



Division of Public Health

Please reply to: Licensure Unit
PO Box 94986, Lincoln, NE 68509-4986
Phone (402) 471-2118
FAX (402) 471-8614

State of Nebraska

Dave Heineman, Governor

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

PHARMACY QUALITY ASSURANCE REPORT NOTICE

STATE OF NEBRASKA
HEALTH & HUMAN SERVICES
DIVISION OF PUBLIC HEALTH
LICENSURE UNIT
TELEPHONE # (402) 471-2118

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 Misson Ave
Bellevue NE 68005

OIC
AK
5-24-10

Dispensing Practitioner Pharmacy License # 1001881

Last Self-Inspection date: 05/30/2009

Pharmacy License Number: 1001881 Exp. Date: 7/01/2010
DEA registration Number: _____ Exp. Date: 08/31/2012
Owner's Name: LeRoy H. Carhart M.D.
Pharmacy Name: Bellevue Health Clinic Pharmacy
Pharmacy Street Address: 1002 W. Mission Ave
Pharmacy City, State, Zip Code: Bellevue Health Clinic Pharmacy
Pharmacy Telephone #: 402-292-4164 Pharmacy Fax #: 402-291-4643
Pharmacy Web Page/E-mail: janine70@aol.com
Pharmacy Hours: Variable when MD present
List Pharmacy Personnel:

Name of PIC: LeRoy H. 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] MD (Signature of Pharmacist in Charge) 20 May 2010 (Date)

C = In Compliance

NC = Not in Compliance

NA = Not Applicable

Section cited	Requirement	C	NC	NA
8-003.01A	1. All information provided on the application for a pharmacy license is accurate and correct.	X		
8-006.02C	2. Adequate security is maintained for the prescription inventory and prescription records.	X		
8-006.02A	3. Drugs, devices and biologicals are stored at the proper temperature.	X		
8-007.02	4. The pharmacy is maintained in a clean, orderly, and sanitary manner.	X		
8-007.03	5. The pharmacy maintains in printed or electronic form appropriate reference material for the practice of pharmacy.	X		
8-007.01	6. The pharmacy provides the pharmacist access to all utilities/equipment needed to practice pharmacy.	X		
8-006.04H	7. Patient counseling is being provided as required.	X		
8-006.04H2	8. The pharmacy maintains documentation of a patient's refusal of counseling. <i>If they want meds they get counseling</i>			X
8-006.04H	9. Patient counseling is being done by only a pharmacist or pharmacist intern. <i>Physician ONLY</i>	X		
38-2869	10. Prior to the dispensing or the delivery of each new or refill prescription, a pharmacist is conducting a prospective drug utilization review.	X		
CFR 1304/1306	11. All computer or electronic record keeping requirements are met. <i>NO computer system</i>			X
8-005.03A5	12. The poison control phone number is posted in the pharmacy. <i>office phone</i>	X		
CFR 1305.05	13. Power of Attorney forms are complete and appropriately filed. <i>NO Power of Attorney forms Used</i>			X
8-006.03A	14. The pharmacy maintains complete and accurate records of all controlled substances received and added to the inventory.	X		
CFR 1307.21	15. The pharmacy complies with all transfer and/or destruction requirements for controlled substances.	X		
8-006.02D	16. The pharmacy does not have in its saleable inventory any drug, device or biological which is misbranded or adulterated.	X		
8-006.04C, .04D, .04E	17. The pharmacy assures that all requirements pertaining to unit dose packaging and labeling are met. <i>NO UNIT DOSE used</i>			X
8-006.04G	18. The pharmacy assures that all requirements pertaining to multi-drug containers are met. <i>NO MULTI DRUG CONTAINERS used</i>			X
8-006.05B, .05C	19. All requirements pertaining to the inventory of controlled substances are met. <i>Date of Current Inventory: 1 May 09</i> <i>Inventory check completed</i>	X		
CFR 1305.09	20. CII acquisitions are properly documented.	X		

8-006.05A	21. All controlled substances are properly stored.	X		
8-006.04B CFR 1306.05(a)	22. All prescriptions contain the required information prior to being filled. <i>No Refills - all original Rx</i>	X		
8-006.04B.9a	23. All refill requirements for prescriptions are in compliance. <i>No Refills - all original Rx</i>	X		
CFR 1306.13 and 1306.23	24. Partial fillings of controlled substances are recorded and dispensed appropriately.	X		
28-414 (3b)	25. Prescriptions filled for a Schedule II controlled substance are signed and dated on the front of the prescription.	X		
28-414 8-006.05D CFR 1306.11(d)(1,2,3,4)	26. All emergency Schedule II prescriptions are properly filled and recorded. <i>Does not apply as Dr. Carhart has to be present to dispense.</i>			X
28-414 28-1437 38-2870	27. All requirements for filling electromagnetic transmission prescriptions are followed. <i>Not done here</i>			X
8-006.04F	28. All prescriptions are properly labeled.	X		
8-006.03A1 CFR 1306.11	29. Hardcopy requirements for Schedule II prescriptions are met.	X		
71-5401.01-5409	30. The pharmacy is in compliance with the Drug Product Selection Act.	X		
8-006.03A1 28-414(3a)(3c)	31. A three-file system for prescriptions is used and maintained.	X		
71-2413	32. Proper records are maintained for Emergency Drug Boxes. <i>No Emergency Drug boxes</i>			X
8-006.01D	33. All requirements and documentation are met for the utilization of Pharmacy Technicians. <i>No Techs here</i>			X
8-005.03A(13)	34. No outdated inventory is mixed with saleable stock.	X		

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
- d) How long it will take to do so

ALL ITEMS ARE IN COMPLIANCE

Richard S. MD

"Pharmacist in charge"

For Office Use Only:

In Compliance ☐

Not In Compliance ☐

Comments:



Division of Public Health

Please reply to: Licensure Unit
PO Box 94986, Lincoln, NE 68509-4986
Phone (402) 471-2118
FAX (402) 471-8614

State of Nebraska

Dave Heineman, Governor

June 11, 2010

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

#1001881
Rec'd 6-18-10
Done 5-1-10
ALS

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



Division of Public Health

Please reply to: Licensure Unit
PO Box 94986, Lincoln, NE 68509-4986
Phone (402) 471-2118
FAX (402) 471-8614

State of Nebraska

Dave Heineman, Governor

September 9, 2009

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

JS/HLM/als

xc: Inspector - Tony Kopf, RP

PHARMACY QUALITY ASSURANCE REPORT NOTICE

STATE OF NEBRASKA
HEALTH & HUMAN SERVICES
DIVISION OF PUBLIC HEALTH
LICENSURE UNIT
TELEPHONE # (402) 471-2118

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 Misson Ave
Bellevue NE 68005

OK
AL
6-8-09

Dispensing Practitioner Pharmacy License # 1001881

Last Self-Inspection date: 06/10/2008

Pharmacy License Number: 1001881 Exp. Date: 07/01/2010
DEA registration Number: / Exp. Date: 8-31-2009
Owner's Name: LeRoy H. Carhart M.D.
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: janine70@aol.com
Pharmacy Hours: Variable when MD present.

List Pharmacy Personnel:

Name of PIC: LeRoy H. Carhart MD. License #: 15162

Staff Pharmacists Name & NE License #	Pharmacist Interns Name & NE Registration #	Pharmacy Technicians Name & NE Registration #
<u>LeRoy H. Carhart MD.</u>		
<u>Med. Lic. # 15162</u>		

SOFTWARE: NONE RX'S PER DAY: 17

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)

5-30-2009
(Date)

C = In Compliance**NC = Not in Compliance****NA = Not Applicable**

Section cited	Requirement	C	NC	NA
8-003.01A	1. All information provided on the application for a pharmacy license is accurate and correct.	X		
8-006.02C	2. Adequate security is maintained for the prescription inventory and prescription records.	X		
8-006.02A	3. Drugs, devices and biologicals are stored at the proper temperature.	X		
8-007.02	4. The pharmacy is maintained in a clean, orderly, and sanitary manner.	X		
8-007.03	5. The pharmacy maintains in printed or electronic form appropriate reference material for the practice of pharmacy.	X		
8-007.01	6. The pharmacy provides the pharmacist access to all utilities/equipment needed to practice pharmacy.	X		
8-006.04H	7. Patient counseling is being provided as required.	X		
8-006.04H2	8. The pharmacy maintains documentation of a patient's refusal of counseling. <i>If they want meds they get counseling</i>			X
8-006.04H	9. Patient counseling is being done by only a pharmacist or pharmacist intern . <i>Physician only</i>	X		
38-2869	10. Prior to the dispensing or the delivery of each new or refill prescription, a pharmacist is conducting a prospective drug utilization review.	X		
CFR 1304/1306	11. All computer or electronic record keeping requirements are met.	X		X
8-005.03A5	12. The poison control phone number is posted in the pharmacy. <i>office telephones</i>	X		
CFR 1305.05	13. Power of Attorney forms are complete and appropriately filed.			X
8-006.03A	14. The pharmacy maintains complete and accurate records of all controlled substances received and added to the inventory.	X		
CFR 1307.21	15. The pharmacy complies with all transfer and/or destruction requirements for controlled substances.	X		
8-006.02D	16. The pharmacy does not have in its saleable inventory any drug, device or biological which is misbranded or adulterated.	X		
8-006.04C, .04D, .04E	17. The pharmacy assures that all requirements pertaining to unit dose packaging and labeling are met.			X
8-006.04G	18. The pharmacy assures that all requirements pertaining to multi-drug containers are met.			X
8-006.05B, .05C	19. All requirements pertaining to the inventory of controlled substances are met. Date of Current Inventory: <u>1-May-2009</u>	X		
CFR 1305.09	20. CII acquisitions are properly documented.	X		
8-006.05A	21. All controlled substances are properly stored.	X		
8-006.04B	22. All prescriptions contain the required information prior	X		

CFR 1306.05(a)	to being filled.	<input checked="" type="checkbox"/>		
8-006.04B.9a	23. All refill requirements for prescriptions are in compliance. <i>No Refills - all original Rx</i>	<input checked="" type="checkbox"/>		
CFR 1306.13 and 1306.23	24. Partial fillings of controlled substances are recorded and dispensed appropriately.	<input checked="" type="checkbox"/>		
28-414 (3b)	25. Prescriptions filled for a Schedule II controlled substance are signed and dated on the front of the prescription.	<input checked="" type="checkbox"/>		
28-414 8-006.05D CFR 1306.11(d)(1,2,3,4)	26. All emergency Schedule II prescriptions are properly filled and recorded. <i>Does not apply as Dr Carhart has to be present to dispense</i>			<input checked="" type="checkbox"/>
28-414 28-1437 38-2870	27. All requirements for filling electromagnetic transmission prescriptions are followed. <i>None done here</i>			<input checked="" type="checkbox"/>
8-006.04F	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.	<input checked="" type="checkbox"/>		
8-006.03A1 CFR 1306.11	29. Hardcopy requirements for Schedule II prescriptions are met.	<input checked="" type="checkbox"/>		
71-5401.01-5409	30. The pharmacy is in compliance with the Drug Product Selection Act.	<input checked="" type="checkbox"/>		
8-006.03A1 28-414(3a)(3c)	31. A three-file system for prescriptions is used and maintained.	<input checked="" type="checkbox"/>		
71-2413	32. Proper records are maintained for Emergency Drug Boxes. <i>No emergency drug boxes</i>	<input checked="" type="checkbox"/>		
8-006.01D	33. All requirements and documentation are met for the utilization of Pharmacy Technicians. <i>No Techs here</i>			<input checked="" type="checkbox"/>
8-005.03A(13)	34. No outdated inventory is mixed with saleable stock.	<input checked="" type="checkbox"/>		

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
--	--	---

5/30/2009

STATEMENT OF COMPLIANCE PAGE

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

- The item number that is not in compliance;
- Why it is not in compliance;
- How the deficiency will be corrected; and
- How long it will take to do so

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.**For Office Use Only:**

In Compliance ☐

Not In Compliance ☐

Comments:[illegible]

September 2, 2008

LeRoy Harrison Carhart, MD
Bellevue Health Clinic Pharmacy
1002 W Misson 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."

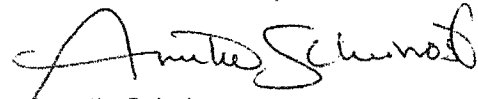
175 NAC 8-006.05C4 of the Regulations Governing Licensure of Pharmacies states, "A copy of the initial controlled substances inventory, biennial controlled substances inventory, or a controlled substances inventory taken pursuant to a change in the pharmacist-in-charge must be forwarded to the Department,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



Annette Scheinost
Health Licensing Specialist
Licensure Unit

BW/als

#C/S inventory dated 5-1-07 received 9-4-08, noted on computer file & placed in inspector's box. als



Division of Public Health

Please reply to: Licensure Unit
PO Box 94986, Lincoln, NE 68509-4986
Phone (402) 471-2118
FAX (402) 471-3577

State of Nebraska

Dave Heineman, Governor

June 24, 2008

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

PHARMACY QUALITY ASSURANCE REPORT NOTICE

STATE OF NEBRASKA
HEALTH & HUMAN SERVICES
DIVISION OF PUBLIC HEALTH
LICENSURE UNIT
TELEPHONE # (402) 471-2118

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 Misson Ave
Bellevue NE 68005

OK
6-17-08

Dispensing Practitioner Pharmacy License # 1001881

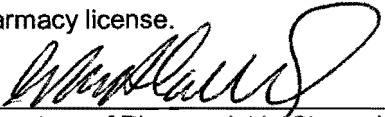
Last Self-Inspection date: 06/15/2007

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 #: 402 292 4164 Pharmacy Fax #: 402 291 4643
Pharmacy Web Page/E-mail: janine.70@aol.com
Pharmacy Hours: Variable when MD present

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 Medical Lic. # 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)

6-10-08
(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

- 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) - IF THEY WANT MEDICINES FROM ME THEY GET COUNSELING
- Yes 9. Patient counseling is being done by only a ^{physician} 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. OFFICE TELEPHONES

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)

- yes *no unit dose.* 17. The pharmacy assures that all requirements pertaining to unit dose packaging and labeling are met. (8-006.04C, .04D, .04E)
- yes 18. The pharmacy assures that all requirements pertaining to multi-drug containers are met. (8-006.04G) *no multi drug container.*
- yes 19. All requirements pertaining to the inventory of controlled substances are met. (8-006.05B, .05C) (CFR 1304.11)
- yes 20. All DEA forms 222 are properly completed. (CFR 1305.09)
- yes 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.

- yes 22. All prescriptions contain the required information prior to being filled. (8-006.04B) (CFR 1306.05(a))
- yes *no refills all original Rx* 23. All refill requirements for prescriptions are in compliance. (CFR 1306.22) (28-414) (8-006.04B)
- yes 24. Partial fillings of controlled substances are recorded and dispensed appropriately. (CFR 1306.13 and 1306.23) (28-414)
- yes 25. Prescriptions filled for a Schedule II controlled substance are signed and dated on the front of the prescription. (28-414 (3b))
- N/A 26. All emergency Schedule II prescriptions are properly filled and recorded. (28-414) (8-006.05D) (CFR 1306.11(d)(1,2,3,4))
- N/A *Does NOT apply as I have to be present to dispense* 27. All requirements for filling electromagnetic transmission prescriptions are followed. (28-414) (28-1437) *NOT 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.

- yes 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)
- yes 29. Hardcopy requirements for Schedule II prescriptions are met. (28-414)
- yes 30. The pharmacy is in compliance with the Drug Product Selection Act. (71-5401-5408)
- yes 31. A three-file system for prescriptions is used and maintained (8-006.03A1) (28-414)
- yes 32. Proper records are maintained for Emergency Drug Boxes (71-2413) *no emergency drug boxes*

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

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.

0 34. 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:

Tony Kopf, RP
9353 Corby
Omaha NE 68134

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
- d) How long it will take to do so

All items are in compliance

W. H. Carhart

For Office Use Only:

In Compliance ☐

Not In Compliance ☐

Comments:



June 25, 2007

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

JS/HLM/als

xc: Inspector - Tony Kopf, RP

PHARMACY QUALITY ASSURANCE REPORT NOTICE

STATE OF NEBRASKA
HEALTH & HUMAN SERVICES
REGULATION & LICENSURE
CREDENTIALING DIVISION
TELEPHONE # (402) 471-2118

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

OIC
6-19-07

Dispensing Practitioner Pharmacy License # 1001881

Last Self-Inspection date: 05/24/2006

Pharmacy License Number: 1001881 Exp. Date: 7-1-08
DEA registration Number: _____ Exp. Date: 8-31-09
Owner's Name: LeRoy H. Carhart
Pharmacy Name: Bellevue Health Clinic Pharmacy
Pharmacy Street Address: 1002 West Mission Ave
Pharmacy City, State, Zip Code: Bellevue, NE, 68005
Pharmacy Telephone #: 402 291 4164 Pharmacy Fax #: 402 291 4643
Pharmacy Web Page/E-mail: mine is janice7pe@yahoo.com
Pharmacy Hours: varies

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

Le Roy H Carhart MD 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.

LeRoy H Carhart MD
(Signature of Pharmacist in Charge)

15 June 2007
(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

- 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)
- Yes 8. The pharmacy maintains documentation of a patient's refusal of counseling. (8-006.04H2)
- N/A 9. Patient counseling is being done by only a pharmacist or pharmacist intern. (8-006.04H)
I would advise everyone - if they want to get medications here - note in chart.
MD
- 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)
- N/A 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.

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

- N/A 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) *we do not do unit dose*
- yes 18. The pharmacy assures that all requirements pertaining to multi-drug containers are met. (8-006.04G) *we don't use this*
- yes 19. All requirements pertaining to the inventory of controlled substances are met. (8-006.05B, .05C) (CFR 1304.11)
- yes 20. All DEA forms 222 are properly completed. (CFR 1305.09)
- yes 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.

- yes 22. All prescriptions contain the required information prior to being filled. (8-006.04B) (CFR 1306.05(a))
- yes 23. All refill requirements for prescriptions are in compliance. (CFR 1306.22) (28-414) (8-006.04B)
- yes 24. Partial fillings of controlled substances are recorded and dispensed appropriately. (CFR 1306.13 and 1306.23) (28-414)
- yes 25. Prescriptions filled for a Schedule II controlled substance are signed and dated on the front of the prescription. (28-414 (3b))
- N/A 26. All emergency Schedule II prescriptions are properly filled and recorded. (28-414) (8-006.05D) (CFR 1306.11(d)(1,2,3,4)) *NONE AS I HAVE TO BE PRESENT TO DISPENSE*
- N/A 27. All requirements for filling electromagnetic transmission prescriptions are followed. (28-414) (28-1437) *NOT 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.

- yes 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)
- YES 29. Hardcopy requirements for Schedule II prescriptions are met. (28-414)
- yes 30. The pharmacy is in compliance with the Drug Product Selection Act. (71-5401-5408)
- yes 31. A three-file system for prescriptions is used and maintained (8-006.03A1) (28-414)
- yes 32. Proper records are maintained for Emergency Drug Boxes (71-2413) *NO EMERGENCY DRUG BOXES*

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.

0 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:

Tony Kopf, RP 9353 Corby Omaha NE 68134	Ronald Klein, RP 1213 Grant Norfolk NE 68701	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
- d) How long it will take to do so

all items are in compliance

[Signature]

For Office Use Only:

In Compliance ☐ Not In Compliance ☐

Comments:



October 12, 2006

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 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
(Signature of Pharmacist in Charge)

10/2/06(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 (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) (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

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. Misson 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

JS/HLM/va

xc: Inspector - Tony Kopf, RP

PHARMACY QUALITY ASSURANCE REPORT NOTICE

STATE OF NEBRASKA
HEALTH & HUMAN SERVICES
REGULATION & LICENSURE
CREDENTIALING DIVISION
TELEPHONE # (402) 471-2118

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

OK
5-30-06

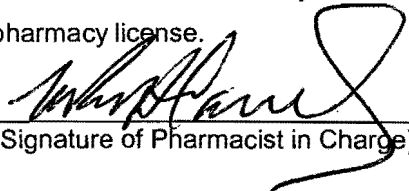
Dispensing Practitioner Pharmacy License # 1001881

Last Self-Inspection date: 12/05/2005

Pharmacy License Number: 1001881 Exp. Date: July 1, 2006
DEA registration Number: _____ Exp. Date: 8-31-06
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 #: 402-292 4643
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)

5/24/06
(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

- 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) *No pts refuse*
- 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)
- Yes 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.

- Yes 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)
- Yes 18. The pharmacy assures that all requirements pertaining to multi-drug containers are met. (8-006.04G)
- Yes 19. All requirements pertaining to the inventory of controlled substances are met. (8-006.05B, .05C) (CFR 1304.11)
- Yes 20. All DEA forms 222 are properly completed. (CFR 1305.09)
- Yes 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.

- Yes 22. All prescriptions contain the required information prior to being filled. (8-006.04B) (CFR 1306.05(a))
- Yes 23. All refill requirements for prescriptions are in compliance. (CFR 1306.22) (28-414) (8-006.04B)
- Yes 24. Partial fillings of controlled substances are recorded and dispensed appropriately. (CFR 1306.13 and 1306.23) (28-414)
- Yes 25. Prescriptions filled for a Schedule II controlled substance are signed and dated on the front of the prescription. (28-414 (3b))
- Yes 26. All emergency Schedule II prescriptions are properly filled and recorded. (28-414) (8-006.05D) (CFR 1306.11(d)(1,2,3,4))
- Yes 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.

- Yes 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)
- Yes 29. Hardcopy requirements for Schedule II prescriptions are met. (28-414)
- Yes 30. The pharmacy is in compliance with the Drug Product Selection Act. (71-5401-5408)
- Yes 31. A three-file system for prescriptions is used and maintained (8-006.03A1) (28-414)
- Yes 32. 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.

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:

Tony Kopf, RP 9353 Corby Omaha NE 68134	Ronald Klein, RP 1213 Grant Norfolk NE 68701	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
- d) How long it will take to do so

[The following area contains horizontal lines for handwritten notes, which have been crossed out with a diagonal line.]

For Office Use Only:

In Compliance ☐

Not In Compliance ☐

Comments:

[The following area contains horizontal lines for handwritten 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

Helen L. Meeks, Administrator
Credentialing Division

JS/HLM/va

xc: Inspector - Tony Kopf

PHARMACY QUALITY ASSURANCE REPORT NOTICE- FINAL REQUEST

STATE OF NEBRASKA
HEALTH & HUMAN SERVICES
REGULATION & LICENSURE
CREDENTIALING DIVISION
TELEPHONE # (402) 471-2118

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. (402) 471-3577

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

OK TO
12/20/05

FAXED 5/Dec/05
ORIGINAL MAILED 5/Dec/05

Dispensing Practitioner Pharmacy License # 1001881
06/14/2004

Last Self-Inspection date:

Pharmacy License Number: 1001881 Exp. Date: 07-01-2006
DEA registration Number: _____ Exp. Date: 08-31-2006
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 #: 402 291-4643
Pharmacy Web Page/E-mail: _____
Pharmacy Hours: VARIABLE - OPEN WHEN PHS 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 of Pharmacist in Charge)

(Date)

5 DEC 05 08 2005

Leroy Harrison Carhart MD Dispensing Practitioner Pharmacy License 1001881 Current Inspection 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

- 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)
- 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 *dispensing medical provider* 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.

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

- yes 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) *NONE*
- 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)

Leroy Harrison Carhart MDDispensing Practitioner Pharmacy License 1001881Current Inspection Date_____

- yes 17. The pharmacy assures that all requirements pertaining to unit dose packaging and labeling are met. (8-006.04C, .04D, .04E) *NONE USED*
- yes 18. The pharmacy assures that all requirements pertaining to multi-drug containers are met. (8-006.04G) *NONE used.*
- yes 19. All requirements pertaining to the inventory of controlled substances are met. (8-006.05B, .05C) (CFR 1304.11)
- yes 20. All DEA forms 222 are properly completed. (CFR 1305.09)
- yes 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.

- yes 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) *NOT DONE - use NEW RX.*
- yes 24. Partial fillings of controlled substances are recorded and dispensed appropriately. (CFR 1306.13 and 1306.23) (28-414)
- yes 25. Prescriptions filled for a Schedule II controlled substance are signed and dated on the front of the prescription. (28-414 (3b))
- yes 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) *NOT DONE*
- 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.

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

Leroy Harrison Carhart MDDispensing Practitioner Pharmacy License 1001881 Current Inspection Date _____

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) (71-1,147.33)

NONE USED

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:

Tony Kopf, RP 9353 Corby Omaha NE 68134	Ronald Klein, RP 1213 Grant Norfolk NE 68701	Mike Swanda, RP 1521 Newell Cozad NE 69130
---	--	--

Leroy Harrison Carhart MDDispensing Practitioner Pharmacy License 1001881Current Inspection Date_____

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. Misson 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."

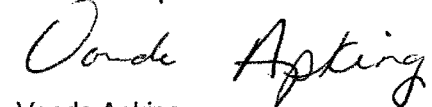
175 NAC 8-005.03C of the Regulations Governing Licensure of Pharmacies states, "The Pharmacy Quality Assurance Report is due one year from the date of the initial onsite inspection, and annually thereafter."

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
Credentialing Coordinator
Credentialing Division

BW/va

Enclosure

#1001881



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

STATE OF NEBRASKA
DEPARTMENT OF HEALTH & HUMAN SERVICES
REGULATION & LICENSURE
Credentialing Division
P. O. Box 94986
Lincoln, NE 68509-4986

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) (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

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. Misson 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

A handwritten signature in cursive script that reads "Helen L. Meeks".

Helen L. Meeks, Administrator
Credentialing Division

RP/HLM/va

xc: Inspector - Tony Kopf

PHARMACY QUALITY ASSURANCE REPORT NOTICE

STATE OF NEBRASKA
HEALTH & HUMAN SERVICES
REGULATION & LICENSURE
CREDENTIALING DIVISION
TELEPHONE # (402) 471-2118

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. Misson Ave
Bellevue NE 68005

OK JK
6-16-04

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)

(Date)

[Signature]

June 14, 2004

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

- 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) *No patients refuse*
- 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)
- Yes 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.

- Yes 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)
- Yes 18. The pharmacy assures that all requirements pertaining to multi-drug containers are met. (8-006.04G)
- Yes 19. All requirements pertaining to the inventory of controlled substances are met. (8-006.05B, .05C) (CFR 1304.11)
- Yes 20. All DEA forms 222 are properly completed. (CFR 1305.09)
- Yes 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.

- Yes 22. All prescriptions contain the required information prior to being filled. (8-006.04B) (CFR 1306.05(a))
- Yes 23. All refill requirements for prescriptions are in compliance. (CFR 1306.22) (28-414) (8-006.04B)
- Yes 24. Partial fillings of controlled substances are recorded and dispensed appropriately. (CFR 1306.13 and 1306.23) (28-414)
- Yes 25. Prescriptions filled for a Schedule II controlled substance are signed and dated on the front of the prescription. (28-414 (3b))
- Yes 26. All emergency Schedule II prescriptions are properly filled and recorded. (28-414) (8-006.05D) (CFR 1306.11(d)(1,2,3,4))
- Yes 27. All requirements for filling electromagnetic transmission prescriptions are followed. (28-414) (28-1437)
- Yes 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.

- Yes 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)
- Yes 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)
- Yes 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:

Tony Kopf, RP 9353 Corby Omaha NE 68134	Ronald Klein, RP 1213 Grant Norfolk NE 68701	Mike Swanda, RP 1521 Newell Cozad NE 69130
--	---	---

COMPLIANCE PAGE

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

- The item number that is not in compliance;
- Why it is not in compliance;
- How the deficiency will be corrected; and
- How long it will take to do so

A hand-drawn graph on lined paper. The curve starts at the origin (0,0) and increases with a decreasing slope, resembling a square root function. The curve passes through approximately (1, 0.5) and (4, 2).

For Office Use Only:

In Compliance ☐

Not In Compliance ☐

Comments:



March 24, 2004

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

RP/HLM/va

xc: Inspector - Tony Kopf

PHARMACY QUALITY ASSURANCE REPORT NOTICE

STATE OF NEBRASKA
HEALTH & HUMAN SERVICES
REGULATION & LICENSURE
CREDENTIALING DIVISION
TELEPHONE # (402) 471-2118

OK
by

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

CREDENTIALING DIVISION

JUN 16 2003

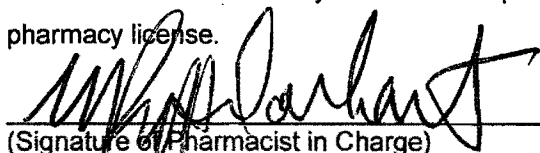
Dispensing Practitioner Pharmacy License # 1001881
06/17/2002

RECEIVED
Last inspection date:

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.
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. Pharmacy license 1001881, Medical license 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)

6/12/03

(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

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)

Yes 8. The pharmacy maintains documentation of a patient's refusal of counseling. *-If a patient refuses counseling we do not provide medications*
(8-006.04H2)

NO 9. Patient counseling is being done by only a pharmacist or pharmacist intern.
(8-006.04H) *Physician or RN.*

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)

NO 11. All computer or electronic record keeping requirements are met. *-none*
(CFR 1304/1306)

NO 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.

N/A 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)

- N/A 17. The pharmacy assures that all requirements pertaining to unit dose packaging and labeling are met. (8-006.04C, .04D, .04E)
- N/A 18. The pharmacy assures that all requirements pertaining to multi-drug containers are met. (8-006.04G)
- Yes 19. All requirements pertaining to the inventory of controlled substances are met. (8-006.05B, .05C) (CFR 1304.11)
- Yes 20. All DEA forms 222 are properly completed. (CFR 1305.09)
- Yes 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.

- Yes 22. All prescriptions contain the required information prior to being filled. (8-006.04B) (CFR 1306.05(a))
- N/A 23. All refill requirements for prescriptions are in compliance. (CFR 1306.22) (28-414) (8-006.04B) *we do not do refills*
- N/A 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*
- N/A 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.*
- N/A 26. All emergency Schedule II prescriptions are properly filled and recorded. (28-414) (8-006.05D) (CFR 1306.11(d)(1,2,3,4))
- N/A 27. All requirements for filling electromagnetic transmission prescriptions are followed. (28-414) (28-1437)
- Yes 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.

- Yes 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)
- N/A 30. Hardcopy requirements for Schedule II prescriptions are met. (28-414)
- Yes 31. The pharmacy is in compliance with the Drug Product Selection Act. (71-5401-5408)
- Yes 32. A ~~three~~²-file system for prescriptions is used and maintained (8-006.03A1) (28-414) *NO Class II Rx's*
- N/A 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.

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

Health and Human Services Regulation & Licensure, Credentialing Division
Refund Form

NAME:

Leary H. Calkins, MS

(Individual or Entity to Whom Refund is Due)

ADDRESS:

Bullivol High Class Phys, 1002 W. M. Sch Ave
(Street # & Name Box) (Office Box)

(Street # & Name/Post Office Box)

Belleview, NE 68005

(City, State, & Zip Code)

REASON FOR REFUND:

Paid Twice on renewal

ACCOUNT & RECEIPT #:

TOTAL AMOUNT RECEIVED: \$100.00

DATE OF RECEIPT: 7-11-03

FEE(S) WITHHELD:

PROFESSION/FACILITY TYPE:

Pharmacology

Administrative:

Licensure:

Examination:

Other (Specify):

AMOUNT OF REFUND DUE

\$ 100.00

SIGNATURE OF PERSON WHO COMPLETED FORM:

AMOUNT OF REPAIRS
Cecil Carter-Boord

DATE: 7-44-62

SIGNATURE OF SUPERVISOR:

March April

DATE: 7-24-63

TO BE COMPLETED BY CREDENTIALING DIVISION ACCOUNTING CLERK:

DAS DISBURSEMENT DOCUMENT #:

DATE WARRANT ISSUED:

White Copy: HHS R&L Financial Services

Yellow Copy: Credentialing Division Accounting Clerk

Pink Copy: Retained by Completer

2003 RENEWAL NOTICE

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. MISSON 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.

STATE PHARMACY OFFICE

DATE 07/11/2003
002
TOTAL \$100.00
FEE \$100.00

#70080

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 8-31-03
- ☐ 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. Misson Ave
Bellevue NE 68005

Dear Leroy Harrison Carhart MD:

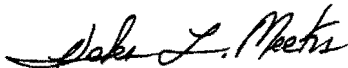
An Initial Onsite Inspection of your facility, Dispensing Practitioner Pharmacy License # 1001881, was performed by Tony Kopf, R.P., Pharmacy Inspector, on 06/17/2002.

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

xc: Inspector

**RECEIPT OF
PHARMACY QUALITY ASSURANCE REPORT & STATEMENT OF COMPLIANCE FORM**

FEB 10 2003

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, LeRoy H. Carhart MD, certify that I have received a
(Name of Pharmacist in Charge)

copy of the Pharmacy Quality Assurance Report and Statement of Compliance Form for
Dispensing Practitioner Pharmacy License #1001881 dated 06/17/2002.

[Signature]
(Signature of Pharmacist in Charge)

January 31, 2003
(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. Misson 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 thermostat 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 however, shipment had been cancelled & 222 was still at pharmacy. Received voided form from pharmacy and stopped 1st & 2nd copies to. But copy + marked all void next business day.
I, Leroy Harrison Carhart, hereby affirm that the statements written above are true and correct to the best of my knowledge.

[Signature]
(Signature of Applicant)

Feb 7, 2003
(Date)

STATE OF NEBRASKA
DEPARTMENT OF HEALTH & HUMAN SERVICES
REGULATION & LICENSURE
Credentialing Division
P. O. Box 94986
Lincoln, NE 68509-4986

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.

LEROY CARHART, MD
(Signature of Pharmacist in Charge)

6/17/02
(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

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

#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



**RECEIPT OF
PHARMACY QUALITY ASSURANCE REPORT &
STATEMENT OF COMPLIANCE FORM**

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)

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



January 24, 2003

Leroy Harrison Carhart MD
Bellevue Health Clinic Pharmacy
1002 W. Misson 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 Wisell, Section Administrator
Medical & Specialized Health Section

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

BW/cc

xc: Inspector

STATEMENT OF COMPLIANCE FORM

Pharmacy Name: Leroy Harrison Carhart MD

Address: Bellevue Health Clinic Pharmacy 1002 W. Misson 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)

License 2000

File Person/Facility License Window Help

Licensee - Leroy Harrison Carhart MD

General Licenses Education Employment Public Info Supp. Info

License #	Type	Status	Probation?	Limited?
1001881	Dispensing Physician Pharmacy Permit	Active	<input type="checkbox"/>	<input type="checkbox"/>

Issue Date: 03/01/1985 Date This Status: 03/01/1985

Obtained By: X

From State/Prov:

Expiration Date: 06/30/2001 Last Renewal Date: 06/15/2000

Remarks

Ready

Start Microsoft Word Wanda Wiese - In License 2000 2:09 PM

Reissued as 1002368
 thg exp to 6-30-01
 Remove waived fee
 10-13

License 2000

File Person/Facility License Window Help

Inspections for #1001881: Leroy Harrison Carhart MD

Type	Annual	Date	05/10/2000
Inspector	Tony Kopf	Announced	<input type="checkbox"/>
Grade	Pass		

Type	Annual	Date	02/10/1998
Inspector	Tony Kopf	Announced	<input type="checkbox"/>
Grade	Pass		

OK

Cancel

New

Delete

Remarks

Help

Ready

Start Microsoft Word Wanda Wiese - L License 2000 2:09 PM

License 2000

File Person/Facility License Window Help

Accounting Information For Leroy Harrison Carhart MD

☒ Show Fees ☐ Show Payments

Fees

Posted	Fee Type	Due	Amount	Paid	Amount	Status
05/05/1998	Renewal Fee	07/01/1998	\$100.00	06/16/1998	\$100.00	Paid in Full
04/14/1999	Renewal Fee	07/01/1999	\$100.00	04/20/1999	\$100.00	Paid in Full
03/29/2000	Renewal Fee	07/01/2000	\$100.00	08/14/2000	\$100.00	Paid in Full

New Pay New Drop Make Unpaid Delete Return Pmt

OK Help Cancel

Ready

Start Microsoft Word Wanda Wiese License 2000 2:10 PM

STATE OF NEBRASKA PHARMACY INSPECTION REPORT

(Affix Rx Label Here)
Bellevue Health Clinic Pharmacy
 1002 West Mission Avenue, Bellevue, NE - 292-4164
 01/Jun 13 Rx#01-9999 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
☒ Permit # 1001881 Exp Date 6-30-01 (10)* Owner(s) Name LeRoy Carhart, MD
☒ DEA Reg # Exp Date 8-31-03 (10)*
☒ NE CS Reg # AC2062139 Exp Date 8-31-01 (10)* Owner(s) Address 102 W. Mission Ave.
 CS Schedules Authorized: 2, 3, 4, 5 Bellevue
☒ Drug Product Selection Sign Displayed? ☒ Yes ☐ No (1)*
☒ Adequate security for pharmacy and inventory? ☒ Yes ☐ No Authorized Signatures (Optional) LeRoy Carhart
 R P licenses posted ☒ Yes ☐ No In Clinic 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: Variable

RP Hours:

NA RP Duty Sign: ☐ Yes ☐ No Room Locked

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)*

- MANUAL
☐ A. Type:
☐ B. Software:
☐ 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:

Dates only administered Numbers
 Schedule II to NONE to
 Schedules III to V
1-7-01 to 6-13-01 135001 to 135116
 to to
 to to

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)
NA 9. Refill compliance for Schedule III-IV (5 times in 6 months) (1)
NA 10. Refill compliance for nonscheduled meds & Schedule V (Valid for 12 months) (1)

Prescription Content (continued):

- ✓ 11. Directions for use by patient (1)
 NA 12. Partial refills recorded (1)
 NA 13. RP signature & date on front of all CII prescriptions (1)
 NA 14. Emergency authorizations properly recorded (1)
 NA 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)
 NA 11. No CII controlled substances dispensed without an original prescription except in emergency situations. (1)
 NA 12. All partial fillings dispensed appropriately (1)
 NA 13. All partial fillings do not exceed original amount prescribed (1)
 ✓ 14. Compliance with Drug Product Selection Law (1)
 NA 15. Refills initialed (1)
 ✓ 16. Three file system (1)
 only administered CII's

Inventory Controls (3)*

- ✓ 1. Outdated drugs (1) ☐ Yes ☒ No
 ✓ 2. Misbranded drugs (1) ☐ Yes ☒ No
 NA 3. Unit Dose System (1) ☐ Yes ☐ No

Controlled Substances Records (16)*

- 2 1. Biennial inventory taken ☒ Yes ☐ No
 Copy to Department ☒ Yes ☐ No late
 Date of Inventory 5-1-01 (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)
 NA 5. Controlled substances destroyed ☐ Yes ☐ No
 Date _____
 ✓ 6. CII's locked ☒ Yes ☐ No Dispersed ☐ Yes ☐ No (1)
 NA 7. Central record keeping ☐ Yes ☐ No
 Location _____ (1)
 ✓ 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 # 90596 (1)
 ✓ 3. Metric or apothecary weights _____ (1)
 ✓ 4. Three graduates _____ (1)
 ✓ 5. One mortar and pestle _____ (1)
 ✓ 6. Three spatulas _____
 7. Current library (printed or automated form)
 ✓ A. USPDI Volume 3 or orange book 2001 (1)
 ✓ B. Remington (any edition) 17th (1)
 ✓ C. Medical dictionary Taber's (1)
 ✓ D. Pharmacology Drug Interaction
☒ Drug Information F&C 2001 (1)
 ✓ 8. Poison Control Center telephone # _____ (1)
 ✓ 9. Current Pharmacy Statutes and Uniform Licensing Law
 2000's

DEFICIENCIES CITED AND CORRECTIONS REQUIRED:

1. Late sending inventory to Lincoln

Inspection rating (%) 98 PASS FAIL Date: Jan 13, 2001 Reinspection Date: _____

Inspector's Signature Tony Kopf RP Date 6/14/01

R.P. Signature [Signature] Date 6-14-01

STATE OF NEBRASKA PHARMACY INSPECTION REPORT

Bellevue Health Clinic Pharmacy

1002 West Mission Avenue, Bellevue, NE - 292-4164
 30/ / Rx# LeRoy Carhart, MD
 Ergonovine Maleate 0.2mg #6

Take 1 tablet every 8 hours with food, until
 finished.

Zip 68005 Phone 402-292-4164
 ✓ Permit # 1001881 Exp Date 6-30-00 (10)* Owner(s) Name LeRoy Carhart, M.D.
 ✓ DEA Reg # _____ Exp Date 8-31-00 (10)*
 ✓ NE CS Reg # AC20621394 Exp Date 8-31-01 (10)* Owner(s) Address 102 W. Mission Ave.
 CS Schedules Authorized: 2, 2M, 3, 3M, 4, 5 Bellevue
 ✓ Drug Product Selection Sign Displayed? ☒ Yes ☐ No (1)*
 ✓ Adequate security for pharmacy and inventory? ☒ Yes ☐ No Authorized Signatures (Optional) LeRoy Carhart
 R P licenses posted ☒ Yes ☐ No Power of Attorney (Optional) _____

RP's/Interns	License/Intern #	Status	Expiration Date	Preceptor	RP Sign
<u>LeRoy Carhart</u>	<u>15162</u>	<u>MD/Chg</u>	<u>10-1-00</u>	<u>No</u>	<u>N.A.</u>

SPP's: ☐ Trained ☐ Supervision ☐ Documented ☐ Policy

Comments: N.A.

Practice Setting: ☐ Community ☐ Hospital ☒ Dispensing Practitioner

Pharmacy Hours: Variable

RP Hours: 8:30

NA RP Duty Sign: ☐ Yes ☐ No Room locked

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: _____

_____ B. Software: MANUAL

_____ 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: new number every year

Dates Numbers
 Schedule II _____ to none dispensed to _____
 Schedules III to V 5-6-00
1-5-00 to 35044 00000 to 35044
1-4-99 to 12-27-99 935001 to 935088
 _____ to _____
 _____ to _____

Prescription Content: (15)*

- ✓ 1. Date of Issuance (1)
- ✓ 2. Name of Patient (1)
- ✓ 3. Patient address, if controlled substance (1) 1
- ✓ 4. Name of prescriber (1)
- ✓ 5. Prescriber address, if controlled substance (1)
- ✓ 6. Handwritten signature in ink or indelible pencil of prescriber (1) 1
- ✓ 7. DEA # of prescriber if controlled substance (1)
- ✓ 8. Name, strength, & quantity of medication (1)
- NA 9. Refill compliance for Schedule III-IV (5 times in 6 months) (1)
- NA 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)
 NA 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)
 NA 11. No CII controlled substances dispensed without an original prescription except in emergency situations. (1)
 NA 12. All partial fillings dispensed appropriately (1)
 NA 13. All partial fillings do not exceed original amount prescribed (1)
 ✓ 14. Compliance with Drug Product Selection Law (1)
 NA 15. Refills initialed (1)
 ✓ 16. Three file system (1)

Inventory Controls (3)*

- NO 1. Outdated drugs (1) ☐ Yes ☒ No
 NO 2. Misbranded drugs (1) ☐ Yes ☒ No
 NA 3. Unit Dose System (1) ☐ Yes ☒ No

Controlled Substances Records (16)*

- (-10) 1. Biennial inventory taken ☐ Yes ☐ No
 Copy to Department ☐ Yes ☐ No
 Date of Inventory Did 98+2000 deduct do 1999 (10)
 NA 2. DEA Form 222C completed ☐ Yes ☐ No
 NA 3. CII invoices properly maintained ☐ Yes ☐ No (2)
 ✓ 4. CIII-CV invoices properly maintained ☐ Yes ☐ No (1)
 NA 5. Controlled substances destroyed ☐ Yes ☐ No
 Date _____
 Lck 6. CII's locked ☒ Yes ☐ No Dispersed ☐ Yes ☐ No (1)
 NA 7. Central record keeping ☐ Yes ☐ No
 Location _____ (1)
 NA 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 # 90596 (1)
 ✓ 3. Metric or apothecary weights _____ (1)
 ✓ 4. Three graduates _____ (1)
 ✓ 5. One mortar and pestle _____ (1)
 ✓ 6. Three spatulas _____
 7. Current library (printed or automated form)
 ✓ A. USPDI Volume 3 or orange book 2000 (1)
 ✓ B. Remington (any edition) 17th (1)
 ✓ C. Medical dictionary Talbot (1)
 ✓ D. ☐ Pharmacology ☐ Drug Interaction
☐ Drug Information Fre 2000 (1)
 ✓ 8. Poison Control Center telephone # on phone (1)
 ✓ 9. Current Pharmacy Statutes and Uniform Licensing Law
left current

DEFICIENCIES CITED AND CORRECTIONS REQUIRED:

Did not do inventory in '99 (Reconstructed & Mail to Lincoln)

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

Louise Koop RP
 Inspector's Signature

5/10/2000
 Date

Robert G. Galt RP
 R.P. Signature

10 May 00
 Date

PHARMACY INSPECTION REPORT

Bellevue Health Clinic Pharmacy
1002 West Mission Avenue, Bellevue, NE - 292-4164
98/ / RX# Dr. LeRoy H. Carhart

✓ Permit #: 1001881 Expiration Date 6-30-98 (10)* Zip 68005 Phone (402) 292-4164
 ✓ DEA Reg. # 1 Expiration Date 8-31-00 (10)* Owner(s) Name LeRoy Carhart MD
 ✓ State CS Reg. # K23913 Expiration Date 8-31-99 (10)* Owner(s) Address 102 W Mission Ave Bellevue
 CS Schedules Authorized: 2, 3, 4, 5 Authorized Signatures (Optional) LeRoy Carhart
 Drug Product Selection Sign Displayed? ☒ Yes ☐ No (1)* Power of Attorney (Optional) None.
 ✓ Adequate security for pharmacy and inventory? ☒ Yes ☐ No (2 sets)
 R P licenses posted ☐ Yes ☐ No

RP's/Interns	License/Intern #	Status	Expiration Date	Preceptor	RP Sign
LeRoy Carhart	15162	MD/Chg	10-1-98	No	N.A.

Supportive Pharmacy Personnel: ☐ Trained ☐ Supervision ☐ Documented ☐ Policy

Comments: N.A.

Practice Setting: ☐ Community ☒ Hospital ☒ Dispensing Practitioner

Pharmacy Hours: Variable (Thurs-M) 8:30-5:30

RP Hours: Same

RP Duty Sign: ☐ Yes ☐ No Room locked

Emergency Drug Box: ☐ Yes ☐ No Records: N.A.

Location of Emergency Drug Boxes: N.A.

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

Computer: (4)*

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

Controlled Substances Prescriptions Checked:

Schedule II	Dates	Numbers
to	(No controlled dispensing)	to
1-3-97	to 12-18-97	735001 to 7035052
X	to X	to X
to	to	to

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)
- ☒ 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.
- ☒ 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)

NO Refills

DEFICIENCIES CITED AND CORRECTIONS REQUIRED: Sch III-IV invoices need to be dated when received (Repeat)

- ☒ 14. Compliance with Drug Product Selection Law (1)
- ☒ 15. Refills initialed (1)
- ☒ 16. ~~Three~~ file system (1) no CII'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 5-1-96 (Told him about new)
- ☒ 2. DEA Form 222C completed ☒ Yes ☐ No (2 work)
- ☒ 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 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)
A. USPDI Volume 3 or orange book
B. Remington (any edition) 172
C. Medical dictionary 1993 Tabern
D. ☒ Pharmacology ☒ Drug Interaction ☒ Drug Information R+C Jan 98
- ☒ 8. Poison Control Center telephone # _____
- ☒ 9. Current Pharmacy Statutes and Uniform Licensing Law 96's

Inspection rating (%) 99

PASS

FAIL

Date: Feb. 10, 1998

Reinspection Date: _____

Inspector's Signature [Signature]

Date 2/10/98

R.P. Signature [Signature]

Date 2/10/98

3

PHARMACY INSPECTION REPORT

Bellevue Health Clinic Pharmacy

1002 West Mission Avenue, Bellevue, NE - 292-4164
97/ 01/ 31 RX# 970001 DR. LeRoy H. Carhart
Methergine 0.2 mg

Tony Koph

#6

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. AC 2062139N Expiration Date 8-31-97 (10)*
Controlled Substances Schedules Authorized: 2, 20, 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)*
✓ RP Licenses posted Yes No

RP's/Interns	License/Intern No.	Status	Preceptor	RP sign
<u>LeRoy Carhart</u>	<u>15162</u>	<u>MD/Chg</u>	<u>No</u>	<u>—</u>

Name of Sup. Phar. Pers.	Trained	Supervision	Documented Policy
	<u>NONE</u>		

Practice setting: Community Hospital XDispensing practitioner
Pharmacy hours: only when Dr Carhart is there (variable)

RP Hours: same

NP RP Duty Sign Yes No (1)*
Hospital or Nursing Home consultant: Yes (NO) Where _____

Emergency Drug Box: Yes (NO) Records N.A.
Location of Emergency Drug Boxes: _____

Patient Counseling: (3)*

- A. ✓ Verbal Offer: RN's go over sheet with pt (1)
B. ✓ Documentation: Rt. sign sheet (1)
C. ✓ Who is counseling? RP's - MD bills if they understand (1)

Computer: (4)*

- A. Type: _____
B. Software: _____
C. Daily Printout: manual (1)
D. 7 day backup: system (1)
E. Log Book combination: (1)
F. Daily log signed & dated by RP(s) (1)

Controlled Substances Prescriptions checked:

Dates		Number	
Schedule II			
_____	to _____	<u>None</u>	to _____
Schedules III-V			
<u>6-15-96</u>	to <u>1-25-97</u>	<u>634000</u>	to <u>6735005</u>
_____	to _____	_____	to _____
_____	to _____	_____	to _____
_____	to _____	_____	to _____

all he had

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. ☒ 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) *No refill*
11. ☒ Directions for use by patient (1) *735004, 735005, 635023, 634001, 635011, 635020, 635012*
12. ☒ Partial refills recorded (1)
13. ☒ RP 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) *all CII administered*
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~~ *two* file system (1)

INVENTORY CONTROLS (3)*

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

CONTROLLED SUBSTANCES RECORDS (16)*

1. ⁻⁴ ☒ Biennial Inventory taken Yes No Copy to Department Yes No
Date of Inventory 5-1-96 (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. NA 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. 9596 (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) 17th (1)
C. ☒ Medical Dictionary 1993 Tabers (1)
D. ☒ Three categories Fact & Comp (1)
a. Pharmacology Dec '96
b. Drug Interaction
c. Drug Information
8. ☒ Poison Control Center telephone number (1)
9. Current Pharmacy statutes and Uniform Licensing law left 96's

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

DEFICIENCIES CITED AND CORRECTIONS REQUIRED:

Add Stated to inventory as of 7-17-96 & send copy of inventory to Lincoln.
waited Fantasy L. Dressed need to be double signed
all Sch III-IV copies need to be dated when received
Control & line address need to be on R. & L. handcopied.
Pl. direction need to be on hardcopy R's.

Inspection rating (%) 93

Pass

Fail

Date: Jan 31, 1997

Reinspection Date: _____

Tony Kopf RP
Inspector's Signature

1-31-97
Date

[Signature]
R.P. Signature

1-31-97
Date

PHARMACY INSPECTION REPORT

Bellevue Health Clinic Pharmacy

1002 West Mission Avenue, Bellevue, NE - 292-4164
RX# DR. LeRoy H. Carhart

Zip 68005 Phone (402) 292-4164

- ✓ Permit number 1001881 Expiration Date 6-30-96 (10)*
 ✓ DEA Registration number _____ Expiration Date 8-31-97 (10)*
 ✓ State CS Registration No. AC206239W Expiration Date 8-31-96 (10)*
 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 No (1)*
 ✓ Adequate security for Pharmacy and Inventory Yes No (1)*
 ✓ RP Licenses posted Yes No

RPs/Interns	License/Intern No.	Status	Preceptor	RP sign
<u>LeRoy Carhart</u>	<u>15162</u> <u>10-1-96</u>	<u>MD/Chg</u>	<u>No</u>	<u>yes</u>

Name of Sup. Phar. Pers. Trained	Supervision	Documented	Policy
<u>None</u>			

Practice setting: Community Hospital XDispensing practitioner
 Pharmacy hours: only when MD there 8-5 usually
 RP Hours: Thurs - Mon Closed Tues & Wed.
 RP Duty Sign Yes No (1)*
 Hospital or Nursing Home consultant: Yes No Where _____

Emergency Drug Box: Yes No Records _____
 Location of Emergency Drug Boxes: _____

- Patient Counseling: (3)*
 A. ✓ Verbal Offer: RNs - go over sheet (1)
 B. ✓ Documentation: Pt. sign sheet (1)
 C. ✓ Who is counseling? RNs - MD ask if they understand (1)
 Computer: (4)*
 A. Type: None
 B. Software: _____
 C. NA Daily Printout: _____ (1)
 D. NA 7 day backup: _____ (1)
 E. NA Log Book combination: _____ (1)
 F. NA Daily log signed & dated by RP(s) _____ (1)

Controlled Substances Prescriptions checked:

Vermed, Fentanyl, Valium
Dates _____ Number _____ *Trig. administered*

Schedule II

_____ to _____

Schedules III-V

_____ to _____
_____ to _____
_____ to _____
_____ to _____

NO controlled substances dispensed.

Bellevue Health Clinic Pharmacy
1002 West Mission Avenue, Bellevue, NE - 292-4164
t96 1/15 RX# M DR. LeRoy H. Carhart
RX# 960006 NELOVA 1/35E

1 Take 1 Every Day

PRESCRIPTION CONTENT: (15)*

no refills

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. ☒ RP 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) *one 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 6-1-94 (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 1-17-96 (Samples)
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. 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) 12th (1)
 - C. ☒ Medical Dictionary (1)
 - D. ☒ Three categories (1)
 - a. Pharmacology Fact
 - b. Drug Interaction
 - c. Drug Information Comparison Jan '96
8. ☒ Poison Control Center telephone number (1)
9. Current Pharmacy statutes and Uniform Licensing law all 5 (94495) (1)

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

DEFICIENCIES CITED AND CORRECTIONS REQUIRED:

Need new medical dictionary (within 10 years)

Need dosage form on label

Inspection rating (%) 98

Pass

Fail

Date: Jan 17, 1996

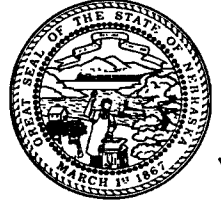
Reinspection Date:

Tony Koof 1-17-96
Inspector's Signature Date

[Signature] Jan 17, 1996
R.A. Signature Date

STATE OF NEBRASKA

DEPARTMENT OF HEALTH
Mark B. Horton, M.D., M.S.P.H.
Director
BUREAU OF EXAMINING BOARDS
Phone (402) 471-2115



E. Benjamin Nelson
Governor

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

<u>Bellevue Health Clinic Pharmacy</u>		<u>1001881</u>	
Name of Pharmacy		Pharmacy Permit Number	
<u>1002 W Mission</u>		<u>NA</u>	
Address		Hospital Inspection Certificate	
		05/05/94 6:49AM DDDAH8361 ****	
<u>Bellevue</u>		<u>NE</u>	
City		Zip Code	
		<u>68005</u>	
		<u>\$ 2.50</u>	
		Total Amount Remitted	
		CHECK \$2.50	

STATE OF NEBRASKA

DEPARTMENT OF HEALTH
Mark B. Horton, M.D., M.S.P.H.
Director

BUREAU OF EXAMINING BOARDS
Phone (402) 471-2115



E. Benjamin Nelson
Governor

July 12, 1994

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

Printed with soy ink
on recycled paper.

URGENT

YES NO

To Thelma Bellong
Date 7-12-94 Time 9:45

WHILE YOU WERE OUT

M Dr. Carhart

Of (414) 276-8110

Phone X-3061

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

☒ Please Phone
☐ Will Call Again
☐ See Me
☐ Stopped In

Message: _____

Message Taken By wjg

Printed with soy ink
on recycled paper.

URGENT

YES NO

To Thelma

Date 7/8/94 Time 10:10

WHILE YOU WERE OUT

M ~~Dr. Carhart~~ Dr. Karhart

Of Monday

Phone 402 292-4164

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

☐ Please Phone
☐ Will Call Again
☐ See Me
☐ Stopped In

Message: 1001881 Missouri
name & address change
closed in Sept.

1st of May - Tony inspected

Message Taken By Marti

BELLEVUE HEALTH CLINIC PHARMACY 292-4164

1002 W. Mission Ave, Bellevue, NE 68005

/ / Rx# E: Dr. Lee Carhart

Butacet

Take 1 or 2 every 4 hours for pain.

CAUTION: FEDERAL LAW PROHIBITS
THE TRANSFER OF THIS DRUG TO ANY
PERSON OTHER THAN THE PATIENT
FOR WHOM IT WAS PRESCRIBED.

SAT - Satisfactory

IMP - Improvement Needed

UNS - Unsatisfactory

Zip 68005 Phone 402/292-4164

New Pharmacy ☒Regular Inspection ☐

Store Permit No. 1001881 PCF No. —

Licenses on Display in his office R.P. Sign well put up.

Owner, Reg. Pharmacists
and InternsLic.
No.

Status

Lo Roy Carhart

15162

MD

P.P. Chg

Pharmacy Practice

Comm.

Hosp.

Prof.

Store Hours 8A-7P 3 days/week 8-5 Sat 12-5 Sun

R.P. Hours Only when MD present

Auxiliaries Nurses

Hosp. - N.H. Consultant None.

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

Type

SAT	IMP	UNS
RC		
RC		
—		
RC		
✓		
✓		
NA		
NA		

Controlled Substances

D.E.A. Reg. No. —

Expiration date

A 2062139W

State Reg. No. —

Owner & Address Bell Hill + Emer. Care Inc.
Le Roy Carhart MD - Owner 1002 W. Mission

Authorized Signature

Le Roy 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 initialed

Five refills or six mo.-III-IV

Frequency of refills-III-V

Letter "C" stamp

"Transfer" label utilized sticker

Distribution records

Method of filing Rx's well use 3 files

Computer Utilized

None.

Type

Central Record Keeping Permit No. N.A. / R.C.

Security

Building perimeter

Pharmacy department

R.P. Duty Sign utilized

Sched. II - dispersed locked

Sched. III-V properly dispersed locked

Alarm system

Type SEI 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 C Pre typed for drug

Labels affixed

Contents labeled

New containers utilized

SAT	IMP	UNS
✓		
✓		
✓		
RC		
RC		
RC		

Regulatory Requirements

Lighting

Ventilation, A.C. & heating

Sanitation & cleanliness

Neatness

Sink

Current USP/NF & Supplements

Rev. No. Serial No. USP DI 94

Current Merck Manual Ed.

Current Remington 17th Ed.

Pharmacology text F&C Apr '94

Medical Dictionary Taber 1978

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 No

Corrections Ordered:

Refug Temp

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.

5/2/94

date

R.C. in 60 days

Registered Pharmacist

Pharmacy Inspector

NEBRASKA DEPARTMENT OF HEALTH
BUREAU OF EXAMINING BOARDS
APPLICATION FOR PERMIT TO OPERATE A PHARMACY
FOR PHARMACISTS AND MEDICAL PRACTITIONERS

625- Received on
Controlled Sub
Fed mod form *

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 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/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):

~~Belleuve Health and Emergency Clinic, Inc.~~ Error JAE

NAME OF ALL OWNER(S), PARTNERS OR CORPORATE OFFICERS

~~Lee Carhart, III~~ ~~John Carhart~~
LeRoy Carhart, MD - owner
~~Alan Lee Carhart - partner~~

MEDICAL PRACTITIONER?

☒ YES
☐ NO

PHARMACY NAME AND COMPLETE ADDRESS

Belleuve Health Clinic Pharmacy
1002 WEST MISSION AVE
Belleuve, NEBRASKA 68005

DAYS AND HOURS OPEN FOR BUSINESS

Hours of Clinic Opening
Varies by Day & Week

NAME OF REGISTERED PHARMACIST (OR MEDICAL PRACTITIONER)
WHO WILL BE IN CHARGE OF PHARMACY

LeRoy H. Carhart, MD

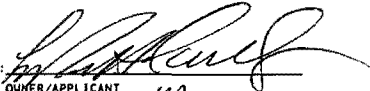
LICENSE NUMBER

1001881 Pharmacy
15162 MD

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

SIGN

HERE:



OWNER/APPLICANT

TITLE

MD
10/23/93

DATE

I DECLARE THAT I AM THE REGISTERED
PHARMACIST (OR MEDICAL PRACTITIONER)
WHO WILL BE IN CHARGE AND RESPONSIBLE
FOR ALL THE TRANSACTIONS WITH THE
PHARMACY.

SIGN

HERE:



REGISTERED PHARMACIST (OR MEDICAL PRACTITIONER)

PERMIT FEES

Original Permit..... \$ 200.00
Permit, Transfer of Ownership..... 200.00
Permit, Change of Location..... 25.00
Amended Permit, Change of Pharmacist... 50.00
Amended Permit, Original Owner To Heirs
or Estate..... 25.00
Amended Permit, Change in Name Only.... 25.00

AGENCY USE ONLY

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 94925
LINCOLN, NE 68509-4925

Our office address for correspondence only is: BUREAU OF EXAMINING BOARDS, P.O. BOX 95007, LINCOLN, NE 68509-5007
PHONE NUMBER: (402) 471-2115

April 8, 1988

RECEIVED
BUREAU OF EXAMINING BOARDS
APPLICATION FOR PERMIT TO OPERATE A PHARMACY
FOR PHARMACISTS AND MEDICAL PRACTITIONERS

25 Received
Controlled Sub-
ject must form

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 476, passed by the 1985 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/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):

Belleuve Health and Emergency Clinic, Inc. Error ARE

NAME OF ALL OWNER(S), PARTNERS OR CORPORATE OFFICERS

Lee Carhart III Error LHC
James Carhart
LHC, Carhart, MD - own 2 R
John Carhart - Error LHC

MEDICAL PRACTITIONER?

☒ YES

☐ NO

PHARMACY NAME AND COMPLETE ADDRESS

Belleuve Health Clinic Pharmacy
1002 WEST MISSION AVE.
Belleuve, NEBRASKA 68005

DAYS AND HOURS OPEN FOR BUSINESS

Hours of Clinic Opening
Varies by Day & Week

NAME OF REGISTERED PHARMACIST (OR MEDICAL PRACTITIONER)
WHO WILL BE IN CHARGE OF PHARMACY

LeRoy H. Carhart, MD

LICENSE NUMBER

1001881 Pharmacy
15762. MD.

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

SIGN
HERE

OWNER/APPLICANT

TITLE

DATE

[Signature]
MD
10/23/93

I DECLARE THAT I AM THE REGISTERED
PHARMACIST (OR MEDICAL PRACTITIONER)
WHO WILL BE IN CHARGE AND RESPONSIBLE
FOR ALL THE TRANSACTIONS WITH THE
PHARMACY.

SIGN
HERE

REGISTERED PHARMACIST (OR MEDICAL PRACTITIONER)

[Signature] MD

PERMIT FEES

AGENCY USE ONLY

Original Permit..... \$ 200.00
Permit, Transfer of Ownership..... 200.00
Permit, Change of Location..... 25.00
Amended Permit, Change of Pharmacist... 50.00
Amended Permit, Original Owner To Heirs
or Estate..... 25.00
Amended Permit, Change In Name Only.... 25.00

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 94925
LINCOLN, NE 68509-4925

Our office address for correspondence only is: BUREAU OF EXAMINING BOARDS, P.O. BOX 95007, LINCOLN, NE 68509-5007
PHONE NUMBER: (402) 471-2115

STATE OF NEBRASKA

DEPARTMENT OF HEALTH
Mark B. Horton, M.D., M.S.P.H.
Director
BUREAU OF EXAMINING BOARDS
Phone (402) 471-2115



E. Benjamin Nelson
Governor

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. Carlsberg, MD
Name

105 EAST MISSION AVE
Address

Belleuve Nebraska
Address

City NE Zip Code 2N, 3N

II, III, IV, V
Current Drug Schedules

Modify Registration to Read -

LeRoy H. Carlsberg, MD
Name

1002 WEST MISSION AVE
Business Address

Suite II
Business Address

City Belleuve Zip Code NE NE 68005

2N 3N
II III IV V
Current Drug Schedules

[Signature]
Signature

10/23/93
Date

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.



Leesha:

U.S. Department of Justice

Drug Enforcement Administration

Needs order forms

APPROVED
STATE OF NEBRASKA

Thelma C. DeLong 5-20-94
Signature Date

10/29/93 1:27PM 000AH0963
RDITH/
753114 \$25.00
CHECK \$25.00

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.

DEA Number _____

Date of Relocation 10-23-93

Old Address (on your DEA certificate):

New Business Address:

105 EAST MISSION AVE
Name

1002 WEST MISSION AVE
Name

Bellevue NE 68005

Bellevue NE 68005

City, State, Zip

City, State, Zip

Old State Med. Lic. No. 15762

New State Med. Lic. No. SAME

Old State Controlled
Substance Lic. No. AC 2062139N

New State Controlled
Substance Lic. No. SAME

(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

(402) 292-4164
Telephone number (new)

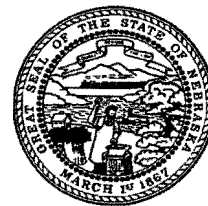
10/28/91
Date of Birth

1391347175
Social Security No.

STATE OF NEBRASKA

DEPARTMENT OF HEALTH
Mark B. Horton, M.D., M.S.P.H.
Director

BUREAU OF EXAMINING BOARDS
Phone (402) 471-2115



E. Benjamin Nelson
Governor

October 18, 1993

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

dispensing med. pract.

LeRoy Carhart
1002 West Mission
Bellevue, NE 68005

chg of location


log this add 10-14-93 new bldg won't be ready for 6 wks.

SIGN

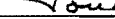
State of Nebraska

[illegible]

Inspection Report explained to me and unders-
tandings must be made to comply therewith.



Registered Pharmacist



Pharmacy Inspector

Inspection Report explained to me and Under-
 stood. Instructions must be made to comply therewith.

[Signature]
 Registered Pharmacist

[Signature]
 Pharmacy Inspector

State of Nebraska

Directions:

Power of Attorney John O

New containers utilized

[illegible]

Regular Inspection ☒

[illegible]

Hosp. - N.H. Consultant

Method of filling Rx's *3 file*

[illegible]

Central Record Keeping Permit No. _____

Type Vlove

Refill authorizations

✓		
✓		
✓		

Type None

SAT	IMP	UNS
✓		
✓		
✓		
✓		
✓		
I		
I		
I		

Pharmacy Inspector

For more information Reference File #1993, Olde Towne Pharmach, Bellevue,
Archived in Box #088114 for Closed Pharmacy Files

Pharmacy Inspector

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

Zip 68005 Phone 292, 4164

Regular Inspection ☒

Store Permit No.		PCF No.	
Licenses on Display	R.P. Sign		
Owner, Reg. Pharmacists and Interns	Lic. No.	Status	
Le Roy 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

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

SAT	IMP	UNS
✓		
✓		
—		
		E
✓		
✓		
✓		
✓		

State of Nebraska

D.E.A. Reg. No. _____
 Expiration date 8-31-87
 State Reg. No. AC 206 2139 N
 Owner & Address Leroy Carhart, MD
105 East Mission Bellevue
 Authorized Signature Leroy H. Carhart
 Power of Attorney None

Inventory Date 1-28-06
Acquisition (late)
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 initialed
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 3 drawer logs

Type 100

Central Record Keeping Permit No. NON

Building perimeter
Pharmacy department
R.P. Duty Sign utilized
Scheduled II - dispersed - locked
Scheduled III-V properly dispersed *locked*
Alarm system
Type *None*

- Record of refills
- Frequency of refills
- Refill authorizations

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

[illegible]

Lighting
Ventilation, A.C. & heating
Sanitation & cleanliness
Neatness
Sink
Current USP/NF & Supplements
Rev. No. _____ Serial No. _____
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

[illegible][illegible]

No Hard Copy Prescription
 Food in ref. of Drugs
 1 qte Biennial Invention
 222 Farms not Completed
 Carhart Not available

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.

9-17-86
date
Cynthia
Registered Pharmacist
Jerry A. Graver, RPh
Pharmacy Inspector

State of Nebraska

Missouri Valley Clinic

New Pharmacy ☒ Regular Inspection ☐

Store Permit No. 1001881	PCF No.	—
Licenses on Display	R.P. Sign	—
Owner, Reg. Pharmacists and Interns	Lic. No.	Status
LeRoy Carhart, MD 15162 MI		

Pharmacy Practice Comm. Hosp. Prof.
Store Hours 8AM-10PM
R.P. Hours Always MD in clinic
Auxillaries
Hosp. - N.H. Consultant none

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

SAT	IMP	UNS
✓		
✓		
—		
✓		✓
✓		
✓		
✓		

D.E.A. Reg. No. _____
 Expiration date 8-31-05
 State Reg. No. AC 2062139
 Owner & Address Leroy Carhart, MD
105 East Mission Bellevue
 Authorized Signature Leroy H. Carhart,
 Power of Attorney _____

Inventory Date NONE

Acquisition

Form 222c completed *Clipped*

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 initialed

Five refills or six mo.-III-IV

Frequency of refills-III-V

Letter "C" stamp

"Transfer" label utilized

*all C.S. locked in
MD Desk-only MD
has keys*

Distribution records
Method of filling Rx's Drug Purchases - Record Invoice

+ Disp 109
Computer Utilized _____
Type _____
Central Record Keeping Permit No. _____

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

- Record of refills
- Frequency of refills
- Refill authorizations

[illegible]

uses perfect number for conf. R number

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

SAT	IMP	UNS
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
		<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>		
<input checked="" type="checkbox"/>		
<input checked="" type="checkbox"/>		

Lighting
Ventilation, A.C. & heating
Sanitation & cleanliness
Neatness
Sink
Current USP/NF & Supplements
Rev. No. _____ Serial No. _____
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

✓	
✓	
✓	
✓	
✓	
none	
none	
none	
none	
none	
✓	
✓	
none	
✓	
✓	
none	
none	
✓	

Corrections Ordered:
needs lot of ~~it~~ ~~exp date~~ ~~on exp date~~
Complete biennial C.S. inventory
need consecutive R# on labels
Complete + mail C.S. loss form
Type labels
Complete Security

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.

6-19-85 date
+
Registered Pharmacist M.D.
Pharmacy Inspector



RECEIVED

DEPARTMENT OF HEALTH

APR 12 1985

Bureau of Examining Boards

BUREAU OF EXAMINING BOARD

Post Office Box 95007

LINCOLN, NEBRASKA

Lincoln, Nebraska 68509-5007



This is to acknowledge receipt of my License/Certificate

No. _____

Dated _____

to practice _____

Pharmacy
(Name of Profession)

[Signature]
(Signature)

Address: _____

116. Sally Ann
105 E. Main

Zip

Complete, stamp and mail.

Bellvue - Ne 68005

RECEIVED

NEBRASKA DEPARTMENT OF HEALTH
APPLICATION FOR PERMIT TO OPERATE A PHARMACY
FOR PHARMACISTS AND MEDICAL PRACTITIONERS

RECEIVED

FEB 28 1985

MAR 4 1985

INSTRUCTIONS

BUREAU OF EXAMINING BOARDS
LINCOLN, NEBRASKA

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:

Missouri Valley Associates, P.C.

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

LEROY H. CARHART, M.D. Pres

MARY LOU CARHART, Secretary

Medical Practitioner?

☒ YES☐ NOPharmacy Name and Address
(Street, City, Zip Code)

Missouri Valley Clinic

105 E. Mission

BETH Bellevue ne 68005

Days and Hours Open for Business

7 DAY WEEK

8AM 10PM

Name of Registered Pharmacist Who Will Be In Charge of Pharmacy
(NOTE: Medical Practitioners need not complete this section)

R.P.

License Number

151602

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

I declare that I am the registered pharmacist who will be in charge of and responsible for all transactions within the pharmacy.

Sign

Here:

Leroy H. Carhart

Owner/Applicant

MD President

Title

29 February

Date

Sign

Here:

Mary Lou Carhart

Registered Pharmacist MD

PERMIT FEES

AGENCY USE ONLY

Original Permit.....\$100.00

Permit, Transfer of Ownership.....50.00

Permit, Change of Location.....10.00

Amended Permit (change of pharmacist)....10.00

Amended Permit (original owner to heirs or estate).....10.00

Amended Permit (change in name only).....10.00

Mail This Application and Fee to:

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

Application Date

3-4-85

Date Permit Issued

3-6-85

Permit Number

1001881

THE PREVIOUS PERMIT MUST BE RETURNED WITH THIS APPLICATION.

(The large 8½" x 11")



STATE OF NEBRASKA

ROBERT KERREY • GOVERNOR • GREGG F. WRIGHT, M.D., M.Ed. • DIRECTOR

March 6, 1985

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



STATE OF NEBRASKA

ROBERT KERREY • GOVERNOR • GREGG F. WRIGHT, M.D., M.Ed. • DIRECTOR

February 28, 1985

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

dh

Enclosures 2



STATE OF NEBRASKA

ROBERT KERREY • GOVERNOR • GREGG F. WRIGHT, M.D., M.Ed. • DIRECTOR

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 71-1,147.03 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

Debbie Halada

By Debbie Halada
(402)471-4904

dh

Enclosures