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May 22, 2015
FOR IMMEDIATE RELEASE

Editor's Note: Under law, health regulatory boards are not permitted to interpret Board Orders.

MEDIA ADVISORY

Westbury Pharmacy Agrees to Revocation of Permit as part of Settlement with Board of Pharmacy **May 29, 2015 Westbury Pharmacy Board of Pharmacy Hearing Cancelled**

RICHMOND--Westbury Pharmacy, at 8903 Three Chopt Road, has entered into a Consent Order issued by the Virginia Board of Pharmacy under § 54.1-3316 of the Code of Virginia in lieu of a May 29 administrative hearing regarding last month's Board Order that summarily suspended the pharmacy's permit to possess and dispense prescription drugs.

Under the terms and conditions outlined in the Consent Order, Westbury Pharmacy waives the right to proceedings pursuant to the Virginia Administrative Process Act and agrees to the revocation of the pharmacy permit and payment of a \$65,050 monetary penalty as described in the attached Consent Order, which speaks for itself. The former pharmacist-in-charge also waived his right to proceedings and agrees in the attached Consent Order to the revocation of his pharmacist license and payment of a \$55,050 monetary penalty.

With the Board's Summary Suspension Orders of April 17th, the Board of Pharmacy took swift measures to safeguard the public after determining that a substantial danger to the public's health or safety existed. The Notice raised concerns regarding Westbury's ability to assure the quality, sterility, integrity, safety and efficacy of drugs dispensed as well as a failure to take measures to prevent drug diversion. The ability to engage in the practice of pharmacy in a professional manner free of fraudulent activity was also in question.

The Virginia Board of Pharmacy, online at <http://www.dhp.virginia.gov/Pharmacy/> is one of 13 health regulatory boards in the Commonwealth that together compose the Department of Health Professions (DHP), at work to ensure safe and competent patient care by licensing health professionals, enforcing standards of practice, and providing information to healthcare practitioners and the public.

Complaints regarding possible violations of DHP's laws and regulations or patient care can be made by phone or online at 1/800-533-1560, 804/367-4691 and <http://www.dhp.virginia.gov/Enforcement/complaints.htm>

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VIRGINIA:

BEFORE THE BOARD OF PHARMACY

**IN RE: WESTBURY PHARMACY
Permit No: 0201-002508**

CONSENT ORDER

In lieu of a formal administrative hearing, the Virginia Board of Pharmacy ("Board") and Westbury Pharmacy, as evidenced by the signatures of their official representatives affixed below, agree to enter into this Consent Order affecting the permit of Westbury Pharmacy to conduct a pharmacy in Virginia.

FINDINGS OF FACT AND CONCLUSIONS OF LAW

1. Westbury Pharmacy holds permit number 0201-002508 issued by the Board to conduct a pharmacy in the Commonwealth of Virginia on August 8, 1980. By Order of the Board, the permit was summarily suspended on April 17, 2015.
2. Westbury Pharmacy entered into a Consent Order with the Board on August 23, 2013, for two major deficiencies identified during an inspection conducted on November 30, 2012. The first deficiency was the perpetual inventory was not being maintained or monitored as required in violation of 18 VAC 110-20-240 of the Board's Regulations Governing the Practice of Pharmacy ("Regulations"). The second deficiency was there was no documentation of initial and semi-annual media-fill testing for persons performing high-risk level compounding of sterile products in violation of § 54.1-3410.2 of the Code of Virginia (1950), as amended ("Code"). Under the terms of the Consent Order, Westbury Pharmacy acknowledged the deficiencies, paid a monetary penalty of \$5,250, and agreed to submit documentation showing corrective action.
3. Westbury Pharmacy also entered into a Consent Order with the Board on February 19, 2014, for six deficiencies identified during inspections conducted on November 30, 2012 and July 24, 2013, concerning non-compliance with applicable law and regulations governing compounded drug products. Under the terms of the Consent Order, Westbury Pharmacy acknowledged the deficiencies and paid a monetary penalty of \$7,750.

4. Unannounced inspections of Westbury Pharmacy on May 21 and 29, 2014, and on February 3 and 5, 2015, and a drug audit on May 29, 2014, disclosed the following deficiencies:

a. Westbury Pharmacy violated § 54.1-3316(2) and (7) of the Code, and 18 VAC 110-20-25(6) of the Regulations in that it failed to take the necessary steps to prevent the diversion of controlled substances. Specifically, between May 2012 and on or about July 29, 2014, the pharmacy lost 25,804 tablets of oxycodone 30mg (Schedule II), 21,901 tablets of oxycodone/APAP 10/325mg (Schedule II), 1,962 tablets of oxycodone/APAP 7.5/325mg (Schedule II), 561 tablets of methadone 10mg (Schedule II), 60mg of fentanyl citrate powder (Schedule II), and 261 tablets of hydrocodone/APAP 5/325 (Schedule III) due in part to theft by an employee.

b. Westbury Pharmacy violated § 54.1-3316(1), (2), (7), and (13) of the Code and 18 VAC 110-20-25(6) and 18 VAC 110-20-200(B) of the Regulations in that the Schedule II drugs were not securely stored. The drugs could be removed from the storage cabinet when it was locked.

c. Westbury Pharmacy violated § 54.1-3316(1), (7), and (13) of the Code and 18 VAC 110-20-190(B) and (C) of the Regulations in that:

i. The access code to the alarm system and the key to the code were posted on the alarm control panel in full view of all employees.

ii. Between January 26, 2015, and February 3, 2015, a pharmacy clerk and a pharmacy technician deactivated the pharmacy alarm on multiple occasions, and five unlicensed individuals had access to the pharmacy department when a pharmacist was not present.

d. Westbury Pharmacy violated § 54.1-3316(1) and (7) of the Code and 18 VAC 110-20-240(A)(1) of the Regulations in that the perpetual inventory was not being maintained as required. The Pharmacist-in-Charge was aware that the computer system was not keeping accurate records of the inventories between June 2012 and May 2014, and he simply adjusted the totals listed in the computer

system to account for any discrepancies between the theoretical and physical counts. This deficiency was noted previously in an inspection summary dated November 30, 2012.

e. Westbury Pharmacy violated § 54.1-3316(7) and § 54.1-3410.2(E) and (I)(4) of the Code and 18 VAC 110-20-321 of the Regulations in that:

i. Between January 6, and February 11, 2014, a pharmacy technician performed high-risk compounding on 24 occasions before passing his initial media-fill testing.

ii. A pharmacist and pharmacy technician performing high-risk compounding had not completed their semi-annual media-fill testing or gloved finger tip testing as required by the United States Pharmacopeia-National Formulary ("USP-NF") within the required time period. This deficiency was noted previously in an inspection summary dated November 30, 2012.

f. Westbury Pharmacy violated § 54.1-3316(7) and § 54.1-3410.2(D), (E) and (I)(1) and (2) of the Code and 18 VAC 110-20-321 of the Regulations in that between May 22, 2012, and July 31, 2014, multiple sterile and non-sterile compounding records for single patient, single prescription and batch compounded products were not initialed by a pharmacist.

g. Westbury Pharmacy violated § 54.1-3316(7) and § 54.1-3410.2(E) of the Code and 18 VAC 110-20-321 of the Regulations in that between January 1, 2014 and August 14, 2014, sterile products containing tacrolimus (Schedule VI), a hazardous drug, were compounded in the same hood as non-hazardous drugs.

h. Westbury Pharmacy violated § 54.1-3316(7) of the Code and 18 VAC 110-20-140(A) of the Regulations in that remodeling applications were not filed with the Board when the following changes were made:

i. The security system was changed in January 2013.

ii. The following structural changes were made to the prescription department after August 2014:

- a. A new door was installed to the entrance of the prescription department from the warehouse storage area;
- b. Two new doors with badge access scanners were installed to the rear left and front right side of the prescription department;
- c. The locking glass doors that protected the Schedule II drugs were replaced with glass doors at the ends of the Schedule II aisles. The doors could only be opened by badge scanner access. The tops of the Schedule II bays were enclosed with wire and a 360 degree video surveillance system was installed.
- i. Westbury Pharmacy violated § 54.1-3316(7) of the Code and 18 VAC 110-20-200(B) and (C) of the Regulations in that prescriptions requiring refrigeration or freezing were stored in an area accessible to the public.
- j. Westbury Pharmacy violated § 54.1-3316(7) of the Code and 18 VAC 110-20-200(C) of the Regulations in that controlled paraphernalia, flu vaccines, a vial of clonidine (Schedule VI) injectable, and a tube of lidocaine-prilocaine (Schedule VI) ointment were stored in areas outside of the previously approved drug storage area.
- k. Westbury Pharmacy violated § 54.1-3316(7) and § 54.1-2521(A), (B) and (C) of the Code and 18 VAC 76-20-40(A), (B), (D) and (E) of the Regulations in that between May 20, 2012 and July 8, 2014, incorrect and incomplete data was sent to the Virginia Prescription Monitoring Program, including failure to list a drug, listing an incorrect practitioner, and failure to name a drug product for compounded agents.
- l. Westbury Pharmacy violated § 54.1-3316(7) and § 54.1-3404(B) of the Code in that the biennial inventory for Schedule III through V drugs taken May 20, 2012, could not be located.
- m. Westbury Pharmacy violated § 54.1-3316(1) and (7) of the Code and 18 VAC 110-20-200(D) of the Regulations in that over one hundred seventy-one (171) expired drugs were in the pharmacy mixed in with the drug stock.

- n. Westbury Pharmacy violated § 54.1-3316(1) and (7) and § 54.1-3457(1) of the Code and 18 VAC 110-20-200(D) and 18 VAC 110-20-355(A) and (B) of the Regulations in that:
- i. At least twenty-one (21) bottles of medication were labeled as containing one type of medication, but contained medication from two different manufacturers.
 - ii. At least sixty-five (65) bottles and one blister pack of medication either were unlabeled or did not include either the drug name, an expiration date, a lot number, or a quantity. Three of the bottles contained multiple types of pills, and four bottles contained more medication than listed on the label.
 - iii. At least one hundred twenty-four (124) bottles of medication, thirteen (13) of them Schedule II drugs, contained pills in excess of the amount listed on the bottle label.
 - iv. One bottle labeled as containing Afeditab CR (nifedipine, Schedule VI) 60mg contained tablets from three different manufacturers. One of the tablets was amitriptyline (Schedule VI).
- o. Westbury Pharmacy violated § 54.1-3316(1) and (7) and § 54.1-3457(1) of the Code and 18 VAC 110-20-200(D) and 18 VAC 110-20-355(D) of the Regulations in that medication returned by patients or their relatives after it had left the pharmacy premises and medication that was returned before it left the pharmacy was placed back in stock medicine bottles on the shelf.
- p. Westbury Pharmacy violated § 54.1-3316(1) and (7), § 54.1-3410.2(B) and § 54.1-3457(1) of the Code and 18 VAC 110-20-200(D), 18 VAC 110-20-321 and 18 VAC 110-20-355(A) and (B) of the Regulations in that forty-three (43) compounded drugs either were expired, lacked lot numbers, or had no expiration dates and no compounding records.

q. Westbury Pharmacy violated § 54.1-3316(5), (7) and (13) of the Code in that:

i. Pharmacy employees engaged in a pattern of waiving and discounting co-pays for certain individuals, primarily those who ordered compounded pain medication, and fraudulently reporting them as paid to the insurance company.

ii. Pharmacy employees engaged in a pattern of charging insurance company co-pays when the patients did not pick up the medication.

r. On November 6, 2014, Westbury Pharmacy incurred and subsequently paid an audit chargeback of \$278,770.06 and audit fee of \$41,815.51 to CVS/Caremark following an audit for the two-year period between March 19, 2012 and March 17, 2014. The audit concerned both inaccurate claim submissions and copayment collections.

s. On April 17, 2015, the Board's Order of Summary Suspension issued to Westbury Pharmacy was hand-delivered to Joseph A. Oley, Pharmacist-in-Charge, Westbury Pharmacy. A sign prepared by Board staff was placed on the door at the entrance of the pharmacy notifying patients that Westbury Pharmacy was unable to dispense medications. An inventory of all drugs in the pharmacy was conducted. Unsealed bottles of drugs as well as containers in the "Will Call Area" of the pharmacy department were embargoed. Approximately 3,904 open containers and unsealed bottles of drugs were embargoed.

CONSENT

Westbury Pharmacy, by affixing the signature of its representative hereon, agrees to the following:

1. Westbury Pharmacy's representative has been advised specifically to seek the advice of counsel prior to signing this document.

2. Westbury Pharmacy's representative is fully aware that without his consent, no legal action can be taken against the pharmacy's permit except pursuant to the Virginia Administrative Process Act, § 2.2-4000(A) et seq. and § 54.1-2408.1 of the Code.

3. Westbury Pharmacy has the following rights, among others:
 - a. the right to a formal administrative hearing before the Board;
 - b. the right to representation by counsel; and
 - c. the right to cross-examine witnesses against it.
4. Westbury Pharmacy waives all rights to a formal hearing.
5. Westbury Pharmacy neither admits nor denies the Findings of Fact and Conclusions of Law contained herein and waives its right to contest such Findings of Fact and Conclusions of Law and any sanction imposed herein in any subsequent proceeding wherein the Board is a party; and
6. Westbury Pharmacy consents to the following Order affecting its permit to conduct a pharmacy in the Commonwealth of Virginia.

ORDER

WHEREFORE, on the basis of the foregoing Findings of Fact and Conclusions of Law, and with the consent of Westbury Pharmacy's representative, it is hereby ORDERED that the permit of Westbury Pharmacy be, and hereby is, REVOKED. Upon entry of this Order, the permit of Westbury Pharmacy will be recorded as revoked and no longer current.

It is further ORDERED that Westbury Pharmacy will ensure, after it has obtained authorization to do so from all relevant governmental agencies, that all embargoed drugs in open containers and unsealed bottles are destroyed and that all costs associated with the drugs' destruction will be paid for by Westbury Pharmacy.

It is further ORDERED that Westbury Pharmacy shall pay a monetary penalty in the amount of Sixty-Five Thousand Fifty Dollars (\$65,050.00). Such payment shall be made within thirty (30) days of the date this Order is entered and shall be made by cashier's check or money order made payable to the "Treasurer of Virginia."

At such time as Westbury Pharmacy is able to resume the competent conduct of pharmacy with reasonable skill and safety to patients, it may petition for the reinstatement of its permit. Pursuant to § 54.1-2408.2 of the Code, should Westbury Pharmacy seek reinstatement of its permit after three years, it shall be

responsible for any fees that may be required for the reinstatement of its permit prior to issuance of its permit to resume practice. The reinstatement of Westbury Pharmacy's permit shall require the affirmative vote of three-fourths of the members at a meeting of the Board.

In accordance with § 2.2-4023 and § 54.1-2400.2 of the Code, the signed original of this Consent Order shall remain in the custody of the Department of Health Professions as a public record and shall be made available for public release, inspection and copying upon request.

FOR THE BOARD:

Caroline D. Juran
Caroline D. Juran
Executive Director

ENTERED: 22nd May 2015

SEEN AND AGREED TO:

Joe Oley
Joseph A. Oley, Pharmacist-in-Charge, Westbury Pharmacy

COMMONWEALTH OF VIRGINIA
CITY/COUNTY OF Richmond

Subscribed and sworn to before me, a Notary Public in and for the Commonwealth of Virginia at large on this 20th day of May 2015. My commission expires the 30th day of October 2015.
31st

146717
Registration Number

Clair G. Halasz
Notary Public



VIRGINIA:

BEFORE THE BOARD OF PHARMACY

IN RE: FAIZ A. OLEY, JR., PHARMACIST
License No: 0202-010741

CONSENT ORDER

In lieu of a formal administrative hearing, the Virginia Board of Pharmacy ("Board") and Faiz A. Oley, Jr., as evidenced by their signatures affixed below, agree to enter into this Consent Order affecting the license of Mr. Oley to practice as a pharmacist in Virginia.

FINDINGS OF FACT AND CONCLUSIONS OF LAW

1. Faiz A. Oley, Jr. holds license number 0202-010741 issued by the Board to practice as a pharmacist in the Commonwealth of Virginia. Said license was summarily suspended on April 17, 2015.
2. Pursuant to an Order of the Board of Pharmacy entered on December 12, 2006, Mr. Oley was required to complete the Accreditation Council for Pharmacy Education ("ACPE") approved continuing pharmacy education courses, *Controlled Substance Prescriptions and Pain Management: Striking a Balance* and *Substance Abuse: Guidelines for Professionals*. These courses were required due to Mr. Oley allowing hydrocodone/APAP (C-III), diazepam (C-IV) and butalbital/APAP (C-VI) to be dispensed to a patient without proper authorization from the prescribing physician and for refilling a patient's prescriptions for hydrocodone/APAP and butorphanol (C-VI) early.
3. During the course of Mr. Oley's employment as Pharmacist-in-Charge of Westbury Pharmacy, Richmond, Virginia ("Westbury"), unannounced inspections of Westbury on May 21 and 29, 2014, and on February 3 and 5, 2015, and a drug audit on May 29, 2014, disclosed the following deficiencies:
 - a. Mr. Oley violated § 54.1-3316(2) and (7) of the Code and 18 VAC 110-20-25(6) of the Regulations Governing the Practice of Pharmacy ("Regulations"), in that he failed to take the necessary steps to prevent the diversion of controlled substances. Specifically, between May 2012 and July 29, 2014, the pharmacy lost 25,804 tablets of oxycodone 30mg (Schedule II), 21,901 tablets of oxycodone/APAP 10/325mg (Schedule II), 1,962 tablets of oxycodone/APAP 7.5/325mg (Schedule II), 561 tablets of

methadone 10mg (Schedule II), 60mg of fentanyl citrate powder (Schedule II), and 261 tablets of hydrocodone/APAP 5/325 (Schedule III) due in part to theft by an employee.

b. Mr. Oley violated § 54.1-3316(1), (2), (7), and (13) of the Code and 18 VAC 110-20-25(6) and 18 VAC 110-20-200(B) of the Regulations in that the Schedule II drugs were not securely stored. The drugs could be removed from the storage cabinet when it was locked.

c. Mr. Oley violated § 54.1-3316(1), (7), and (13) of the Code and 18 VAC 110-20-190(B) and (C) of the Regulations in that:

i. The access code to the alarm system and the key to the code were posted on the alarm control panel in full view of all employees.

ii. Between January 26, 2015, and February 3, 2015, a pharmacy clerk and a pharmacy technician deactivated the pharmacy alarm on multiple occasions, and five unlicensed individuals had access to the pharmacy department when a pharmacist was not present.

d. Mr. Oley violated § 54.1-3316(1) and (7) of the Code and 18 VAC 110-20-240(A)(1) of the Regulations in that the perpetual inventory was not being maintained as required. He was aware that the computer system was not keeping accurate records of the inventories between June 2012 and May 2014 and he simply adjusted the totals listed in the computer system to account for any discrepancies between the theoretical and physical counts. This deficiency was previously noted in an inspection summary dated November 30, 2012.

e. Mr. Oley violated § 54.1-3316(7) and § 54.1-3410.2(E) and (I)(4) of the Code and 18 VAC 110-20-321 of the Regulations in that:

i. Between January 6 and February 11, 2014, a pharmacy technician performed high-risk compounding on 24 occasions before passing his initial media-fill testing.

ii. A pharmacist and pharmacy technician performing high-risk compounding had not completed their semi-annual media-fill testing or gloved finger tip testing as required by the

United States Pharmacopeia–National Formulary (“USP-NF”) within the required time period. This deficiency was previously noted in an inspection summary dated November 30, 2012.

f. Mr. Oley violated § 54.1-3316(7) and § 54.1-3410.2(D), (E) and (I)(1) and (2) of the Code and 18 VAC 110-20-321 of the Regulations in that between May 22, 2012, and July 31, 2014, multiple sterile and non-sterile compounding records for single patient, single prescription and batch compounded products were not initialed by a pharmacist.

g. Mr. Oley violated § 54.1-3316(7) and § 54.1-3410.2(E) of the Code and 18 VAC 110-20-321 of the Regulations in that between January 1, 2014 and August 14, 2014, sterile products containing tacrolimus (Schedule VI), a hazardous drug, were compounded in the same hood as non-hazardous drugs.

h. Mr. Oley violated § 54.1-3316(7) of the Code and 18 VAC 110-20-140(A) of the Regulations in that remodeling applications were not filed with the Board when the following changes were made:

i. The security system was changed in January 2013.

ii. The following structural changes were made to the prescription department after August 2014:

a. A new door was installed to the entrance of the prescription department from the warehouse storage area;

b. Two new doors with badge access scanners were installed to the rear left and front right side of the prescription department;

c. The locking glass doors that protected the Schedule II drugs were replaced with glass doors at the ends of the Schedule II aisles. The doors could only be opened by badge scanner access. The tops of the Schedule II bays were enclosed with wire and a 360 degree video surveillance system was installed.

- i. Mr. Oley violated § 54.1-3316(7) of the Code and 18 VAC 110-20-200(B) and (C) of the Regulations in that prescriptions requiring refrigeration or freezing were stored in an area accessible to the public.
- j. Mr. Oley violated § 54.1-3316(7) of the Code and 18 VAC 110-20-200(C) of the Regulations in that controlled paraphernalia, flu vaccines, a vial of clonidine (Schedule VI) injectable, and a tube of lidocaine-prilocaine (Schedule VI) ointment were stored in areas outside of the previously approved drug storage area.
- k. Mr. Oley violated § 54.1-3316(7) and § 54.1-2521(A), (B) and (C) of the Code and 18 VAC 76-20-40(A), (B), (D) and (E) of the Regulations in that between May 20, 2012 and July 8, 2014, incorrect and incomplete data was sent to the Prescription Monitoring Program, including failure to list a drug, listing an incorrect practitioner, and failure to name a drug product for compounded agents.
 - l. Mr. Oley violated § 54.1-3316(7) and § 54.1-3404(B) of the Code in that the biennial inventory for Schedule III through V drugs taken on May 20, 2012, could not be located.
- m. Mr. Oley violated § 54.1-3316(1) and (7) of the Code and 18 VAC 110-20-200(D) of the Regulations in that over one hundred seventy-one (171) expired drugs were in the pharmacy mixed in with the drug stock.
- n. Mr. Oley violated § 54.1-3316(1) and (7) and § 54.1-3457(1) of the Code and 18 VAC 110-20-200(D) and 18 VAC 110-20-355(A) and (B) of the Regulations in that:
 - i. At least twenty-one (21) bottles of medication were labeled as containing one type of medication, but contained medication from two different manufacturers.
 - ii. At least sixty-five (65) bottles and one blister pack of medication either were unlabeled or did not include either the drug name, an expiration date, a lot number, or a quantity. Three of the bottles contained multiple types of pills, and four bottles contained more medication than listed on the label.

iii. At least one hundred twenty-four (124) bottles of medication, thirteen (13) of them Schedule II drugs, contained pills in excess of the amount listed on the bottle label.

iv. One bottle labeled as containing Afeditab CR (nifedipine, Schedule VI) 60mg contained tablets from three different manufacturers. One of the tablets was amitriptyline (Schedule VI).

o. Mr. Oley violated § 54.1-3316(1) and (7) and § 54.1-3457(1) of the Code and 18 VAC 110-20-200(D) and 18 VAC 110-20-355(D) of the Regulations in that medication returned after it had left the pharmacy by patients or their relatives and medication that was returned before it left the pharmacy was placed back in stock medicine bottles on the shelf.

p. Mr. Oley violated § 54.1-3316(1) and (7), § 54.1-3410.2(B) and § 54.1-3457(1) of the Code and 18 VAC 110-20-200(D), 18 VAC 110-20-321 and 18 VAC 110-20-355(A) and (B) of the Regulations in that forty-three (43) compounded drugs either were expired, lacked lot numbers, or had no expiration dates and no compounding records.

q. Mr. Oley violated § 54.1-3303(A) and § 54.1-3316(5), (7) and (13) of the Code in that he returned drugs that were not picked up to the drug stock and still charged the insurance company.

r. Mr. Oley violated § 54.1-3316(7) and § 54.1-3410(A)(2) of the Code and 18 VAC 110-20-290(C) of the Regulations in that between July 9, 2012 and May 6, 2014, he filled 11 Schedule II prescriptions as emergency fills when they were called in by the prescribers' agents, not the prescribing practitioners, and the quantities dispensed were for the entire amount instead of an amount adequate to treat the patients during the emergency period.

s. Mr. Oley violated § 54.1-3316(2) and (7), § 54.1-3408.03(A) and § 54.1-3410(A) of the Code and 18 VAC 110-20-25(10) and 18 VAC 110-20-270(C) of the Regulations in that between December 23, 2013, and April 11, 2014, he dispensed four Schedule II prescriptions where he made changes to the prescriptions without receiving prior approval from the prescriber.

CONSENT

Faiz A. Oley, Jr., by affixing his signature hereon, agrees to the following:

1. He has been advised specifically to seek the advice of counsel prior to signing this document;
2. He is fully aware that without his consent, no legal action can be taken against his license except pursuant to the Virginia Administrative Process Act, § 2.2-4000(A), et seq. and § 54.1-2408.1, of the Code;
3. He has the following rights, among others:
 - a. the right to a formal administrative hearing before the Board;
 - b. the right to representation by counsel; and
 - c. the right to cross-examine witnesses against him.
4. He waives all rights to a formal hearing;
5. He neither admits nor denies the Findings of Fact and Conclusions of Law contained herein but waives his right to contest such Findings of Fact and Conclusions of Law in any subsequent proceeding wherein the Board is a party; and
6. He consents to the following Order affecting his license to practice as a pharmacist in the Commonwealth of Virginia.

ORDER

WHEREFORE, on the basis of the foregoing Findings of Fact and Conclusions of Law, and with the consent of Mr. Oley, it is hereby ORDERED that:

1. The license of Faiz A. Oley, Jr. be, and hereby is, REVOKED.
2. Upon entry of this Order, the license of Mr. Oley will be recorded as revoked and no longer current. During the period of revocation, a pharmacist-in-charge or pharmacist on duty shall not permit Mr. Oley to have access to the prescription department or controlled substances of any pharmacy in accordance with revised 18 VAC 110-20-190 of the Regulations, as approved by the Governor and submitted to the Virginia Register of Regulations on May 11, 2015.

3. Faiz A. Oley, Jr. shall be assessed a monetary penalty of Fifty-Five Thousand Fifty Dollars (\$55,050.00). Such payment shall be made within thirty (30) days of the date this Order is entered and shall be made by cashier's check or money order made payable to the "Treasurer of Virginia."

4. Pursuant to § 54.1-2408.2 of the Code, should Mr. Oley seek reinstatement of his license after three years, he shall be responsible for any fees that may be required for the reinstatement of his license prior to issuance of his license to resume practice. The reinstatement of Mr. Oley's license shall require the affirmative vote of three-fourths of the members at a meeting of the Board.

Pursuant to § 2.2-4023 and § 54.1-2400.2 of the Code, the signed original of this Consent Order shall remain in the custody of the Department of Health Professions as a public record and shall be made available for public release, inspection and copying upon request.

FOR THE BOARD:

Caroline D. Juran
Caroline D. Juran
Executive Director

ENTERED: 22 May 2015

SEEN AND AGREED TO:

Faiz A. Oley, Jr.
Faiz A. Oley, Jr.

COMMONWEALTH OF VIRGINIA
CITY/COUNTY OF Richmond

Subscribed and sworn to before me, a Notary Public in and for the Commonwealth of Virginia at large on this 20th day of May 2015. My commission expires the 31st day of October 20 18.

146717
Registration Number

Clair G. Halasz
Notary Public

