

**From:** [Mears, Sue \[IBPE\]](#)  
**To:** [REDACTED] [Jorgenson, Debbie \[IBPE\]](#)  
**Cc:** [REDACTED]  
**Subject:** MO - Grove Pharmacy  
**Date:** Monday, September 14, 2015 8:38:24 AM

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Kelly, thank you. I have copied Debbie Jorgenson on this as well. She can work with you on being available via Skype.

Sue Mears, RPh  
Compliance Officer  
Iowa Board of Pharmacy  
400 SW 8th Street, Suite E  
Des Moines, IA 50309  
515-408-7824 (cell)  
515-281-4609 (Fax)  
sue mears@iowa.gov

Territory: Boone, Buena Vista, Calhoun, Clay, Dickinson, Greene, Palo Alto, Pocahontas, Sac and Webster counties as well as the cities of West Des Moines, Clive and Urbandale in Polk County.

The Iowa Board of Pharmacy promotes, preserves, and protects the public health, safety, and welfare through the effective regulation of the practice of pharmacy and the licensing of pharmacies, pharmacists, and others engaged in the sale, delivery, or distribution of prescription drugs and devices or other classes of drugs or devices which may be authorized. Iowa Code § 155A.2(1).

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**From:** Kelly Engelking [REDACTED]  
**Sent:** Friday, September 11, 2015 11:51 AM  
**To:** Mears, Sue [IBPE]  
**Cc:** Gary Grove; Winn Jester  
**Subject:** RE: MO - Grove Pharmacy

Sue,

Thank you very much for the information. We would love to attend the November meeting via Skype. Our owner, Pharmacist-In-Charge, General Manager and myself will be available to answer any questions.

Thank you,

Kelly Engelking, CPhT  
Project Manager  
Grove Pharmacy  
Phone: 417.881.2910 ext 503  
Fax: 417.890.1579

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**From:** Gary Grove  
**Sent:** Friday, September 11, 2015 11:34 AM

To: Winn Jester <wjester@grovepharmacy.com>; Kelly Engelking <kengelking@grovepharmacy.com>  
Subject: Fwd: MO - Grove Pharmacy

Thank You,

Gary Grove, RPh  
Grove Pharmacy  
www.grovepharmacy.com<<http://www.grovepharmacy.com>>  
www.grovespa.com<<http://www.grovespa.com>>  
Cell 417-840-2500

Sent from my iPhone

Begin forwarded message:

From: "Mears, Sue [IBPE]" <Sue.Mears@iowa.gov<<mailto:Sue.Mears@iowa.gov>>>

Date: September 11, 2015 at 11:02:00 AM CDT

To: [REDACTED]

Subject: MO - Grove Pharmacy

Good morning. The Iowa Board of Pharmacy has received the pharmacy's application for an Iowa nonresident pharmacy license. While the application materials are complete, the Board's policy is to personally review each application in which there is any disclosure of discipline. The Board next meets in early November and will review the application in open session. At this time, I do not know the specific date and time that this will occur. You may check the board's website for updated agenda information ([www.iowa.gov/ibpe](http://www.iowa.gov/ibpe)<<http://www.iowa.gov/ibpe>>, click on "Board" then click on "Meeting Notices") as that time nears. If your pharmacy would like to be available to answer any questions the board might have, you are more than welcome to attend in person or via electronic means (Skype, conference call, etc.). If you would like to be available by phone, please provide me with a contact name and phone number that the board may call in the event there are questions. It is not required, but sometimes speeds up the process if there are questions.

Thanks so much,

Sue Mears, RPh  
Compliance Officer  
Iowa Board of Pharmacy  
400 SW 8th Street, Suite E  
Des Moines, IA 50309  
515-408-7824 (cell)  
515-281-4609 (Fax)  
[sue.mears@iowa.gov](mailto:sue.mears@iowa.gov)<<mailto:sue.mears@iowa.gov>>

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## New Nonresident Pharmacy Application Review

<b>Name:</b>	Grove Professional Pharmacy, Inc.
<b>DBA:</b>	Grove Pharmacy
<b>Street Address:</b>	3050 S National, Suite 109
<b>City, State, Zip:</b>	Springfield, Missouri 65804
<b>Date application received:</b>	08-20-2015
<b>Application reviewed by:</b>	Sue Mears
<b>Date application reviewed:</b>	08-25-2015
<b>Omission(s):</b>	None
<b>Area(s) of Concern:</b>	Disclosed discipline, summarized below

### Missouri Board of Pharmacy

The pharmacy's Missouri permit was censured in May 2013 following a loss of controlled substances due to diversion by a technician, thereby failing to maintain adequate security over inventory of controlled substances. There appears to be no other sanction.

Owner Gary Grove reported he received probation for 3 years, concluded in 2008, after a compounding issue was identified in the company's home infusion pharmacy. The home infusion pharmacy (not the pharmacy that is currently applying for licensure in Iowa) updated its policies and procedures, reportedly complies with USP standards, and no longer compounds the product in question.

The pharmacy is currently the subject of an investigation in Missouri following a complaint regarding generic and brand billing and dispensing practices. At this time, no formal disciplinary action has been taken.

# APPLICATION FOR NONRESIDENT IOWA PHARMACY LICENSE

Please type or print clearly in ink. Make changes as necessary.

## 1 APPLICATION FOR:

Renewal  New  Address Chg.  Name Chg.  Ownership Chg.  Pharmacist in Charge Chg.

FOR LICENSE PERIOD:

IOWA PHARMACY LICENSE NO.:

**LICENSE FEE: \$135.00**

## 2 DBA, LEGAL NAME, & LOCATION OF PHARMACY:

Name Grove Pharmacy

← DBA

Address Grove Professional Pharmacy Inc

← Legal

3050 S. National Ste 109

Remit check or money order payable to:  
IOWA BOARD OF PHARMACY

**(DO NOT SEND CASH)**

City, State, Zip Springfield, MO 65804

3 PHARMACY PHONE (417) 881-8822 FAX (417) 888-0467 FED. TAX ID: 431023225

E-MAIL ADDRESS: National@grovepharmacy.com DEA NO.: FG0858108

4 TYPE OF OWNERSHIP:  Individual  Partnership  Corporation  Other

## 5 PHARMACIST IN CHARGE:

Miguel Nunez  
NAME

2005033285

40

LICENSE NO. HRS WORKED/WEEK

SIGNATURE

Miguel Nunez

## 6 ATTACH THE FOLLOWING INFORMATION:

- a) List of the names, titles, and addresses of all principal owners, partners, and officers of the pharmacy.
- b) List of all staff pharmacists currently employed (include home state license number and average hours worked per week for each).
- c) List of all technicians, pharmacist-interns, and pharmacy support persons currently employed (include home state license or registration number and average hours worked per week for each).
- d) Copy of current license, permit, or registration certificate issued by the home state regulatory authority.
- e) Most recent inspection report resulting from an inspection conducted by the home state regulatory authority.
- f) Evidence of correction of any noncompliance noted on the inspection report by the home state.
- g) A copy of a prescription label that includes the toll-free number for use by Iowa patients.
- h) A typed description of the prescription drugs and services provided to patients in Iowa.

## 7 CRIMINAL HISTORY:

- a) Has the pharmacy, the pharmacy's owner, or any officer or partner (if the pharmacy is owned by a corporation or partnership) been convicted of any crimes (felonies or misdemeanors)? *Exclude traffic violations and alcohol-related offenses classified as misdemeanors.*  
 Yes  No *If yes, attach explanation.*
- b) Has the pharmacist in charge been convicted of any crimes (felonies or misdemeanors)? *Exclude traffic violations and alcohol-related offenses classified as misdemeanors.*  
 Yes  No *If yes, attach explanation.*

## 8 DISCIPLINARY HISTORY: (NOTE: Discipline includes, but is not limited to: citations, reprimands, fines, license restrictions, probation, and license or registration surrender, suspension, and revocation.)

- a) Has the pharmacy, the pharmacy's owner, or any officer or partner (if the pharmacy is owned by a corporation or partnership) ever been disciplined by any licensing authority?  
 Yes  No *If yes, describe the discipline and attach all relevant disciplinary documents.*
- b) Has the pharmacist in charge ever been disciplined by any licensing authority?  
 Yes  No *If yes, describe the discipline and attach all relevant disciplinary documents.*

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AUG 20 2015

IOWA BOARD OF PHARMACY

- c) Does the pharmacy, the pharmacy's owner, any officer or partner, or the pharmacist in charge have any charges, or knowledge of any complaints or investigations, pending before any licensing authority?  
 Yes     No    *If yes, attach explanation.*
- d) Has the pharmacy or the pharmacist in charge ever been denied a license by any licensing authority?  
 Yes     No    *If yes, attach explanation.*

**9 PHARMACY INFORMATION:**

- a) What are the regular hours of operation of the pharmacy for each period/day identified?  
 Monday-Friday: 9am-10pm    Saturday: 9am-1pm    Sunday: Closed
- b) Pharmacy's toll-free phone number: 1-844-706-3050 *(must be printed on prescription label)*
- c) What are the hours of operation of the toll-free phone number? *← See Attachment*  
 Monday-Friday: \_\_\_\_\_    Saturday: \_\_\_\_\_    Sunday: \_\_\_\_\_
- d) Does the pharmacist responding to patient calls during the toll-free phone number hours of operation have access to patient records at the time of the call?  
 Yes     No    *\*(Attach additional explanation if necessary). ← See attachment*
- e) What type of pharmacy do you operate? *(Check all that apply.)*  
 Community     Home infusion     Nuclear     Central Rx processing     Hospital  
 Mail order     Long-Term Care     Internet     Central Rx filling     Other *(explain)*
- f) Which of the following populations does the pharmacy serve? *(Check all that apply.)*  
 Human     Veterinary—companion animals     Veterinary—food-producing animals
- g) Approximately how many prescriptions did the pharmacy deliver into Iowa last year? 0
- h) Which of the following accreditations does the pharmacy have? *(Check all that apply.)*  
 VPPS     VIPPS     PCAB     ACHC     JCAHO     DMEPOS     Other \_\_\_\_\_     None
- i) Does the pharmacy engage in compounding? \_\_\_\_\_ Yes     No  
*If yes, what types? (Check all that apply.)*  
 Sterile High-Risk     Sterile Medium-Risk     Sterile Low-Risk  
 Non-sterile     Pursuant to patient-specific Rx     In anticipation of patient-specific Rx  
 For hospital use     For office use by prescriber
- j) Does the pharmacy provide or intend to provide controlled substances to patients in Iowa?  
 Yes     No    *(Nonresident pharmacies are required to report to Iowa's Prescription Monitoring Program (PMP), including submission of zero reports. Please be aware of the reporting requirements described in 657 Iowa Administrative Code chapter 37 and the Iowa Data Reporting Manual.)*

**10 FDA INFORMATION:**

- a) Has the pharmacy ever been inspected by the FDA? \_\_\_\_\_ Yes     No
- b) If yes, date of last inspection: \_\_\_\_\_
- c) If yes, has the FDA ever issued a 483 or a warning letter to the pharmacy? \_\_\_\_\_ Yes     No  
*If yes, please attach the FDA documentation and include documentation regarding your pharmacy's response to the FDA.*
- d) Is the pharmacy registered with the FDA as a 503(b) outsourcing facility? \_\_\_\_\_ Yes     No

**REMIT TO:** IOWA BOARD OF PHARMACY  
 400 S.W. EIGHTH STREET, SUITE E  
 DES MOINES, IA 50309-4688  
 PHONE: (515) 281-5944

*Information provided in this application may be disclosed pursuant to 657 IAC chapter 14.*

**I hereby swear under penalty of perjury** that the information provided in this application is true and correct. I understand that failure to provide complete and truthful information may constitute grounds for denial, revocation, or other disciplinary sanctions against the pharmacy license.

**11 SIGN HERE**



Gary W. Howe  
 Signature of Owner or Corporate Officer

President  
 Title

8-11-15  
 Date

**INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED AND WILL BE RETURNED TO APPLICANT**

Owner			
Name	Title	Address	% of Ownership
Gary Grove	Owner/President	4475 S. State Hwy J, Rogersville, MO 65742	100%

Pharmacists		
Name	License Number	Average Hours Worked
Nancy M. Miller	041109	4
Ashley Tennis	2009014964	25
Stefanie L Warden	2011007382	15
Miguel A. Nunez	2005033285	40
Jennifer L. Essary	2004033683	40
Kristie Meacheam-Wallace	044157	35
Thomas Lale	041361	4

Technician List		
Technician Name	License Number	Average Hours Worked
Devin McCarthy	2010021867	30
Diane T. Hare	2003030383	39
Jordan Turner	2012020422	4
Julie Hall	2008025084	39
Laura Kay Nagel	2000143450	39
Mallori Kay Sweeney	2009033833	39
Nathaniel Chambers	2006026989	39
Courtney E. Nicholson	2012002198	39
Debra Louise Robinson	2004032449	39
Elizabeth Totten	2012002359	39
John "Tucker" Dunham	2013012036	20
Melissa Lynn Percy	2000161393	39
Rachel F. Garrison	2011027425	38
Robert "Taylor" Maus	2013018738	39
Mary Witt	2014035278	39
Audrey Monholland	2011011790	39
Cindy McGee	1999142729	39
Belinda D Browning	2013005011	40 (Office)
Brandi Rachelle Johnson	2005016995	37 (Office)
Francis Godwin Jester	2009018909	40 (Office)
Kelly Engelking	2004032468	40 (Office)
Rhonda D Davisson	2015010043	40 (Office)

# State of Missouri

Department of Insurance, Financial Institutions and Professional Registration  
Division of Professional Registration  
Missouri Board of Pharmacy  
Pharmacy

Class A, C, J

VALID THROUGH OCTOBER 31, 2015  
ORIGINAL CERTIFICATE/LICENSE NO. 2008014865  
Miguel A Nunez - 2005033285

GROVE PROFESSIONAL PHARMACY, INC  
GROVE PHARMACY  
MIGUEL A NUNEZ, PIC  
3050 S NATIONAL AVE STE 109  
SPRINGFIELD MO 65804  
USA

  
EXECUTIVE DIRECTOR

  
DIVISION DIRECTOR



# Board of Pharmacy

[PR Home \(/\)](#) » [Pharmacy Home \(pharmacists.asp\)](#)

## Pharmacy Detail

### Pharmacy Primary Source Verification

The licensee search function of this website provides data extracted from our database and constitutes a Primary Source Verification.

<b>Licensee Name:</b>	Grove Professional Pharmacy, Inc
<b>Profession Name:</b>	Pharmacy
<b>Licensee Number:</b>	2008014865
<b>Expiration Date:</b>	10/31/2015
<b>Original Issue Date:</b>	6/2/2008
<b>Address:</b>	Miguel A Nunez, PIC
<b>Address Con't:</b>	3050 S National Ave Ste 109
<b>City, State Zip:</b>	Springfield, MO 65804
<b>County:</b>	Greene
<b>Practitioner DBA Name:</b>	Grove Pharmacy
<b>Classification:</b>	Class A, C, J

<b>Current Discipline Status:</b>	Previous
Action Taken:	Censure
Start Date:	5/29/2013
End Date:	5/29/2013
Terms:	Censure of permit. Loss of controlled substances due to diversion by technician, failed to maintain adequate security over inventory of controlled substances. Section 338.055.2(5), (6), (13), and (15), RSMo.

### Board of Pharmacy (<http://pr.mo.gov/pharmacists>)

3605 Missouri Boulevard

P.O. Box 625

Jefferson City, MO 65102-0625

573.751.0091 Telephone

573.526.3464 Fax

800.735.2966 TTY

800.735.2466 Voice Relay

[MissouriBOP@pr.mo.gov](mailto:MissouriBOP@pr.mo.gov) (<mailto:MissouriBOP@pr.mo.gov>)

<http://pr.mo.gov/pharmacists> (<http://pr.mo.gov/pharmacists>)



STATE OF MISSOURI  
BOARD OF PHARMACY

**OBSERVATION REPORT**

MAILING ADDRESS  
MISSOURI BOARD OF PHARMACY  
PO BOX 625  
JEFFERSON CITY, MO 65102  
(573) 526-6985  
(573) 526-3464 FAX  
PHARMACY@PR.MO.GOV

NAME/ADDRESS OF PHARMACY OR DRUG DISTRIBUTOR Grove Pharmacy 3050 S National Ave Ste 109  Springfield MO 65804		LICENSE NUMBER 2008014865	CLASS A C	INSPECTION DATE 10/13/2014
PHONE 417-881-8822		Fax	Email ggrove@grovepharmacy.com	
PHARMACIST OR MANAGER-IN-CHARGE Miguel Nunez		PIC/MIC LICENSE NO 2005033285		

INSPECTION TYPE: **Routine**

**Inspector:** Lisa Thompson

**Observations:**

**Acknowledged By:** Miguel Nunez

Controlled substance distribution records (store to store transfers) need DEA number of both stores.  
Failure to take initial tramadol inventory

**Comments:**

Update delivery policy to include temperature controlled products  
Update LTC policy to include labeling, timely dispensing and returns/destruction  
Missing compound logs for "First Compound Kits"

- The Pharmacist will return the stock bottle to the locked C-II cabinet immediately after counting.
- C-II should never be out of the sight/direct supervision of the Pharmacist

#### **5) Ordering Controlled II Substances**

- All controlled II substances must be ordered using a paper 222 form or using the electronic CSOS signing system.
  - All pharmacists must use their own CSOS signing certificate and must keep their signing password confidential.
  - Pharmacists must review the order before submitting to validate its accuracy both for quantity and product requested.

#### **6) Checking and Applying Controlled Drug Order to the Inventory**

- For Drugs C-III-C-V:
  - Once the order is received by the Pharmacy, the Technician will immediately notify and deliver the sealed packages to the Pharmacist on duty.
  - The Pharmacist will be responsible for checking the physical order against the invoices in a timely manner.
  - The Pharmacist will be responsible for incorporating the delivery into inventory securely in accordance with procedure.
  - The pharmacist must electronically record the receipt of medication from the wholesaler's website and save a copy of the log for future reference.
- For C-II Drugs
  - After verifying the invoice amount matches the delivery, the Pharmacist will immediately secure the drugs into the C-II cabinet.
  - The Pharmacist is responsible for inventory of C-II in accordance with C-II handling policies and procedures laid out herein.
    - The Technician should have no contact with the C-II drugs at any step in this process.
  - The pharmacist must electronically record the receipt of medication from the wholesaler's website and save a copy of the log for future reference.
  - All C-II medications received must be recorded in the perpetual inventory log book

#### **7) Prescription Delivery Requirements**

- Except as otherwise provided herein, prescriptions filled by Grove Pharmacy may not be left at, accepted by, or delivered to a location, place of business or entity not licensed as a pharmacy:
  - At the request of the patient or the patient's authorized designee, drivers may deliver a filled prescription for an individual patient directly to the patient or the patient's authorized designee or to:

- The office of a licensed health care practitioner authorized to prescribe medication in the state of Missouri
  - A long-term care facility as defined by Missouri Board of Pharmacy document CSR 2220-2.140 where the patient resides
  - A hospital office, clinic, or other medical institution that provides health care services
  - A residence designated by the patient or the patient's authorized designee
  - The patient's office or place of employment.
- All temperature sensitive medications will be designated for expedited delivery once it leaves the confines of the pharmacy and must be sent with an ice pack to maintain proper temperature during the delivery to ensure that when medications are received they are within the temperature requirements recommended by the manufacturer or the *United States Pharmacopeia (USP)*.
    - The driver must notify the customer receiving the medication that they have received a temperature sensitive medication and that it must be stored in a refrigerated area as soon as possible.
  - At the request of a customer, legally filled prescriptions for veterinary use may be delivered to a residence, business, or clinic designated by the customer.
  - Grove Pharmacy shall comply with all applicable controlled substance laws and regulations, including, but not limited to, all applicable security requirements.
  - Returns of medications delivered pursuant to this section of the policies and procedures manual shall be governed by, and handled in accordance with chapter 338, and RSMo, and the rules set forth by the Missouri Board of Pharmacy.
  - Delivery drivers are not allowed within the confines of the pharmacy as they do not possess pharmacy technician licenses.
    - Drivers must follow the delivery driver company guidelines outlines in the Driver Standard Operating Procedure

#### **8) Prescription Check-Out Procedure**

In the event that a customer does not want to purchase a particular filled drug, the Technician will notify the Pharmacist and he or she will return the drug to stock. This includes a prescription that has not yet been bagged because counseling was required.

- The Technician will finalize register transactions for prescriptions that require counseling.

# Policies & Procedures

## For

# Nursing Home Orders

May 2015

1. Nursing Home prescriptions are received either via fax to the pharmacy or they will be called-in by nursing home personnel.
2. New orders are verified by prescribing physician.
3. If the day's supply is not specified, a month's supply is dispensed by bubble pack. If the medication is controlled substance, 30 doses are dispensed.
4. All medications will be labeled in accordance with Missouri Board of Pharmacy guidelines CSR 338.059 and will meet the needs of the facility they are being sent to.
5. All medication prescribed that is not readily available either due to manufacture backorder or limited availability/supply from a wholesale house/distributor will be communicated immediately to the prescribing physician for further direction and guidance to ensure timely dispensing of the necessary medication to the patient.
6. Medication is bubbled packed and a duplicate copy of the receipt or medical expense summary is printed for the pharmacy book-keeper for packing charge.
7. Rubber gloves are worn by technician or pharmacists bubble packing medication.
8. Bubble packed medication is checked by a pharmacist and charged for delivery by technician.
9. Medication is delivered to the nursing home along with the sheet for nursing home personnel to sign verifying receipt of medication.
10. Medications that have been received by the patient cannot be returned to the pharmacy to return to stock.
  - a. Excess medication obtained as a result of a dosing change or because a medication has been discontinued will be stored and disposed of at the nursing home at the discretion of their facility. They cannot be returned to the pharmacy for destruction.
11. Medication delivery verification sheet is returned to the pharmacy by a delivery driver and filed in an appropriate folder.
12. Discontinued medication that has not been received by the patient and was rejected by the nursing home facility will be credited by the book keeping office and medication is returned to stock in blister pack with 12 month dating from the dispense date or the manufacture expiration date whichever is shorter.

Grove Pharmacy  
1522 E. Sunshine  
Springfield, MO 65804  
Phone: 417-881-2910  
Fax: 417-881-3014



Grove Pharmacy  
3050 S. National Ste. #109  
Springfield, MO 65804  
Phone: 417-881-8822  
Fax: 417-888-0667

### Care/Services available to our Out of State Customers

- All of our Care/Services are offered at no additional charge to our Customers, unless otherwise noted.
- Hours of Operation
  - Monday through Friday
    - 9am to 6pm (Central Standard Time)
  - Saturday
    - 9am to 1pm (Central Standard Time)
  - Sunday
    - Closed
  - Holidays observed (Pharmacy is Closed unless otherwise noted)
    - New Year's Day
    - Memorial Day
    - 4<sup>th</sup> of July
    - Labor Day
    - Thanksgiving Day
    - Christmas Eve (If on a weekday, Pharmacy will close early at 2pm)
    - Christmas Day
    - New Year's Eve (If on a weekday, Pharmacy will close early at 1pm for end of the year inventory)
- On call availability
  - Our Pharmacists are on call 24/7.
    - Customers can call our normal or toll free pharmacy number and follow the instructions to reach the answering service.
  - Website Requests
    - Anyone who has access to our website ([www.grovepharmacy.com](http://www.grovepharmacy.com)) can submit for a Pharmacist to contact them.
      - *Messages sent using this form are not considered private or HIPAA compliant. Avoid sending confidential information via email.*
  - Messages
    - Customers can call the pharmacy number after hours and opt to leave a message for the pharmacy staff to receive the next business day.
- Toll Free Numbers
  - Grove Pharmacy's Toll Free Number is available for anyone to use.
    - 3050 S. National Ste. 109
      - 1-844-706-3050
- Bilingual Services
  - Grove Pharmacy offers our customers' assistance with any of their healthcare needs from our bilingual Spanish speaking pharmacist, Miguel Nunez. Our software system is also able to print labels and medication education sheets in Spanish.
- Counseling Services
  - Grove Pharmacy's Pharmacists will provide in depth counseling to every customer.

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- Counseling can include if applicable, but is not limited to:
  - What the medication is
  - What the medication is typically used for
  - How to properly take the medication
  - Possible side effects to watch for
    - What to do if the customer experiences a side effect
  - Possible drug interactions
  - Allergy sensitivity
  - Items to avoid taking/eating/drinking while on a particular medication
  - Answer any questions the customer may have
- Med Sync Program
  - Grove Pharmacy offers our Med Sync program to all of our customers.
  - Once enrolled into the program, our technicians note the customer's profile.
    - The pharmacy staff then reviews the customer's profile with them to determine what medications they are currently on. Outdated prescriptions are discontinued.
    - The pharmacy staff helps the patient select the best sync date based on what they take and the most recent fill dates.
    - Any questions about their medications or the process of looking at therapeutic alternatives are handled directly by the Pharmacist.
    - If the customer is unsure of what they should be taking, our pharmacy staff will reach out to the physician and review what they should be taking with them.
    - Each month the customer's profile is reviewed by the pharmacy staff. If there are medications due to be filled, the pharmacy staff then contacts the customer to refill it.
      - If the customer indicates they do not need the medication filled, the pharmacist will cover the following with them:
        - Are they taking the medication as prescribed?
          - If not, stress the importance of this to the customer. Discuss the non-compliance issue with the physician's office and ways to remedy the situation.
        - Has the physician changed the directions/dosage?
          - If so, contact the physician's office for clarification.
        - Is the copay too expensive?
          - Discuss therapeutic alternatives with the customer and physician's office.
        - Discuss any other issues that is preventing them from filling their medication on time and what can be done to solve them.
      - A delivery method is arranged and the customer is contacted as soon as the medication has been filled.
  - Auto Fill
    - Grove Pharmacy offers an Auto Fill program within our software system, Pioneer Rx. Once a customer verbally consents to be a part of the Auto Fill program, our pharmacy staff then marks their maintenance medications for Auto Fill. A customer can notify the pharmacy at any time to remove them from the program.

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Phone: 417-881-8822  
Fax: 417-888-0667

- The program prompts the pharmacy staff to fill the medications 3 days before it is due. The software determines the due date, based off of the day supply and last pick-up date.
  - Controlled medications (DEA Schedule C II-V) are not to be put on Auto Fill.
  - Any customers with medications deemed "Specialty" (HIV, Hepatitis C, etc.) are to be enrolled in the Med Sync program.
  - All Auto Fill customers must be called when their medications are ready.
- Online Refill Requests
    - Any customer that has access to our website ([www.grovepharmacy.com](http://www.grovepharmacy.com)) can request prescription refills online. This a secure program, managed by our software system, Pioneer Rx.
  - Smart Phone Mobile App
    - Any customer that owns an iPhone or Android smart phone can download the Grove Pharmacy App. (The App itself is free, Grove Pharmacy is not responsible for any fees their mobile carrier may charge to download or operate the App)
    - The App allows the customers to:
      - Manage their profile
      - Manage multiple profiles
      - Set reminders to take their medication
      - Request refills
      - Contact the pharmacy
    - This is a secure program, managed by our software system, Pioneer Rx.
  - Text and/or Email Notifications
    - Grove Pharmacy offers Text and/or Email Notifications within our software system, Pioneer Rx. Once a customer verbally consents, our pharmacy staff will enter their information into their profile and select the option requested.
      - After the pharmacist checks a prescription, the system will automatically notify the customer that their prescription is ready via Text and/or Email.
        - Grove Pharmacy does not charge for this service, but is not responsible for any fees the customer's mobile carrier may charge to receive these notifications.
        - The customer can opt out of this service at any time.
  - Discount Program
    - Grove Pharmacy offers all of their customers the opportunity to use the Redeem Discount Program.
    - This program is managed by Pharm Assess and ensures the customers receive the best pricing compared to other discount programs.
  - Prescription Savings Program
    - For eligible customers, the pharmacy staff will go through the Prescription Savings Program and use any available free trial or copay cards for their medication.
      - *If the customer has a State and/or Federally funded insurance plan they are considered non-eligible for this program.*
  - Medication Cost Evaluation
    - The Pharmacist, with assistance from the pharmacy staff, will review a customer's profile to see if there are any opportunities to save the customer money.
      - Current out of pocket costs will be compared to what our Discount Program offers.



Grove Pharmacy  
1522 E. Sunshine  
Springfield, MO 65804  
Phone: 417-881-2910  
Fax: 417-881-3014



Grove Pharmacy  
3050 S. National Ste. #109  
Springfield, MO 65804  
Phone: 417-881-8822  
Fax: 417-888-0667

- If the customer is eligible, the pharmacy staff go through the Prescription Savings Program and apply any available options to their medications.
  - If the above savings options are not available the Pharmacist will discuss with the customer and
- Mail
    - Grove Pharmacy utilizes USPS and UPS to mail medications to customers that request it. The mailing option is open to all of Grove Pharmacy's customers.
    - See attached procedures
    - There is a \$10 mailing fee, unless the customer is deemed exempt from the fee.
      - Exempt customers include, but are not limited to:
        - Aids Project of the Ozarks patients
        - Specialty Medication patients
        - Out of State patients

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## Out of State Mailing Procedures

- Out of state mailing must be specifically requested by the patient.
- Procedure for non-temperature-sensitive items
  - Item(s) are requested by patient.
  - Item(s) are filled and checked by the pharmacist on staff.
  - Item(s) are checked out through the point of sale. Any copay amounts or out-of-pocket cost will be applied to a credit card on file.
  - Item(s), receipt, and drug information are packaged in a padded envelope or box with packing peanuts.
  - The shipping information is processed via UPS World Ship for overnight delivery at no charge to the patient. The label for shipping is then applied to the package.
  - Packages are picked up by UPS near the end of the business day.
  - Signature is required for receipt of any prescription item(s).
- Procedure for temperature-sensitive items
  - Item(s) are requested by patient.
  - Item(s) are filled and checked by the pharmacist on staff.
  - Item(s) are checked out through the point of sale. Any copay amounts or out-of-pocket cost will be applied to a credit card on file.
  - The shipping information is processed via UPS World Ship for overnight delivery at no charge to the patient.
  - Item(s) are then stored in the refrigerator until the UPS driver arrives at the pharmacy.
  - When the UPS driver is on-site, the item(s) are packaged and labeled in an insulated (foam lined) box with ice packs.
  - Packages are picked up by the UPS driver near the end of the business day.
  - Signature is required for receipt of any prescription item(s).

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To Whom It May Concern:

I, Gary Grove, received probation during 12/01/2005 to 11/30/2008 from the Missouri State Board of Pharmacy due to an issue in our compounding pharmacy. Our compounding pharmacy is a separate entity from our retail location that is applying for a Kansas Pharmacy License.

The issue in question occurred when the compounding pharmacy had packaged and dispense testosterone in oil for injection and inhalation solutions for a doctor's office to administer to their patients at the time of their visit. The pharmacy packaged them in 10ml vials instead of individual 1ml vials for each individual patient.

We remedied the situation to the Missouri State Board's satisfaction by doing the following:

- We updated our policy and procedures to reflect the change in how items were to be dispensed and packaged.
- We comply to all USP Compounding Standards
  - Our policy and procedures reflect compliance with USP Compounding Standards as well
- We no longer compound testosterone in oil for injection

Please also reference the attached inspect reported dated 10/13/2014 for our compounding pharmacy. We receive a perfect inspection with no observations, comments or issues.

If you have any questions in regards to this response please let us know and we would be happy to answer them.

Thank you,

A handwritten signature in cursive script that reads "Gary W. Grove".

Gary Grove  
Owner  
Grove Pharmacy  
3050 S. National Ste. 109  
Springfield, MO 65804  
Phone: 417-881-8822  
Email: ggrove@grovepharmacy.com



**STATE OF MISSOURI  
BOARD OF PHARMACY**

**OBSERVATION REPORT**

**MAILING ADDRESS**  
MISSOURI BOARD OF PHARMACY  
PO BOX 625  
JEFFERSON CITY, MO 65102  
(573) 526-6985  
(573) 526-3464 FAX  
PHARMACY@PR.MO.GOV

NAME/ADDRESS OF PHARMACY OR DRUG DISTRIBUTOR Grove Pharmacy - Home Infusion Divison 3050 South National Ave Ste 109  Springfield MO 65804		LICENSE NUMBER 005915	CLASS A C D H	INSPECTION DATE 10/13/2014
PHONE 4178818822		FAX		PHARMACIST OR MANAGER-IN-CHARGE Jennifer Essary
Email		PIC/MIC LICENSE NO 2004033683		

INSPECTION TYPE: **Routine**

**Inspector:** Lisa Thompson

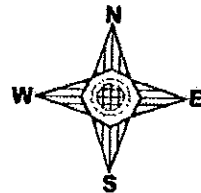
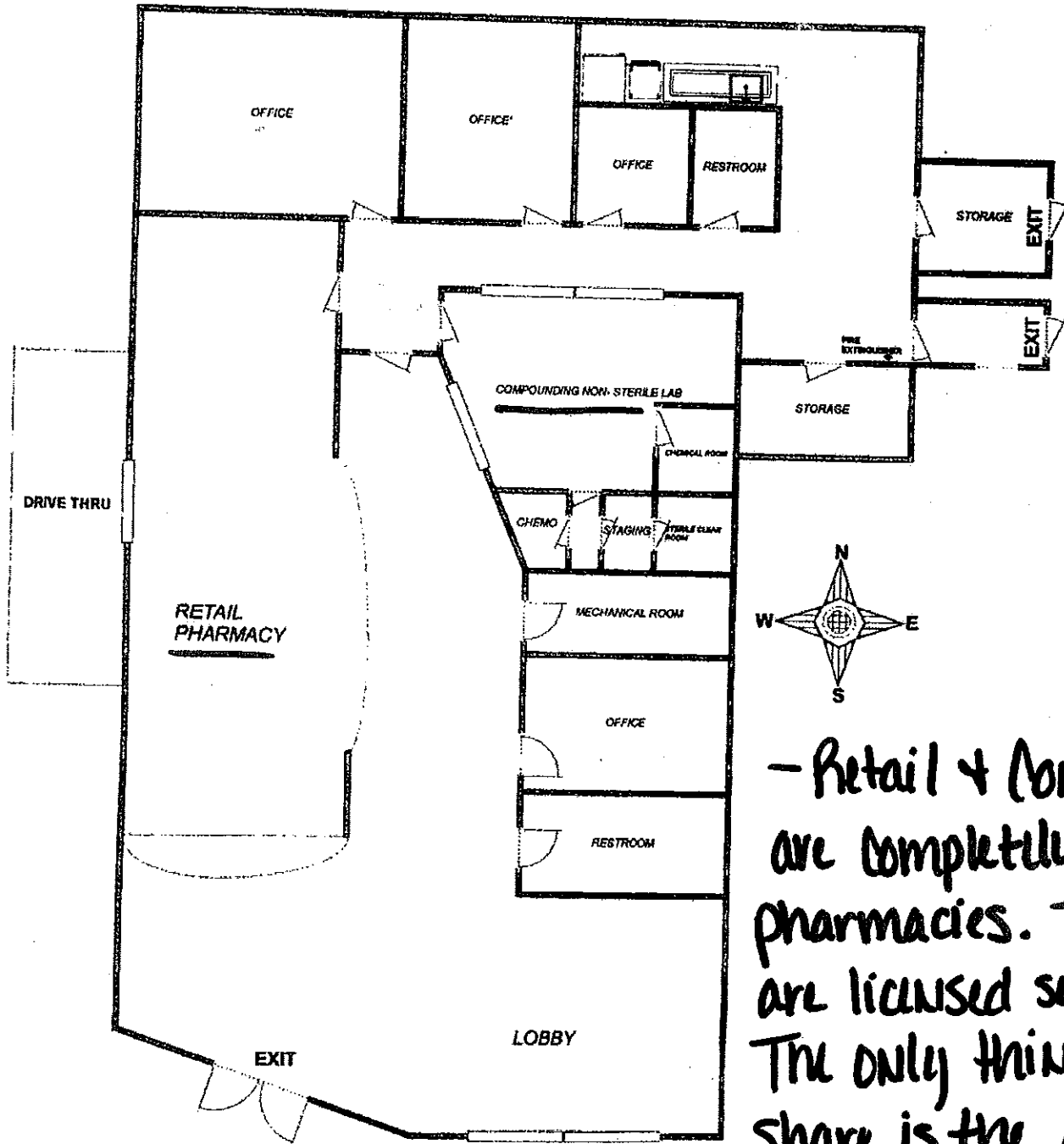
**Observations:**

**Acknowledged By:** Jennifer Essary

None

**Comments:**

Need clock to determine how long to determine how long hands are being washed before sterile compounding.



- Retail & Compounding are completely separate pharmacies. They are licensed separately. The only thing they share is the address.

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Springfield, MO 65804  
Phone: 417-881-8822  
Fax: 417-888-0667

To Whom It May Concern:

Grove Pharmacy's location at 3050 S. National Ste. #109, received a censure from the Missouri State Board of Pharmacy because of a theft of controlled substances by a technician. As soon as the theft was discovered we notified the Springfield Police Department, Missouri State Board of Pharmacy, DEA and Missouri BNDD and filled out the proper forms. The technician that was involved in the theft was dismissed and has been placed on the technician disqualification list with the State of Missouri.

We remedied the situation to the Missouri State Board's satisfaction by doing the following:

- Put all controls on perpetual inventory.
- All controlled medications have to be double counted
- Any expired controlled medications are stored in the locked C2 cabinet
- We had a Springfield Police Officer come out to do an onsite inspection to determine if we had any areas which may be opportunities for theft or burglaries.
- Additional surveillance cameras were added
- No employee bags, purses, coats, etc. are allowed in the pharmacy
- Additional employee training for spotting theft
- Our PIC performs a monthly inventory of all C2 medications
- Only the pharmacist on duty is allowed to count C2 medications
- The C2 cabinet is locked at all times and only the pharmacist on duty is in possession of the keys.
- All applicants are required to pass a drug screening before employment is offered.
- Random mandatory drug screens are done with all pharmacy employees throughout the year.

We have also purchased the Eyecon filling machines within the last year. These help keep track of everything filled in the pharmacy by taking pictures of what is filled and storing them on our secured server. The Eyecon machines also electronically counts the pills to ensure an accurate count.

If you have any questions in regards to this response please let us know and we would be happy to answer them.

Thank you,

A handwritten signature in black ink that reads "Gary W. Grove". The signature is written in a cursive, flowing style.

Gary Grove  
Owner  
Grove Pharmacy  
3050 S. National Ste. 109  
Springfield, MO 65804  
Phone: 417-881-8822  
Email: ggrove@grovepharmacy.com

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Fax: 417-881-3014



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Springfield, MO 65804  
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Fax: 417-888-0667

To Whom It May Concern:

Grove Pharmacy's license number 2008014865 at 3050 S. National Ste. #109, is considered under investigation with the Missouri State Board of Pharmacy at this time. This was prompted by a complaint about brand and generic billing and dispensing practices. Grove Pharmacy has fully cooperated with the board, answered all questions presented and provided all record requests in a timely manner.

Please contact us if you have any additional questions.

Thank you,

A handwritten signature in black ink that reads "Gary W. Grove". The signature is written in a cursive, flowing style.

Gary Grove  
Owner  
Grove Pharmacy  
3050 S. National Ste. 109  
Springfield, MO 65804  
Phone: 417-881-8822  
Email: [ggrove@grovepharmacy.com](mailto:ggrove@grovepharmacy.com)

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### Pharmacy Information Attachment

c) Toll Free Number availability

- Patients can call out toll free number 24 hours, 7 days per week
- Patients will reach a pharmacy staff member during normal business hours
  - Monday-Friday 9am to 6pm
  - Saturday 9am to 1pm
- Outside of normal business hours, Patients who call the toll free number can follow the prompts and choose:
  - To leave a message
  - Contact a Pharmacist via our on call service

d) If a Pharmacist is responding to a patient calling from our toll free number during normal business hours will have access to their profile. If it is after normal business hours, they will not have access to the patient's profile.



GROVE PROFESSIONAL PHARMACIES, INC.  
 GROVE PHARMACY  
 1522 EAST SUNSHINE STREET  
 SPRINGFIELD, MO 65804-0000-000



DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
FG0858108	09-30-2017	\$731
SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N, 3,3N,4,5,	RETAIL PHARMACY	08-28-2014
GROVE PROFESSIONAL PHARMACIES, INC. DBA GROVE PHARMACY 3050 SOUTH NATIONAL AVENUE SUITE 109 SPRINGFIELD, MO 65804-0000		

**CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE**  
 UNITED STATES DEPARTMENT OF JUSTICE  
 DRUG ENFORCEMENT ADMINISTRATION  
 WASHINGTON D.C. 20537

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

**THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.**

**CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE**  
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SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N, 3,3N,4,5,	RETAIL PHARMACY	08-28-2014

GROVE PROFESSIONAL PHARMACIES, INC. DBA GROVE PHARMACY 3050 SOUTH NATIONAL AVENUE SUITE 109 SPRINGFIELD, MO 65804-0000		
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<a href="#">New Search</a> <a href="#">Litigation Documents</a> <a href="#">Digital Certification</a> <a href="#">Pharmacy Board</a>	
	<b>Person Information</b> Grove Pharmacy
	<b>Address Information</b> 3050 S. National Ste 109 Springfield MO 65804
	<b>License Information</b> License No: 64001940A Profession: Pharmacy Board License Type: Non-Resident Pharmacy Obtained By Method: Application Issue Date: 8/13/2015 Expiration Date: 12/31/2015 License Status: Active
	<b>Previous Action</b> Previous Action - None
	<b>Related Licenses</b> No Prerequisite Information

# Kansas State Board of Pharmacy

800 SW Jackson St., Suite 1414  
Topeka, Kansas 66612-1244  
Phone (785) 296-4056  
Fax (785) 296-8420

e-mail [pharmacy@pharmacy.state.ks.us](mailto:pharmacy@pharmacy.state.ks.us)  
web site [www.accesskansas.org/pharmacy](http://www.accesskansas.org/pharmacy)

## NON-RESIDENT PHARMACY REGISTRATION CERTIFICATE

### MAILING ADDRESS

22-44864  
MIGUEL NUNEZ  
GROVE PHARMACY  
3050 S NATIONAL STE 109  
  
SPRINGFIELD MO 65804

Schedules 2,2N,3,3N,4,5

### STATE OF KANSAS STATE BOARD OF PHARMACY

N<sup>o</sup> 22-44864

**NON-RESIDENT PHARMACY**

This registration Must Be Renewed  
Annually by June 30

**GARY GROVE**

*has complied with the Pharmacy Act of the State of Kansas providing for the registration or licensing of Pharmacies or Drug Stores outside the State of Kansas, and is hereby granted a registration to establish and maintain a pharmacy to be known as*

**GROVE PHARMACY**

at 3050 S NATIONAL STE 109 SPRINGFIELD MISSOURI

*from this date until June 30, 2016, unless this registration is surrendered, or revoked or suspended by the Kansas State Board of Pharmacy.*

*This registration issued May 27, 2015.*

LICENSED PHARMACIST IN CHARGE

Name

**MIGUEL NUNEZ**

Certificate No.

**2005033285**



KANSAS STATE BOARD OF PHARMACY

By

*Debra J. Billingsley*

Executive Secretary

THIS REGISTRATION MUST BE POSTED IN A CONSPICUOUS PLACE - NOT TRANSFERABLE  
DO NOT DESTROY - Return to Secretary for change in ownership or location



*Not transferable for change of owner, name or address - Must be conspicuously displayed*

**Oklahoma State Board of Pharmacy**  
2920 N Lincoln Blvd, Ste A • Oklahoma City, OK 73105  
Phone: (405) 521-3815 / Fax: (405) 521-3758  
[www.pharmacy.ok.gov](http://www.pharmacy.ok.gov)

**EXPIRES JUN 30, 2016**

Amount: \$350.00  
Receipt: 2015-2318  
Date: 6/30/2015

**99-7335**

GROVE PROFESSIONAL PHARMACY, INC.  
GROVE PHARMACY  
3050 S NATIONAL, STE 109  
SPRINGFIELD, MO 65804

**NON-RESIDENT  
Pharmacy**

Date: \_\_\_\_\_

**INCOME WORKSHEET**

DAILY

DEPOSIT

**TOTAL # CHECKS =** \_\_\_\_\_

**TOTAL DEPOSIT: \$** \_\_\_\_\_

**LICENSE FEE - Fund: 0001 Department: 588 Unit: 2092 Revenue: 0573 TOTAL \$** \_\_\_\_\_

Pharmacy # =	Fee \$ 135	Subtotal of Fee \$	
PhcyPen # =	Fee \$ 135	Subtotal of Pen \$	<b>PENALTY FEE - Fund:0001Dept:588</b>
PhcyPen # =	Fee \$ 225	Subtotal of Pen \$	
PhcyPen # =	Fee \$ 315	Subtotal of Pen \$	
PhcyPen # =	Fee \$ 405	Subtotal of Pen \$	
Wholesaler # =	Fee \$ 270	Subtotal of Fee \$	
WhsrPen # =	Fee \$ 270	Subtotal of Pen \$	
WhsrPen # =	Fee \$ 360	Subtotal of Pen \$	
WhsrPen # =	Fee \$ 450	Subtotal of Pen \$	
WhsrPen # =	Fee \$ 540	Subtotal of Pen \$	
Pharmacist # =	Fee \$ 180	Subtotal of Fee \$	
RPhPen # =	Fee \$ 180	Subtotal of Pen \$	PhcyPen # \$ _____
RPhPen # =	Fee \$ 270	Subtotal of Pen \$	
RPhPen # =	Fee \$ 360	Subtotal of Pen \$	
Delinq. RPh # =	Fee \$ 630	Subtotal of Fee \$	
<b>REGISTRATION FEE - Fund: 0001 Dept: 588 Unit: 2092 Revenue: 0581</b>			<b>TOTAL \$</b> _____
CSA # =	Fee \$ 90	Subtotal of Fee \$	
CSAPen # =	Fee \$ 90	Subtotal of Pen \$	CSAPen # \$ _____
Precursor # =	Fee \$ 180	Subtotal of Fee \$	
PrecPen # =	Fee \$ 180	Subtotal of Pen \$	PrecPen # \$ _____
TechCertified # =	Fee \$ 40	Subtotal of Fee \$	
TechPen # =	Fee \$ 40	Subtotal of Pen \$	TechPen # \$ _____
TechPen # =	Fee \$ 50	Subtotal of Pen \$	
TechPen # =	Fee \$ 60	Subtotal of Pen \$	
TechPen # =	Fee \$ 70	Subtotal of Pen \$	
TechTrainee # =	Fee \$ 20	Subtotal of Fee \$	PSP-Pen # \$ _____
TechTr Pen # =	Fee \$ 20	Subtotal of Pen \$	
SupportPerson # =	Fee \$ 25	Subtotal of Fee \$	
PSP-Pen # =	Fee \$ 25	Subtotal of Pen \$	

**EXEMPT:** # Pharmacy \_\_\_\_\_ # Wholesalers \_\_\_\_\_ # CSAs \_\_\_\_\_ # Precursors \_\_\_\_\_