assurance Report (PQAR) to Tony Kopf, RP, Pharmacy Inspector at the address provided below and keep a copy for your records:

<table>
<thead>
<tr>
<th>Tony Kopf, RP</th>
<th>Ronald Klein, RP</th>
<th>Mike Swanda, RP</th>
</tr>
</thead>
<tbody>
<tr>
<td>9353 Corby</td>
<td>1213 Grant</td>
<td>1521 Newell</td>
</tr>
<tr>
<td>Omaha NE 68134</td>
<td>Norfolk NE 68701</td>
<td>Cozad NE 69130</td>
</tr>
</tbody>
</table>
COMPLIANCE PAGE

For each item not in compliance, please list below (may continue on a separate page if needed):

a) The item number that is not in compliance;
b) Why it is not in compliance;
c) How the deficiency will be corrected; and
d) How long it will take to do so

For Office Use Only:

In Compliance □  Not In Compliance □

Comments:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________
March 24, 2004

Leroy Harrison Carhart MD
Bellevue Health Clinic Pharmacy
1002 W. Mission Ave
Bellevue NE 68005

Dear Leroy Harrison Carhart MD:

Your 2003 Pharmacy Quality Assurance Report of your facility, Dispensing Practitioner Pharmacy License # 1001881, was received.

The Department has determined that your pharmacy is in full compliance with the Health Care Facilities Licensure Act and 175 NAC 8 Nebraska Regulations Governing the Licensure of Pharmacies. Therefore, your Pharmacy Quality Assurance Report fulfills the requirement of an annual inspection.

If you have any questions, please feel free to contact our office or your Pharmacy Inspector.

Sincerely,

Richard P. Nelson, Director
Health and Human Services System
Department of Regulation and Licensure

Helen L. Meeks, Administrator
Credentialing Division

xc: Inspector - Tony Kopf
Your Pharmacy Quality Assurance Report (PQAR) is due on 06/17/2003. The Department will accept your PQAR 30 days before the due date. You will be notified by the Department whether your PQAR is determined to be in full compliance with the Health Care Facilities Licensure Act and 175 NAC 8 Nebraska Regulations Governing Licensure of Pharmacies.

LeRoy Harrison Carhart MD
Bellevue Health Clinic Pharmacy
1002 W. Mission Ave
Bellevue NE 68005

Dispensing Practitioner Pharmacy License # 1001881
06/17/2002

Pharmacy License Number: 1001881 Exp. Date: 6-30-2003
DEA registration Number: Exp. Date: 8-31-2003
Owner's Name: LeRoy Harrison Carhart MD
Pharmacy Name: Bellevue Health Clinic Pharmacy
Pharmacy Street Address: 1002 W. Mission Ave
Pharmacy City, State, Zip Code: Bellevue, NE 68005
Pharmacy Telephone # (402) 292-4164 Pharmacy Fax # (402) 291-4643
Pharmacy Web Page/E-mail: 
Pharmacy Hours: Varies with clinic hours.

I, the pharmacist in charge, state that all of the statements herein contained are each and strictly true in every respect. I have read the applicable Nebraska State Statutes and Rules and Regulations concerning the practice of pharmacy, am familiar with its provisions, and agree to abide by all said provisions. I understand that false or forged statements made in connection with this Quality Assurance Report may be grounds for action against my pharmacist license and/or the pharmacy license.

LeRoy Harrison Carhart MD Pharmacy license 1001881 Medical license 15162

(Date)
LeRoy Harrison Carhart MD Dispensing Practitioner Pharmacy License 1001881 Current Inspection Date 6/21/03

PROTOCOL #1: For the following 35 areas of quality assurance, you are to indicate “Yes” if you are in compliance, “No” if you are not in compliance, or “N/A” if it does not apply to your pharmacy.

For each item not in compliance, you are to go to the Compliance Page and list:

a) The item number that is not in compliance;
b) Why it is not in compliance;
c) How the deficiency will be corrected; and
d) How long it will take to do so

1. All information provided on the application for a pharmacy license is accurate and correct. (8-003.01)

2. Adequate security is maintained for the prescription inventory and prescription records. (8-006.02C)

3. Drugs, devices and biologicals are stored at the proper temperature. (8-006.02A)

4. The pharmacy is maintained in a clean, orderly, and sanitary manner. (8-007.02)

5. The pharmacy maintains in printed or electronic form appropriate reference material for the practice of pharmacy. (8-007.03)

6. The pharmacy provides the pharmacist access to all utilities/equipment needed to practice pharmacy. (8-007.01)

7. Patient counseling is being provided as required. (71-1, 147.35(2)(a)) (8-006.04H)

8. The pharmacy maintains documentation of a patient’s refusal of counseling. -If a patient refuses counseling we do not provide medications

9. Patient counseling is being done by only a pharmacist or pharmacist intern. (8-006.04H)

10. Prior to the dispensing or the delivery of each new or refill prescription, a pharmacist is conducting a prospective drug utilization review. (71-1, 147.35)

11. All computer or electronic record keeping requirements are met. -None- (CFR 1304/1306)

12. The poison control phone number is posted in the pharmacy.

PROTOCOL #2: Review a minimum of six (6) months of invoices for scheduled drugs and note any non-compliance on the Compliance Page.

13. Power of Attorney forms are complete and appropriately filed. (CFR 1305.07)

14. The pharmacy maintains complete and accurate records of all controlled substances received and added to the inventory. (28-411)(4)

15. The pharmacy complies with all transfer and/or destruction requirements for controlled substances. (CFR 1307.21D)

16. The pharmacy does not have in its saleable inventory any drug, device or biological which is misbranded or adulterated. (71-2402) (71-2421(3)(a)) (8-006.02D)
17. The pharmacy assures that all requirements pertaining to unit dose packaging and labeling are met. (8-006.04C, .04D, .04E)

18. The pharmacy assures that all requirements pertaining to multi-drug containers are met. (8-006.04G)

19. All requirements pertaining to the inventory of controlled substances are met. (8-006.05B, .05C) (CFR 1304.11)

20. All DEA forms 222 are properly completed. (CFR 1305.09)

21. All controlled substances are properly stored. (8-006.05A)

**PROTOCOL #3:** In reviewing hardcopy prescriptions for compliance, check the most recent Schedule II file for 100 prescriptions. For the Schedule III-V, check 400 prescriptions selected randomly since the last inspection. Note any non-compliance on the Compliance Page.

22. All prescriptions contain the required information prior to being filled. (8-006.04B) (CFR 1306.05(a))

23. All refill requirements for prescriptions are in compliance. (CFR 1306.22) (28-414) (8-006.04B) **we do not do refills**

24. Partial fillings of controlled substances are recorded and dispensed appropriately. (CFR 1306.13 and 1306.23) (28-414) - This is not done in our pharmacy

25. Prescriptions filled for a Schedule II controlled substance are signed and dated on the front of the prescription. (28-414 (3b)) **we do not fill Class II Rx's - all are administered in office and charted in chart and log.**

26. All emergency Schedule II prescriptions are properly filled and recorded. (28-414) (8-006.05D) (CFR 1306.11(d)(1,2,3,4))

27. All requirements for filing electromagnetic transmission prescriptions are followed. (28-414) (28-1437)

28. All chart orders contain the required information.

**PROTOCOL #4:** Visually look at ten (10) completed prescriptions that are waiting to be picked up to verify that they are filled and labeled correctly. Also, if applicable, check computer-generated stickers against hard copy information while checking the 500 prescriptions in Protocol #3. Note any non-compliance on the Compliance Page.

29. All prescriptions are properly labeled. For prescriptions written by Physician Assistants, both the prescription and the prescription container labels shall bear the name of the supervising physician and the Physician Assistant. (8-006.04F) (71-1,107.30)

30. Hardcopy requirements for Schedule II prescriptions are met. (28-414)

31. The pharmacy is in compliance with the Drug Product Selection Act. (71-5401-5408)

32. A file system for prescriptions is used and maintained (8-006.03A1) (28-414) **No Class II Rx's**

33. Proper records are maintained for Emergency Drug Boxes (71-2413) - No controlled substances in Emergency Drug Box
PROTOCOL #5: In reviewing Pharmacy Technician requirements, verify that a current policy and procedure manual is on file and that all pharmacy technician documentation is complete and on file. Note any non-compliance on the Compliance Page.

**Yes** 34. All requirements and documentation are met for the utilization of Pharmacy Technicians (8-006.01D) (71-1,147.33) - *We have no pharmacy techs*

PROTOCOL #6: To check for outdates, randomly select 20 drugs and note the number, if any, of outdates found on the Compliance Page.

**Yes** 35. No outdated inventory is mixed with saleable stock.
Lebo Harrison Carhart MDDispensing Practitioner Pharmacy License 1001881Current Inspection Date 6/12/03

COMPLIANCE PAGE

For each item not in compliance, please list below (may continue on a separate page if needed):

a) The item number that is not in compliance;
b) Why it is not in compliance;
c) How the deficiency will be corrected; and
d) How long it will take to do so

9. All patient counseling is done by the physician or the RN.
11. We have none.
12. We have no phone in the pharmacy but poison control # is on all phones in the clinic.

NE HHS R& L:BOP:Pharmacy QA Report:Revised03/16/2002
Health and Human Services - Regulation & Licensure, Credentialing Division
Refund Form

NAME: [Name]
ADDRESS: [Address]

REASON FOR REFUND: Paid Twice on renewal
ACCOUNT & RECEIPT #: (Not legible)
TOTAL AMOUNT RECEIVED: $100.00

DATE OF RECEIPT: 7-11-03
PROFESSION/FACILITY TYPE: Pharmacy

FEE(S) WITHHELD:
- Administrative: (Not legible)
- Licensure: (Not legible)
- Examination: (Not legible)
- Other (Specify): (Not legible)

AMOUNT OF REFUND DUE: $100.00
SIGNATURE OF PERSON WHO COMPLETED FORM: [Signature] DATE: 7-24-03
SIGNATURE OF SUPERVISOR: [Signature] DATE: 7-24-03

TO BE COMPLETED BY CREDENTIALING DIVISION ACCOUNTING CLERK:

DAS DISBURSEMENT DOCUMENT #: (Not legible)
DATE WARRANT ISSUED: (Not legible)

White Copy: HHS R&L Financial Services
Yellow Copy: Credentialing Division Accounting Clerk
Pink Copy: Retained by Completer
YOUR DISPENSING PRACTITIONER PHARMACY LICENSE EXPIRES 07/01/2003. THE RENEWAL FEE OF $100.00, THIS DOCUMENT WITH CONTROLLED SUBSTANCES REGISTRATION INFORMATION* MUST BE POSTMARKED ON OR BEFORE 07/01/2003 TO RENEW THIS LICENSE.

LEROY HARRISON CARHART MD
BELLEVUE HEALTH CLINIC PHARMACY
1002 W. MISSION AVE
BELLEVUE NE 68005

LICENSE#: 1001881 ANNUAL RENEWAL

MAKE CHECK PAYABLE TO CREDENTIALING DIVISION (YOU WILL NOT RECEIVE A RECEIPT). SUBMIT FEE AND THIS ENTIRE DOCUMENT IN THE ENCLOSED ENVELOPE WHICH GOES DIRECTLY TO OUR CASHIER’S OFFICE, PO BOX 94925, LINCOLN, NE 68509-4925. PLEASE ALLOW THREE WEEKS TO PROCESS YOUR RENEWAL.

LATE PAYMENT PENALTY—There is no longer a penalty fee for late payment of this renewal. A Final Renewal Notice will be sent if payment is not received by August 1, 2002. However, payment must be received by September 1, 2002, to avoid revocation of license.

ALL LICENSEES MUST COMPLETE THIS SECTION

*CONTROLLED SUBSTANCES REGISTRATION

Effective January 1, 2000, Nebraska no longer requires a State Controlled Substances Registration. You are required to complete the section below and provide a copy of your Federal Controlled Substances Registration (DEA) in order to renew your license. If you need a duplicate Federal Registration, contact the St. Louis DEA Regional Office at 888-803-1179. If you do not have controlled substances at your facility, you must still complete the section below.

Please check the appropriate box below regarding controlled substances.

☐ I have enclosed a photocopy of my facility’s current Federal Controlled Substances Registration. The facility’s registration number is _______ and it expires on 07-31-03.

☐ My facility does not have controlled substances, so we do not have a Federal Controlled Substances Registration.

AMENDMENTS—If you have had or will have a change in the name or pharmacist in charge, you are required to complete an Application for Amendment. You may make the changes on this form, but these changes will not be shown on the renewed license the Application for Amendment has been processed. Contact our office at (402) 471-2118 to request the amendment form. You do not have to wait until the license has been amended in order to submit your renewal.

Changes in address now require a new pharmacy license. You cannot change location on an existing license.

Nebraska HHS Regulation & Licensure
Credentialing Division
ATTN: Pharmacy Desk
PO Box 94986
Lincoln, NE 68509-4986
PH: (402) 471-2118
May 2, 2003

Leroy Harrison Carhart MD
Bellevue Health Clinic Pharmacy
1002 W. Mission Ave
Bellevue NE 68005

Dear Leroy Harrison Carhart MD:

An Initial Onsite Inspection of your facility, Dispensing Practitioner Pharmacy License # 1001881, was performed by Tony Kopf, R.P., Pharmacy Inspector, on 06/17/2002.

The Statement of Compliance you submitted has been reviewed and it has been determined that your pharmacy fully complies with Health Care Facilities Licensure Act and 175 NAC 8 Nebraska Regulations Governing Licensure of Pharmacies.

If you have any questions, please feel free to contact our office.

Sincerely,

Richard P. Nelson, Director
Health and Human Services System
Department of Regulation and Licensure

Helen L. Meeks, Administrator
Credentialing Division

RN/HLM/va

cmp: Inspector
Enclosed is a copy of the Quality Assurance Report for the recent inspection to your facility. Please keep this copy for your files.

Please sign, date, and either fax or mail this sheet to our office to certify that you have received your copy of 1) Pharmacy Quality Assurance Report and 2) Statement of Compliance Form. Also, please complete and mail the Statement of Compliance Form as directed.

FAX NUMBER 402-471-3577

If you prefer to mail it, please send to:

HHS Credentialing Division
ATTN: Pharmacy Desk
PO Box 94986
Lincoln, NE 68509-4986

I, LeRoy H. Carhart, certify that I have received a copy of the Pharmacy Quality Assurance Report and Statement of Compliance Form for Dispensing Practitioner Pharmacy License #1001881 dated 06/17/2002.

(Signature of Pharmacist in Charge)

(Date Received)

For Office Use Only:
Date Sent to Pharmacy: January 24, 2003
Initials of Sender: CC
STATEMENT OF COMPLIANCE FORM

Pharmacy Name: Leroy Harrison Carhart MD
Address: Bellevue Health Clinic Pharmacy 1002 W. Mission Ave Bellevue NE 68005
License #: 1001881
Date of Inspection: 06/17/2002 Inspector Name: Tony Kopf, R.P.

Please update our office on the status of the following violations within 10 working days of receipt. Please send to address on top of form.

Requirement: 3. Drugs, devices and biologicals are stored at the proper temperature. (8-006.02A)
Violation: The pharmacy is a closed off room with no way to verify temperature. A thermometer will be added within 7 days.
Corrective Action Taken: Room temperature added day of inspection.

Requirement: 20. All DEA forms 222 are properly completed. (CFR 1305.09)
Violation: Found on DEA 222 form not completed when received.
Corrective Action Taken: One form not checked as received. No shipments had been received since 222 was still at pharmacy. Received updated form from pharmacy and completed and copies to both congr after marking all void next renewal day.

I, [Signature of Applicant], hereby affirm that the statements written above are true and correct to the best of my knowledge.

(Date)
PHARMACY QUALITY ASSURANCE REPORT

Pharmacy License Number: 1001881   Exp. Date: 6/30/02
DEA registration Number: 
Exp. Date: 8/31/03
Owner's Name: LEROY CARHART, MD
Pharmacy Name: BELLEVUE HEALTH CLINIC PHARMACY
Pharmacy Street Address: 102 WEST MISSION AVENUE
Pharmacy City, State, and Zip Code: BELLEVUE, NEBRASKA 68005
Pharmacy Telephone #: 292-4164   Pharmacy Fax #: 291-4643
Pharmacy Web Page/E-mail: NONE
Pharmacy Hours: VARIABLE WHEN MD IS IN TOWN
Pharmacy Personnel including Pharmacist Interns and Pharmacy Technicians—list name and license number (if applicable):
LEROY CARHART #15162 MD

I, the pharmacist in charge, state that all of the statements herein contained are each and strictly true in every respect. I have read the applicable Nebraska State Statutes and Rules and Regulations concerning the practice of pharmacy, am familiar with its provisions, and agree to abide by all said provisions. I understand that false or forged statements made in connection with this Quality Assurance Report may be grounds for action against my pharmacist license and/or the pharmacy license.

__________________________________________  6/17/02
LEROY CARHART, MD 
(Signature of Pharmacist in Charge) (Date)
PROTOCOL #1: For the following 35 areas of quality assurance, you are to indicate "Yes" if you are in compliance, "No" if you are not in compliance, or "N/A" if it does not apply to your pharmacy.

For each item not in compliance, you are to go to the Compliance Page and list:

a) The item number that is not in compliance;
b) Why it is not in compliance;
c) How the deficiency will be corrected; and
d) How long it will take to do so

1. All information provided on the application for a pharmacy license is accurate and correct. (8-003.01) NA
2. Adequate security is maintained for the prescription inventory and prescription records. (8-006.02C) YES
3. Drugs, devices and biologicals are stored at the proper temperature. (8-006.02A) NO
4. The pharmacy is maintained in a clean, orderly, and sanitary manner. (8-007.02) YES
5. The pharmacy maintains in printed or electronic form appropriate reference material for the practice of pharmacy. (8-007.03) YES
6. The pharmacy provides the pharmacist access to all utilities/equipment needed to practice pharmacy. (8-007.01) YES
7. Patient counseling is being provided as required. (8-006.04H) YES
8. The pharmacy maintains documentation of a patient's refusal of counseling. (8-006.04H2) NO
9. Patient counseling is being done by only a pharmacist or pharmacist intern. (8-006.04H) YES
10. Prior to the dispensing or the delivery of each new or refill prescription, a pharmacist is conducting a prospective drug utilization review. (71-1,147.35) YES
11. All computer or electronic record keeping requirements are met. (CFR 1304/1306) NA
12. The poison control phone number is posted in the pharmacy. YES

PROTOCOL #2: Review a minimum of six (6) months of invoices for scheduled drugs and note any non-compliance on the Compliance Page.

13. Power of Attorney forms are complete and appropriately filed. (CFR 1305.07) NA
14. The pharmacy maintains complete and accurate records of all controlled substances received and added to the inventory. (28-411)(4) YES
15. The pharmacy complies with all transfer and/or destruction requirements for controlled substances. (CFR 1307.21D) YES
16. The pharmacy does not have in its saleable inventory any drug, device or biological which is misbranded or adulterated. (8-006.02D) YES

17. The pharmacy assures that all requirements pertaining to unit dose packaging and labeling are met. (8-006.04C, .04D, .04E) NA

18. The pharmacy assures that all requirements pertaining to multi-drug containers are met. (8-006.04G) NA

19. All requirements pertaining to the inventory of controlled substances are met. (8-006.05B, .05C) YES

20. All DEA forms 222 are properly completed. (CFR 1305.09) NO

21. All controlled substances are properly stored. (8-006.05A) YES

PROTOCOL #3: In reviewing hardcopy prescriptions for compliance, check the most recent Schedule II file for 100 prescriptions. For the Schedule III-V, check 400 prescriptions selected randomly since the last inspection. Note any non-compliance on the Compliance Page.

22. All prescriptions contain the required information prior to being filled. (8-006.04B) YES

23. All refill requirements for prescriptions are in compliance. (CFR 1306.22) (28-414) (8-006.04B) NA

24. Partial fillings of controlled substances are recorded and dispensed appropriately. (CFR 1306.23) (28-414) NA

25. Prescriptions filled for a Schedule II controlled substance are signed and dated on the front of the prescription. (28-414(3b)) NA

26. All emergency Schedule II prescriptions are properly filled and recorded. (28-414) (8-006.05D) NA

27. All requirements for filling electromagnetic transmission prescriptions are followed. (28-414) (28-1437) NA

28. All chart orders contain the required information. NA
PROTOCOL #4: Visually look at ten (10) completed prescriptions that are waiting to be picked up to verify that they are filled and labeled correctly. Also, if applicable, check computer-generated stickers against hard copy information while checking the 500 prescriptions in Protocol #3. Note any non-compliance on the Compliance Page.

29. All prescriptions are properly labeled. For prescriptions written by Physician Assistants, both the prescription and the prescription container labels shall bear the name of the supervising physician and the Physician Assistant. (8-006.04F) (71-1,107.30) YES

30. Hardcopy requirements for Schedule II prescriptions are met. (28-414) NA

31. The pharmacy is in compliance with the Drug Product Selection Act. (71-5401-5408) YES

32. A three-file system for prescriptions is used and maintained (8-006.03A1) (28-414) (TW0) YES

33. Proper records are maintained for Emergency Drug Boxes (71-2413) NA

PROTOCOL #5: In reviewing Pharmacy Technician requirements, verify that a current policy and procedure manual is on file and that all pharmacy technician documentation is complete and on file. Note any non-compliance on the Compliance Page.

34. All requirements and documentation are met for the utilization of Pharmacy Technicians (8-006.01D) (71-1,147.33) NA

PROTOCOL #6: To check for outdates, randomly select 20 drugs and note the number, if any, of outdates found on the Compliance Page.

35. No outdated inventory is mixed with saleable stock. YES
For each item not in compliance, please list below (may continue on a separate page if needed):

a) The item number that is not in compliance;
b) Why it is not in compliance;
c) How the deficiency will be corrected; and
d) How long it will take to do so

#3 THE PHARMACY IS A CLOSED OFF ROOM WITH NO WAY TO VERIFY TEMPERATURE. A THERMOMETER WILL BE ADDED WITHIN 7 DAYS.

#8 THERE IS CURRENTLY NO DOCUMENTATION OF THIS BEING DONE. DR. CARHART STATES THAT ALL PATIENTS ARE COUNSELED.

#20 FOUND ONE DEA 222 FORM NOT COMPLETED WHEN RECEIVED.
Enclosed is a copy of the Quality Assurance Report for the recent inspection to your facility. Please keep this copy for your files.

Please sign, date, and either fax or mail this sheet to our office to certify that you have received your copy of 1) Pharmacy Quality Assurance Report and 2) Statement of Compliance Form. Also, please complete and mail the Statement of Compliance Form as directed.

FAX NUMBER  402-471-3577

If you prefer to mail it, please send to:

HHS Credentialing Division
ATTN: Pharmacy Desk
PO Box 94986
Lincoln, NE 68509-4986

I, ___________________________, certify that I have received a
(Name of Pharmacist in Charge)


(Signature of Pharmacist in Charge)

(Date Received)
January 24, 2003

Leroy Harrison Carhart MD
Bellevue Health Clinic Pharmacy
1002 W. Mission Ave
Bellevue NE 68005

Dear Leroy Harrison Carhart MD:

IMPORTANT NOTICE—PLEASE READ AND RESPOND WITHIN 10 DAYS

This is a follow-up to the Pharmacy Quality Assurance Report (annual inspection) of your facility which was performed by Tony Kopf, R.P., Pharmacy Inspector, on 06/17/2002.

The inspection has been reviewed and we are following up on the violations as shown on the enclosed Statement of Compliance Form to ensure that they have been corrected.

Please advise our office on the enclosed Statement of Compliance Form of your progress on correcting these violations. If you have already corrected the violation, please indicate how the violation was corrected and the date completed. Your response to this letter must be returned to our office within ten (10) working days from receipt of this letter. We are enclosing a return envelope for your convenience in replying to our office.

If you have any questions, please feel free to contact our office or your Pharmacy Inspector.

Sincerely,

Becky Wise
Section Administrator
Medical & Specialized Health Section

Cecilia Curtis,
Credentialing Specialist
Credentialing Division
(402) 471-2118

BW/xc

xc: Inspector
STATEMENT OF COMPLIANCE FORM

Pharmacy Name: Leroy Harrison Carhart MD
Address: Bellevue Health Clinic Pharmacy 1002 W. Mission Ave Bellevue NE 68005
License #: 1001881
Date of Inspection: 06/17/2002 Inspector Name: Tony Kopf, R.P.

Please update our office on the status of the following violations within 10 working days of receipt. Please send to address on top of form.

Requirement: 3. Drugs, devices and biologicals are stored at the proper temperature. (8-006.02A)
Violation: The pharmacy is a closed off room with no way to verify temperature.
A thermometer will be added within 7 days.
Corrective Action Taken: 

Requirement: 20. All DEA forms 222 are properly completed. (CFR 1305.09)
Violation: Found on DEA 222 form not completed when received.
Corrective Action Taken: 

I, ___________________________________, hereby affirm that the statements written above are true and correct to the best of my knowledge.

(Signature of Applicant) (Date)
<table>
<thead>
<tr>
<th>License #</th>
<th>Type</th>
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Resumed as 1002368
Chg exp to 6-30-01
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<td>$100.00</td>
<td>06/14/2000</td>
<td>$100.00</td>
<td>Paid in Full</td>
</tr>
</tbody>
</table>
STATE OF NEBRASKA PHARMACY INSPECTION REPORT

Bellevue Health Clinic Pharmacy
1002 West Mission Avenue, Bellevue, NE – 292-4154
07 Jul 13 Rx# 019999 LeRoy Carhart, MD

Ergonovine Maleate 0.2 mg #12

Jane Doe
Take 1 tablet every 6 – 8 hours until finished.

Zip 68005 Phone 292-4164

Owner(s) Name LeRoy Carhart, MD
Owner(s) Address 102 a. Mission Ave.
Bellevue

Authorized Signatures (Optional) LeRoy Carhart

Power of Attorney (Optional) NA

RP's/Interns License/Intern # Status Expiration Date Preceptor RP Sign
LeRoy Carhart 15162 MD 10-1-02 No NA

SPP's: □ Trained □ Supervision □ Documented □ Policy Comments: NA

Practice Setting: □ Community □ Hospital □ Dispensing Practitioner
Pharmacy Hours: Varied
RP Hours: NA

RP Duty Sign: □ Yes □ No Room Locked NA

Emergency Drug Box: □ Yes □ No Records: NA

Location of Emergency Drug Boxes: NA

Patient Counseling: (6)*
□ A. Verbal offer: RN+MD (2)
□ B. Documentation: (2)
□ C. Who is counseling? MD (2)

Computer: (4)*
□ A. Type: MANUAL (1)
□ B. Software: (1)
□ C. Daily printout: (1)
□ D. 7 day backup: (1)
□ E. Log book combination: (1)
□ F. Daily log signed and dated by RP(s) (1)

Controlled Substances Prescriptions Checked:

Schedule II

Schedules III to V

Prescription Content: (15)*

1. Date of Issuance (1)
2. Name of Patient (1)
3. Patient address, if controlled substance (1)
4. Name of prescriber (1)
5. Prescriber address, if controlled substance (1)
6. Handwritten signature in ink or indelible pencil of prescriber (1)
7. DEA # of prescriber if controlled substance (1)
8. Name, strength, & quantity of medication (1)
9. Refill compliance for Schedule III-IV (5 times in 6 months) (1)
10. Refill compliance for nonscheduled meds & Schedule V  (Valid for 12 months) (1)
### Prescription Content (continued)

- **11. Directions for use by patient (1)**
- **12. Partial refills recorded (1)**
- **13. RP signature & date on front of all CII prescriptions (1)**
- **14. Emergency authorizations properly recorded (1)**
- **15. Faxed prescriptions □ Yes □ No (1)**

### Prescription Dispensing: (16)*

- **1. Correct interpretation & filling of prescriptions (1)**
- **2. Dispensed in suitable container (1)**
- **3. Labels properly prepared & affixed (1)**
- **4. Name & address of dispenser on label (1)**
- **5. Consecutive serial number of prescription on label (1)**
- **6. Date of filling or refilling of prescription (1)**
- **7. Name of practitioner (1)**
- **8. Name of patient (1)**
- **9. Directions for use, including precautions (1)**
- **10. Name of drug, strength, & dosage form on container unless prescriber indicates otherwise (1)**
- **11. No CII controlled substances dispensed without an original prescription except in emergency situations. (1)**
- **12. All partial fillings dispensed appropriately (1)**
- **13. All partial fillings do not exceed original amount prescribed (1)**
- **14. Compliance with Drug Product Selection Law (1)**
- **15. Refills initialed (1)**
- **16. Three file system (1)**

### Inventory Controls (3)*

- **1. Outdated drugs (1) □ Yes □ No (1)**
- **2. Misbranded drugs (1) □ Yes □ No (1)**
- **3. Unit Dose System (1) □ Yes □ No (1)**

### Deficiencies Cited and Corrections Required:

1. Rate leading inventory to Lincoln

### Controlled Substances Records (16)*

- **1. Biennial inventory taken X:Yes □ No (10)**
- **2. DEA Form 222C completed X:Yes □ No (1)**
- **3. CII invoices properly maintained X:Yes □ No (2)**
- **4. CIII-CV invoices properly maintained □ Yes □ No (1)**
- **5. Controlled substances destroyed □ Yes □ No (1)**
- **6. CII's locked □ Yes □ No Dispersed □ Yes □ No (1)**
- **7. Central record keeping □ Yes □ No (1)**
- **8. CS Transfers properly recorded □ Yes □ No (1)**

### Equipment Requirements (9)*

- **1. Noncompounding pharmacy exemption documentation □ Yes □ No (1)**
- **2. Class B balance or better, serial # 90696 (1)**
- **3. Metric or apothecary weights (1)**
- **4. Three graduates (1)**
- **5. One mortar and pestle (1)**
- **6. Three spatulas (1)**
- **7. Current library (printed or automated form) A: USPDI Volume 3 or orange book 2001 (1)**
- **B: Remington (any edition) 2001 (1)**
- **C: Medical dictionary (1)**
- **D: Yakos Pharmacology & Drug Interaction (1)**
- **E: Drug Information (1)**
- **8. Poison Control Center telephone (1)**

### Inspection Rating (%)

- **PASS**

- **FAIL**

### Reinspection Date:

- **May 13, 2001**

### Inspector's Signature

- **Tony Kooch RPh**

### Date

- **6/14/01**

### R.P. Signature

- **D. C.**

### Date

- **6/14/01**

### HHS:BOP:Rev. 02/23/98

* Number in parentheses indicates number of points assessed
Take 1 tablet every 8 hours with food, until finished.

<table>
<thead>
<tr>
<th>Permit #</th>
<th>DEA Reg #</th>
<th>NE CS Reg #</th>
<th>Exp Date</th>
<th>CS Schedules Authorized</th>
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<td>8-31-01</td>
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Drug Product Selection Sign Displayed? Yes ☑ No __ (1)*
Adequate security for pharmacy and inventory? Yes ☑ No __

R P licenses posted Yes ☑ No __
Authorized Signatures (Optional) _____________
Power of Attorney (Optional) _____________

<table>
<thead>
<tr>
<th>License/Intern #</th>
<th>Status</th>
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<th>Preceptor</th>
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<tr>
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<td>MPKLY</td>
<td>10-1-00</td>
<td>No</td>
<td>N.A.</td>
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Controlled Substances Prescriptions Checked:
Every year

Schedule II
- to 5-6-00
- 1-999

Schedule III to V
- 6-30-00
- 12-2799

Prescription Content: (15)*
1. Date of issuance (1)
2. Name of patient (1)
3. Patient address, if controlled substance (1)
4. Name of prescriber (1)
5. Prescriber address, if controlled substance (1)
6. Handwritten signature in ink or indelible pencil of prescriber (1)
7. DEA # of prescriber if controlled substance (1)
8. Name, strength, & quantity of medication (1)
9. Refill compliance for Schedule III-IV (5 times in 6 months) (1)
10. Refill compliance for nonscheduled meds & Schedule V (Valid for 12 months) (1)
**PHARMACY INSPECTION REPORT**

**Prescription Content (continued):**

- 11. Directions for use by patient (1)
- 12. Partial refills recorded (1)
- 13. RP signature & date on front of all CII prescriptions (1)
- 14. Emergency authorizations properly recorded (1)
- 15. Faxed prescriptions □ Yes □ No (1)

**Prescription Dispensing: (16)**

1. Correct interpretation & filling of prescriptions (1)
2. Dispensed in suitable container (1)
3. Labels properly prepared & affixed (1)
4. Name & address of dispenser on label (1)
5. Consecutive serial number of prescription on label (1)
6. Date of filling or refilling of prescription (1)
7. Name of practitioner (1)
8. Name of patient (1)
9. Directions for use, including precautions (1)
10. Name of drug, strength, & dosage form on container unless prescriber indicates otherwise (1)
11. No CII controlled substances dispensed without an original prescription except in emergency situations. (1)
12. All partial fillings dispensed appropriately (1)
13. All partial fillings do not exceed original amount prescribed (1)
14. Compliance with Drug Product Selection Law (1)
15. Refills initialed (1)
16. Three file system (1)

**Inventory Controls (3)**

- 1. Outdated drugs (1) □ Yes □ No
- 2. Misbranded drugs (1) □ Yes □ No
- 3. Unit Dose System (1) □ Yes □ No

**Controlled Substances Records (16)**

- 1. Biennial inventory taken □ Yes □ No Date of Inventory
- 2. DEA Form 222C completed □ Yes □ No Date
- 3. CII invoices properly maintained □ Yes □ No
- 4. CII-CV invoices properly maintained □ Yes □ No
- 5. Controlled substances destroyed □ Yes □ No Date
- 6. CII's locked □ Yes □ No Dispensed □ Yes □ No
- 7. Central record keeping □ Yes □ No Location
- 8. CS Transfers properly recorded □ Yes □ No

**Equipment Requirements (9)**

- 1. Noncompounding pharmacy exemption documentation □ Yes □ No
- 2. Class B balance or better, serial 
- 3. Metric or apothecary weights
- 4. Three graduates
- 5. One mortar and pestle
- 6. Three spatulas
- 7. Current library (printed or automated form)
- 8. Poison Control Center telephone #

**Deficiencies Cited and Corrections Required:**

Did did do inventory in '99 (reconstituted & mailed to Lincoln)

---

**Inspection rating (%)** 90 (PASS) 70 (FAIL) Date: May 10, 2000 Reinspection Date: 

Inspectors' Signature: 

Date: 

RePri's Signature: 

Date: 

HHS:BOP:Rev. 02/23/98
* Number in parentheses indicates number of points assessed
## PHARMACY INSPECTION REPORT

### Bellevue Health Clinic Pharmacy
1002 West Mission Avenue, Bellevue, NE 68005

**Permit #:** 001381  
**Expiration Date:** 6-30-99  
**DEA Reg. #:** 1  
**Expiration Date:** 6-30-99  
**State CS Reg. #:** N/A  
**Expiration Date:** N/A

### CS Schedules Authorized:
- Schedule II
- Schedule III
- Schedule IV

### Drug Product Selection Sign Displayed?
- Yes  
- No

### Adequate security for pharmacy and inventory?
- Yes  
- No

### R P licenses posted
- Yes  
- No

### RP's/Interns License/Intern # Status Expiration Date Preceptor RP Sign
<table>
<thead>
<tr>
<th>License/Intern #</th>
<th>Status</th>
<th>Expiration Date</th>
<th>Preceptor</th>
<th>RP Sign</th>
</tr>
</thead>
<tbody>
<tr>
<td>LeRoy Carhart</td>
<td>MD</td>
<td>10-1-99</td>
<td>No</td>
<td>23.4.4</td>
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</table>

### Supportive Pharmacy Personnel:
- Trained  
- Supervision  
- Documented  
- Policy

### Practice Setting:
- Community  
- Hospital  
- Dispensing Practitioner

### Pharmacy Hours:  
- 9 AM to 5 PM

### RP Hours:
- Same

### Computer:
- Type: MANUAL  
- Software: SYSTEM

### Controlled Substances Prescriptions Checked:
- Schedule II  
- No
- Schedule III to V  
- No

### Patient Counseling:
- Verbal offer: Yes  
- Documentation: Yes  
- Who is counseling? MD

---

**Owner(s) Name:** LeRoy Carhart MD  
**Owner(s) Address:** 102 W Mission Ave, Bellevue, NE 68005

**Authorized Signatures (Owner):** LeRoy Carhart  
**Power of Attorney (Optional):** None
Prescription Content: (15)

1. Date of issuance (1)
2. Name of patient (1)
3. Patient address, if controlled substance (1)
4. Name of prescriber (1)
5. Prescriber address, if controlled substance (1)
6. Handwritten signature in ink or indelible pencil of prescriber (1)
7. DEA # of prescriber if controlled substance (1)
8. Name, strength, & quantity of medication (1)
9. Refill compliance for Schedule III-IV (5 times in 6 months) (1)
10. Biennial inventory taken Yes No (2)
11. DEA of prescriber if controlled substance (1)
12. Name, strength, & quantity of medication (1)
13. Refill compliance for nonscheduled meds & Schedule V (Valid for 12 months) (1)
14. Directions for use by patient (1)
15. Refills initiated (1)
16. Handwritten signature in ink or indelible pencil of prescriber (1)
17. DEA # of prescriber if controlled substance (1)
18. Refills recorded (1)
19. DEA Form 222C completed Yes No (1)
20. CII invoices properly maintained Yes No (1)
21. Central record keeping Yes No Location
22. CIII-CV invoices properly maintained Yes No (1)
23. CII’s locked Yes No Dispersed Yes No (1)
24. CS Transfers properly recorded Yes No (1)
25. Correct interpretation & filling of prescriptions (1)
26. Dispensed in suitable container (1)
27.Labels properly prepared & affixed
28. Name & address of dispenser on label (1)
29. Consecutive serial number of prescription on label (1)
30. Name of practitioner (1)
31. Name of patient (1)
32. Directions for use, including precautions (1)
33. Name of drug, strength, & dosage form on container unless prescriber indicates otherwise (1)
34. No CII controlled substances dispensed without an original prescription except in emergency situations. (1)
35. All partial fillings dispensed appropriately (1)
36. All partial fillings do not exceed original amount prescribed (1)

Inventory Controls (3)

1. Biennial inventory taken Yes No (2)
2. DEA Form 222C completed Yes No (2)
3. CII invoices properly maintained Yes No (2)
4. CII-CV invoices properly maintained Yes No (1)
5. Controlled substances destroyed Yes No Date
6. CII’s locked Yes No Dispersed Yes No (1)
7. Central record keeping Yes No Location
8. CS Transfers properly recorded Yes No (1)

Equipment Requirements (9)

1. Noncompounding pharmacy exemption documentation Yes No
2. Class B balance or better, serial #
3. Metric or apothecary weights
4. Three graduates
5. One mortar and pestle
6. Three spatulas
7. Current library (printed or automated form)
8. Poison Control Center telephone #
9. Current Pharmacy Statutes and Uniform Licensing Law

DEFICIENCIES CITED AND CORRECTIONS REQUIRED:

Inspection rating PASS Date: Feb 16, 1998

Inspector’s Signature

Reinspection Date: 2/10/98

R.P. Signature

* Number in parentheses indicates number of points assessed
PHARMACY INSPECTION REPORT

Bellevue Health Clinic Pharmacy
1002 West Mission Avenue, Bellevue, NE - 292-4164
971 011 31 RX# 970001 DR. LeRoy H. Carhart
Metherglne 0.2 mg

Tony Koph
Take 1 tab. every 8 hours until finished

Zip 68005  Phone (402) 292-4164

Permit number 1001881 Expiration Date 6-30-97 (10)*
DEA Registration number Expiration Date 8-31-97 (10)*
State CS Registration No. BC 2062139 Expiration Date 8-31-97 (10)*
Controlled Substances Schedules Authorized: 2,2D,3,3N,4,5
Owner(s) Name LeRoy Carhart, M.D.
Owner(s) Address 1002 W. Mission Ave. Bellevue
Authorized Signatures (Optional) LeRoy Carhart
Power of Attorney (Optional) None
Drug Product Selection sign displayed Yes No (1)*
Adequate security for Pharmacy and Inventory Yes No (1)*

RPs/Interns License/Intern No. Status Preceptor RP sign
LeRoy Carhart 15162 MO/Chq No —

Name of Sup. Pharm. Pers. Trained Supervision Documented Policy

Practice setting: Community Hospital Dispensing practitioner
Pharmacy hours: only when Dr. Carhart is there (variable)
RP Hours: Same

Hospital or Nursing Home consultant: Yes No (1)*
Location of Emergency Drug Boxes:

Emergency Drug Box: Yes No Records N.A.

Patient Counseling: (3)*
A. Verbal Offer: RPs go over sheet with it (1)
B. Documentation: RPs sign sheet (1)
C. Who is counseling? RPs without of Dr. Carhart (1)

Computer: (4)*
A. Type: Manual
B. Software: System
C. Daily Printout: System (1)
D. 7 day backup: (1)
E. Log Book combination: (1)
F. Daily log signed & dated by RP(s) (1)
### Controlled Substances Prescriptions checked:

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<thead>
<tr>
<th>Schedule II</th>
<th>Dates</th>
<th>Number</th>
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<tr>
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<td>Schedule III-V</td>
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<tr>
<td></td>
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<td>6-15-96</td>
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</tbody>
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### PRESCRIPTION CONTENT: (15)*

1. ✔ Date of Issuance (1)
2. ✔ Name of Patient (1)
3. ✔ Patient address, if controlled substance (1)
4. ✔ Name of prescriber (1) **Wrong**
5. ✔ Handwritten signature in ink or indelible pencil of prescriber (1)
6. ✔ DEA No. of prescriber if controlled substance (1)
7. ✔ Name, strength and quantity of medication (1)
8. ✔ Refill compliance for Schedule III-IV (5 times in 6 months) (1) ✔
9. ✔ Refill compliance for non-scheduled meds & Schedule V (Valid for 12 months) (1) ✔
10. ✔ Directions for use by patient (1) 735004, 735005, 635024, 635012, 635012
11. ✔ Partial refills recorded (1)
12. ✔ RP signature and date on front of all CII prescriptions (1)
13. ✔ Emergency authorizations properly recorded (1)
14. ✔ Faxed prescriptions: _____Yes _____No (1)

### PRESCRIPTION DISPENSING: (16)*

1. ✔ Correct interpretation & filling of prescriptions (1)
2. ✔ Dispensed in suitable container (1)
3. ✔ Labels properly prepared and affixed (1)
4. ✔ Name & address of dispenser on label (1)
5. ✔ Consecutive serial number of prescription on label (1)
6. ✔ Date of filling or refilling of prescription (1)
7. ✔ Name of practitioner (1)
8. ✔ Name of patient (1)
9. ✔ Directions for use, including precautions (1)
10. ✔ Name of drug, strength & dosage form on container unless prescriber indicates otherwise (1)
11. ✔ No CII controlled substances dispensed without an original prescription except in emergency situations (1)
12. ✔ All partial fillings dispensed appropriately (1)
13. ✔ All partial fillings do not exceed original amount prescribed (1)
14. ✔ Compliance with Drug Product Selection Law (1)
15. ✔ Refills initialed (1)
16. ✔ Three file system (1)
PHARMACY INSPECTION REPORT (continued)........................................PAGE 3

INVENTORY CONTROLS (3)*

1. Outdated drugs (1) Yes No
2. Misbranded drugs (1) Yes No
3. Unit Dose System (1) Yes No

CONTROLLED SUBSTANCES RECORDS (16)*

1. Biennial Inventory taken Yes No Copy to Department Yes No
   Date of Inventory (10)
2. DEA Form 222C completed Yes No
3. CII Invoices properly maintained Yes No (2)
4. CIII-CV Invoices properly maintained Yes No (1)
5. Controlled Substances destroyed Yes No Date
6. CII's locked Yes No Dispersed Yes No (1)
7. Central recordkeeping Yes No Location (1)
8. C.S. Transfers properly recorded Yes No (1)

EQUIPMENT REQUIREMENTS (10)*

1. Noncompounding pharmacy exemption documentation Yes No
2. Class B balance or better, Serial No. 95910 (1)
3. Metric or apothecary weights (1)
4. Three graduates (1)
5. One mortar and pestle (1)
6. Three spatulas (1)
7. Current library: (Printed or automated form)
   A. USPDI Vol. 3 or orange book 1997 (1)
   B. Remington (any edition) (1)
   C. Medical Dictionary (1)
   D. Three categories (1)
      a. Pharmacology
      b. Drug Interactions
      c. Drug Information
8. Poison Control Center telephone number (1)
9. Current Pharmacy statutes and Uniform Licensing law (1)

* Number in () indicates the number of points assessed.

DEFICIENCIES CITED AND CORRECTIONS REQUIRED:

DEPARTMENT TO INVENTORY OR OF 7-19-96 AND COPY OF INVENTORY
WANTED LISTED AND IS DATED 7-19-96. DATED 7-13-96.
ALL SUCH INVALIDE DATA TO BE DATED WHEN RECEIVED.
CORRECT PHONE NUMBER TO BE DATED AND HANDWRITTEN.
INSTRUCTION READ TO BE ON HANDWRITTEN.

Inspection rating (%) 93 Pass Fail
Date: Jan 31, 1997 Reinspection Date: 1-31-97
Inspector's Signature Date R.P. Signature Date

DOH:BOP:061295
# PHARMACY INSPECTION REPORT

**Bellevue Health Clinic Pharmacy**

1002 West Mission Avenue, Bellevue, NE - 292-4164

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**Controlled Substances Schedules Authorized:**

- Owner(s) Name: LeRoy Carhart, M.D.
- Owner(s) Address: 1002 W. Mission Ave.
- Authorized Signatures (Optional): LeRoy Carhart
- Power of Attorney (Optional): None

- Drug Product Selection sign displayed: Yes
- Adequate security for Pharmacy and Inventory: Yes
- RP Licenses posted: Yes

<table>
<thead>
<tr>
<th>RPs/Interns</th>
<th>License/Intern No.</th>
<th>Status</th>
<th>Preceptor</th>
<th>RP sign</th>
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<tbody>
<tr>
<td>LeRoy Carhart</td>
<td>15162</td>
<td>MD/Ph</td>
<td>No</td>
<td>Yes</td>
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</table>

**Practice setting:** Community

- Pharmacy hours:
  - Monday through Friday
  - 8:30 A.M. until 4:30 P.M.

**RP Hours:**

- Days: Monday through Friday
- Hours: 8:30 A.M. until 4:30 P.M.

- RP Duty Sign: Yes
- Hospital or Nursing Home consultant: Yes
- Location of Emergency Drug Boxes: ____________

**Emergency Drug Box:**

- Yes
- No
- Records: ____________

**Patient Counseling:**

- A. Verbal Offer: N/A
- B. Documentation: N/A
- C. Who is counseling: N/A

**Computer:**

- A. Type: None
- B. Software: N/A
- C. Daily Printout: N/A
- D. 7 day backup: N/A
- E. Log Book combination: N/A
- F. Daily log signed & dated by RP(s): N/A
Controlled Substances Prescriptions checked:

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<tr>
<th>Schedule II</th>
<th>Dates</th>
<th>Number</th>
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</table>

Bellevue Health Clinic Pharmacy
1907 West Mission Avenue, Bellevue, NE 68005
RX# 96006
NELOVA 1/35E

PRESCRIPTION CONTENT: (15)*

1. Date of Issuance (1)
2. Name of Patient (1)
3. Patient address, if controlled substance (1)
4. Name of prescriber (1)
5. Prescriber address, if controlled substance (1)
6. Handwritten signature in ink or indelible pencil of prescriber (1)
7. DEA No. of prescriber if controlled substance (1)
8. Name, strength and quantity of medication (1)
9. Refill compliance for Schedule III-IV (5 times in 6 months) (1)
10. Refill compliance for non-scheduled meds & Schedule V (Valid for 12 months) (1)
11. Directions for use by patient (1)
12. Partial refills recorded (1)
13. RAP signature and date on front of all CII prescriptions (1)
14. Emergency authorizations properly recorded (1)
15. Faxed prescriptions: Yes No (1)

PRESCRIPTION DISPENSING: (16)*

1. Correct interpretation & filling of prescriptions (1)
2. Dispensed in suitable container (1)
3. Labels properly prepared and affixed (1)
4. Name & address of dispenser on label (1)
5. Consecutive serial number of prescription on label (1)
6. Date of filling or refilling of prescription (1)
7. Name of practitioner (1)
8. Name of patient (1)
9. Directions for use, including precautions (1)
10. Name of drug, strength & dosage form on container unless prescriber indicates otherwise (1)
11. No CII controlled substances dispensed without an original prescription except in emergency situations (1)
12. All partial fillings dispensed appropriately (1)
13. All partial fillings do not exceed original amount prescribed (1)
14. Compliance with Drug Product Selection Law (1)
15. Refills initialed (1)
16. Three file system (1) Yes C.S.
INVENTORY CONTROLS (3)*

1. √ Outdated drugs (1) _______Yes______No
2. √ Misbranded drugs (1) _______Yes______No
3. √ Unit Dose System (1) _______Yes______No

CONTROLLED SUBSTANCES RECORDS (16)*

1. √ Biennial Inventory taken _______Yes______No Copy to Department _______Yes______No
   Date of Inventory _______5-1-94_________
   (10)
2. √ DEA Form 222C completed _______Yes______No
3. √ CII Invoices properly maintained _______Yes______No
4. √ CII-CV Invoices properly maintained _______Yes______No
5. √ Controlled Substances destroyed _______Yes______No Date _______1-17-96_________
   (Sample)
6. √ CII's locked _______Yes______No Dispersed _______No______Date
7. √ Central recordkeeping _______Yes______No Location ______________
8. √ C.S. Transfers properly recorded _______Yes______No

EQUIPMENT REQUIREMENTS (10)*

1. √ Noncompounding pharmacy exemption documentation _______Yes______No
2. √ Class B balance or better, Serial No. 90596_________
   (1)
3. √ Metric or apothecary weights
   (1)
4. √ Three graduates
   (1)
5. √ One mortar and pestle
   (1)
6. √ Three spatulas
   (1)
7. Current library: (Printed or automated form)
   A. √ USPDI Vol 3 or orange book_________
   (1)
   B. √ Remington (any edition) _______17th____
   (1)
   C. √ Medical Dictionary_________
   (1)
   D. √ Three categories
      a. Pharmacology  _______1994____
      (1)
      b. Drug Interaction  _______1996____
      (1)
      c. Drug Information  _______1995____
      (1)
8. √ Poison Control Center telephone number
   (1)
9. Current Pharmacy statutes and Uniform Licensing laws
   (9495)

* Number in ( ) indicates the number of points assessed.

DEFEICENCIES CITED AND CORRECTIONS REQUIRED

Need new作為al dispenseing (within 10 years)
Need damage form on label

Inspection rating (%) _______98____ Pass Fail

Date: _______Jan 17, 1996____ Reinspection Date:

Inspector's Signature _______1-17-96____ R.B. Signature _______1-17-96____

DOH:BOP:061295
### Bureau of Examining Boards  
Department of Health  
State of Nebraska

**BELLEVUE HEALTH CLINIC PHARMACY 292-4164**  
1002 W. Mission Ave, Bellevue, NE 68005  
Rx#: Dr. Lee Carhart

---

**BELLEVUE HEALTH CLINIC PHARMACY**  
1002 W. Mission Ave, Bellevue, NE 68005  
Rx#: Dr. Lee Carhart

---

**New Pharmacy**  
Regular Inspection

---

#### Store Permit No.  
K01881  
PCF No.  

---

#### Licenses on Display  
Registered and Intern  

---

#### Owner, Reg. Pharmacists and Interns  
License No.  
Status  

---

#### Pharmacy Practice  
Comm. Hosp.  

---

#### Store Hours  
8:30 M - 5:30 Sun.  
R.P. Hours.  
Fri, Sat, Sun, Mon, & S  

---

#### Auxiliary  
N/A  

---

#### Hosp. - N.H. Consultant  
N/A  

---

#### Inventory Controls  

<table>
<thead>
<tr>
<th>Description</th>
<th>SAT</th>
<th>IMP</th>
<th>UNS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dating of Biologicals</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dating of Drugs</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dating of Prophylactic</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Misbranded Drugs</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cleanliness &amp; orderliness</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>C.S. destroyed Date</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Poison Register</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unit Dose System utilized</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

---

#### Controlled Substances

<table>
<thead>
<tr>
<th>Description</th>
<th>SAT</th>
<th>IMP</th>
<th>UNS</th>
</tr>
</thead>
<tbody>
<tr>
<td>E.A. Reg. No</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Expiration date</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>AC 20X2 159L (G-31-95)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Owner &amp; Address</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1002 W Mission Ave, Bellevue</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Authorized Signature</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Power of Attorney</td>
<td></td>
<td></td>
<td></td>
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</tbody>
</table>

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#### Controlled Substances Records

<table>
<thead>
<tr>
<th>Description</th>
<th>SAT</th>
<th>IMP</th>
<th>UNS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inventory Date</td>
<td>May 1, 1994</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Acquisition</td>
<td>Form 222c completed</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Invoices properly maintained</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Prescriptions</td>
<td>Patient name &amp; address</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Prescriber name &amp; address</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Prescriber DEA No.</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Date</td>
<td>Prescriber signature II</td>
<td></td>
<td></td>
</tr>
<tr>
<td>R.P. signature &amp; date II</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Refill authorizations III-V</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Refill initial</td>
<td>Five refills or six mo. - III-IV</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Frequency of refills III-V</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Letter &quot;C&quot; stamp</td>
<td>&quot;Transfer&quot; label utilized</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Distribution records</td>
<td>Method of filing Rx's</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Computer Utilized</td>
<td>Date-10-20-94</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Central Record Keeping Permit No.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Drug Used</td>
<td>File-Log book</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

---

#### Rx Containers & Labels

<table>
<thead>
<tr>
<th>Description</th>
<th>SAT</th>
<th>IMP</th>
<th>UNS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Safety closure caps</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Light &amp; tight protection</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Auxiliary labels</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Labels typed</td>
<td></td>
<td></td>
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<tr>
<td>Labels affixed</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Contents labeled</td>
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<tr>
<td>New containers utilized</td>
<td></td>
<td></td>
<td></td>
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</table>

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#### Regulatory Requirements

<table>
<thead>
<tr>
<th>Description</th>
<th>SAT</th>
<th>IMP</th>
<th>UNS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lighting</td>
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<tr>
<td>Ventilation, A.C. &amp; heating</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sanitation &amp; cleanliness</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Neatness</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sink</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Current USP/NF &amp; Supplements</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rev. No.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Current Merck Manual</td>
<td></td>
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<tr>
<td>Current Remington</td>
<td></td>
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<td></td>
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<tr>
<td>Pharmacology text</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Medical Dictionary</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Security Booklet</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Drug Interaction Reference</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Poison Control Phone No.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>State Statutes &amp; Regs.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Minimum Equipment list</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Class &quot;B&quot; Balance Ser. No.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Metric or Apothecary Weights</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Refrigerator adequate &amp; sanitary</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

---

#### Corrections Ordered

- Need MD sign put up (repeat)
- Need to double check for missing Rx
- Dispensed instructions and directions

---

Has an effort been made to comply with previous inspection deficiencies?  
Yes  
No

---

Inspection:  
Passed  
Incomplete  
Failed

---

Violation Warning Notice Issued

---

I have had this Inspection Report explained to me and understand what corrections must be made to comply therewith.

---

Date  
12-23-94  
Instructor  
Tony Koop  
Pharmacist Inspector
MEMORANDUM

TO: Pharmacist in Charge
FROM: Bureau of Examining Boards
SUBJECT: Drug Product Selection Sign

Please find enclosed a new Drug Product Selection Sign for your pharmacy. Section 71-5404 (4) of the Nebraska Drug Product Selection Act mandates "each pharmacy shall post a sign in a location easily seen by patrons at the counter where prescriptions are dispensed." Therefore, please install this sign at your earliest opportunity.

The aforementioned section required the Department of Health to provide and distribute the signs to each pharmacy of the state. It also required the cost of printing to be paid by the pharmacies. Therefore, this memorandum shall also serve as your Notice of Billing for the enclosed sign in the amount of $2.50. Please remit at once to the Bureau of Examining Boards in care of the address given below, along with this memorandum.

Thank you in advance for your prompt remittance and continued cooperation in the implementation of the Drug Product Selection Act.

Belleview Health Clinic Pharmacy
Name of Pharmacy

1001 Mission
Address

Belleview NE 68005
City Zip Code

1001 Mission
Pharmacy Permit Number

Hospital Inspection Certificate 05/05/94 6:14:9AM 000A83961

$2.50 CHECK $2.50
Total Amount Remitted
Bellevue Health Clinic Pharmacy
LeRoy H. Carhart, M.D.
1002 West Mission Ave
Bellevue, NE 68005

Dear Dr. Carhart:

Your application for Change of Address for your Pharmacy Permit has been received. Your pharmacy permit number 1001881 has been approved and the date of issuance of this permit is May 2, 1994.

Bellevue Health Clinic Pharmacy
1002 West Mission Avenue
Bellevue, NE 68005

LeRoy Carhart, M.D., Owner
LeRoy Carhart, M.D., Registered Pharmacist in Charge

Enclosed please find a permit card and your wall permit. The permit card shows the expiration date of your pharmacy permit. You will be sent written notification of the need to renew your permit at least 30 days prior to its expiration. Nebraska statutes require that you keep your license displayed in the Pharmacy at all times.

Sincerely,

Mark B. Horton, M.D., M.S.P.H.
Director of Health

Helen L. Meeks, Director
Bureau of Examining Boards

MBH:HLM:mht

Enclosures
To: Thelma
Date: 7-12-94

WHILE YOU WERE OUT

Dr. Carhart

Of: (414) 276-8110

Phone

Telephoned
Called to See You
Wants to See You
Returned Your Call

Please Phone
Will Call Again
Wants to See You
See Me

Message:
1001881 Missouri Valley
Name & address change basic
Closed in Sept.
1st of May - Tony inspected

Message Taken By: WLL
BELLEVUE HEALTH CLINIC PHARMACY

292-4164

1002 W. Mission Ave, Bellevue, NE 68005

/ / Rx# E: Dr. Lee Carhart

But acet

Take 1 or 2 every 4 hours for pain.

SAT - Satisfactory

IMP - Improvement Needed

UNS - Unsatisfactory

Zip 68005 Phone 402-292-4164

New Pharmacy X Regular Inspection

<table>
<thead>
<tr>
<th>Store Permit No. 68005</th>
<th>PCF No. n.</th>
</tr>
</thead>
</table>
| Owner, Reg. Pharmacists and Interns
  Lic. No. Status
  Lee Carhart 15162 MD |

Pharmacy Practice
Comm. Prof.
Store Hours 8:00-7:00
R.P. Hours Only when MD present
Auxiliaries

Hosp. - N.H. Consultant

Inventory Controls
Dating of Biologicals
Dating of Drugs
Dating of Prophylactic
Misbranded Drugs
Cleanliness & orderliness
C.S. destroyed Date 5/2/94
Poison Register
Unit Dose System utilized

Controlled Substances
D.E.A. Reg. No. AC20621894
Expiration date
State Reg. No. (AC20621894)
Owner & Address: Bellevue Health Clinic, Lee Carhart MD

Authorized Signature: Lee Carhart MD

Power of Attorney: None

Controlled Substances Records
Inventory Date 5-1-94

Acquisition

Form 222c completed
Invoices properly maintained

Prescriptions

Patient name & address
Prescriber name & address
Prescriber DEA No.
Date
Prescriber signature-II
R.P. signature & date-II
Refill authorizations-III-V
Refill initialled

Five refills or six mo.-III-IV
Frequency of refills-III-V
Letter "C" stamp
"Transfer" label utilized

Distribution records
Method of filing Rx's

Computer Utilized: None

Type
Central Record Keeping Permit No. NA/RC

Security

Building perimeter
Pharmacy department
R.P. Duty Sign utilized
Sched. II - dispersed
Sched. III-V properly dispersed
Alarm system

Type SET system

Regular Prescription File
Record of refills
Frequency of refills
Refill authorizations

Rx Containers & Labels

Safety closure caps
Light & tight protection
Auxiliary labels
Labels typed: Yes
Labels affixed
Contents labeled
New containers utilized

Regulatory Requirements

Lighting
Ventilation, A.C. & heating
Sanitation & cleanliness
Neatness
Sink
Current USP/NF & Supplements
Rev. No. Serial No. USP DT 94
Current Merck Manual Ed.
Current Remington 17th Ed.
Pharmacology text 1978
Medical Dictionary
Security Booklet
Drug Interaction Reference
Poison Control Phone No.
State Statutes & Regs. New
Minimum Equipment list
Class "B" Balance Ser. No. 90596
Metric or Apothecary Weights
Refrigerator adequate & sanitary

Corrections Ordered:

Has an effort been made to comply with previous inspection deficiencies? yes no

Inspection: Passed X Incomplete 0 Failed 0
Violation Warning Notice Issued 0

I have had this Inspection Report explained to me and understand what corrections must be made to comply therewith.

Date 5/2/94

Registrar and Pharmacist

Pharmacy Inspector
APPLICATION FOR PERMIT TO OPERATE, PHARMACY OR PHARMACIST AND MEDICAL PRACTITIONER

INSTRUCTIONS

The pharmacy owner including individuals, medical practitioners, partners or corporations must file this application with the Nebraska Department of Health, Board of Examiners in Pharmacy in order to obtain a permit to operate a pharmacy in Nebraska. L.B. 476, passed by the 1983 Legislature, requires medical practitioners who regularly dispense prescription drugs to obtain a permit to operate a pharmacy. Pharmacy owners must name a registered pharmacist who will be responsible for all transactions within the pharmacy. If this pharmacist resigns, retires or otherwise leaves his/her position in the pharmacy, the permit will automatically be suspended. A new application must be completed once another pharmacist has been designated before the permit will be reinstated. Mail this completed form and any appropriate fee to the address below. A separate form must be completed for each unique pharmacy location.

NAME OF CORPORATION (if applicable):

BELLEVIEW HEALTH & EMERGENCY CLINIC, INC.

NAME OF ALL OWNERS, PARTNERS OR CORPORATE OFFICERS: LEE CAHART, MD

MEDICAL PRACTITIONER:

NO

PHONE NUMBER: 402-222-5555

PHARMACY NAME AND COMPLETE ADDRESS:

Belleview Health Clinic
1002 West Mission Ave.
Belleview, Nebraska 68005

DAYS AND TIMES OPEN FOR BUSINESS:

OPEN 24 HRS.

NAME OF REGISTERED PHARMACIST (OR MEDICAL PRACTITIONER):

LEO L. CAHART, MD

LICENSE NUMBER:

1001871 Pharmacy

15762, MD

I DECLARE THAT THE STATEMENTS ON THIS APPLICATION ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

SIGN HERE: [Signature]

DATE: 1/23/93

AGENT USE ONLY

APPLICATION DATE

DATE PERMIT ISSUED

PERMIT NUMBER

***THE PREVIOUS PERMIT MUST BE RETURNED IN THIS APPLICATION (8 1/2" by 11")***

Application, fee and previous permit must be submitted to the following address:

CASHIER'S OFFICE
DEPARTMENT OF HEALTH
P.O. BOX 94025
LINCOLN, NE 68509-9425

Our office address for correspondence only is: BUREAU OF EXAMINING BOARDS, P.O. BOX 95007, LINCOLN, NE 68509-9507 PHONE NUMBER: (402) 471-2105
APPLICATION FOR PERMIT TO OPERATE A PHARMACY
FOR PHARMACISTS AND MEDICAL PRACTITIONERS

INSTRUCTIONS

The pharmacy owners including individuals, medical practitioners, partners or corporations must file this application with the Nebraska Department of Health, Board of Examiners in Pharmacy. In order to obtain a permit to operate a pharmacy in Nebraska, LB 471, passed by the 1983 Legislature, requires medical practitioners who regularly dispense prescription drugs to obtain a permit to operate a pharmacy. Pharmacy owners must name a registered pharmacist who will be responsible for all transactions within the pharmacy. If this pharmacist resigns, retires or otherwise ceases his/her position in the pharmacy, the permit will automatically be suspended. A new application must be completed once another pharmacist has been designated before the permit will be reissued.

Fill this completed form and any appropriate fee to the address below. A separate form must be completed for each unique pharmacy location.

NAME OF CORPORATION (if applicable):

BELLE NU HEALTH & EMERGENCY CARE, INC.

Bellevue Health Emergency Care
100 West Mission Ave
BELLEVUE, NEBRASKA 68005

PHONE NUMBER:

MEDICAL PRACTITIONER

ONIC V 100.

NAME OF ALL OWNERS, PARTNERS OR CORPORATE OFFICERS

LEN CAPRAINO, MD

CAPRAINO, MD - 174 2 R

100 West Mission Ave

BELLEVUE, NEBRASKA 68005

NAME OF REGISTERED PHARMACIST (OR MEDICAL PRACTITIONER)

WHO WILL BE IN CHARGE OF PHARMACY

LUKAL M. CAPRAINO, MD

I DECLARE THAT THE STATEMENTS ON THIS APPLICATION ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

SIGN HERE:

HOLDER/APPLICANT

DATE

10/23/93

LICENSE NUMBER

PHARMACY

157622, MD

PERMIT FEES

APPLICATION DATE

DATE PERMIT ISSUED

PERMIT NUMBER

***THE PREVIOUS PERMIT MUST BE RETURNED WITH THIS APPLICATION (8 1/2" by 11")***

- Application, fee and previous permit must be submitted to the following address:

CASHIER'S OFFICE

DEPARTMENT OF HEALTH

P.O. BOX 9920

LINCOLN, NE 68501-9920

Our office address for correspondence only is: BUREAU OF EXAMINING BOARDS, P.O. BOX 99207, LINCOLN, NE 68501-9927

PHONE NUMBER: (402) 471-2115
NEBRASKA CONTROLLED SUBSTANCES REGISTRATION MODIFICATION FORM

Please complete the requested information below and return this form to the address shown at the bottom of this form.

Nebraska Controlled Substances Registration Number AC 2062139

Effective Date of Modification 10/23/93

Current Registration Reads - LEROY H. CARRINGTON, MD

Modify Registration to Read - LEROY H. CARRINGTON, MD

Name

105 EAST MISSION AVE

1002 WEST MISSION AVE

Address

BELLEVUE, NEBRASKA

SUIT II

Address

NE

NE

City

City

21, 32

72, 77

Zip Code

Zip Code

Current Drug Schedules

Current Drug Schedules

Signature

Date 10/23/93

PLEASE BE ADVISED THAT YOU MUST ALSO CONTACT THE DRUG ENFORCEMENT ADMINISTRATION TO MODIFY YOUR FEDERAL DEA REGISTRATION. PLEASE CONTACT THIS OFFICE FOR THE APPROPRIATE FORM TO COMPLETE TO MODIFY THIS REGISTRATION.

If you need additional information or assistance, please feel free to contact this office.
Dear Registrant:

Separate federal registration (DEA) is required for each state in which you practice and is predicated upon having a valid state medical license and a state controlled substance license, if required.

Complete the requested information below and return this form to the address shown on the reverse. Please do not return this form until you have obtained the required state license number(s) for the new state.

<table>
<thead>
<tr>
<th>DEA Number</th>
<th>Date of Relocation: 10-23-93</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Old Address (on your DEA certificate):</th>
<th>New Business Address:</th>
</tr>
</thead>
<tbody>
<tr>
<td>105 EAST MISSION AVE</td>
<td>1002 WEST MISSION AVE</td>
</tr>
<tr>
<td>Name</td>
<td>Name</td>
</tr>
<tr>
<td>Bellevue, NE 68012</td>
<td>Bellevue, NE 68012</td>
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</table>

<table>
<thead>
<tr>
<th>City, State, Zip</th>
<th>City, State, Zip</th>
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</thead>
<tbody>
<tr>
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<tr>
<th></th>
<th></th>
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</thead>
<tbody>
<tr>
<td>0025162</td>
<td>SAME</td>
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<table>
<thead>
<tr>
<th>Old State Controlled Substance Lic. No.</th>
<th>New State Controlled Substance Lic. No.</th>
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</thead>
<tbody>
<tr>
<td>00210621391</td>
<td>SAME</td>
</tr>
</tbody>
</table>

(Note: See the reverse side of this letter for additional information)

1. Have you ever had a state or federal controlled substance license revoked, suspended, or denied? YES [ ] NO X [ ]
2. Have you ever been convicted of a drug related felony under state or federal statutes? YES [ ] NO X [ ]
3. Is your present state licensure under, pending, or on probationary disciplinary status? YES [ ] NO X [ ]

(If any of the above were answered "yes," explain on the reverse side.)

Signature: ______________________ Date: 10-23-93

Telephone number (new): (402) 292-4164 Date of Birth: 10/28/51 Social Security No.: 139-33-7175
LeRoy Carhart, M.D.
Missouri Valley Clinic
105 East Mission
Bellevue, NE 68005

Dear Dr. Carhart:

We note that the Missouri Valley Clinic is changing its location. We are enclosing a pharmacy permit for a dispensing physician application to make this change. Also enclosed please find modification forms to change the address on your Federal and State Controlled Substance registration. Please return the Federal Modification Form to this office and we will forward it to the DEA for you.

Complete the application and submit it to our office along with the $25.00 fee and the old wall license. After you have submitted these items, you will need to have your pharmacy inspected by Pharmacy Inspector Tony Kopf. You must pass this inspection in order to open your pharmacy. Please notify our office or Mr. Kopf when your pharmacy is ready to be inspected.

If you have any questions, please feel free to contact our office.

Sincerely,

Katherine A. Brown, Associate Director
Bureau of Examining Boards

KAB:sko
cc: Tony Kopf, R.P.
402-391-3602

Enclosure
### Bureau of Examining Boards
#### Department of Health
#### State of Nebraska

**MISSOURI VALLEY CLINIC PHARMACY** 292-4164
105 East Mission Ave, Bellevue, Ne. 68005

**- Controller Substance Rx Containers & Labels**
- Safety closure caps
- Light & tight protection
- Auxiliary labels
- Labels typed
- Labels affixed
- Contents labeled
- New containers utilized

**Controlled Substances**

<table>
<thead>
<tr>
<th>Substance</th>
<th>D.E.A. Reg. No.</th>
<th>Expiration Date</th>
<th>State Reg. No.</th>
<th>Owner &amp; Address</th>
<th>Authorized Signature</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ergonovine maleate .2mg</td>
<td>5-3-94</td>
<td>5-31-93</td>
<td>HC206 2191</td>
<td>105 East Mission Ave, Bellevue</td>
<td>LaRay Carhart</td>
</tr>
</tbody>
</table>

**Controlled Substances Record**

- Inventory Date: 1-4-93
- Acquisition Date: 10-1-91

**Regulatory Requirements**

- Lighting
- Ventilation, A.C. & heating
- Sanitation & cleanliness
- Neatness
- Sink
- Current USP/NF & Supplements
- Modernization
- Current Merck Manual & Supplements
- Current Remington
- Pharmacology text
- Medical Dictionary
- Security Booklet
- Drug Interaction Reference
- Poison Control Phone No.
- State Statutes & Regs.
- Minimum Equipment list
- Class "B" Balance Ser.
- Metric or Apothecary Weights
- Refrigerator adequate & sanitary

**Corrections Ordered:**

- **Need license displayed**
- **Drug returned**
- **Must have records for controlled substances**

Has an effort been made to comply with previous inspection deficiencies? **Yes**

Inspection: **Passed**

Violation Warning Notice issued: **No**

I have had this Inspection Report explained to me and understand what corrections must be made to comply therewith.

**Date:** 6-15-93

*Signature:*

---

**New Pharmacy**

<table>
<thead>
<tr>
<th>Zip Code</th>
<th>Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td>68005</td>
<td>402-292-4164</td>
</tr>
</tbody>
</table>

**New Pharmacy:**

- **New Pharmacy:**
- **New Pharmacy:**

**Auxiliaries:**

- **Auxiliaries:**
- **Auxiliaries:**

**Computer Utilized:**

- **Computer Utilized:**
- **Computer Utilized:**

**Central Record Keeping:**

- **Central Record Keeping:**
- **Central Record Keeping:**

**Inventory Controls:**

- **Inventory Controls:**
- **Inventory Controls:**

**Security:**

- **Security:**
- **Security:**

**Regular Prescription File:**

- **Regular Prescription File:**
- **Regular Prescription File:**

**Poison Register:**

- **Poison Register:**
- **Poison Register:**

**Unit Dose System Utilized:**

- **Unit Dose System Utilized:**
- **Unit Dose System Utilized:**

---

**Date:** 6-15-93

*Signature:*

---

*Note:*

- **Note:**
- **Note:**

**Has an effort been made to comply with previous inspection deficiencies:**
- **Has an effort been made to comply with previous inspection deficiencies:**

**Inspection:**

- **Inspection:**
- **Inspection:**

**Violation Warning Notice issued:**

- **Violation Warning Notice issued:**
- **Violation Warning Notice issued:**

---

*Signature:*

---
<table>
<thead>
<tr>
<th>Controlled Substances</th>
<th>Rx Containers &amp; Labels</th>
</tr>
</thead>
<tbody>
<tr>
<td>E.A. Reg. No</td>
<td>SAT IMP UNS</td>
</tr>
<tr>
<td>Expiration date</td>
<td></td>
</tr>
<tr>
<td>Rx #</td>
<td></td>
</tr>
<tr>
<td>Directions:</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Owner, Reg. Pharmacists and Interns</th>
<th>Lic. No.</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>LeRoy H. Carden</td>
<td>15162</td>
<td>P.D.</td>
</tr>
<tr>
<td>Jonece Lawrence</td>
<td></td>
<td>P.A.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>New Pharmacy □</th>
<th>Regular Inspection X</th>
</tr>
</thead>
<tbody>
<tr>
<td>Store Permit No. 1031581</td>
<td>PCF No.</td>
</tr>
<tr>
<td>Licenses on Display</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Inventory Controls</th>
<th>SAT IMP UNS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dating of Biologicals</td>
<td></td>
</tr>
<tr>
<td>Dating of Drugs</td>
<td></td>
</tr>
<tr>
<td>Dating of Prophylactic Drugs</td>
<td></td>
</tr>
<tr>
<td>Misbranded Drugs</td>
<td></td>
</tr>
<tr>
<td>Cleanliness &amp; orderliness</td>
<td></td>
</tr>
<tr>
<td>C.S. destroyed</td>
<td></td>
</tr>
<tr>
<td>Poison Register</td>
<td></td>
</tr>
<tr>
<td>Unit Dose System utilized</td>
<td></td>
</tr>
</tbody>
</table>

| Security | |
|----------||
| Building perimeter                | |
| Pharmacy department               | |
| R.P. Duty Sign utilized           | |
| Sched. II (dispersed, locked)     | |
| Sched. III-V properly dispersed   | |
| Alarm system Type                 | |

| Regular Prescription File        | |
|---------------------------------||
| Record of refills               | |
| Frequency of refills            | |
| Refill authorizations           | |

<table>
<thead>
<tr>
<th>Has an effort been made to comply with previous inspection deficiencies? yes no</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inspection: Passed X Incomplete □ Failed □ Violation Warning Notice issued □</td>
</tr>
</tbody>
</table>

I have had this Inspection Report explained to me and understand what corrections must be made to comply therewith.

<table>
<thead>
<tr>
<th>Power of Attorney</th>
</tr>
</thead>
<tbody>
<tr>
<td>LeRoy Carden</td>
</tr>
</tbody>
</table>

Registered Pharmacy

Pharmacy Inspector
### Controlled Substances

**i.E.A. Reg. No.:** 5-31-84  
**Expiration date:**  
**License Reg. No.:** Ac 2062134 J  
**Owner & Address:** Missouri Valley Assoc PC  
**Authorized Signature:** LeRoy H. Carhart MD  
**Date:**  
**Authorized Signature:**  

#### Controlled Substances Records

**Inventory Date:** 10-22-89  
**Transfer only:**  
**Method of filling Rx's:**  
**Distribution records:**  
**Method of filling Rx's:**  
**Transfer label utilized:**  
**Distribution records:**  
**Method of filling Rx's:**  

#### Computer Utilized

**Type:**  

#### Security

**Building perimeter:**  
**Pharmacy Department:**  
**R.P. Duty Sign utilized:**  
**Sched. II - dispersed - locked:**  
**Scheduled III-V properly dispersed:**  
**Alarm System:**  

#### Regular Prescription File

**Record of refills:**  
**Frequency of refills:**  
**Refill authorizations:**  

### Rx Containers & Labels

- Safety closure caps
- Light & tight protection
- Auxiliary labels
- Labels typed
- Labels affixed
- Contents labeled
- New containers utilized

### Regulatory Requirements

- Lighting
- Ventilation, A.C. & heating
- Sanitation & cleanliness
- Neatness
- Sink
- Current USP/NF & Supplements
- Current Merck Manual
- Current Remington
- Pharmacology text
- Medical Dictionary
- Security Booklet
- Drug Interaction Reference
- Poison Control Phone No.
- State Statutes & Regs.
- Minimum Equipment list
- Metric or Apothecary Weights
- Refrigerator adequate & sanitary

### Corrections Ordered:

- [ ] Yes
- [x] No

### Has an effort been made to comply with previous inspection deficiencies? yes no

**Inspection:**  
**Violation Warning Notice issued:**  

I have had this inspection report explained to me and understand what corrections must be made to comply therewith.

**Date:** 16-1-89  

**Registered Pharmacist:**  

---

**Bureau of Examining Boards**  
**Department of Health**  
**State of Nebraska**

**MISSOURI VALLEY CLINIC PHARMACY - 292-4164**  
**105 East Mission Ave, Bellevue, Ne. 68005**

**DATE:**  
**Rx #:**  
**Dr.:**  

**Pt.:**  
**Medication:**  
**Quant.:**  

**Zip:** 68005  
**Phone:** 402-292-4164  

**Store Permit No.:**  
**PCF No.:**  

**Licenses on Display:**  
**R.P. Sign:**  

**Owner, Reg. Pharmacists and Interns:**  
**Lic. No.:**  
**Status:**  

**LeRoy Carhart MD 15162 RPh Ch**

**Pharmacy Practice:**  
**Comm.:**  
**Prof.:**  
**Hosp.:**  
**R.P. Hours:**

**Auxiliaries:**  
**Hosp. - N.H. Consultant:**  

**Inventory Controls**

- Dating of Biologicals
- Dating of Drugs
- Dating of Prophylactic
- Misbranded Drugs
- Cleanliness & orderliness
- C.S. destroyed Date
- Poison Register
- Unit Dose System utilized

**Type:**  

**SAT IMP UNS**

---
For more information Reference File #1993, Olde Towne Pharmach, Bellevue, Archived in Box #088114 for Closed Pharmacy Files
Missouri Valley Clinic
105 E. Mission

Bureau of Examining Boards
Department of Health
State of Nebraska

PHARMACY INSPECTION REPORT
Nebraska

Inventory Controls
- Expiration date
- Form 222c completed
- Invoices properly maintained
- Authorized Signature

Prescriptions
- Patient name & address
- Prescriber name & address
- Prescriber DEA No.
- Date
- Prescriber signature
- R.P. signature & date
- Refill authorizations

Distribution records
- Method of filing Rx's

Computer Utilized
- Type

Controlled Substances Records
- Inventory Date
- Acquisition
- Invoices properly maintained

Prescriptions
- Patient name & address
- Prescriber name & address
- Prescriber DEA No.
- Date
- Prescriber signature
- R.P. signature & date
- Refill authorizations

Distribution records
- Method of filing Rx's

Computer Utilized
- Type

Regular Prescription File
- Record of refills
- Frequency of refills
- Refill authorizations

Pressure
- Form 222c completed
- Invoices properly maintained

Prescriptions
- Patient name & address
- Prescriber name & address
- Prescriber DEA No.
- Date
- Prescriber signature
- R.P. signature & date
- Refill authorizations

Distribution records
- Method of filing Rx's

Computer Utilized
- Type

Controlled Substances Records
- Inventory Date
- Acquisition
- Invoices properly maintained

Prescriptions
- Patient name & address
- Prescriber name & address
- Prescriber DEA No.
- Date
- Prescriber signature
- R.P. signature & date
- Refill authorizations

Distribution records
- Method of filing Rx's

Computer Utilized
- Type

Regular Prescription File
- Record of refills
- Frequency of refills
- Refill authorizations

Has an effort been made to comply with previous inspection deficiencies? yes no

Inspection: Passed ☐ Incomplete ☐ Failed ☐ Violation Warning Notice issued ☐

I have had this Inspection Report explained to me and understand what corrections must be made to comply therewith.

Registered Pharmacist

Pharmacy Inspector
MISSOURI VALLEY CLINIC PHARMACY
105 E. Mission, Bellevue, Ne. 68005
(402) 292-4164 Dr.

DATE: ___ RX#: ___ PT#: ___
FOR: ___

Zip 68005 Phone 402-292-4164

New Pharmacy ☐ Regular Inspection ☐

Store Permit No. 1001681 PCF No. ___
Licenses on Display ☐ R.P. Sign ☐
and Interns ☐

Missouri Valley Assoc. Owner:
LeRoy H. Cashart 15762 MD

Pharmacy Practice Comm. Hosp. Prof.
Store Hours: Always MD in Clinic
R.P. Hours: Always MD in Clinic
Auxiliaries: None
Hosp. - N.H. Consultant: None

Inventory Controls
Dating of Biologicals ☐
Dating of Drugs ☐
Dating of Prophylactic ☐
Mislabeled Drugs ☐
Cleanliness & orderliness ☐
C.S. destroyed Date: New
Poison Register Do Not Use: 
Unit Dose System utilized ☐

Controlled Substances

D.E.A. Reg. No. 9-31-87
Expiration date 
State Reg. No. ACG 206 313 93
Owner & Address: Missouri Valley Assoc.
105 E. Mission Ave., Bellevue
Authorized Signature: LeRoy H. Cashart
Power of Attorney: None

Controlled Substances Records

Inventory Date: 12-31-86
Acquisition
Form 222c completed
Invoices properly maintained
Prescriptions
Patient name & address
Prescriber name & address
Prescriber DEA No.
Date
Prescriber signature-I
R.P. signature & date-I
Refill authorizations-Ill-V
Refill Initialed:
Five refills or six mo.-lll-V
Frequency of refills-Ill-V
Letter "C" stamp
"Transfer" label utilized
Distribution records
Method of filing Rx's
All info. on each page
Computer Utilized: Aux. Backup Only

Security
Building perimeter
Pharmacy department
R.P. Duty Sign utilized
Sched. II - dispersed locked in clinic
Sched. III-V properly dispersed
Alarm system
Type None

Regular Prescription File
Record of refills
Frequency of refills
Refill authorizations

Rx Containers & Labels
Safety closure caps ☐
Light & tight protection ☐
Auxiliary labels ☐
Labels typed ☐
Labels affixed ☐
Contents labeled ☐
New containers utilized ☐

Regulatory Requirements
Lighting
Ventilation, A.C. & heating
Sanitation & cleanliness
Neatness
Sink
Current USP/IN & Supplements
Rev. No. No. USP/NC
Current Merck Manual Ed.
Current Remington Ed.
Pharmacology text
Medical Dictionary
Security Booklet
Drug Interaction Reference
Poison Control Phone No.
State Statutes & Regs.
Minimum Equipment list
Class "B" Balance Ser. No.
Metric or Apothecary Weights
Refrigerator adequate & sanitary

Corrections Ordered:
Balance + weights returned
will apply for Waiver

waiver enclosed

Has an effort been made to comply with previous inspection deficiencies? ☐ no

Inspection: Passed ☐ Incomplete ☐ Failed ☐
Violation Warning Notice Issued ☐

I have had this Inspection Report explained to me and understand what corrections must be made to comply herewith.

1-12-87

Registered Pharmacist
Pharmacy Inspector
<table>
<thead>
<tr>
<th>Controlled Substances</th>
<th>Department of Health</th>
<th>State of Nebraska</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rx Containers &amp; Labels</td>
<td>Safety closure caps</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Light &amp; tight protection</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Auxiliary labels</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Labels typed</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Labels affixed</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Contents labeled</td>
<td></td>
</tr>
<tr>
<td></td>
<td>New containers utilized</td>
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<thead>
<tr>
<th>Regulatory Requirements</th>
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<td>Lighting</td>
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<tr>
<td>Ventilation, A.C. &amp; heating</td>
</tr>
<tr>
<td>Sanitation &amp; cleanliness</td>
</tr>
<tr>
<td>Neatness</td>
</tr>
<tr>
<td>Sink</td>
</tr>
<tr>
<td>Current USP/NF &amp; Supplements</td>
</tr>
<tr>
<td>Rev. No. Serial No.</td>
</tr>
<tr>
<td>Current Merck Manual Ed.</td>
</tr>
<tr>
<td>Current Remington Ed.</td>
</tr>
<tr>
<td>Pharmacology text</td>
</tr>
<tr>
<td>Medical Dictionary</td>
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<td>Security Booklet</td>
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<td>Poison Control Phone No.</td>
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<td>State Statutes &amp; Regs.</td>
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<tr>
<td>Minimum Equipment list</td>
</tr>
<tr>
<td>Class &quot;B&quot; Balance Ser. No.</td>
</tr>
<tr>
<td>Metric or Apothecary Weights</td>
</tr>
<tr>
<td>Refrigerator adequate &amp; sanitary</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Corrections Ordered</th>
</tr>
</thead>
<tbody>
<tr>
<td>No Hard Copy Prescription</td>
</tr>
<tr>
<td>Faxed in refills of Drugs</td>
</tr>
<tr>
<td>222 Forms not I completed</td>
</tr>
<tr>
<td>Carhart not available</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Inventory Controls</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dating of Biologicals</td>
</tr>
<tr>
<td>Dating of Drugs</td>
</tr>
<tr>
<td>Dating of Prophylactic</td>
</tr>
<tr>
<td>Misbranded Drugs</td>
</tr>
<tr>
<td>Cleanliness &amp; orderliness</td>
</tr>
<tr>
<td>C.S. destroyed Date</td>
</tr>
<tr>
<td>Poison Register</td>
</tr>
<tr>
<td>Unit Dose System utilized</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Security</th>
</tr>
</thead>
<tbody>
<tr>
<td>Building perimeter</td>
</tr>
<tr>
<td>Pharmacy department</td>
</tr>
<tr>
<td>R.P. Duty Sign utilized</td>
</tr>
<tr>
<td>Sched. II - dispersed locked</td>
</tr>
<tr>
<td>Sched. III-V properly dispersed</td>
</tr>
<tr>
<td>Alarm system</td>
</tr>
<tr>
<td>Type</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Regular Prescription File</th>
</tr>
</thead>
<tbody>
<tr>
<td>Record of refills</td>
</tr>
<tr>
<td>Frequency of refills</td>
</tr>
<tr>
<td>Refill authorizations</td>
</tr>
</tbody>
</table>

---

**BELLEVUE HEALTH CENTER**  
LeRoy H. Carhart, M.D.  
105 E. Mission, Bellevue, Ne. 68005  
(402) 292-4164  

**DATE:**  
**FOR:**

---

**Zip 68005 Phone 292-4164**  
New Pharmacy [ ]  
Regular Inspection [ ]

**Store Permit No. 1001881 PCF No.**  
**Licenses on Display R.P. Sign**

**Owner, Reg. Pharmacists and Interns**

**LeRoy Carhart 15162 MD**

**Pharmacy Practice Comm. Hosp. Prof.**

**Store Hours:** 8 AM - 10 PM  
**R.P. Hours:** Always MD in clinic  
**Auxiliaries:**

**Hosp. - N.H. Consultant**

---

**Controlled Substances Records**

<table>
<thead>
<tr>
<th>Inventory Date: 1-28-86</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acquisition Form 222c completed</td>
</tr>
<tr>
<td>Invoices properly maintained</td>
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</tbody>
</table>

**Prescriptions**

<table>
<thead>
<tr>
<th>Patient name &amp; address</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prescriber name &amp; address</td>
</tr>
<tr>
<td>Prescriber DEA No.</td>
</tr>
<tr>
<td>Date</td>
</tr>
<tr>
<td>Prescriber signature</td>
</tr>
<tr>
<td>R.P. signature &amp; date</td>
</tr>
<tr>
<td>Refill authorizations</td>
</tr>
<tr>
<td>Refill initiated</td>
</tr>
<tr>
<td>Five refills or six mo.-III-V</td>
</tr>
<tr>
<td>Frequency of refills-III-V</td>
</tr>
<tr>
<td>Letter &quot;C&quot; stamp</td>
</tr>
<tr>
<td>&quot;Transfer&quot; label utilized</td>
</tr>
<tr>
<td>Method of filing Rx's</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>3 daily log</th>
</tr>
</thead>
<tbody>
<tr>
<td>+ inventory + disp. log</td>
</tr>
</tbody>
</table>

**Computer Utilized**

<table>
<thead>
<tr>
<th>Type</th>
</tr>
</thead>
</table>

**Central Record Keeping Permit No.**

<table>
<thead>
<tr>
<th>Type</th>
</tr>
</thead>
</table>

**Security**

| Building perimeter |
| Pharmacy department |
| R.P. Duty Sign utilized |
| Sched. II - dispersed locked |
| Sched. III-V properly dispersed |
| Alarm system |
| Type |

---

**Regular Prescription File**

<table>
<thead>
<tr>
<th>Record of refills</th>
</tr>
</thead>
<tbody>
<tr>
<td>Frequency of refills</td>
</tr>
<tr>
<td>Refill authorizations</td>
</tr>
</tbody>
</table>

---

**BELLEVUE REALM CENTER**

LeRoy H. Carhart, M.D.  
105 E. Mission, Bellevue, Ne. 68005  
(402) 292-4164

---

BELLEVUE REALM CENTER
LeRoy H. Carhart, M.D.
105 E. Mission, Bellevue, Ne. 68005
(402) 292-4164

DATE: 9-17-86

---

Registered Pharmacist

Pharmacy Inspector
This is to acknowledge receipt of my License/Certificate.

No. ___________________  Dated ___________________

to practice ____________________

(Name of Profession)

___________________________
(Signature)

Address: [No. Sally. Street]

[107 E. Avenue]

[Billings, MT 68002]

Complete, stamp and mail.
The pharmacy owners including individuals, medical practitioners, partners or corporations must file this application with the Nebraska Department of Health, Board of Examiners in Pharmacy in order to obtain a permit to operate a pharmacy in Nebraska. LB 476, passed by the 1983 Legislature, requires medical practitioners who regularly dispense prescription drugs to obtain a permit to operate a pharmacy. Pharmacy owners must name a registered pharmacist who will be responsible for all transactions within the pharmacy. If this pharmacist resigns, retires or otherwise severs his position in the pharmacy, the permit will automatically be suspended. A new application must be completed once another pharmacist has been designated before the permit will be reinstated. Mail this completed form and any appropriate fee to the address below. A separate form must be completed for each unique pharmacy location. For re-applications, the previous permit must be returned with this application.

Name of Corporation: MOU\R\I\U S 4A4\E\O\R 3\A\X\N\E\E\S. P.C.

Name of All Owner(s), Partners or Corporate Officers

Pharmacy Name and Address

Days and Hours Open for Business

Name of Registered Pharmacist Who Will Be in Charge of Pharmacy

R.F. License Number

I declare that the statements on this application are true to the best of my knowledge and belief.

Owner/Applicant

Title

Date

Mail This Application and Fee to:

Nebraska Department of Health
Bureau of Examining Boards
P.O. Box 95007
Lincoln, NE 68509

THE PREVIOUS PERMIT MUST BE RETURNED WITH THIS APPLICATION.
(The large 8½" x 11")
LeRoy H. Carhart, M.D.
Missouri Valley Clinic
105 East Mission
Bellevue, NE  68005

Dear Doctor Carhart:

Your Nebraska Permit to conduct the pharmacy designated below has been issued and will be forwarded to you as soon as the necessary signatures have been secured. Permit number 1001881.

Missouri Valley Clinic
105 East Mission
Bellevue, Nebraska

Missouri Valley Associates, P.C., Owner
LeRoy H. Carhart, M.D., R.P. in Charge

Pending the receipt of your Permit, you may regard this letter as official notice that your Permit has been issued and that you are authorized to operate the above pharmacy.

Sincerely,

Laura J. Partsch, Director
Bureau of Examining Boards

dh

Enclosure

cc:  Jerry Graves, R.P.
     Pharmacy Inspector
LeRoy H. Carhart, M.D.
Missouri Valley Clinic
105 East Mission
Bellevue, NE 68005

Dear Doctor Carhart:

We acknowledge receipt of your application for a pharmacy permit, along with your check in the amount of $10.00.

However, we wish to advise you that there was a typographical error in the letter sent to you on February 26, 1985. The correct fee for a new pharmacy permit is $100.00.

Therefore, we are returning your application and $10.00 check and ask that you please submit the application along with the correct fee of $100.00.

Upon receipt of the above, our office will issue your pharmacy permit.

We apologize for any inconvenience this might have caused.

Sincerely,

Laura J. Partsch, Director
Bureau of Examining Boards

By Debbie Halada

Enclosures 2
February 26, 1985

Dr. Leroy Carhart
105 East Mission
Bellevue, NE 68005

Dear Dr. Carhart:

As per your conversation with Mr. Leland Lucke on February 25, 1985, we wish to advise you that medical practitioners who regularly dispense prescription drugs need to obtain a permit to operate a pharmacy. All medical practitioners, partners or corporations must file an application with the Nebraska Department of Health, Board of Examiners in Pharmacy. We call your attention to Sections 71-1,147.01 (last paragraph) and 71-1,147.02 of the enclosed statutes which sets out the above requirement.

Also enclosed please find an application for a permit to operate a pharmacy in conjunction with your medical practice. A separate form must be completed for each unique pharmacy location. Please complete this form and return it to our office along with the required $10.00 fee.

Should you have any questions, please feel free to contact this office.

Sincerely,

Laura J. Partsch, Director
Bureau of Examining Boards

By Debbie Halada
(402)471-4904

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Enclosures