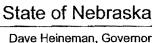
Please reply to:

Licensure Unit

PO Box 94986, Lincoln, NE 68509-4986

Phone (402) 471-2118 FAX (402) 471-8614





Division of Public Health

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

dake L. Meets

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

Misson Ave
NE 68005

Dispensing Practitioner Pharmacy License # 1001881

Last Self-Inspe

Dispensing Practitioner	Pharmacy License # 1001881	Last Self-Inspection date: 05/30/2009
Pharmacy License Number: 1001.  DEA registration Number: Owner's Name: Le Roy H. ( Pharmacy Name: Believue Pharmacy Street Address: 1002   Pharmacy City, State, Zip Code: Believue Pharmacy Telephone #: Lo2 - 29 Pharmacy Web Page/E-mail: 1000 Pharmacy Hours: Variable List Pharmacy Personnel: Name of PIC: Le Roy H Car	Exp. Date:( Carhart M. D. Health Clivic Phar N. Missinn Ave sellevue Health Cl 12-4164 Pharmacy Fax #: Ine 70 @ aol. Com When MD present	101c Pharmacy 402291-4643
Staff Pharmacists Name & NE	Pharmacist Interns Name &	Pharmacy Technicians Name &
License #	NE Registration #	NE Registration #
,		
·		
		1
SOFTWARE: NONE	Dy'e pcp	L DAV
,		DAY:
• • • • • • • • • • • • • • • • • • • •		ch and strictly true in every respect. I have read the
		ctice of pharmacy, am familiar with its provisions,
		ents made in connection with this Quality Assurance
Interest and hand	st my pharmacist license and/or the pharm $\mathcal{A}\mathcal{D}$	May 2010
(Signature of Pharmacist in Charge)		Date)

C = In Compliance

NC = Not in Compliance

NA = Not Applicable

Section cited	Requirement	С	NC	NA
8-003.01A	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	χ		
	temperature.	\\\\\		
8-007.02	4. The pharmacy is maintained in a clean, orderly, and	V		
	sanitary manner.	X		
8-007.03	5. The pharmacy maintains in printed or electronic form			
	appropriate reference material for the practice of	X	1	
	pharmacy.			
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	7		11
	refusal of counseling. If they want made they get	- Driverse	Vina	X
8-006.04H	9. Patient counseling is being done by only a pharmacist	1	}	
	or pharmacist intern. Physician ONLy	X		
38-2869	or pharmacist intern. Physician ONG  10. Prior to the dispensing or the delivery of each new or			
	refill prescription, a pharmacist is conducting a	$\perp \times$	1	
	prospective drug utilization review.			
CFR 1304/1306	11. All computer or electronic record keeping requirements			
	are met. ND comptal 8/8tem	`		X
8-005.03A5	12. The poison control phone number is posted in the			
	pharmacy. Office phones	X		
CFR 1305.05	13 Power of Attorney forms are complete and	1		1
	appropriately filed. NO Power of Attorney Forms (	sed		メ
8-006.03A	14. The pharmacy maintains complete and accurate			
•	records of all controlled substances received and			
	added to the inventory.			
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		1	
	any drug, device or biological which is misbranded or	X		
	adulterated.			
8-006.04C, .04D,	17. The pharmacy assures that all requirements pertaining	1 .		V
.04E	to unit dose packaging and labeling are met. No UPIT	Bose	(ya)	X
8-006.04G	18. The pharmacy assures that all requirements pertaining			. /
	to multi-drug containers are met. NO INVLIT DUE CON		CRO	X
8-006.05B, .05C	19. All requirements pertaining to the inventory of controlled	1		
	substances are met.	X		
	Pate of Current Inventory: 1 May 09 14			
	down inventory cheech at completed		<u> </u>	
CFR 1305.09	20. CII acquisitions are properly documented.	人		

LeRoy Harrison Carhart, MDDispensing Practitioner Pharmacy License 1001881Self-Inspection Date 5 20 10

8-006.05A	21. All controlled substances are properly stored.	X	
8-006.04B	22. All prescriptions contain the required information prior		
CFR 1306.05(a)	to being filled. Ho Refills - all original Re-	X	
8-006.04B.9a	23. All refill requirements for prescriptions are in		
	compliance. No Refills-alloriginal Ry	X	
CFR 1306.13 and	24. Partial fillings of controlled substances are recorded		
1306.23	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	26. All emergency Schedule II prescriptions are properly		
8-006.05D	filled and recorded.		~ /
CFR	Does not apply as Dr. Carnant Mas to		X
1306.11(d)(1,2,3,4)	filled and recorded.  Does not apply as Dr. Canhart has to be present to disperse.		
28-414	27. All requirements for filling electromagnetic transmission		
28-1437	prescriptions are followed. Not done have		X
38-2870			
8-006.04F	28. All prescriptions are properly labeled.	X	
8-006.03A1	29. Hardcopy requirements for Schedule II prescriptions		
CFR 1306.11	are met.	X	
71-5401.01-5409	30. The pharmacy is in compliance with the Drug Product		
	Selection Act.	1	
8-006.03A1	31.A three-file system for prescriptions is used and		
28-414(3a)(3c)	maintained.		
71-2413	32. Proper records are maintained for Emergency Drug		
	Boxes. No Emergency Drug boxes  33. All requirements and documentation are met for the		X
8-006.01D	33. All requirements and documentation are met for the		
	utilization of Pharmacy Technicians. No Techs here		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	Mike Rueb	Mike Swanda, RP
9353 Corby	3104 N. 160th Ave	1521 Newell
Omaha NE 68134	Omaha NE 68116-2442	Cozad NE 69130

LeRoy Harrison Carhart, MDDispensing Practitioner Pharmacy License 1001881Self-Inspection Date 5/20/10

#### 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

ALL ISMS I	408 IN 1	lon privière	
1			-110
			Mark
			Markan Smo.
			" Phousewort in charge"
	- 48V 1/84 1/		
		**************************************	
	-		
All agents and the second seco			
	Manager 1971		
			No. of the second secon
or Office Use Only:			
n Compliance □	Not In Comp	liance 🗆	
Comments:			

Please reply to:

Licensure Unit

#1001881

lad 6-18-10

PO Box 94986, Lincoln, NE 68509-4986

Phone (402) 471-2118 (402) 471-8614



Division of Public Health

State of Nebraska

Dave Heineman, Governor

June 11, 2010

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

Dear Pharmacist-in-Charge:

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

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

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

FAX (402) 471-8614

PO Box 94986, Lincoln, NE 68509-4986 Phone (402) 471-2118



Division of Public Health

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

dale J. Mehr

Licensure Unit

JS/HLM/als

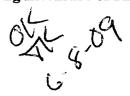
xc: Inspector - Tony Kopf, RP

# PHARMACY QUALITY ASSURANCE STATE OF NEBRASKA HUMAN SERVICES REPORT NOTICE

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



Dispensing Practitioner Pharmacy License # 1001881

Last Self-Inspection date: 06/10/2008

· · · · · · · · · · · · · · · · · · ·		
Pharmacy License Number:/OO / DEA registration Number: / Owner's Name: Roy H. (') Pharmacy Name: Roy H. (') Pharmacy Street Address: Name: H. (') Pharmacy Street Address: Name:	Exp. Date: \$-31-6  arhant M.D.  eath Clinic Pharmacy  D. Mission Ave.  vue NE 68005  2-4164 Pharmacy Fax #: 407  e 70 @aol. com	2009
	) M\	1 1 d
Name of PIC: LeRoy H. C	arhait 10.	License #: 15162
Staff Pharmacists Name & NE License #	Pharmacist Interns Name & NE Registration #	Pharmacy Technicians Name & NE Registration #
LeRoy H. Carbort M.D.		
Med In 1511-2		
TRUNCE TOTAL		
***************************************		
		-
SOFTWARE: NONE	RX'S PER DAY:	17
I, the pharmacist in charge, state that all o	of the statements herein contained are each and	I strictly true in every respect. I have read the
applicable Nebraska State Statutes and R	tules and Regulations concerning the practice o	f pharmacy, am familiar with its provisions.
• •	I understand that false or forged statements ma	
	my pharmacist license and/or the pharmacy lice	
Treport may be grounds to, action against	ney pharmacist license and/or the pharmacy lice	5113G.
MAMMAN	5-30.	1009
(Signature of Pharmacist in Charge)		(Date)

C = In Compliance

NC = Not in Compliance

NA = Not Applicable

Section cited	Requirement	С	NC	NA
8-003.01A	All information provided on the application for a pharmacy license is accurate and correct.	X		
8-006.02C	Adequate security is maintained for the prescription inventory and prescription records.	X		
8-006.02A	Drugs, devices and biologicals are stored at the proper temperature.	X		
8-007.02	The pharmacy is maintained in a clean, orderly, and sanitary manner.	X		
8-007.03	<ol><li>The pharmacy maintains in printed or electronic form appropriate reference material for the practice of pharmacy.</li></ol>	X		
8-007.01	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.	×		
8-006.04H2	8. The pharmacy maintains documentation of a patient's refusal of counseling Is they want meds they get couse	rity		X
8-006.04H	9. Patient counseling is being done by only a <del>pharmacist</del> or pharmacist intern. Physician only	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.	×		
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. Office telephones	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,	17. The pharmacy assures that all requirements pertaining			X
.04E	to unit dose packaging and labeling are met.	-	-	1
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: 1 - May 2009	X		
CFR 1305.09	20. CII acquisitions are properly documented.	×		
8-006.05A	21. All controlled substances are properly stored.	×		
8-006.04B	22. All prescriptions contain the required information prior	N.		

CFR 1306.05(a)	to being filled.	$\propto$	
8-006.04B.9a	23. All refill requirements for prescriptions are in compliance. No Refill - all original &	X	
CFR 1306.13 and 1306.23	<ol> <li>Partial fillings of controlled substances are recorded and dispensed appropriately.</li> </ol>	×	
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	26.All emergency Schedule II prescriptions are properly		
8-006.05D	filled and recorded. as Dr Carhart has to be present Does not apply as Dr Carhart has to be present to dispense		$\times$
CFR	poes not apply as be dispense		7.0
1306.11(d)(1,2,3,4)			
28-414	27. All requirements for filling electromagnetic transmission		X
28-1437	prescriptions are followed. None done here		X
38-2870			
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.	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.	×	
8-006.03A1	31.A three-file system for prescriptions is used and	X	
28-414(3a)(3c)	maintained.		
71-2413	32. Proper records are maintained for Emergency Drug Boxes. No emergency drug boxes	X	
8-006.01D	33. All requirements and documentation are met for the utilization of Pharmacy Technicians. No Techs here		×
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	Mike Rueb	Mike Swanda, RP
9353 Corby	3104 N. 160th Ave	1521 Newell
Omaha NE 68134	Omaha NE 68116-2442	Cozad NE 69130

LeRoy Harrison Carhart, MDDispensing Practitioner Pharmacy License 1001881Self-Inspection Date 5/30/2009

#### 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 i	s not in compliance;		
b) c)		be corrected: and		
ď)	How long it will take to	do so		
			***************************************	
				-
			 MATERIAL DESCRIPTION OF THE PROPERTY OF THE PR	
Fo	or Office Use Only:			
_				
ln	Compliance □	Not In Compliance □		
c	omments:			
U	omments.			
***********				
_				



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

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 Heath Care Facility Licensure Act, or these regulations;..."

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

Sincerely,

Becky Wisell, Administrator

Office of Medical & Specialized Health

Annette Scheinost

Health Licensing Specialist

Licensure Unit

BW/als

\*CIS inventory detect 5-1-07 received 9-4-08, noted on computer file & placed in inspector's box. As

and Human Services

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 <u>full compliance</u> 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

John J. Meets

Licensure Unit

JS/HLM/als

xc: Inspector - Tony Kopf, RP

### PHARMACY QUALITY ASSURANCE STATE OF NEBRASKA HUMAN SERVICES REPORT NOTICE

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

Dispensing Practitioner Pharmacy License # 1001881 Last Self-Inspection date: 06/15/2007 Pharmacy License Number: // / / / Exp. Date: DEA registration Number: \_ Exp. Date: \_\_\_ Owner's Name: Le Rou Pharmacy Street Address: 100つ W. MISSION AVE Pharmacy City, State, Zip Code: Belleville 68005 Pharmacy Fax #: Pharmacy Telephone #: 402 292 Pharmacy Web Page/E-mail: Pharmacy 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: H. Carhart ma 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 6-10-08 (Date) (Signature of Pharmacist in Charge)

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

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

	· cuoi	. ,,,	
b) c)	Why How	it is the	number that is not in compliance; not in compliance; deficiency will be corrected; and g it will take to do so
<u> Y</u>	25		All information provided on the application for a pharmacy license is accurate and correct. (8-003.01)
_`Y	les		Adequate security is maintained for the prescription inventory and prescription records. (8-006.02C)
	105	3.	Drugs, devices and biologicals are stored at the proper temperature. (8-006.02A)
_>	105	4.	The pharmacy is maintained in a clean, orderly, and sanitary manner. (8-007.02)
1	Ms.	5.	The pharmacy maintains in printed or electronic form appropriate reference material for the practice of pharmacy. (8-007.03)
	les	6.	The pharmacy provides the pharmacist access to all utilities/equipment needed to practice pharmacy. (8-007.01)
4	Ko_	7.	Patient counseling is being provided as required. (71-1,147.35(2)(a)) (8-006.04H)
	JA_	8.	The pharmacy maintains documentation of a patient's refusal of counseling.  (8-006.04H2) — IF THEY WHAT MEDICINES CROW ME THEY GET COUNSEL MEDICINES CROW ME THEY GET COUNSEL MEDICINES CROW MEDICINES CROW MEDICINES CROW MEDICINES CROWNER.
7	Ks	. 9.	Patient counseling is being done by only a pharmacist or pharmacist intern. (8-006.04H)
4	Ks	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)
	UA	11.	All computer or electronic record keeping requirements are met. (CFR 1304/1306)
~	p	12.	The poison control phone number is posted in the pharmacy. OPEICE TECEPITENES
			#2: Review a minimum of six (6) months of involces for scheduled drugs and note mpliance on the Compliance Page.
1	VON	L <sub>13.</sub>	Power of Attorney forms are complete and appropriately filed. (CFR 1305.05)
_	jes	14.	Power of Attorney forms are complete and appropriately filed. (CFR 1305.05)  The pharmacy maintains complete and accurate records of all controlled substances received and added to the inventory. (28-411)(4)

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

16. The pharmacy does not have in its saleable inventory any drug, device or biological which is misbranded or adulterated. (71-2402) (71-2421(3)(a)) (8-006.02D)

17. The pharmacy assures that all requirements pertaining to unit dose packaging and
17. The pharmacy assures that all requirements pertaining to unit dose packaging and labeling are met. (8-006.04C, .04D, .04E)
18. The pharmacy assures that all requirements pertaining to multi-drug containers are met. (8-006.04G) Wi Multi-drug Centrum.
19. All requirements pertaining to the inventory of controlled substances are met. (8-006.05B, .05C) (CFR 1304.11)
20. All DEA forms 222 are properly completed. (CFR 1305.09)
21. All controlled substances are properly stored. (8-006.05A)
PROTOCOL #3: In reviewing hardcopy prescriptions for compliance, check the most recent Schedule II file for 100 prescriptions. For the Schedule iii-V, check 400 prescriptions selected randomly since the last inspection. Note any non-compliance on the Compliance Page.
22. All prescriptions contain the required information prior to being filled. (8-006.04B) (CFR 1306.05(a))
22. All prescriptions contain the required information prior to being filled. (8-006.04B)  (CFR 1306.05(a))  (CFR 1306.05(a))  23. All refill requirements for prescriptions are in compliance. (CFR 1306.22) (28-414)  (8-006.04B)
24. Partial fillings of controlled substances are recorded and dispensed appropriately. (CFR 1306.13 and 1306.23) (28-414)
25. Prescriptions filled for a Schedule II controlled substance are signed and dated on the front of the prescription. (28-414 (3b))
26. All emergency Schedule II prescriptions are properly filled and recorded. (28-414)
(8-006.05D) (CFR 1306.11(d)(1,2,3,4))  NAT HOLY AS I HAVE TO BE PRESENT TO DESPENSE  NAT HOLY AS I HAVE TO BE PRESENT TO DESPENSE  (28-414) (28-1437) NOT DONE HERE
DOT SONE HERE
PROTOCOL #4: Visually look at ten (10) completed prescriptions that are waiting to be picked up to verify that they are filled and labeled correctly. Also, if applicable, check computer-generated stickers against hard copy information while checking the 500 prescriptions in Protocol #3. Note any non-compliance on the Compliance Page.
28. All prescriptions are properly labeled. For prescriptions written by Physician
Assistants, both the prescription and the prescription container labels shall bear the name of the supervising physician and the Physician Assistant. (8-006.04F)  (71-1,107.30)
29. Hardcopy requirements for Schedule II prescriptions are met. (28-414)
30. The pharmacy is in compliance with the Drug Product Selection Act. (71-5401-5408)
31. A three-file system for prescriptions is used and maintained (8-006.03A1) (28-414)
12 32. Proper records are maintained for Emergency Drug Boxes (71-2413)  We surry and Boxes

LeRoy Harrison Carhart, MDDispensing Practitioner Pharmacy License 1001881Self-Inspection Date 6-10-0 8

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.

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

 $\cancel{U}$  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 Mike Swanda, RP 9353 Corby 1521 Newell **Omaha NE 68134** Cozad NE 69130

LeRoy Harrison Carhart, MDDispensing Practitioner Pharmacy License 1001881Self-Inspection Date 6-10-08

#### **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 st	leurs aux	111	Carol	'e avec	 
				7	
			Malle	when!	
For Office Use Only:	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

dake J. Meets

Credentialing Division

JS/HLM/als

xc: Inspector - Tony Kopf, RP

# PHARMACY QUALITY ASSURANCE STATE OF NEBRASKA HUMAN SERVICES REPORT NOTICE

**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 Misson Ave Bellevue NE 68005

Dienancing Practitioner Pharmacy License # 1001981

Last Salf Inspection date: 05/24/2006

Dispensing Fractitioner Finantiacy Dicense # 1001001	Last Self-Hispection date. 03/24/2000
Pharmacy License Number: 100 88 Ex	p. Date: 7-1-08
3	
11 0 3	p. Date: 8-31-09
Owner's Name: Le Koy (t. Cour herr)	sic Pharmaca
Thatmady Hamo: Programme A	Dic Pharmacq
Pharmacy Street Address: 1002 Uks MISSION	DVE )
Pharmacy City, State, Zip Code: Bellevoe, NE, Cox	- A. H 11 -
	armacy Fax #: 402 291 4643
Pharmacy Web Page/E-mail: mine is	jarive 70 e uolicon
Pharmacy Hours: Varies	
Pharmacy Personnel including Pharmacist Interns and Pharmacy Tecapplicable)(attach a separate sheet of paper if additional room:	chnicians—list name and license number (if
Le Roy H Carhart mo 1516	62
I, the pharmacist in charge, state that all of the statements herein con-	tained are each and strictly true in every respect. I
have read the applicable Nebraska State Statutes and Rules and Reg	gulations 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 act	tion against my pharmacist license and/or the
pharmacy license.  (Signature of Pharmacist in Charge)	15 June 2007
(Organization of Antifriconstant Origingo)	// (Daio)

LeRoy Harrison Carhart, MDDispensing Practitioner Pharmacy License 1001881Self-Inspection Date

6-15-2007

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;

How the deficiency will be corrected; and

b) Why it is not in compliance;

) How	lon	g it will take to do so	
Yes		All information provided on the application for a pharmacy license is accurate and correct. (8-003.01)	
Ves	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)	
<u>Ye5</u>	5.	The pharmacy maintains in printed or electronic form appropriate reference material for the practice of pharmacy. (8-007.03)	
405	6.	The pharmacy provides the pharmacist access to all utilities/equipment needed to practice pharmacy. (8-007.01)	
Kazi	7.	Patient counseling is being provided as required. (71-1,147.35(2)(a)) (8-006.04H)	
yes		The pharmacy maintains documentation of a patient's refusal of counseling.  (8-006.04H2) Towner Over Me-if they want to Mulecition Nere Note and Chart.  Betient counseling is being done by only a pharmaciet or pharmaciet intern	get
UA	9.	Patient counseling is being done by only a pharmacist or pharmacist intern.  (8-006.04H)	
y/s	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.	
		. #2: Review a minimum of six (6) months of invoices for scheduled drugs and note mpliance on the Compliance Page.	
NON	E13.	Power of Attorney forms are complete and appropriately filed. (CFR 1305.07)	
4es	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)  DO NOT DO NOT DO
		The pharmacy assures that all requirements pertaining to multi-drug containers are met. (8-006.04G)
409	19.	All requirements pertaining to the inventory of controlled substances are met. (8-006.05B, .05C) (CFR 1304.11)
709	20.	All DEA forms 222 are properly completed. (CFR 1305.09)
709	21.	All controlled substances are properly stored. (8-006.05A)
Schedule	e il 1	#3: In reviewing hardcopy prescriptions for compliance, check the most recent file for 100 prescriptions. For the Schedule III-V, check 400 prescriptions selected nce the last inspection. Note any non-compliance on the Compliance Page.
705	22.	. All prescriptions contain the required information prior to being filled. (8-006.04B) (CFR 1306.05(a))
129	23.	All refill requirements for prescriptions are in compliance. (CFR 1306.22) (28-414) (8-006.04B)
109	24.	Partial fillings of controlled substances are recorded and dispensed appropriately. (CFR 1306.13 and 1306.23) (28-414)
· ·		Prescriptions filled for a Schedule II controlled substance are signed and dated on the front of the prescription. (28-414 (3b))
NA	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 Z HAVE TO BE ASSECTED.
N/A-	27.	All requirements for filling electromagnetic transmission prescriptions are followed.  (28-414) (28-1437) NOT DIME HERE
to verify stickers	tha aga	.#4: Visually look at ten (10) completed prescriptions that are waiting to be picked up it they are filled and labeled correctly. Also, if applicable, check computer-generated linst hard copy information while checking the 500 prescriptions in Protocol #3. Note mpliance on the Compliance Page.
<u> 469</u>	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)
435	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)
ijis	32.	Proper records are maintained for Emergency Drug Boxes (71-2413)

LeRoy Harrison Carhart, MDDispensing Practitioner Pharmacy License 1001881Self-Inspection Date/5/pure 2007

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.

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.

\_ 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	Ronald Klein, RP	Mike Swanda, RP
9353 Corby	1213 Grant	1521 Newell
Omaha NE 68134	Norfolk NE 68701	Cozad NE 69130

LeRoy Harrison Carhart, MDDispensing Practitioner Pharmacy License 1001881Self-Inspection Date 17

#### 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

au	itens	are 1	D C0	npleas	rel	16	)	
						-CX		
V								`
				- M-				
								· ····································
								-
For Office U	se Only:							·
In Complian	ice 🗆	Not In Comp	oliance 🗆					
Comments:		•						
		<b></b>					***	······································
								<u></u>

DEPARTMENT OF FINANCE AND SUPPORT

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

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: 7/1/07

DEA registration Number: Exp. Date: 8/31/09

Owner's Name: LEROY CARHART, MD

Pharmacy Name: BELLEVUE HEALTH CLINIC PHARMACY Pharmacy Street Address: 1002 WEST MISSION AVENUE

Pharmacy City, State, and Zip Code: BELLEVUE, NEBRASKA 68005

Pharmacy Telephone #: 292-4164 Pharmacy Fax #: 291-4643

Pharmacy Web Page/E-mail: janine70@aol.com

Pharmacy Hours: VARIABLE WHEN MD IS IN TOWN

Pharmacy Personnel including Pharmacist Interns and Pharmacy Technicians—list name and license

number (if applicable):

LEROY CARHART #15162 MD

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

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

1 Citime is	Permit:	#	Date	of	Inspection
-------------	---------	---	------	----	------------

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
  - 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

ermit #	Date of Inspection	
---------	--------------------	--

- 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
- 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

Pharmacy Quality	Assurance	Report
------------------	-----------	--------

Permit #	Date of Inspectio	n

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

Pharmacy Quality	Assurance	Report
------------------	-----------	--------

ermit #l	Date of	Inspection	n	
----------	---------	------------	---	--

### **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

HHS R& L:BOP:Pharmacy QA Report:Revised03/16/2002

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

dale J. Meets

JS/HLM/va

xc: Inspector - Tony Kopf, RP

# PHARMACY QUALITY ASSURANCE STATE OF NEBRASKA PHARMACY QUALITY ASSURANCE HEALTH & HUMAN SERVICES REPORT NOTICE

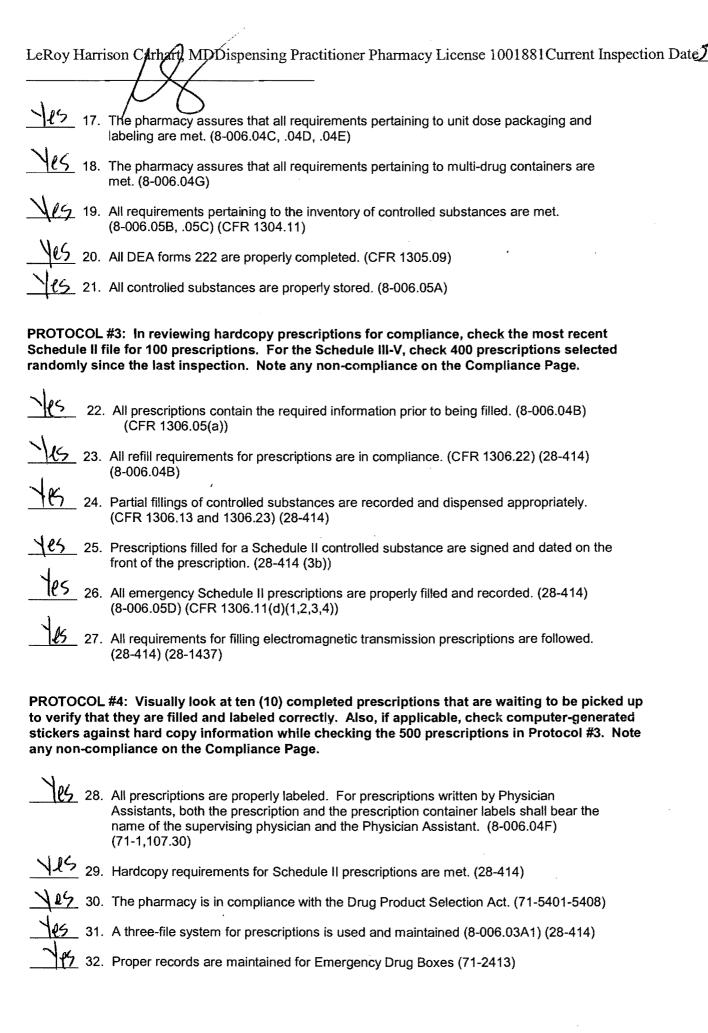
**REGULATION & LICENSURE** CREDENTIALING DIVISION TELEPHONE # (402) 471-2118

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. Misson Ave Bellevue NE 68005

Last Self-Inspection date: 12/05/2005
e: July 1, 2006
e: 8-31-06
irmacy
5
cy Fax #: 402 -241 4643
D Den
ing PRACTIONER #10018
d are each and strictly true in every respect. It is concerning the practice of pharmacy, am erstand that false or forged statements made in gainst my pharmacist license and/or the

	and the second s
LeRoy Harr	ison Carhart, MDDispensing Practitioner Pharmacy License 1001881Current Inspection Date 5.24-06
	#1: For the following 34 areas of quality assurance, you are to indicate "Yes" if you are in "No" if you are not in compliance, or "N/A" if it does not apply to your pharmacy.
For each ite	m not in compliance, you are to go to the Compliance Page and list:
b) Why it is c) How the	number that is not in compliance; s not in compliance; deficiency will be corrected; and g it will take to do so
1 25 1.	All information provided on the application for a pharmacy license is accurate and correct. (8-003.01)
	Adequate security is maintained for the prescription inventory and prescription records. (8-006.02C)
Ves 3.	Drugs, devices and biologicals are stored at the proper temperature. (8-006.02A)
<u>185</u> 4.	The pharmacy is maintained in a clean, orderly, and sanitary manner. (8-007.02)
<u>ls</u> 5.	The pharmacy maintains in printed or electronic form appropriate reference material for the practice of pharmacy. (8-007.03)
Ves 6.	The pharmacy provides the pharmacist access to all utilities/equipment needed to practice pharmacy. (8-007.01)
1es 7.	Patient counseling is being provided as required. (71-1,147.35(2)(a)) (8-006.04H)
<u>NA</u> 8.	The pharmacy maintains documentation of a patient's refusal of counseling.  (8-006.04H2) No pto reliciones
185 9.	Patient counseling is being done by only a pharmacist or pharmacist intern. (8-006.04H)
<u>\e5</u> 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)
	All computer or electronic record keeping requirements are met. (CFR 1304/1306)
Yes 12.	The poison control phone number is posted in the pharmacy. — Oh the phones
	#2: Review a minimum of six (6) months of invoices for scheduled drugs and note appliance on the Compliance Page.
	Power of Attorney forms are complete and appropriately filed. (CFR 1305.07)
	The pharmacy maintains complete and accurate records of all controlled substances received and added to the inventory. (28-411)(4)
789 15.	The pharmacy complies with all transfer and/or destruction requirements for controlled substances. (CFR 1307.21D)
<u>  16.</u>	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 5/24/00

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.

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.

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

	STATEMENT OF COMPLIANCE PAGE
ar each item not in compliance in	
	olease list below (may continue on a separate page if needed):
The item number that is not in Why it is not in compliance;	compliance;
How the deficiency will be corre	ected; and
How long it will take to do so	
	<del></del>
4	
,	
	<del></del>
or Office Use Only:	
Compliance   Not I	n Compliance □
	•
omments:	

DEPARTMENT OF SERVICES . DEPARTMENT OF REGULATION AND LICENSURE DEPARTMENT OF FINANCE AND SUPPORT

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

dale J. Meets

JS/HLM/va

xc: Inspector - Tony Kopf

# PHARMACY QUALITY ASSURANCE REPORT NOTICEFINAL REQUEST

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

Your Pharmacy Quality Assurance Report (PQAR) we received your PQAR for 2005. This PQAR is due by 1 whether your PQAR is determined to be in full compliant 175 NAC 8 Nebraska Regulations Governing Lice	2/31/2005. You will be notified by the Department ance with the Health Care Facilities Licensure Act usure of Pharmacies.
Lefty Harrison Carhart MD Bellevue Health Clinic Pharmacy 1002 W. Misson Ave Bellevue NE 68005	FAXED 5/DEC OS ORIGINAL MAILUD 5/DEC/OS
Dispensing Practitioner Pharmacy License # 1001881 06/14/2004	Last Self-Inspection date:
Pharmacy Street Address: 1002 LD. MISS	Pharmacy Fax #: 402 291-4643  Pharmacy Fax #: 402 291-4643  PHS. Apr. SCIRGUED  acy Technicians—list name and license number (if
I, the pharmacist in charge, state that all of the statements here have read the applicable Nebraska State Statutes and Rules at familiar with its provisions, and agree to abide by all said provisionnection with this Quality Assurance Report may be grounds pharmacylicense.  (Signature of Pharmacist in Charge)	nd Regulations concerning the practice of pharmacy, am sions. I understand that false or forged statements made in

Leroy Harrison Carhart MDDispensing Practitioner Pharmacy License 1001881Current 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
- 1. All information provided on the application for a pharmacy license is accurate and correct. (8-003.01)
- 2. Adequate security is maintained for the prescription inventory and prescription records. (8-006.02C)
- Orugs, devices and biologicals are stored at the proper temperature. (8-006.02A)
- 5. The pharmacy maintains in printed or electronic form appropriate reference material for the practice of pharmacy. (8-007.03)

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

- The pharmacy provides the pharmacist access to all utilities/equipment needed to practice pharmacy. (8-007.01)
- Patient counseling is being provided as required. (71-1,147.35(2)(a)) (8-006.04H)
- 8. The pharmacy maintains documentation of a patient's refusal of counseling.
  (8-006.04H2)

  We persone medial provide
- Patient counseling is being done by only a pharmacist of pharmacist intern.

  (8-006.04H)
- 10. Prior to the dispensing or the delivery of each new or refill prescription, a pharmacist is conducting a prospective drug utilization review. (71-1,147.35)
- 11. All computer or electronic record keeping requirements are met. (CFR 1304/1306)
- 12. The poison control phone number is posted in the pharmacy.

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

- 13. Power of Attorney forms are complete and appropriately filed. (CFR 1305.07)
- 4. The pharmacy maintains complete and accurate records of all controlled substances received and added to the inventory. (28-411)(4)
  - 15. The pharmacy complies with all transfer and/or destruction requirements for controlled substances. (CFR 1307.21D)
    - 16. The pharmacy does not have in its saleable inventory any drug, device or biological which is misbranded or adulterated. (71-2402) (71-2421(3)(a)) (8-006.02D)

Leroy Harris	on 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 USES
JE 18.	The pharmacy assures that all requirements pertaining to multi-drug containers are met. (8-006.04G)  ### The pharmacy assures that all requirements pertaining to multi-drug containers are met.
19.	All requirements pertaining to the inventory of controlled substances are met. (8-006.05B, .05C) (CFR 1304.11)
Je 120.	All DEA forms 222 are properly completed. (CFR 1305.09)
Sea.	All controlled substances are properly stored. (8-006.05A)
Schedule II f	#3: In reviewing hardcopy prescriptions for compliance, check the most recent file for 100 prescriptions. For the Schedule III-V, check 400 prescriptions selected not the last inspection. Note any non-compliance on the Compliance Page.
Je022.	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 DENE - USE DEUT 1997.
ifeles.	Partial fillings of controlled substances are recorded and dispensed appropriately. (CFR 1306.13 and 1306.23) (28-414)
yer 25.	Prescriptions filled for a Schedule II controlled substance are signed and dated on the front of the prescription. (28-414 (3b))
ifl Sec.	Áli emergency Schedule II prescriptions are properly filled and recorded. (28-414) (8-006.05D) (CFR 1306.11(d)(1,2,3,4))
27.	All requirements for filling electromagnetic transmission prescriptions are followed. (28-414) (28-1437)
28.	All chart orders contain the required Information.
to verify tha stickers aga	#4; Visually look at ten (10) completed prescriptions that are waiting to be picked up it they are filled and labeled correctly. Also, if applicable, check computer-generated linst hard copy information while checking the 500 prescriptions in Protocol #3. Note appliance on the Compliance Page.
yes.	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)
Al 130.	Hardcopy requirements for Schedule II prescriptions are met. (28-414)
yks 31.	The pharmacy is in compliance with the Drug Product Selection Act. (71-5401-5408)
Jes 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 1001881Current 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.

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

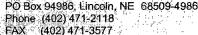
No outdated inventory is mixed with saleable stock.

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

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	Ronald Klein, RP	Mike Swanda, RP
9353 Corby	1213 Grant	1521 Newell
Omaha NE 68134	Norfolk NE 68701	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:





DEPARTMENT OF SERVICES . DEPARTMENT OF REGULATION AND LICENSURE DEPARTMENT OF FINANCE AND SUPPORT

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 Heath 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** 

DEPARTMENT OF SERVICES . DEPARTMENT OF REGULATION AND LICENSURE DEPARTMENT OF FINANCE AND SUPPORT

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** 

dake I. Meets

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	4/28/05(random)
(Signature of Pharmacist in Charge)	(Date)

Pharmacy	y Quality	Assurance	Report
----------	-----------	-----------	--------

Permit #	_Date of Inspection
----------	---------------------

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

Permit #Date of Inspection	
----------------------------	--

- 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

Pharmacy Quality	Assurance	Report
------------------	-----------	--------

Permit #Date of Inspection	
----------------------------	--

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

Pharmacy Quality Ass	surance Repo	ort
----------------------	--------------	-----

Permit #	Date	of	Inspection	1
OH HILL	Duit	v	II TOPOGLIOI	•

# **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

HHS R& L:BOP:Pharmacy QA Report;Revised03/16/2002

#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:

Phone (402) 471-2118 FAX (402) 471-3577



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

Helen L. Meeks, Administrator

Joke J. Meeks

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

Last Self-Inspection date: 06/12/2003

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

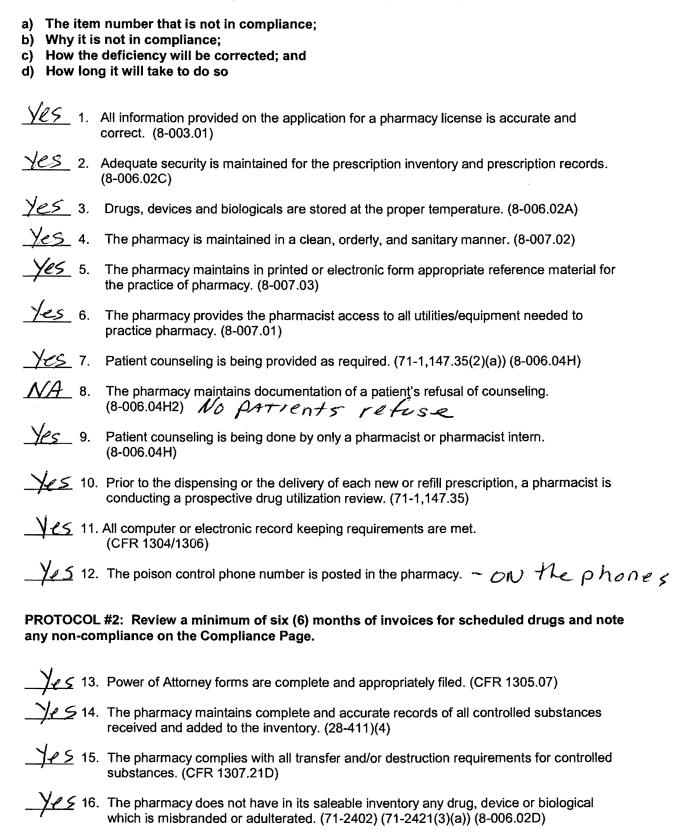
(Signature of Pharmacist in Charge)

Dispensing Practitioner Pharmacy License # 1001881

Pharmacy License Number: \_\_/o//89/ Exp. Date: 6-30-2005 Exp. Date: 8-31-2006 DEA registration Number: Owner's Name: Le Roy Pharmacy Name: Bellevue Pharmacy Street Address: 1002 Pharmacy City, State, Zip Code: Be \ Pharmacy Fax #: 402-493-0936 Pharmacy Telephone #: \_405 292 - 4/64 Pharmacy Web Page/E-mail: Pharmacy Hours: Varies - When Pharmacy Personnel including Pharmacist Interns and Pharmacy Technicians—list name and license number (if applicable)(attach a separate sheet of paper if additional room: Dispensing Practioner 1001 881 mb -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. me 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:



<u>Yes</u> 30. Hardcopy requirements for Schedule II prescriptions are met. (28-414)

 $\cancel{\ell G}$  33. Proper records are maintained for Emergency Drug Boxes (71-2413)

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

128-414) 32. A three-file system for prescriptions is used and maintained (8-006.03A1)

Leroy Harrison Carhart MDDispensing Practitioner Pharmacy License 1001881Current Inspection Date	Lerov Harri	son Carhart N	MDD ispensing	Practitioner	Pharmacy	License	1001881Current	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.

24. 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	Ronald Klein, RP	Mike Swanda, RP
9353 Corby	1213 Grant	1521 Newell
Omaha NE 68134	Norfolk NE 68701	Cozad NE 69130

#### **COMPLIANCE PAGE**

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

a) b) c) d)	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	
***************************************		and the second s
-		
_		
	,	
E	For Office Use Only:	
r	For Office Ose Offig.	
In	In Compliance □ Not In Compliance □	
C	Comments:	

DEPARTMENT OF SERVICES • DEPARTMENT OF REGULATION AND LICENSURE DEPARTMENT OF FINANCE AND SUPPORT

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

dake L. Meets

Credentialing Division

RP/HLM/va

xc: Inspector - Tony Kopf

# PHARMACY QUALITY ASSURANCE REPORT NOTICE

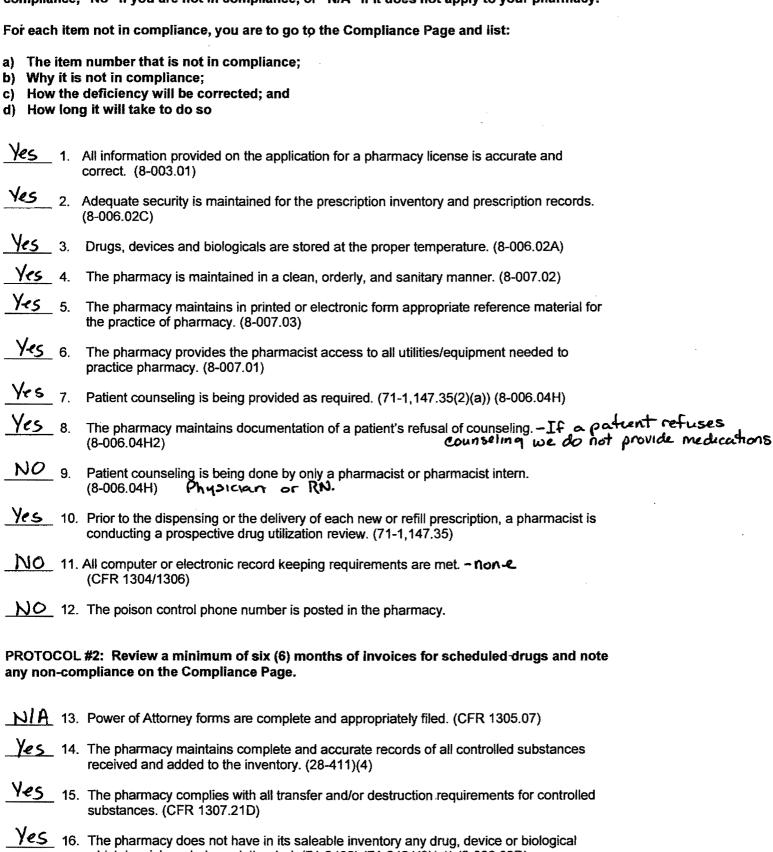
Lefoy Harrison Carhart MD Bellevue Health Clinic Pharmacy STATE OF NEBRASKA
HEALTH & HUMAN SERVICES (V)
REGULATION & LICENSURE
CREDENTIALING DIVISION
TELEPHONE # (402) 471-2118

CREDENTIALING DIVISION

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.

JUN 16 2003 1002 W. Misson Ave Bellevue NE 68005 Last RECEIVED Dispensing Practitioner Pharmacy License # 1001881 06/17/2002 Pharmacy License Number: 1001881 Exp. Date: 6-30 -2003 Exp. Date: 8-31-2003 DEA registration Number: Owner's Name: Le Roy 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 Fax #(402) 291-464 3 Pharmacy Telephone #:(402) 292-4164 Pharmacy Web Page/E-mail: \_\_\_\_ Pharmacy Hours: Varie's 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: Pharmacy license 1001881 Medical license 15162 Ray Harrison Carpart MA 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 6/12/03

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



which is misbranded or adulterated. (71-2402) (71-2421(3)(a)) (8-006.02D)

NIA	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)
Schedu	le II 1	#3: In reviewing hardcopy prescriptions for compliance, check the most recent file for 100 prescriptions. For the Schedule III-V, check 400 prescriptions selected nce 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))
Alu	23.	All refill requirements for prescriptions are in compliance. (CFR 1306.22) (28-414) (8-006.04B) We do not do refills
NIA	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
NIA	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 Ris-all are administered in officern and charted in chart and log.
NIA	26.	All emergency Schedule II prescriptions are properly filled and recorded. (28-414) (8-006.05D) (CFR 1306.11(d)(1,2,3,4))
Alu	27.	All requirements for filling electromagnetic transmission prescriptions are followed. (28-414) (28-1437)
Yes	28.	All chart orders contain the required information.
to verify stickers	tha aga	#4: Visually look at ten (10) completed prescriptions that are waiting to be picked up t they are filled and labeled correctly. Also, if applicable, check computer-generated linst hard copy information while checking the 500 prescriptions in Protocol #3. Note mpliance on the Compliance Page.
<u>Yes</u>	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)
NIA	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)
405	32.	A three-file system for prescriptions is used and maintained (8-006.03A1) (28-414) No Class II Rx's
NIA		Proper records are maintained for Emergency Drug Boxes (71-2413) - No controled 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.

Lelby Harrison Carhart MDDispensing Practitioner Pharmacy License 1001881Current Inspection Date 612/03

#### **COMPLIANCE PAGE**

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

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

*9- all patient counseling is done by the physician or the RN.
*12 - We have none.  *12 - We have no phone in the pharmacy but poison control # 15 on all phones
In the clinic

NE HHS R& L:BOP:Pharmacy QA Report:Revised03/16/2002

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

NAME: Letter Hillswork 14.		· 大学的 1000 1000 1000 1000 1000 1000 1000 10
(Individual or Entity to Who	miRefund is Due) (13 )	
ADDRESS. Billivies Ath Minis Ph	rus tona to the se	WALL STATE
(Street # & Name/Post Offic	e Bok)	
Editoria NE Legos	<b>注:"是我们的</b> 是不是一种的。"	
(City, State, & Zip Code)		
REASON FOR REFUND: Park Times on 1	ewas .	
ACCOUNT & RECEIPT #:_\	TOTAL AMOUNT RECEIVED:_	\$100.0D
DATE OF RECEIPT: 7-11-(3 FEE(	S) WITHHELD:	
	Administrative:	
PROFESSION/FACILITY TYPE: Pharmari	Licensure:	
	Examination:	
	Other (Specify):	
	AMOUNT OF REFUND DUE _	4 100.00
SIGNATURE OF PERSON WHO COMPLETED FORM: C. &		DATE: 7-44-63
SIGNATURE OF SUPERVISOR: Control of the Control of		DATE: 7-24-63_
SIGNATURE OF SUPERVISOR:		DAIE.
*********	************	**********
TO BE COMPLETED BY CREDENTIALING DIVISION ACC	OUNTING CLERK	A Company of the Comp
DAS DISBURSEMENT DOCUMENT #:	DATE WARR	ANT ISSUED:
	entialing 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.

MATE

TOTAL.

The first of the second of the

HOUSE TO THE STATE OF THE STATE

ruga, en ruga, en

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 <u>State</u> 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.

0.00		7656Y -	1. Strange Long Land	V		10.14	40.00	100 100 100		Conder to man	and the same of	5 1/1 W CO	NY 8 18 1	200	All March 1997			100 7 12 75 9	Buckey Sty	200	A STATE OF THE PARTY OF THE PAR		1.32	Service Commence	a with the same	Contract of	100 100	1. 1.50	11. 15. 15. 15.	A Comment		***********	Sec. 2014
200 -24	A 10 80 90 .	646	1797 1000	A 30 X 2 3		A state of	2 1 2 2 2 3 3 3	toco	10 A Day 2004	1000	The state of the state of	A THE RESERVE	3.23	1000	A. W. L. W. L.	Total Control	~ 0.0 mill	46 A 1/1 1	20000	of the same of	affil and the	12 711	Sec. 25.	1000	11 P. 11 P. 12	4.00	Co. Contract	ALC: NO	154.10.2	VI - 6 - 27-54	2.00	220 E X	2 177
100	Total Contract	200	200	moun			200	$\boldsymbol{r}$		T. *****					10 C C C C C C C C C C C C C C C C C C C	2000			****	1111	C 10 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	100	700		200	001		T 100	244.00	-		111771	
~-	A 222	11/31	400,000	13.0	Part Services	100 (2013)	31 14 3	41.71.4.4	122 24 350 00	1.00		HIII V			1 1 3 5 7 7	2-1 11	-1 - 1		14.11	311 <del>1-1</del> 1	1 × 1 × 1	11.11		10.00					1. Carlo M. D.	111		111 I V	Sec. 169.
			strat																								- 3						

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 DEPARTMENT OF FINANCE AND SUPPORT

<u>State of Nebraska</u>

MIKE JOHANNS, GOVERNOR

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

Jake J. Mehr

Credentialing Division

RN/HLM/va

xc: Inspector

DEPARTMENT OF FINANCE AND SUPPORT

CREDENTIALING DIVISION

### RECEIPT OF PHARMACY QUALITY ASSURANCE REPORT & FEB 1 0 2003 STATEMENT OF COMPLIANCE FORM

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.

For Office Use Only:

Date Sent to Pharmacy: January 24, 2003

Initials of Sender: CC

#### Nebraska Department of Health and Human Services Regulation and Licensure Credentialing Division (ATTN: Pharmacy Desk) PO Box 94986 Lincoln, NE 68509-4986

#### **STATEMENT OF COMPLIANCE FORM**

Address: Bellevue Health Clinic Pharmacy 1002 W. Misson Ave Bellevue NE 68005

Pharmacy Name: Leroy Harrison Carhart MD

License #: 1001881

Date of Inspection:	06/17/2002 Inspector Name: Tony Kopf, R.P.
-	ffice on the status of the following violations within 10 working days of 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.
Corrective Action T	A thermometer will be added within 7 days.
Requirement:	20. All DEA forms 222 are properly completed. (CFR 1305.09)
Violation:	Found on DEA 222 form not completed when received.
Sorrective Action T	
haven, she	point hall been amuelly of the was
and stopl	will all lord and from
I, Le Ry 1d true and correct to the	And hereby affirm that the statements written above are e best of my knowledge.
Signature di Applica	feb 7, 2003 (Date)
VIII	

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	6/17/02
(Signature of Pharmacist in Charge)	(Date)

Permit #Date of Inspection	
----------------------------	--

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
  - 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
  - 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

Pharmacy	Quality	Assurance	Report
----------	---------	-----------	--------

Permit #D	ate of Inspect	ion
-----------	----------------	-----

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

Pharmacy Quality	Assurance	Report
------------------	-----------	--------

Permit #	_Date of Inspection	
----------	---------------------	--

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

Pharmacy Quality Assu	urance Report
-----------------------	---------------

Permit #	Date	of	Inspection	1	

# **COMPLIANCE PAGE**

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

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

TATE OF NEBRASKA

# 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.

as unected.	•
FAX NUMBER 402-471-3577	
If you prefer to mail it, please send	I to:
HHS Credentialing Division ATTN: Pharmacy Desk PO Box 94986 Lincoln, NE 68509-4986	
I,(Name of Pharmacist in Ch	, certify that I have received a arge)
copy of the Pharmacy Quality Ass	urance 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: Jar	mary 24, 2003 Initials of Sender: <u>CC</u>



MIKE JOHANNS, GOVERNOR

DEPARTMENT OF SERVICES • DEPARTMENT OF REGULATION AND LICENSURE
DEPARTMENT OF FINANCE AND SUPPORT

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

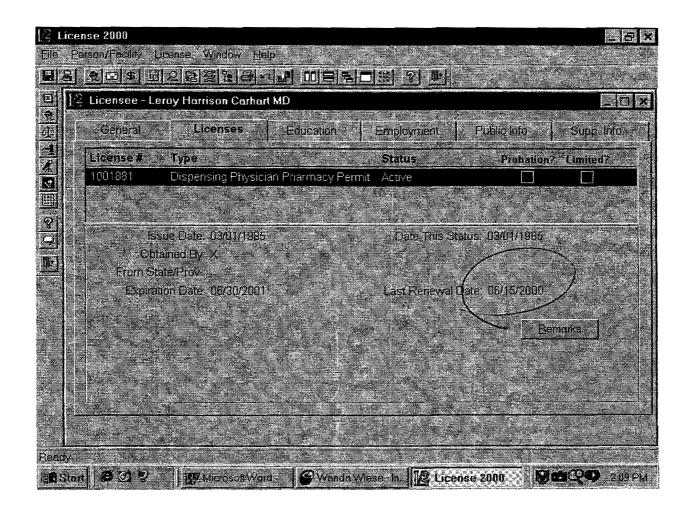
### Nebraska Department of Health and Human Services Regulation and Licensure Credentialing Division (ATTN: Pharmacy Desk) PO Box 94986 Lincoln, NE 68509-4986

### **STATEMENT OF COMPLIANCE FORM**

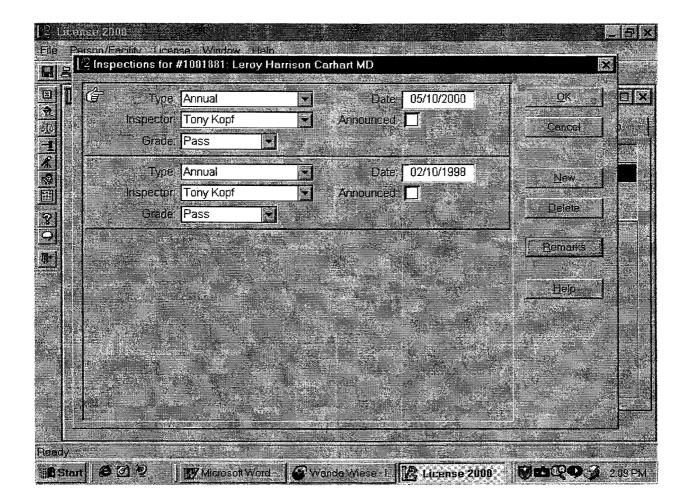
Address: Bellevu License #: 10018						
Date of Inspection: 06/17/2002 Inspector Name: Tony Kopf, R.P.						
	r office on the status of the following violations within 10 working days of end to address on top of form.					
Requirement:	3. Drugs, devices and biologicals are stored at the proper temperature. (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	n Taken:					
Requirement: Violation: Corrective Action	· · · · · · · · · · · · · · · · · · ·					
I,true and correct to	, hereby affirm that the statements written above are the best of my knowledge.					

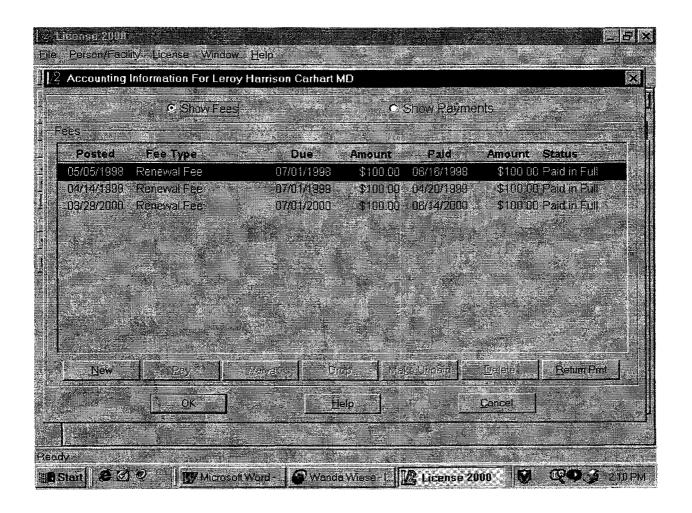
(Date)

(Signature of Applicant)



Ressued as [002368]
Chy exp to 6 300)
Remove waived fee





### STATE OF NEBRASKA PHARMACY INSPECTION REPORT

# Bellevue Health Clinic Pharmacy 1002 West Mission Avenue, Bellevue, NE - 292-4164 01/Jun 13Rx#01999 LeRoy Carhart, MD Ergonovine Maleate 0.2 mg. #12

Jane Doe

Take 1 tablet every 6 – 8 hours until finished.

		-			
1	zip 68005	Phone 29	2-4164	0.04	C 0.0.
Permit #_100 1881  V DEA Reg #	Exp Date 6-30-0 (10)	* Owner(s	Name LeRoy	Carbail,	MD
DEA Reg #	ixp Date 8-31-03 (10)	#			
NE CS Reg # AC 2062139			Address 102 W	. MUSSION I	ive ·
S Schedules Authorized: 2,21			Bellevue		
Drug Product Selection Sign Disp		*		1 P . C.	01
Adequate security for pharma P licenses posted 18 Yes □ No		o Authoriz	ed Signatures (Optional)	Lekoy Ca	wein
P licenses posted /3 Yes D No	<del>factures</del>	Power o	f Attorney (Optional)	, , , , ,	
RP's/Interns	License/Intern #	Status	Expiration Date	Preceptor	RP Sigr
eRoy Carbert	15162	MD	10-1-02	No	NA
•					
			`	·	
			1		
Practice Setting: □ Community □ Ho			Dates Ule II to V		
RP Hours:		1-7:	01 to 643.01	(35001 to	135116
			to/		
PRP Duty Sign: - Yes - No_					
Emergency Drug Box:   Yes   No	Records: PA	<b>4</b>	/ to	to	
Location of Emergency Drug Boxes:	<u> </u>	Prescr	ription Content: (15)*		
D. 41 - 4 O 4 O - 4		<del>-</del>	1. Date of Issuance (1)		
Patient Counseling: (6)*  A. Verbal offer:	-MD (2)	7	<ul><li>2. Name of Patient (1)</li><li>3. Patient address, if cor</li></ul>	etrollad aubatanaa /1	
B. Documentation:	(2)	<del>\</del>	_ 3. Patient address, if col _ 4. Name of prescriber (1		,
C. Who is counseling? N		シ	5. Prescriber address, if		e (1)
Computer: (4)*	. )		6. Handwritten signature		
A. Type:	JUAN	/	prescriber (1)		
B. Software:			7. DEA # of prescriber if		•
C. Daily printout: (1)			8. Name, strength, & quantity of medication (1) 9. Refill compliance for Schedule III-IV (5 times in 6		
D. 7 day backup:	(1)		months) (1)	Policanie III-la (a [Ri	ico III U
E. Log book combination:	(1)		10. Refill compliance for		& Schedule V
F. Daily log signed and date	ed by RP(s)(1)		(Valid for 12 months)	(1)	

### PHARMACY INSPECTION REPORT (continued) Page 2 of 2

HHS:BOP:Rev. 02/23/98

Prescription Content (continued):	Controlled Substances Records (16)*
11. Directions for use by patient (1)	1. Biennial inventory taken X Yes - No
<u>い</u> 升12. Partial refills recorded (1)	Copy to Department →Yes □ No
13. RP signature & date on front of all CII prescriptions (1)	Date of Inventory
14. Emergency authorizations properly recorded (1)	✓ 2. DEA Form 222C completed 😾 es 🗆 No
NA 15. Faxed prescriptions □ Yes □ No (1)	3. Cll invoices properly maintained XYes   No (2)
	4. CIII-CV invoices properly maintained □ Yes □ No (1)
Prescription Dispensing: (16)*	μβ 5. Controlled substances destroyed □ Yes □ No
1. Correct interpretation & filling of prescriptions (1)	Date
2. Dispensed in suitable container (1)	6. Cll's locked XYes D No Dispersed D Yes D No (1)
3. Labels properly prepared & affixed (1)	7. Central record keeping □ Yes □ No
4. Name & address of dispenser on label (1)	Location(1)
5. Consecutive serial number of prescription on label (1)	8. CS Transfers properly recorded □ Yes □ No (1)
6. Date of filling or refilling of prescription (1)	
7. Name of practitioner (1)	Equipment Requirements (9)*
8. Name of patient (1)	1. Noncompounding pharmacy exemption documentation
9. Directions for use, including precautions (1)	□ Yes □ No
10. Name of drug, strength, & dosage form on container	2. Class B balance or better, serial #(1)
unless prescriber indicates otherwise (1)  11. No CII controlled substances dispensed without an	3. Metric or apothecary weights(1)
original prescription except in emergency situations. (1)	4. Three graduates (1)
12. All partial fillings dispensed appropriately (1)	5. One mortar and pestle (1)
13. All partial fillings do not exceed original amount	6. Three spatulas
prescribed (1)	7. Current library (printed or automated form)
14. Compliance with Drug Product Selection Law (1)	A USPDI Volume 3 or orange book 200 (1)
NA 15. Refills initialed (1)	B. Remington (any edition) (1)
16. Three file system (1) the Off S	C. Medical dictionary table (1)
Inventory Controls (3)*	D. Ya Pharmacology M-Drug Interaction
1. Outdated drugs (1) □ Yes ☒ No	6 Drug Information F+C 200 (1)
2. Misbranded drugs (1) □ Yes ⊅ No	8. Poison Control Center telephone #(1)
3. Unit Dose System (1) $\square$ Yes $\square$ No	9. Current Pharmacy Statutes and Uniform Licensing Law
	200012
DEFICIENCIES OFFER AND CORRECTIONS DECLIDED.	
Leading investorer	H.1 -0
1. hale deading inventorer	La Lintalin
,	
Inspection rating (%) PASS FAIL Date:	, 13_200 ( Reinspection Date:
	1
Tony Kon RP SIMOI	Kt/Carrant 6-14-01
Inspector's Signature U Date R.P. S	Signature Date

\* Number in parentheses indicates number of points assessed

### STATE OF NEBRASKA PHARMACY INSPECTION REPORT

Bellevue Health Clinic Pharmacy
1002 West Mission Avenue, Bellevue, NE – 292-4164
0/ / Rx# LeRoy Carhart, MD
Ergonovine Maleate 0.2mg #6 00/ /

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

	Zip	Phone 402	-292-4164 Name LeRoq Co	erhart Mit	<b>)</b> ,
	Date 8-31-00 (10)	*			
V NE CS Reg #AC2062139 ► Exp	Date 8-31-01 (10)	* Owner(s)	Address 162 W.	Mission Ade	> .
CS Schedules Authorized: 2, 20		011101(0)	Belleval		
Drug Product Selection Sign Display		*	Dence the		
Adequate security for pharmacy		- Δuthorize	ed Signatures (Optional)	Le Por Car	hort
R P licenses posted Yes No			Attorney (Optional)	ra Rey Co	
Transcribes posted to go a re-	,		Attorney (optionary		
RP's/Interns	License/Intern #	Status	Expiration Date	<u>Preceptor</u>	RP Sign
Le Roy Carhart	15/62	MP/chq	10-1-00	No	N.A.
		-			
SPP's: □ Trained □ Supervision □ I  Comments: N A  Practice Setting: □ Community □ Hospi  Pharmacy Hours: Valuable  RP Hours: \$130	tal  Dispensing Practitioner	Schedu Schedu	Dates  led Substances Prescription  Dates  le II  to Nove  les III to V 5-6-00  to 35-44  -9 9 to 12-27-99	ons Checked: مندف Numbe	35044
NA RP Duty Sign: - Yes - No R	oom locked		to	to	
Emergency Drug Box: □ Yes □ No Rec	cords:PA		to	to	
Location of Emergency Drug Boxes:	NA	Prescri	ption Content: (15)*		
		_/	1. Date of Issuance (1)		
Patient Counseling: (6)*	•	V	2. Name of Patient (1)		
A. Verbal offer:	)(2)	<u>_ レ</u>	3. Patient address, if cor	ntrolled substance (1	1
B. Documentation:	(2)	<u>'\'</u>	4. Name of prescriber (1	)	
C. Who is counseling?	)(2)		5. Prescriber address, if	controlled substance	: (1)
Computer: (4)*	AL		6. Handwritten signature prescriber (1)	in ink or indelible pe	encil of
A. Type:			7. DEA # of prescriber if	controlled substance	e (1)
B. Software:	241	V	8. Name, strength, & qu		
C. Daily printout: D. 7 day backup:	(1)	()A	9. Refill compliance for S months) (1)	•	
E. Log book combination: F. Daily log signed and dated b	(1) by RP(s) (1)	1, 1,	10. Refill compliance for r (Valid for 12 months)		& Schedule V

	property of the second
Prescription Content (continued):	Controlled Substances Records (16)*
11. Directions for use by patient (1)	Biennial inventory taken Pyes No
12. Partial refills recorded (1)	Copy to Department - Yes - No Jedge
13. RP signature & date on front of all Cli prescriptions (1)	Date of Inventory Did 98+200 (10)
14. Emergency authorizations properly recorded (1)	2. DEA Form 222C completed  Yes  No
15. Faxed prescriptions D Yes D No (1)	3. Cll invoices properly maintained □ Yes □ No (2)
	4. CIII-CV invoices properly maintained □ Yes □ No (1)
Prescription Dispensing: (16)*	12 A 5. Controlled substances destroyed □ Yes □ No
1. Correct interpretation & filling of prescriptions (1)	Date
2. Dispensed in suitable container (1)	Lck 6. Cll's locked   Yes   No Dispersed   Yes   No (1)
3. Labels properly prepared & affixed (1)	PA 7. Central record keeping □ Yes □ No
4. Name & address of dispenser on label (1)	Location (1)
5. Consecutive serial number of prescription on label (1)	8. CS Transfers properly recorded $\square$ Yes $\square$ No (1)
6. Date of filling or refilling of prescription (1)	6. Co Hanara's property recorded 2 703 2 700 (1)
7. Name of practitioner (1)	Equipment Requirements (9)*
8. Name of patient (1)	1. Noncompounding pharmacy exemption documentation
9. Directions for use, including precautions (1)	Yes T No
✓ 10. Name of drug, strength, & dosage form on container unless prescriber indicates otherwise (1)	2. Class B balance or better, serial # 90596 (1)
PA 11. No CII controlled substances dispensed without an	3. Metric or apothecary weights(1)
original prescription except in emergency situations. (1)	4. Three graduates (1)
H 12. All partial fillings dispensed appropriately (1)	5. One mortar and pestle(1)
PA 13. All partial fillings do not exceed original amount	6. Three spatulas
prescribed (1)	7. Current library (printed or automated form)
14. Compliance with Drug Product Selection Law (1)	(1) A. USPDI Volume 3 or orange book
15. Refills initialed (1)	B. Remington (any edition) (1)
16. Three file system (1)	C. Medical dictionary labor (1)
Inventory Controls (3)*	D. □ Pharmacology □ Drug Interaction
1. Outdated drugs (1) Pyes No	Drug Information Fte 2000 (1)
NO 2. Misbranded drugs (1) Pres No	8. Poison Control Center telephone # ou phona (1)
	9. Current Pharmacy Statutes and Uniform Licensing Law
<u>いけ</u> 3. Unit Dose System (1) □ Yes メ No	left curent
DEFICIENCIES CITED AND CORRECTIONS REQUIRED:	
D'ait de inventory in '99	Recording + Mail to Lincoln)
	·
(1)	, å 744 <i>0</i> )
Inspection rating (%) 90(PASS) PASS FAIL Date: Mo	Reinspection Date:
	$\mathcal{A}\mathcal{A}u \wedge \mathcal{A}u$
$\alpha$ $V$ $\Omega$ $\rho$ $D$ $\alpha$	/// 11 () / 10
Toughoof Rt 5/10/2000	What Contains 14 10 May 80
Inspector's Signature Date	P. Signature Daye

PHARMACY INSPECTION REPORT (continued) Page 2 of 2

HHS:BOP:Rev. 02/23/98

<sup>\*</sup> Number in parentheses indicates number of points assessed

### PHARMACY INSPECTION REPORT

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

Permit #: 100   88   DEA Reg. # 1 State CS Reg. # 100 235 CS Schedules Authorized: Drug Product Selection Sign Di Adequate security for pharmac R P licenses posted	Expiration Date 6-3 Expira	(1)*	None (402) 282-4164 Owner(s) Name  Owner(s) Address  Authorized Signatures (Optional)  Power of Attorney (Optional)	Mission Ave La Roy Cuel Nona.	Bellevu e
RP's/Interns LeRey Corbert	License/Intern # よりはこ	MD Cha	Expiration Date	Preceptor N a	RP Sign んり、終。
			Computer: (4)*		
	**************************************	actitioner	A. Type:  B. Software:  C. Daily printout:  D. 7 day backup:  E. Log book combination  F. Daily log signed and d  Controlled Substances Prescriptio  Schedule II  Schedules III to V	erted by RP(s)	Numbers  to

1. 2. 3. 4. 5. Prescription  1. 2. 4. 9. 12. 14. 15. Prescription  1. 2. 4. 9. 16. 7. 12. 16. 17. 12. 17. 12. 13. 13. 14. 15. 15. 17. 17. 17. 17. 17. 17. 17. 17. 17. 17	Content: (15)* Date of Issuance (1) Name of Patient (1) Patient address, if controlled substance (1) Name of prescriber (1) Prescriber address, if controlled substance (1) Handwritten signature in ink or indelible pencil of pres DEA # of prescriber if controlled substance (1) Name, strength, & quantity of medication (1) Refill compliance for Schedule III-IV (5 times in 6 mon Refill compliance for nonscheduled meds & Schedule V Directions for use by patient (1) Partial refills recorded (1) Partial refills recorded (1) Faxed prescriptions	ths) (1) V (Valid for 12 months) (1)  Ref. IIS  unless prescriber indicates  ginal prescription except in  libed (1)	15.   16.   17.	Outdated drugs (1) □ Yes ★ No Misbranded drugs (1) □ Yes ★ No Unit Dose System (1) □ Yes ★ No Unit Dose System (1) □ Yes ★ No Unit Dose System (1) □ Yes □ No Substances Records (16)* Biennial inventory taken ★ Yes □ No Date of Inventory □ S-1-96 □ No (2) □ Clli form 222C completed ★ Yes □ No (2) □ Clli forwices properly maintained □ Yes □ No (1) Controlled substances destroyed □ Yes □ No (1) Controlled substances destroyed □ Yes □ No Date □ Cll's locked ★ Yes □ No Dispersed □ Yes □ No (1) Central record keeping □ Yes □ No Location □ CS Transfers properly recorded □ Yes □ No (1) Requirements (9)* Noncompounding pharmacy exemption documentation □ Yes ★ No Class B balance or better, serial # Metric or apothecary weights □ Three graduates □ One mortar and pestle □ Three spatulas □ Current library (printed or automated form) A □ SPDI Volume □ or orange book □ Remington (any edition) □ C. Medical dictionary □ 193 □ □ □ 100
Inspection r	rating (%) PASS FAIL	Date: Feb. 16,199	8	Reinspection Date:
Inspector's			.P. Signature	diffStockart MD. 2/10/92
HHS:BOP:Rev.	. 01/13/87	* Number in parantheses indicate	es number of poir	nts assessed



### 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) 492-4164

V Permit number \CC\88!	Expiration Date	6-30-97 (10)*
DEA Registration number	- Expiration	Date 8-31-97 (10)*
State CS Registration No. AC 2062	39D Expiration	Date <b>8-31-97</b> (10)*
Controlled Substances Schedules	Authorized: 2,200	3.3 b, 4,5
Owner(s) Name LeRoy Cor	hourt, m.D.	
Owner(s) Address 1002	w. Mission Ay	e Bellevue
Owner(s) Address	LeKoy Carbant	
Power of Attorney (Optional)  Drug Product Selection sign disp		(Yes) No (1)*
Adequate security for Pharmacy a		Yes No (1)*
RP Licenses posted	ild lilvencory	(Yes) No
RPs/Interns License/Intern No.  Le Roq Coulout 15162	Status Prece	ptor RP sign
Name of Sup. Phar. Pers. Trained	Supervision Doc	umented Policy
Hame of Sup. That. Icis. If diffied	Jupervision Doe	
. 101	ATE	
Practice setting: _Community _ Hos	pital X Dispensin	g practitioner
Pharmacy hours: only when Dr Co	what i there	(Contractors)
RP Hours: Same		(1)*
Hospital or Nursing Home consultan	t: Yes (No) Wh	ere
Hoppida or Marbrid Home compared	1.65	^ ^
Emergency Drug Box: Yes No	Records	W.H.
Location of Emergency Drug Boxes:		
Patient Counseling: (3)*  A. Verbal Offer: RNs qo of B. Documentation: R1. A.  C. Who is counseling? RNs-W	igu sheet	(1) (1) dept 1
Computer: (4)*	^	\\ \\
A.Type:	()	
B.Software:	Inva-	<del></del>
C Daily Printout:	Hem	(1)
D. 7 day backup:	5401	(1)
E. Log Book combination:	1 - 75(-)	-(1)
F Daily log signed & date	a by RP(s)	(1)

PHARMACY INSPECTION REPO	ORT (Continued)Page 2
Controlled Substances Pr	rescriptions checked:
Dates	Number
Schedule II to	Noulto
Schedules III-V  6-7690 to 1-25-91  to  to  PRESCRIPTION CONTENT: (1	to to to
4. Name of prescriber  5. 1 Prescriber address  6. Handwritten signature prescriber (1)  7. DEA No. of prescrib  8. Name, strength and  9. Prefill compliance of 10. Prefill compliance of 11. Directions for use 12. Prescriber (1)  13. Prescriber (1)	f controlled substance (1)  (1) wrough  if controlled substance (1)  are in ink or indelible pencil of  per if controlled substance (1)  quantity of medication (1)  for Schedule III-IV (5 times in 6 months) (1)  for non-scheduled meds & Schedule V (Valid for  by patient (1) 735004, 735005, 50403, 635020; 6350(1)  corded (1)  ate on front of all CII prescriptions (1)  ations properly recorded (1)
2. Dispensed in suitable 3. Labels properly provided a suitable 3. Labels properly provided a suitable 3. Labels properly provided a suitable 4. Name & address of december 5. Consecutive serial 6. Date of filling or 7. Name of practitione 8. Name of practitione 8. Name of practitions for use, 10. Name of drug, strend prescriber indicate 11. No CII controlled supprescribed in prescribed (1)	cion & filling of prescriptions (1) ple container (1) pared and affixed (1) dispenser on label (1) number of prescription on label (1) refilling of prescription (1) er (1)  including precautions (1) night & dosage form on container unless tes otherwise (1) substances dispensed without an original of in emergency situations (1) st in emergency situations (1) st dispensed appropriately (1) st do not exceed original amount  of Product Selection Law (1)
16. V Three file system (	

_	
	~
	0

	PHARMACY INSPECTION REPORT (continued)
	INVENTORY CONTROLS (3)*
	Outdated drugs (1) Yes No
	CONTROLLED SUBSTANCES RECORDS (16)*
	1. Biennial Inventory taken Ves 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)
	5. NA Controlled Substances destroyed Yes No Date  6. CII's locked Yes No Dispersed Yes NO (1)
	5.NA Controlled Substances destroyed Yes No Date  6. V CII's locked Yes No Dispersed Yes No CII's locked Yes No Location (1)  7. V 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. 9396 (1) 3. Metric or apothecary weights (1)
	5. One mortar and pestle (1)
	6Three spatulas(1) 7. Current library: (Printed or automated form)
	A. VUSPDI Vol. 3) or orange book 1997 (1)
	B. Remington (any edition) 17 (1) C. Medical Dictionary 1993 Takes (1)
	D. Three categories Fact Comp (1) a. Pharmacology Dec' %
	b.Drug Interaction
	c.Drug Information
	8. V Poison Control Center telephone number (1) 9. Current Pharmacy statutes and Uniform Licensing law Loft 96's
4	* Number in () indicates the number of points assessed.
I	Had Stade to wenter or of 7-19-96 + rend copy of curentor
	world Fortanyl, Versed need to be doubted signed
	Correct chine address need to be detect when received
	Pt. direction read to be on hardenpy R's.
	Inspection rating (%) 93 Pass Fail
	Date: Reinspection Date:
	Tong Kopl P 1-31-97 Inspector's Signature Date Date  Date

DOH:BOP:061295

### 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

	Expiration Date 6-30-96 (10)*			
✓ DEA Registration number	Expiration Date 83197 (10)*			
State CS Registration No. ACLOGO	239D Expiration Date 8-3196 (10)*			
Controlled Substances Schedules Owner(s) Name Lekoy Corlor	Authorized:			
Owner(s) Address 1002 w. Weigh	$\Delta = \Delta$			
Authorized Signatures (Optional)	La Pass Carlos &			
Power of Attorney (Optional)	Noue			
Drug Product Selection sign disp	played (Yes) No (1)*			
Adequate security for Pharmacy	and Inventory Yes No (1)*			
RP Licenses posted	<u>(Yes)</u> No			
	Old I Describe Double			
RPs/Interns License/Intern No.				
hely Carlott 15162 16-1-96	Molera No yes			
	-			
<del></del>				
Name of Sup. Phar. Pers. Trained	Supervision Documented Policy			
- How	<u></u>			
Practice setting:CommunityHos	spital XDispensing practitioner			
Pharmacy hours: only when MD the	re 8-5 rueally			
Pharmacy hours: colywhen MD the RP Hours: There Would C	low Turit Wed.			
RP Duty SignYesNo	(1)*			
Hospital or Nursing Home consultar	nt:Yes_(No) Where			
Emergency Drug Box: Yes No				
Location of Emergency Drug Boxes:				
Patient Counseling: (3)*	. 0			
A. Verbal Offer: RNs-q	a over short (1)			
B. / Documentation: Pt. sugu				
C. Who is counseling? Rul				
Computer: (4)*	tindereland			
A.Type:				
B.Software:				
C. NA Daily Printout:	(1)			
D. HA 7 day backup:				
E. Log Book combination:				
F. Daily log signed & dated by RP(s) (1)				

PHARMACY INSPECTION REPORT (Continued)
Controlled Substances Prescriptions checked:
Schedule II  to  Bellevue Health Clinic Pharmacy  1002 West Mission Avenue, Bellevue, NE - 292-41  196/ 1 / 15RX# M DR. LeRoy H, Carhart
Schedules III-V Take 1 Every Day
to to to to to
PRESCRIPTION CONTENT: (15)*  1. Date of Issuance (1) 2. Name of Patient (1)
3. DAPatient address, if controlled substance (1) 4. Name of prescriber (1) 5. UAP Prescriber address, if controlled substance (1) 6. Handwritten signature in ink or indelible pencil of prescriber (1)
7. PADEA 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. Directions for use by patient (1) 13. Directions for use by patient (1) 13. Directions for use by patient (1) 13. Directions (1)
14. NA Emergency authorizations properly recorded (1) 15 PF Faxed prescriptions: YesNo (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. V Directions for use, including precautions (1) 10 Name of drug, strength & dosage form on container unless
prescriber indicates otherwise (1)  11. NA NO CII controlled substances dispensed without an original prescription except in emergency situations (1)
12. Phall partial fillings dispensed appropriately (1) 13. Phall partial fillings do not exceed original amount prescribed (1)
14. Compliance with Drug Product Selection Law (1) 15. Where file system (1) No C. S.

PHARMACY INSPECTION REPORT (continued)PAGE 3
INVENTORY CONTROLS (3)*
1. Outdated drugs (1) Yes No 2. Misbranded drugs (1) Yes No 3. No Unit Dose System (1) Yes No
CONTROLLED SUBSTANCES RECORDS (16)*
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. LA CIII-CV Invoices properly maintained Yes No (1)  5. Controlled Substances destroyed Yes No Date 1-17-96 (Sample)  6. CII's locked Yes No Dispersed Yes No (1)  7. Central recordkeeping Yes No Location (1)  8. LA 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. 90896 (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. VISPDI Vol. 3 or orange book (1) B. Remington (any edition) (1) C. Medical Dictionary (1) D. Three categories (1) a. Pharmacology for the b. Drug Interaction to c. Drug Information Companion (1) 8. Poison Control Center telephone number (1) 9. Current Pharmacy statutes and Uniform Licensing law 0005 (94495)  * Number in () indicates the number of points assessed.  DEFICIENCIES CITED AND CORRECTIONS REQUIRED:  Designed for the distribution (1)  The designed for the distribution (1)  A contract for the distribution (1)  The distribution (1)
* U
Inspection rating (%) 98 Pass Fail
Date: Jan 17, 1996 Reinspection Date:
Tour tout 1-17-96 Inspector's Signature Date R. Signature Date
DOH: BOP: 061295

	Bureau of Examir	ning Boards	Department of Hea	lth Stat	e of Nebraska			
BELLEVUE HEALTH CLINIC PHARM 1002 W. Mission Ave, Bellev / / Rx# : Dr.		)wner & Address	C-31-97 C 200 2159 N (C. Lekoy Corbail 11551 Ou Ave.		Rx Containers & Safety closure of Light & tight pro Auxiliary labels Labels typed	caps stection	SAT IMP	UNS
MP - Improvement Needed UNS - Unsatisfactory		Authorized Signature_ Power of Attorney	he Roy Carl	hait	Labels affixed Contents labels New containers		0	
Store Permit No. 160 ( &&   PCF No	Status Gunad	Inventory Date Me Acquisition Form 222c completed Invoices properly ma Prescriptions Patient name & addre Prescriber name & a Prescriber DEA No. Date Prescriber signature R.P. signature & date Refill authorizations Refill initialled Five refills or six modern of the six modern of t	d aintained (Attacked) ess ddress e-II e-III-VIII-IV IIII-V	SAT IMP UNS	Rev. No Current Merck Current Remini Pharmacology Medical Diction Security Bookle Drug Interactio Poison Control State Statutes & Minimum Equip Class "B" Bala Metric or Apoth	F & Supplements Serial No. USP DE QU Manual Ed. gton F C Decqu text F C Decqu et in Reference Phone No. & Regs. New ment list ince Ser. No. QOC %	7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
Auxiliarles 1 / ursas Hosp N.H. Consultant		Method of filing Rx's  No C.S. Lower  Computer Utilized  Type  Central Record Keep  ecurity  Building perimeter  Pharmacy department	ping Permit No. Iuv.	heat at	Corrections Order  Leed MD  Leed to de  Pisp Log ve  Disp ende	all infection fellows of wholes to	Mayur	llve
Dating of Drugs Dating of Prophylactic Misbranded Drugs Cleanliness & orderliness C.S. destroyed Date	SAT IMP UNS	R.P. Duty Sign utilized Sched. III - dispersed ( Sched. III-V properly di Alarm system Type S.E.T. ( egular Prescription File Record of refills Frequency of refills Refill authorizations	System  New Level	JA V	deficiencies?  Inspection:  Violation Warning I have had this in	Passed Incomplete Deport explained to the complete Deport explaine	Faile	ed 🔀

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  $\frac{$2.50}{}$ . 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.

Bellevue Health Clinic Pharma	Acy 1001881 Pharmacy Permit Number	-
1002 W Mission Address	Hospital Inspection Certificate 05/05/94 6:49AM 000A#8361	::::::::::::::::::::::::::::::::::::::
Rellevoe NE Ne 68005 City Zip Code	Total Amount Remitted theck \$2.50	

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

- and a second	Printed with soy ink
Printed with soy ink	URGENT YES NO
URGENT	To helma
To Old	Date 7/8/94 Time 10:10
Date Time Time	WHILE YOU WERE OUT
WHILE YOU WERE OUT	M. Da. Karhart
M Dr. Carnart	of Monday
or (1111) 20/2/2/10	Phone 402 <b>29</b> 2-4164
Phone 1 7 / 10 010	☐ Telephoned ☐ Please Phone ☐ Called to See You ☐ Will Call Again
☐ Telephoned ☐ Please Phone ☐ Called to See You ☐ Will Call Again	☐ Wants to See You ☐ See Me
☐ Wants to See You ☐ See Me	☐ Returned Your Call ☐ Stopped In
☐ Returned Your Call ☐ Stopped In	Message: 1001881 Missowie
Message:	name saddress change canic
	closed in lept.
	1 Stof May - Tony inspected
	Message Taken By
Message Taken By	•

BELLEVUE HEALTH CLINIC PHARMACY 292	of Evernining Boards	Department of Health	State of Nebraska		
1002 W. Mission Ave, Bellevue, NE / / Rx# E: Dr. Lee Ca Butac Take 1 or 2 every 4 hours for pain.  SAT - Satisfactory IMP - Improvement Needed UNS - Unsatisfactory	controlled Substance inhart D.E.A. Reg. No Expiration date State Reg. No Owner & Address Le Roy Cany	ACZOGZI39N Bell HITHA Enox Coustu at MD-Owner 10021 ure Le Roy Contract M	MISSION Labels typed to	caps otection CPre typed becdry	SAT IMP UNS V PC RC
New Pharmacy Regular Inspection E  Store Permit No. (OCI SE   PCF No.  Licenses on Display R.P. Sign will put in his office.  Owner, Reg. Pharmacists Lic. and Interns No. State  Le Roy Carl 15162 MT	Inventory Date  Acquisition  Form 222c comp Involces properi Prescriptions Patient name & a Prescriber name Prescriber DEA  Date Prescriber signa R.P, signature & Refill authorizati Refill initialled Five refills or six Frequency of ref	s-1-9 Ll leted y maintained address e & address No. htture-II date-II ons-III-V fills-III-V	Lighting Ventilation, A. Sanitation & cle Neatness Sink Current USP/N Rev. No Current Remin Pharmacology Medical Diction Security Bookl Drug Interaction Poison Control State Statutes Minimum Equi	C. & heating eanliness  NF & Supplements Serial No. USPDI 94 Manual Ed. gton Ed. text FFC Aprigu nary Talana 1978 et on Reference I Phone No. & Regs. No.	
Pharmacy Practice Comm. Hosp. Prof. Store Hours 8A-773dy WK 8-55et 12-55 R.P. Hours Ouly when IMD present Auxiliaries Neuroland Hosp N.H. Consultant 4 Journal 4	Distribution record Method of filing R: Computer Utilized Type Central Record Security Building perimeter	Love.  Keeping Permit No. W.A.	Class "B" Bala Metric or Apoti Refrigerator ad Corrections Ord	ered:	<i>y</i>
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	Pharmacy departm R.P. Duty Sign utili Sched. II - dispers Sched. III-V proper Alarm system Type SET  Regular Prescription Record of refilis Frequency of ref Refili authorizati	zed ed (locked) ly dispersed ( a ella)  File	deficiencies?  Inspection:  Violation Warnin  I have had this in	Passed Incomplete Descriptions must be practed to comply with previous personal process of the p	Falled  me and understherswith

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

\$250 Receipted one NACY Controlled Sub-Ted mad 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 requiarly 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. Nail this completed form and any appropriate fee to the address below. A separate from must be completed for each unique pharmacy location.

NAME OF CORPORATION (if applicable):	
Bellevoe HEARTH AND EMERITARIA	Crice the Error All
MANE OF ALL OWNER(S), PARTNERS OR CORPORATE OFFICERS	MEDICAL PRACTITIONER?
JANING CARMANT SOUN CITE	ZZ vez
Le Ro. CARHART, MA - OWNER	<b></b>
MAN LOS CARHANT, MM - OWNER AMAN LOS CARMANT - EURS LAR.	LJ NO
PHARMACY NAME AND COMPLETE ADDRESS	223412UB ROT HATO ZRUCH CHA ZYAD
Bellever 14 4174 Cinic Phan	makey Hoves or Civi Epening
1002 WEST MISSION AVE	Versies by Day & Week
PHONE BULLER, NEBRASICA 68005	Vances or my week.
MANE OF REGISTERED PHARMACIST (OR MEDICAL PRACTITIONER)	LICENSE NUMBER
WHO WILL BE IN CHARGE OF PHARMACY	100 1881 Pharman
Lekon H. CARHAMA, MD	,
LETTOJ M. CATCHTATOS, TITL	15162. MD.
I DECLARE THAT THE STATEMENTS ON THIS	I DECLARE THAT I AM THE REGISTERED
APPLICATION ARE TRUE TO THE BEST OF	PHARMACIST (OR MEDICAL PRACTITIONER)
MY KNOWLEDGE AND BELIEF.	WHO WILL BE IN CHARGE AND RESPONSIBLE
	FOR ALL THE TRANSACTIONS WITH THE
	PHARMACY.
SIGN /	
HERE: hy last cong	
OUNER/APPLICANT WAS	
	1/21/11/11
TITLE	1 /ask far bland un
	: /// 1/ COO O 10/D
DATE / 0/	REGISTERED PHARMACIST (OR MEDICAL PRACTITIONER)
PERMIT FEES	AGENCY USE ONLY
Original Permit \$ 200.00	APPLICATION DATE
Permit, Transfer of Ownership 200.00	
Permit, Change of Location	
	DATE PERMIT ISSUED
Amended Permit, Change of Pharmacist 50.00	
Annual Provide Delegion Company To Major	
Amended Permit, Original Owner To Heirs	
or Estate 25.00	PERMIT NUMBER
Amended Permit, Change in Name Only 25000	
1.	
·	
•	

\*\*\* 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

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

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

Receipted one controlled Sub-Fed ment form

### INSTRUCTION

The pharmacy owners including individuals, medical practitioners, partners or corporations must file this application with the Rebraska Department of Health, Board of Examiners in Pharmacy in order to obtain a permit to operate a pharmacy in Rebraska. 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 registaned 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. Hall this completed form and any appropriate fee to the address below. A separate from must be completed for each unique pharmacy location.

NAME OF CORPORATION (if applicable):		-
Betteroe HEARTH AND EMERGE	200 C	wire lac Enrer Ale
NAME OF ALL OWNER(S), PARTNERS OR CORPORATE OFFICERS		MEDICAL PRACTITIONER?
Janus CARMANT GARD LITE		YES
Lille, CARHART, MA - OWNER		[]
Lillo, CARHANT, MI) - OWNER Almin, sod CARMANT EUCH CHE.		L NO
	4	DAYS AND HOURS OPEN FOR BUSINESS
Bellouse 14 4074 Clinic D	KU ma (c	V House as Crivi Epenin
1005 mis 11182100 HAVE		Versies by Day V Week
PHONE HUNGER USE, NEBRASICA 65005	•	Vertes of Day 1004R
NAME OF REGISTERED PHARMACIST (OR MEDICAL PRACTITIONER)		LICENSE NUMBER
WHO WILL BE IN CHARGE OF PHARMACY		100 1881 Pharmace
Lekon H. CARHAMA, MD		15762. MD.
1 DECLARE THAT THE STATEMENTS ON THIS		I DICLARE THAT'S AN THE REGISTERED
APPLICATION ARE TRUE TO THE BEST OF	1	PHARMACIST (OR MEDICAL PRACTITIONER)
MY KNOWLEDGE AND BELIEF.	1	WHO WILL BE IN CHARGE AND RESPONSIBLE
	1	FOR ALL THE TRANSACTIONS WITH THE
		PHARHACY.
SIGN		
HERE TO STATE CONTRACTOR		
OUNER/APPLICANT MAN	l	
		12/11/11
TITLE	SIGN .	Jan Charlet I wo
_/0/23/93	HERE:	y room were of me
DATE	REG1S	TERED PHARMACIST (OR MEDICAL PRACTITIONER)
PERMIT FEES	<u>'                                      </u>	AGENCY USE ONLY
Original Permit, \$ 200.00	APPLI	CATION DATE
Permit, Transfer of Ownership 200.00		
Permit, Change of Location	DATE	PERKIT ISSUED
Amended Permit, Change of Pharmacist 50.00		
Amended Permit, Original Owner To Heirs		·
or Estate		
Amendeu Permit, Change In Name Only 28100	PERM	IT NUMBER
4		
· ·		

\*\*\*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

OEPARTMENT OF HEALTH

P.O. BOX 94925

LINCOLN, NE 68509-4925

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 Regist	ration Number 176 2862139
Effective Date of Modification	10 23 93
Current Registration Reads -	Modify Registration to Read -
Name  1056AST MISSION AVE  Address	Name  1002 WEST MISSION AVE.  Business Address
Bellevie Nebrasta	
NE Zip Code	Bellevse NE NE 65001. City Zip Code
City Zip Code  ZN, 3N  II, TI, TI, TI  Current Drug Schedules	Z-W 3W TH TO TO Current Drug Schedules
11.11 of	current brug schedures
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.

# U.S. Department of Justice



	Drug Enforcement Administration
needs orde	a forms
	APPROVED STATE OF NEBRASKA
	The ma C. Delfong 5-20-94 Signature Date
	10/29/93   1:27FM 000A#0963 * ARD ITH/
Dear Registrant:	753114   \$25.00 CHECK   \$25.00
Separate federal registration (DEA) is required is predicated upon having a valid state substance license, if required.	uired for each state in which you practice. e medical license and a state controlled
Complete the requested information below a on the reverse. Please do not return this state license number(s) for the new state.	form until you have obtained the required
DEA Number	Date of Relocation 10-23-93
Old Address (on your DEA certificate):	New Business Address:
105 EAST MISSION AUE Name Befleuse de 65008.	Name Belleus Me Losoos.
Befleuse de 65008.	Belleus ne 6800st.
City, State, Zip	City, State, Zip
01d State Med. Lic. No. 15762	New State Med. Lic. No. SAME
Old State Controlled Substance Lic. No AC 2062139N  (NOTE: See the reverse side of this letter	New State Controlled Substance Lic. No.  For additional information)
pended, or denied? YES NO X:  2. Have you ever been convicted of a drug	controlled substance license revoked, sus-
status? YES NO X	pending, or on probationary disciplinary
(If any of the above were answered "yes,"	explain on the reverse side.)
Stighature Cauco	Date (7)
(402) 792-4164 10 Telephone number (new) Date	/28/4/ /39/347/75 of birth Social Security No.

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,

Watherine A. Brown, Associate Director

Bureau of Examining Boards

KAB:sko

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

**Enclosure** 

Le Roy Carbort 1002 West Mission Bellever, NE 68005

cly of location

newblog work

	Bureau of Exam	nining Boards Depa	ient of Health	State of Nebraska				
MISSOURI VALLEY CLINIC PHA			······································		l			
105 East Mission Ave, Belle		D.E.A. Reg. No		Rx Containers &	Labels	SAT		UNS
/ / Rx# A	Dr. Carhart		31-94	Safety closure	•		IMP	UNS
	e maleate .2mg		9-10-8) 49E152	Light & tight pro	otection	V		
Take 1 tab every 6 hours u		Owner & Address Miss	· Valley Assoc.	Auxiliary labels	i	1		<b> </b>
Tanc I can every o nours a		105 F Mission	Ave Bellevue	Labels typed		1		<b></b>
SAT - Satisfactory		1	Roy Carbant	Labels affixed		./		
IMP - Improvement Needed		Power of Attorney	Time	Contents label				<b> </b>
UNS - Unsatisfactory				New containers	s utilized	<u></u>		
(00000000000000000000000000000000000000	asl		10-1-9D SAT IMP	UNS Regulatory Requ	ilrements	F		
Zip 68005 Phone 402 / 29	42-4164	Controlled Substances Record		Lighting				ļ
New Pharmacy ☐ Regular	Inspection 🔀	Inventory Date 1-4-93	,   V   -	Ventilation, A.	C. & heating	4		
negulari	inspection Ex	Acquisition		Sanitation & cl	eanliness			
		Form 222c completed	(1) (1)	Neatness		<b>V</b>		<b> </b>
Store Permit No. 1001881 PCF No		Involces properly maintaine	Q (ALMacross)	Sink				<u> </u>
Licenses on Display R.P. Sign	N.A.	Prescriptions	no chisaz v		IF & Supplements			
yes I	Sop Physician	Patient name & address	١٥ - ١٥٩٧ - ١٥	Rev. No	Serial No. USP DI'93	1V		<b></b>
		Patient name & address Prescriber name & address Prescriber DEA No.	Since idalaz	Current Merck	Manual Ed.	NA		
	ic. Io. Status	Prescriber DEA No.	3-3/3/19	Current Remin	gtonEd.	V		<b></b>
LeRoy Carlet 1516		Date	vice V	Pharmacology	text F+C Jumo'93	1		
Heliad Carrett	88/Cha	Prescriber signature-II	Si.	Medical Diction	nary	V		
		R.P. signature & date-II	7	Security Bookl	et	<b>n</b> A		
		Refill authorizations-III-V	very V	Drug Interactio	n Reference	V		
		Refill initialled	Dave, V	Poison Control	Phone No.	4		
		Five refills or six moIII-IV		State Statutes	& Regs. Veur	1		
		Frequency of refills-III-V	NA	Minimum Equip		V		
		Letter "C" stamp		l e	ance Ser. No. <u>90596</u>	Y.		
		"Transfer" label utilized			necary Weights			
Laurie Masslu 5020	180 P.A.	Distribution records		Refrigerator ad	lequate & sanitary Clinic	Tel-		
Pharmacy Practice Comm. Hosp.	. (Prof) a	Method of filing Rx's 3		Corrections Ord	ered:			-17
Store Hours 11-7 M, Tu Clase Wed		Computer Utilized N	3		me displayed	Chia	رفعاله	-Ne
R.P. Hours Same	12-5 Sum	Type	f	- Must he	procord forc	يلكسور	للع	<u>Jak</u>
Auxillaries Nuvsas		Central Record Keeping Pe	rmit No H.A.	- July	etence camples.			~~
Hosp N.H. Consultant								
The second secon	C	,	W J					
		Building perimeter —						
Inventory Controls	SAT IMP UNS	Pharmacy department	NA	Has an effort be	en made to comply with pre	vious	Inspe	ection
Dating of Biologicals	AU	R.P. Duty Sign utilized		deficiencies?	yes no			
Dating of Drugs	V	Sched. II - dispersed Cocked		inspection:	Passed 📉 Incomplete	П	Fail	ed 🗆
Dating of Prophylactic	AC	Sched. III-V properly disperse	od C	•	g Notice issued 🗆	_		
Misbranded Drugs	NA	Alarm system (Nous)				7		
Cleanliness & orderliness		Type Camera			nspection Report explained to			
C.S. destroyed Date 6-15-93	-   <b>V</b>	Regular Prescription File	.,		tions must be made to comply	, there	with.	
Poison Register	NA	Record of refills	over 1	6-15-93	AMMANINO	-		
Unit Dose System utilized		Frequency of refills	Deer 1	date	Chedistered Pharmaci	St		
Type	-	Refill authorizations	a book U		2 only John			
		, n	1 -1-0		Sparmary Industr	•		

Γ	3 Alca g Boards Department of Health	State of Nebraska
KISSOURI VALLEY CLINIC PHARMACY - 29 105 East Mission Ave, Bellevue, Ne. 9	2-4164	
DATE: Rx # Dr.	E.A. Reg. No	Rx Containers & Labels
Pt.	Expiration date 8-31-91	Safety closure caps
fedication: Quant:	000 1701	Light & tight protection
Directions:	mer & Address Missouri Valley Assac.	Auxiliary labels
21100010101	OS E MISSION Rellevue	Labels typed
	thorized Signature Le Roy Content	Labels affixed
	Power of Attorney	Contents labeled
UNS - Unsatisfactory	Tower of Attentoy	New containers utilized
Zip 68005 Phone 402, 292-419	64 Controlled Substances Records	UNS Regulatory Requirements  Lighting
	Inventory Date 10-1-89	Ventilation, A.C. & heating
New Pharmacy  Regular Inspection	Acquisition	Sanitation & cleanliness
	Acquisition Form 222c completed	Neatness
Store Permit No. 1031881 PCF No.	Form 222c completed Pool 89 Invoices properly maintained Struce 89	Sink
	Prescriptions	Current USP/NF & Supplements
Licenses on Display R.P. Sign	Patient name & address	Rev. No. Serial No. USP DI 91
u Clinia	Prescriber name & address	
Owner, Reg. Pharmacists Lic.	Prescriber DEA No.	, market
and Interns No. St	tatus Date	Content Neimigton
LeRoy H. Carbant 15162 R	Prescriber signature-II	That made logy text
1	R.P., signature & date-li	Medical Dictionary
	Refill authorizations-III-V	Security Booklet
	Refill initialled or D	Drug Interaction Reference
	Five refills or six moIII-IV	Poison Control Phone No. Left Sticker
	Frequency of refills-III-V	State Statutes & Regs. New-
	Letter "C" stamp	Minimum Equipment list
Jae Stang P.A.	"Transfer" label utilized	Class "B" Balance Ser. No.
James hourence P.A.		Metric or Apothecary Weights
	Distribution records	Refrigerator adequate & sanitary
Pharmacy Practice Comm. Hosp. Prof.	Method of filing Rx's Steel	Cerrections Ordered:
Store Hours 8-10PM 7 days	Computer Utilized () ~	Komaye Gld Town Phey Sign
R.P. Hours No Set hours - Colen DR. Th	Type	Security could be improved
Auxillaries	Central Record Keeping Permit No. NA.	
Hosp N.H. Consultant	Security	
	Building perimeter	
Inventory Controls SAT IMI		Has an effort been made to comply with previous inspection
inventory Controls	R.P. Duty Sign utilized	deficiencies? yes no
Dating of Biologicals	Sched. II (dispersed) locked	
Dating Or Drogo	Sched. III-V properly dispersed	Inspection: Passed 🔼 Incomplete 🗆 Failed 🗅
	Alarm system	Violation Warning Notice Issued □
Misbranded Drugs	Type None	I have had this inspection Report explained to me and unders-
Cleanliness & orderliness		tand what corrections must be made to omply the swith
	Regular Prescription File	Soul Q1
Poison Register	Record of refills	5 24 9 Manual Programacian
	Frequency of refills	
Type	Refili authorizations	Pharmacy Inspector

	Bureau of Exam	ining Boards Department of	Health Sta	te of Nebraska	
MISSOURI VALLEY CLINIC PHARM  105 East Mission Ave, Belley DATE: Rx # E Pt. Medication: Directions:				Rx Containers & Labels Safety closure caps Light & tight protection Auxiliary labels Labels typed Labels affixed Contents labeled New containers utilized	SAT IMP UNS
ip <u>८</u>	12-4164 spection X	Controlled Substances Records 10-1-89 Inventory Date (0-22-89 Acquisition	SAT IMP UNS	Regulatory Requirements Lighting Ventilation, A.C. & heating Sanitation & cleanliness	レレ
Store Permit No. 1001881 PCF No Licenses on Display R.P. Sign		Form 222c completed Invoices properly maintained Prescriptions	V	Neatness Sink Current USP/NF & Supplements	ン ン
inoffice		Patient name & address Prescriber name & address	V	Rev. No. Serial No. USP DI 88  Current Merck Manual Ed.	_ V
Owner, Reg. Pharmacists Lic and Interns No Le Roy Canhart MD 15165	. Status	Prescriber DEA No.  Date  Prescriber signature-II  R.P, signature & date-II	V V V	Current Remington (1+4 Ed. Pharmacology text F+C 86 Medical Dictionary Security Booklet	V
		Refill authorizations-III-V Refill initialled Five refills or six moIII-IV Frequency of refills-III-V		Drug Interaction Reference Poison Control Phone No. State Statutes & Regs.	<i>V</i>
		Letter "C" stamp "Transfer" label utilized Distribution records	NA	Minimum Equipment list Class "B" Balance Ser. No. 90596 Metric or Apothecary Weights	V
tore Hours 8-10 PM. I day a wee	Prof	Method of filing Rx's 3 fullo	1	Refrigerator adequate & sanitary  Corrections Ordered:	
I.P. Hours 1-10 devily Wed 5Pl uxiliaries None losp N.H. Consultant	Mon Sot 4PMon	Central Record Keeping Permit No Security			
nventory Controls  Dating of Biologicals  Dating of Drugs  Dating of Prophylactic  Misbranded Drugs	SAT IMP UNS  V V V V L V	Building perimeter 2 keys by H Pharmacy department De Charles by H R.P. Duty Sign utilized Sched. II - dispersed - locked Sched. III-V properly dispersed Alarm system Type	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Has an effort been made to comply with predeficiencies? yes no Inspection: Passed Incomplete Violation Warning Notice issued  I have had this inspection Report explained to	☐ Failed □
Cleanliness & orderliness C.S. destroyed Date Poison Register Vouc Unit Dose System utilized Type		Regular Prescription File  Record of refills  Frequency of refills  Refill authorizations		tand what corrections must be grade to comply  10 5 89  Registered Pharmacy Pharmacy inspector	y therewith.

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

Missouri Velley Clinic

**Bureau of Examining Boards** 

**Department of Health** 

State of Nebraska

(08 E. W.(33/01)	Controlled Substances		Du Containeus 9 1 abole			
PHARMACY INSPECTION	D.E.A. Reg. No	$\frac{1}{2}$	Rx Containers & Labels Safety closure caps	SAT	IMP	UNS
Rellevue REPORT Nelovaska	Expiration date SC24/8		·			i
	State Reg. No	N	Light & tight protection			
(Affix Rx Label)	Owner & Address Mrss Valle	a ayran PC	Auxiliary labels			
		+ 105 Eglester	Labels typed			
SAT - Satisfactory	Authorized Signature Le Vlacy	enhant_	Labels affixed			
IMP - Improvement Needed	Power of Attorney	700000000 <del>0000000000000000000000000000</del>	Contents labeled			
UNS - Unsatisfactory			New containers utilized	<u> </u>	LI	
Zip Phone / 292-4164	Controlled Substances Records	SAT IMP UNS	Regulatory Requirements		Τ	l
ZipPhone/ 213 110 1	Inventory Date		Lighting			ſ
New Pharmacy ☐ Regular Inspection 🗵	Acquisition		Ventilation, A.C. & heating Sanitation & cleanliness			í
	Form 222c completed	~ V				·
Store Permit No. 100188 PCF No.	Invoices properly maintained	e	Neatness Sink	-		
	Prescriptions	00		-		
Licenses on Display R.P. Sign	Patient name & address		Current USP/NF & Supplements		$\vdash$	
	Prescriber name & address		Rev. NoSerial No Current Merck ManualEd.			
Owner, Reg. Pharmacists Lic.	Prescriber DEA No.	0				
and Interns No. Status	Date	, 5 0				
M. scourt Valley Assoc Owner		al V	Pharmacology text Medical Dictionary			
<u> </u>	R.P. signature & date-II	(,	Security Booklet			
LeRoy H. Carbert 15162	Refill authorizations-III-V		Drug Interaction Reference			
	B. 600 to 100 - 0 - 4 - 1 - 1 - 1	VV	Poison Control Phone No.			
	Five refills or six moIII-IV Frequency of refills-III-V Letter "C" stamp	, U	State Statutes & Regs.			
	Frequency of refills-III-V		Minimum Equipment list			
	Letter "C" stamp		Class "B" Balance Ser. No			
	"Transfer" label utilized		Metric or Apothecary Weights			
	Distribution records		Refrigerator adequate & sanitary			1
	Method of filing Rx's	evee		L	<u> </u>	
Pharmacy Practice Comm. Hosp. Prof.	$\rho$	The same of the sa	Corrections Ordered:			
Store Hours	Computer Utilized	LM1,				
R.P. Hours	Туре	Z 1010101011				
Auxiliaries	Central Record Keeping Permit No	anyway				
Hosp N.H. Consultant	Security					
	Building perimeter					
SAT IMP UNS	Pharmacy department		Has an effort been made to comply with pro-	evious	inspe	ectio
Inventory Controls  Dating of Biologicals	R.P. Duty Sign utilized		deficiencies? yes no	-	- •	
Dating of Biologicals  Dating of Drugs	Sched, II - dispersed - locked		•	_	<b>_</b>	
	Sched. III-V properly dispersed		Inspection: Passed Incomplete	Ц	Fail	led [
Dating of Prophylactic Misbranded Drugs	Alarm system		Violation Warning Notice Issued □			,
Cleanliness & orderliness	Type		I have had this Inspection Report explained t	o me a	and ur	nder
C.S. destroyed Date	Regular Prescription File		tand what corrections must be made to compl			
Poison Register	•		9.23-88			
Unit Dose System utilized	Record of refills		date Registered Pharmac	cist /		
_	Frequency of refills		Tour Kon	X		
Туре	Refill authorizations	L	Pharmacy Inspect			

	Bureau of Exami	ning Boards Depart	ment of Health	State of Nebraska		
MISSOURI VALLEY CLINIC 105 E. Mission, Bellevue, N (402)292-4164 Dr. DATE: RX#: FOR:	PHARMACY Ne. 68005 PT#:	State Reg. No AC 2 Owner & Address M/550 105 Faz T M/5 Authorized Signature Le K	Frion Avel, Belle	Rx Containers & Safety closure of Light & tight pro Auxiliary labels Labels typed Labels affixed Contents labele New containers	caps otection	SAT IMP UNS
Store Permit No. 1001881 PCF No.  Licenses on Display R.P. Sign  Wes  Owner Reg. Pharmacists Licenses and Interns No.  MISSOURI Valley ASSOC  Le Roy H. Carhart  Pharmacy Practice Comm. Hosp.  Store Hours RAM — 100M	Status	Date Prescriber signature-II R.P. signature & date-II Refill authorizations-III-V Refill initialled Five refills or six moIII-IV Frequency of refills-III-V Letter "C" stamp "Transfer" label utilized Distribution records Method of filing Rx's 3 da	CHANNING CHA	Lighting Ventilation, A.C. Sanitation & cle Neatness Sink Current USP (N Rev. No. Current Merck Current Reming Pharmacology Medical Diction Security Bookle Drug Interaction Poison Control State Statutes & Minimum Equip Class "B" Bala Metric or Apoth Refrigerator ad Corrections Orde	F & Supplements Serial No. USP  Manual Ed. gton Ed. text 1987  Phone No. & Regs. ment list nce Ser. No. lecary Weights equate & sanitary	Wined week
Auxiliaries None Hosp N.H. Consultant None		Central Record Keeping Per Security  Building perimeter	mit No. None	ic a i ven	enclosed	
Inventory Controls  Dating of Biologicals Dating of Drugs Dating of Prophylactic Misbranded Drugs Cleanliness & orderliness C.S. destroyed Date Poison Register Po No Tuse Unit Dose System utilized Type	SAT IMP UNS	Pharmacy department R.P. Duty Sign utilized Sched. II - dispersed locked Sched. III-V properly dispersed Alarm system Type  Regular Prescription File Record of refills Frequency of refills Refill authorizations	0 6	deficiencies? Inspection: Violation Warning	en made to comply with prevented yes no  Passed Incomplete g Notice Issued   Isspection Report explained to tions must be made to comply Registered Pharmaci	Falled -

BELLEVUE HEALTH CENTER		· · · · · · · · · · · · · · · · · · ·		
LeRoy H. Carhart, M.D.	imining Boards Department	of Health Stat	e of Nebraska	
105 E. Mission, Bellevue, Ne. 68005	Controlled Substances			
(402) 292-4164	D.E.A. Reg. No		Rx Containers & Labels	[ ] [ ]
DATE: PT.#:	Expiration date	-31-87	Safety closure caps	SAT IMP UNS
FOR:Rx #	State Reg. No AC 206	21391	Light & tight protection	
		CarhartiMD	Auxiliary labels	
	105 East Mission	1 Belleval	Labels typed	
	Authorized Signature Le range		Labels affixed	
	- A	7, 00, 100	Contents labeled	
	Power of Attorney Mone		New containers utilized	
1 const 200 11/11		SAT IMP UNS	Regulatory Requirements	
zip 68005 Phone 292 4164	Controlled Substances Records	SAT IMP UNS	- Lighting	4
Now Pharmany - Parview Is marchine /			Ventilation, A.C. & heating	
New Pharmacy ☐ Regular Inspection ☐	Acquisition $(/a/e)$		- Sanitation & cleanliness	4
	Form 222c completed		- Neatness	4
Store Permit No. / OO 188/ PCF No.	Invoices properly maintained		Sink	
Licenses on Display R.P. Sign	Prescriptions	<u> </u>	Current USP/NF & Supplements	L-
yes none	Patient name & address		Rev. NoSerial No	_
	Prescriber name & address		- Current Merck Manual E	id. L
Owner, Reg. Pharmacists Lic.	Prescriber DEA No.			Ed
and Interns No. Status	Date		Pharmacology text	
1-0 C. h. = 15112 - MIZ	Prescriber signature-II		Medical Dictionary	4
Lekog Carpart 15162MD	R.P. signature & date-II		Security Booklet	4
<u> </u>	Refill authorizations-III-V	4	Drug Interaction Reference	4
·	Refill initialled	<u></u>	Poison Control Phone No.	
	Five refills or six moIII-IV		State Statutes & Regs.	
	Frequency of refills-III-V		Minimum Equipment list	4
	Letter ''C'' stamp	Seperated	Class "B" Balance Ser. No.	L
	"Transfer" label utilized		Metric or Apothecary Weights	L
	Distribution records		Refrigerator adequate & sanitary	T.
	Method of filing Rx's 3 dauly/6	095		/
Pharmacy Practice Comm. Hosp. Prof.	+ inventored 9	Fd5p 109	No Hard Copus Preser	Simil
Store Hours 8AM - 10PM	Computer Utilized	NONE		Da -
R.P. Hours Alwaye MDin Clinic	Type	101	Frod in Vetra o	15rugs
Auxiliaries	Central Record Keeping Permit No.	TONS	19te Brennial 41 Ven	- Blustation
Hosp N.H. Consultant	Security		The state of the s	Compression of the
7,00,0	Building perimeter		Carhart Not 6	Wailable
Inventory Controls SAT IMP UNS	Pharmacy department		Has an effort been made to comply with	previous inspection
inventory controls	R.P. Duty Sign utilized		deficiencies? yes no	providus mapoun
Dating of Biologicals	Sched. II - dispersed locked		deficiencies: yes / 110	
Dating of Drugs	Sched. III-V properly dispersed lock	ed c	Inspection: Passed 🗆 Incomple	ete 🗆 🛮 Failed
Dating of Prophylactic	Alarm system 0/- 1/0	1	Violation Warning Notice issued □	,
Misbranded Drugs	Alarm system Type Nowl		I have had this Inspection Report explains	about hos sea of be
Cleanliness & orderliness			tand what corrections must be made to co	<i>7</i> ¥
C.S. destroyed Date	Regular Prescription File			7
Poison Register Do No Tuse Unit Dose System utilized	Record of refills	1	date Registered Phan	majoriet
	Frequency of refills		(),,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1 Dh
Type // ONE	Refill authorizations		Pharmacy Ins	pector

			<b>A.</b> . <b>A.</b>	71-5705	MD Disp
BELLEVUE HEALTH CENTER	amining Boards	Department of Health	State of Nebraska	71-142-1	שליל לא השוחם
LeRoy H. Carhart, M.D.	Controlled Substance	<b>.</b>	Dy Cantainasa 8	Labala	<i>y</i>
105 E. Mission, Bellevue, Ne. 68005 (402) 292-4164	D.E.A. Reg. No	Name of the latest terminal te	Rx Containers & Safety closure		SAT IMP UNS
DATE: PT.#:	Expiration date	8-3/-85	Light & tight pro	•	i i
FOR:	State Reg. No	AC 2062139	Auxiliary labels		
, y	Owner & Address	Leroq Carnart,	11/2		L
Missauri Valley Clinic	e 105 East	MISSION BR/le	Labels affixed		
<b>,</b>	Authorized Signatur	e Letogy H. Carn	Contents labele	∍d	-
	Power of Attorney	<del></del>	New containers	s utilized	
			Bozulata zu Bozu		
Σιμ	Controlled Substances	s Records	MP UNS Regulatory Requ	nements	4
	Inventory Date	NONE	Ventilation, A.	C. & heating	U
New Pharmacy   Regular Inspection □	Acquisition		Sanitation & cle		4
	Form 222c complet	ted Clippe of	Neatness Neatness		
Store Permit No. 100/88/ PCF No.	Invoices properly r	maintained	Sink		V
Licenses on Display R.P. Sign	Prescriptions	2	Current USP/N	IF & Supplements	none
425	Patient name & add		Rev. No	Serial No	none
	Prescriber name &	11 7	Current Merck	ManualEd.	none
Owner, Reg. Pharmacists Lic. and Interns No. Status	Prescriber DEA No	) V & X /	Current Remin	gtonEd.	non
0 0	Date Proposibos signatu	211	Pharmacology		1402
Lekon Carhort, MD 15/62 MI	Prescriber signatu  R.P. signature & da		Medical Diction	•	
	Refill authorization	. Mrv. 2 / M/ / 11	Security Bookl		
	Refill initialled	100 A A B	Drug Interactio		1600
	Five refills or six m	10III-IV 0 0 X	Poison Control State Statutes		4
	Frequency of refill		Minimum Equip	•	-
	Letter "C" stamp	21,	Class "B" Bala		more
	"Transfer" label u	tilized	Metric or Apoth		none
	Distribution records		- Refrigerator ad	equate & sanitary	L
	Method of filing Rx's	Drug Purchese R	ecord invole		
Pharmacy Practice Comm. Hosp. Prof.	+ Disp 109	0 .//2 / .	Corrections Ord	F# + Endite 0	- Crade
Store Hours 8AM - 10PM	Computer Utilized	Broke	,, ,	e biennial C.S.	inventory
R.P. Hours A/Way MD /n Clinic	Туре	no		recenture Ri# 1	n label
Auxiliaries	_ Central Record Ke	eeping Permit No.		te+mail es.	loss form
Hosp N.H. Consultant	Security		Tupe	labels	, , , ,
	Building perimeter	m D JUDAS	- Comple	te Security	
Inventory Controls SAT IMP UNS	Pharmacy departmen		Has an effort be	en made to comply with pro-	evious Inspection
Dating of Biologicals	R.P. Duty Sign utilize		deficiencies?	yes) no	`
Dating of Drugs	Sched. II - dispersed		Inspection:	Passed □ Incomplete	Failed 🗆
Dating of Prophylactic	Sched. III-V properly		· ·	g Notice Issued 🗆 🔍	
Misbranded Drugs	Alarm system	None V	<del></del>	· ·	a ma and conde
Cleanliness & orderliness	Type	•		nspection Report explained t	
C.S. destroyed Date // C.S. destroyed Date	Regular Prescription F	ile -)	land what correct	tions thus be made a compl	iy Hierewilli.
Poison Register Do No Tuse	Record of refills	, Daily	6-79-03 date	Registered Pharmac	cist (M.D.
Unit Dose System utilized	Frequency of refit	15 100		JALLA Ph	and RW
Type	Refill authorization	ns / / L		Pharmacy Inspect	OF TO





# RECEIVED

DEPARTMENT OF HEALTH

APR 12 1985

Bureau of Examining Boards

BUREAU OF EXAMINING BOAR Post Office Box 95007
LINCOLN, NEBRASKA Lincoln, Nebraska 68509-5007

filledested allocations and the standard best

edge receipt of m	y License/Certificate	******
Dated	The state of the s	, ,
uney!	A CONTRACTOR OF THE PROPERTY O	era era ura
(Name of) Profes	sion)	~
Blackli	matura	
, (31)	gnature	
s: 116. Vale	y ares	
101 9.1	nun	
ail. Biller	n- Ne Gfor).	
	Dated  (Name of Frofes  (Si  107 2:1	Dated  (Name of) Profession)  (Signature)  (Signature)  (Signature)  (Signature)  (Signature)

### RECEIVED

RECEIVED

NEBRASKA DEPARTMENT OF HEALTH APPLICATION FOR PERMIT TO OPERATE A PHARMACY

MAP 4 1985

FOR PHARMACISTS AND MEDICAL PRACTITIONERS FEB 2 8 1985

INSTRUCTIONS

BUREAU OF EXAMINING BOARDS LINCOLN, MEBRASKA

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: MCCourt Stusy	secresice Q C.
Name of ALL Owner(s), Partners or Corporate	Officers   Medical Practitioner?
LEKOY H. CARIHART, M.D. P.	res X YES
MARY LOW CARHARI, Secreti	ary no
Pharmacy Name and Address	Days and Hours Open for Business
(Street, City, Zip Code) Missouri VALLES CLINIC	1 DAT WEEK
105 E. MISSION	1 DAJ WEEK 8AM 10 PM
BATH Bellevur ne 68005	O MANUT TO GENT
Name of Registered Pharmacist Who Will Be 1	n Charge of Pharmacy R.P.
(NOTE: Medical Practitioners need not comp	
	15162
I declare that the statements on this   I d	leclare that I am the registered
	rmacist who will be in charge of I responsible for all transactions
	thin the pharmacy.
- <i>L</i> /2/10 1	•
Sign Here: Neven the ardans	
Owner/Applicant	
ML) Prescent	
Title/	1/100
20 11 Sig	Y X X X X X X X X X X X X X X X X X X X
Date Her	Registered Pharmacist Mil
PERMIT FEES	AGENCY USE ONLY
	150, 200
Original Permit\$100	0.00 4011 3-1-01.
Permit, Transfer of Ownership50	0.00
Permit, Change of Location10	0.00
Amended Permit (change of pharmacist)10	
	0.00
Amended Permit (original owner to heirs	0.00
Amended Permit (original owner to heirs or estate)	
	0.00
or estate)	0.00 Application Date
or estate)	0.00 Application Date 3-4-85
or estate)	0.00 Application Date 3-4-85 Date Permit Issued
or estate)	0.00 Application Date 3-4-85 Date Permit Issued
or estate)	2.00 Application Date  3-4-85 Date Permit Issued  3-6-85 Permit Number
or estate)	0.00 Application Date 3-4-85 Date Permit Issued

THE PREVIOUS PERMIT MUST BE RETURNED WITH THIS APPLICATION. (The large 81' x 11")



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

11



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 \cdot \text{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



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 conjuction with your medical practice. A separate form must be completed for each unique pharmacy location. Please complete this form and return it to our office along with the required \$10.00 fee.

Should you have any questions, please feel free to contact this office.

Sincerely,

Laura J. Partsch, Director Bureau of Examining Boards

By Debbie Halada (402)471-4904

dh

Enclosures