

FILED
Aug 13 2024
Indiana Professional
Licensing Agency

IN THE MATTER OF THE LICENSE OF:)
)
JARED BACHMAN, R.Ph.)
)
LICENSE NO: 26021573A)

ADMINISTRATIVE COMPLAINT

Petitioner, the State of Indiana, by counsel, Deputy Attorney General Sha'na Terry, pursuant to Ind. Code § 25-1-7-7 and Ind. Code ch. 4-21.5-3, brings this Administrative Complaint before the Indiana Board of Pharmacy (“Board”), against the pharmacist license of Jared Bachman, R. Ph. (“Respondent”) for violations of Ind. Code § 25-1-9-4. In support, Petitioner states and alleges the following:

FACTS

Parties

1. The Office of the Attorney General (“OAG”) is empowered under Ind. Code § 25-1-7-7 to prosecute this action on behalf of Petitioner against Respondent’s license.
2. Respondent is a pharmacist in the State of Indiana having been issued license number 26021573A on September 10, 2004.
3. Respondent’s address on file with the Indiana Professional Licensing Agency (“IPLA”) is 3944 Jonathan Ridge, Columbus, Indiana 47201.

Jurisdiction

4. On August 17, 2023, the OAG received a consumer complaint filed against Respondent, and an investigation was then conducted as authorized by Ind. Code § 25-1-7-5(b)(4).

After investigation, the OAG determined that the complaint had merit. A copy of the consumer complaint is attached as **State's Exhibit A**.

5. Since October 16, 2023, Respondent's license was placed on voluntary summary suspension until a final order is issued in this matter.

6. The OAG having tendered a meritorious complaint, the Board has jurisdiction to hear this matter under Ind. Code § 25-1-7-5(b)(1).

7. Further, at all times relevant, Respondent was a "practitioner" as defined by Ind. Code § 25-1-9-2.

8. As such, the Board has authority to hear this case and to impose any of the sanctions enumerated under Ind. Code § 25-1-9-9.

Respondent's Misconduct

9. At all relevant times, Respondent was employed as a pharmacist at CVS that floats to multiple locations in Indiana.

10. On or about August 7, 2023, Respondent admitted to diverting approximately 200 Zolpidem, 10-15 tablets of oxycodone, and 4-5 tablets of suboxone for personal use from multiple stores over the previous two months.

11. On or about August 7, 2023, Respondent was terminated from his position as a pharmacist at CVS.

12. On or about August 7, 2023, Respondent was arrested in Bartholomew County, Indiana for Leaving the Scene of an Accident, a Class B Misdemeanor under cause number 03D02-2308-CM-004101. At the time of this arrest, the officer located drugs on his person believed to be Zolpidem (Ambien).

13. On or about August 10, 2023, Respondent was arrested in Brown County, Indiana for Theft, a Level 6 Felony under cause number 07C01-2308-F6-000268. This charge is for the drugs stolen during his employment at CVS.

14. On December 7, 2023, Respondent was convicted of Leaving the Scene of an Accident, a Class B Misdemeanor under cause number 03D02-2308-CM-004101 and sentenced to 180 days probation with standard terms of probation.

15. On February 20, 2024, Respondent was convicted of Theft, a Level 6 Felony with Alternate Misdemeanor Sentencing upfront under cause number 07C01-2308-F6-000268, and sentenced to 363 days or probation, alcohol/substance abuse evaluation and treatment and comply with any recommendations, complete 56 hours of community service, and standard court costs and fees.

Respondent's Prior Discipline

16. On April 18, 2013, Respondent's pharmacist license was placed on Summary Suspension due to an arrest for Theft, a Level 6 Felony in Hamilton County, Indiana, under 29D06-1302-FD-001347 for drug diversion from his previous employer Target.

17. On August 20, 2014, Respondent's pharmacist license was placed on indefinite probation with standard board order and quarterly reports, Pharmacists Recovery Network, and \$1000 fine.

18. On August 21, 2017, Respondent's probation was withdrawn.

CHARGES

19. Paragraphs one (1) through eighteen (18) are incorporated by reference.

Count I
Unfit To Practice Due to Ongoing Addiction
Ind. Code § 25-1-9-4(a)(4)(D)

20. Respondent's conduct constitutes a violation of Ind. Code § 25-1-9-4(a)(4)(D) in that Respondent has continued to practice with an addiction, abuse of, or severe dependency upon alcohol or other drugs that endanger the public by impairing his ability to practice safely.

Count II
Conviction Impacting Competency to Practice
Ind. Code § 25-1-9-4(a)(2)(A)

21. Respondent's conduct constitutes a violation of Ind. Code § 25-1-9-4(a)(2)(A) in that Respondent has been convicted of a crime that has a direct bearing on his ability to continue to practice competently. Specifically, Respondent has diverted medication from his employer for personal use.

REQUESTED RELIEF

ACCORDINGLY, Petitioner requests that the Board issue an order against Respondent that:

- I. Imposes one or more of the disciplinary sanctions authorized by Ind. Code § 25-1-9-9;
- II. Directs Respondent to pay all of the costs incurred in the prosecution of this case, as authorized by Ind. Code § 25-1-9-15;
- III. Directs Respondent to pay a fee of Five Dollars (\$5.00) to be deposited into the Health Records and Personal Identifying Information Protection Trust Fund pursuant to Ind. Code § 4-6-14-10(b); and
- IV. Provides any other relief the Board deems just and proper.

Respectfully submitted,

THEODORE E. ROKITA
Indiana Attorney General
Attorney No. 18857-49

By:



Sha'na Terry
Deputy Attorney General
Attorney No. 34048-64

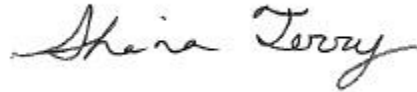
OFFICE OF THE INDIANA ATTORNEY GENERAL

Licensing Enforcement
Indiana Government Center South
302 West Washington Street, Fifth Floor
Indianapolis, Indiana 46204-2770
Phone: (317) 234-9509
Fax: (317) 233-4393
Email: shana.terry[atg.in.gov]

CERTIFICATE OF SERVICE

I hereby certify that on the 13th day of August, 2024, a true and correct copy of this
Administrative Complaint was served upon the below-listed party or parties:

Jared Bachman
C/O Laura Losue
Losue Law, LLC
10475 Crosspoint Blvd Suite 250
Indianapolis, IN 46256
Sent Via U.S. Mail and E-mail



Sha'na Terry
Deputy Attorney General
Attorney No.: 34048-64

OFFICE OF THE INDIANA ATTORNEY GENERAL

Licensing Enforcement
Indiana Government Center South
302 West Washington Street, Fifth Floor
Indianapolis, Indiana 46204-2770
Phone: (317)234-9509
Fax: (317) 233-4393
Email: shana.terry[atg.in.gov]



CONSUMER COMPLAINT

Office of the Indiana Attorney General
(R5 / 12-17)

INSTRUCTIONS: To prevent delay, please be sure to complete **both sides** of this form in full. Please print clearly or type. **Do not include your Social Security Number** on this form or in any accompanying documents. **Please note:** If you have already obtained a judgment, or there is pending litigation, we may be limited or unable to take further action on your complaint.

Case No: 11725704

Section 1: Your Information																
Salutation ☐ Det. ☒ Mr. ☐ Mrs. ☐ Ms. ☐ Dr. ☐ Miss. ☐ Rev.		Street Address 402 W Washington St														
Full Name/Organization/Agency Timothy Thomas		City Indianapolis	State IN	Zip Code 46204												
If an Organization/Agency provide a Primary Contact Name		County		Daytime Phone 317-753-4000												
Age Group ☐ 18-24 ☐ 25-34 ☐ 35-44 ☐ 45-54 ☐ 55-59 ☐ 60+		Email Address tithomas@pla.in.gov														
		May we contact you by email? If yes, we will not contact you by regular mail		☐ No ☒ Yes												
		Are you or your spouse active military?		☐ No ☐ Yes												
Section 2: Who is the Complaint Against?																
Individual/Business Jared Bachman		Name of Individual/Representative you dealt with														
Street Address 3944 Jonathan Ridge		City Columbus	State IN	Zip Code 47201												
County	Daytime Phone		Email Address													
Section 3: Transaction/Incident Details																
3-A: Date of Transaction/Incident 08-17-23		3-B: If a Transaction, what was the Transaction for? ☐ My business ☐ My family/household ☐ My farm ☐ Non-Profit/Church														
3-C: Where did the Transaction/Incident occur? (check box where applicable) <table border="0"><tr><td>☐ My home</td><td>☐ By Internet/email</td></tr><tr><td>☐ At the location of the business</td><td>☐ By telephone</td></tr><tr><td>☐ Away from the location of the business</td><td>☐ By Social Media</td></tr><tr><td>☐ By mail</td><td>☐ Other</td></tr></table>					☐ My home	☐ By Internet/email	☐ At the location of the business	☐ By telephone	☐ Away from the location of the business	☐ By Social Media	☐ By mail	☐ Other				
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☐ At the location of the business	☐ By telephone															
☐ Away from the location of the business	☐ By Social Media															
☐ By mail	☐ Other															
3-D: What was the very first contact between you and the Individual/Business? <table border="0"><tr><td>☐ I telephoned the individual/business</td><td>☐ I received information in the mail</td><td>☐ I responded to a printed advertisement</td></tr><tr><td>☐ I responded to a TV/radio ad</td><td>☐ I went to the location of the business</td><td>☐ Other, describe below</td></tr><tr><td>☐ A person came to my home</td><td>☐ I received a phone call from the business</td><td></td></tr><tr><td>☐ I received information by email</td><td>☐ I responded to an offer on the Internet</td><td></td></tr></table>					☐ I telephoned the individual/business	☐ I received information in the mail	☐ I responded to a printed advertisement	☐ I responded to a TV/radio ad	☐ I went to the location of the business	☐ Other, describe below	☐ A person came to my home	☐ I received a phone call from the business		☐ I received information by email	☐ I responded to an offer on the Internet	
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☐ I received information by email	☐ I responded to an offer on the Internet															
3-E: How did you Pay? <table border="0"><tr><td>☐ Cash</td><td>☐ Credit Card/Pre-pay</td><td>☐ Medicaid</td><td>☐ Pay-Pal</td><td>☐ Wire Transfer</td></tr><tr><td>☐ Check</td><td>☐ Installment Loan</td><td>☐ Medicare</td><td>☐ Private Insurance</td><td>☐ Other</td></tr></table>					☐ Cash	☐ Credit Card/Pre-pay	☐ Medicaid	☐ Pay-Pal	☐ Wire Transfer	☐ Check	☐ Installment Loan	☐ Medicare	☐ Private Insurance	☐ Other		
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☐ Check	☐ Installment Loan	☐ Medicare	☐ Private Insurance	☐ Other												
3-F: What, if any, is the Dollar amount associated with your loss?		\$														
3-G: Vehicle Identification Number (if applicable)																

Section 4 Actions Taken by Consumer

- ☐ Yes ☐ No 4-A: Did you sign a written agreement or contract? If yes, please attach a copy of the documentation.
- ☐ Yes ☐ No 4-B: Have you hired a private attorney?
- ☐ Yes ☐ No 4-C: Have you started a court action? If yes, please attach a copy of all court papers.
- ☐ Yes ☐ No 4-D: Have you sued, or have you been sued, over this incident/transaction? If yes, please attach a copy of all court papers.

Section 4 Actions Taken by Consumer - continued

☐ Yes ☐ No 4-E: Have you complained to the Individual/Business?

Yes ☐ No 4-F: Have you filed a complaint with any other agency? If yes, list other agency:

Section 5 Transaction/Incident Details – attach additional pages if necessary

Please remember to attach a copy of all documentation involved (order blank, warranty, credit card receipt and statement, invoice, contract or written agreement, advertisement, cancelled check, correspondence etc). Please print clearly or type. **Do Not Include your Social Security Number.**

If you answered "Yes" to 4-E or 4-F above please include in the transaction/incident details below when you complained and what action was taken.

In my duties as a Diversion Officer for the Indiana Board of Pharmacy it was reported to me regarding the arrest of a pharmacist employed by CVS in Nashville Indiana. Jared Bachman 26021573A) was arrested for leaving the of an accident.scene in Columbus. When arrested Jared had a tube of powder in his pocket that may be Zolpidem. It has been sent off for analysis. Jared has a history of abuse of Zolpidem in the past. Jared was also arrested in Nashville CVS by the Nashville PD after he admitted to diverting several controlled drugs from the stores inventory. No DEA 106s are available at this time. Jared admitted to floating at other CVS store and diverting medication. CVS is compiling records from those stores and can be reported in the future.

Section 6 How would you like your Complaint resolved?

The review of the license of Jared Bachman (26021573A) by your office and the Indiana Board of Pharmacy with the possibility of an emergency suspension of his license.

Section 7 WHAT HAPPENS NEXT?

The Consumer Protection Division will send a copy of your complaint to the respondent individual/business or licensed professional. This office cannot disclose your complaint against a licensed professional to the public unless this office files a disciplinary action against the licensed professional. This office represents the State of Indiana and is limited in the remedies it can pursue. You may be entitled to compensation or other rights that we cannot pursue for you. In addition to filing this complaint, you may want to consider contacting a private attorney or your local small claims court.

Section 8 Mail Completed Forms to:

Office of Attorney General
Consumer Protection Division
Government Center South, 5th Floor
302 W. Washington Street
Indianapolis, IN 46204
317-232-6330 (phone) • 317-233-4393 (fax)
www.IndianaConsumer.com

Section 9 Consent and Verification

Do you consent to disclosing the following information to the public? → ☒ Yes ☐ No The nature of the complaint and the individual/business name
☒ Yes ☐ No Your name
☒ Yes ☐ No Your phone number

I affirm, under penalties for perjury, that the foregoing representations are true. I consent to the Consumer Protection Division obtaining or releasing any information in furtherance of the disposition of this complaint. I consent to the release of information included in this complaint to other public agencies attempting to discover ongoing fraudulent patterns or practices and for the purpose of law enforcement. I understand that I should not include my Social Security Number in any information submitted to the Consumer Protection Division. If I do provide my Social Security Number, I expressly consent to the disclosure of my Social Security Number in accordance with Indiana Code § 4-1-10-5(2).

Timothy Thomas

Your signature

August 17, 2023

Date