

BEFORE THE INDIANA
BOARD OF PHARMACY
CAUSE NUMBER: 2023 IBP 0034

IN THE MATTER OF THE LICENSE OF:)
)
KYLEA CHABRE, PH.T. IN TRAINING)
)
LICENSE NO: 99112216A)



ADMINISTRATIVE COMPLAINT

Petitioner, the State of Indiana, by counsel, Deputy Attorney General Carah J. Rochester, 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 (“the Board”) against the pharmacy technician-in-training license of Kylea Chabre (“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 pharmacy technician-in-training and holds license number 99112216A, which was issued by the Board on March 21, 2022, and expires on December 15, 2023.
3. Respondent’s address on file with the Indiana Professional Licensing Agency (“IPLA”) is 5112 E. Walnut Drive, Mooresville, Indiana, 46158.

Jurisdiction

4. In August 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).

5. After investigation, the OAG determined that the complaint had merit, and, accordingly, a copy of that consumer complaint is being submitted to the Board herewith as Exhibit A.

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 that term is 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. On or about August 25, 2022, Respondent became employed as a pharmacy technician-in-training at CVS Pharmacy store #5067 in Plainfield, Indiana.

10. On or about October 24, 2022, CVS District Asset Protection Leader (“DAPL”) was made aware of a missing prescription for Morphine ER 60mg. Surveillance footage was reviewed and showed Respondent placing drugs into her pocket while working.

11. On November 1, 2022, CVS DAPL and a Plainfield Police Department patrolman separately questioned Respondent about the incident. Respondent admitted to having taken sixty (60) tablets of Morphine Sulfate (60 mg). Respondent indicated she personally used at least five

(5) of the tablets due to leg pain and intended to sell the remainder. Respondent returned fifty (50) tablets to the patrolman, which was subsequently returned to CVS.

12. On November 7, 2022, CVS terminated Respondent's employment.

13. On November 7, 2022, Respondent was charged with Theft, a Class A misdemeanor, under Plainfield Town Court case number 32101-2211-CM-000201.

14. On April 11, 2023, Respondent pleaded guilty to and was convicted of Theft, a Class A misdemeanor.

15. Respondent was ordered to pay restitution to CVS in the amount of \$215.99.

CHARGE

16. Paragraphs one (1) through fifteen (15) are incorporated by reference.

COUNT 1: DIVERSION OF LEGEND DRUG

17. Respondent's conduct constitutes a violation of Ind. Code § 25-1-9-4(a)(8)(A) in that she diverted a legend drug from CVS Pharmacy.

COUNT II: CONVICTION OF A CRIME

18. Respondent's conduct constitutes a violation of Ind. Code § 25-1-9-4(a)(2)(b) in that she has been convicted of a crime which has a direct bearing on her ability to continue to practice competently.

REQUESTED RELIEF

ACCORDINGLY, Petitioner requests that the Board to 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: 
CARAH J. ROCHESTER
Deputy Attorney General
Attorney No. 36266-41

Office of Attorney General Todd Rokita
302 West Washington Street
Indiana Government Center South, 5th Floor
Indianapolis, IN 46204
Telephone: 317-234-7015
Email: [Carah.Rochester@atg.in.gov](mailto:Carah.Rochester[atg.in.gov)

CERTIFICATE OF SERVICE

I hereby certify that on the 15th day of November 2023, a true and correct copy of this
Administrative Complaint was served upon the below-listed party or parties:

Kylea Chabre
5112 E. Walnut Drive
Mooresville, IN 46158
By U.S. Mail

Carah J. Rochester

CARAH J. ROCHESTER
Deputy Attorney General
Attorney No. 36266-41

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

EX. A

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.

Section 1: Your Information

Salutation ☐ Mr. ☒ Mrs. ☐ Ms. ☐ Dr. ☐ Miss ☐ Rev.		Street Address 402 W. Washington St., Room W072	
Full Name or Organization/Agency Zaneta Nunnally-Compliance Director, PLA		City Indianapolis	State IN
If an Organization/Agency provide a Primary Contact Name		County	Zip Code 46204
Age Group ☐ 18-24 ☐ 25-34 ☐ 35-44 ☐ 45-54 ☐ 55-59 ☐ 60+		Daytime Phone 317-232-1120	
Email Address			
May we contact you by email? If yes, we will not contact you by regular mail		☒ Yes ☐ No	
Are you or your spouse active military?		☐ Yes ☐ No	

Section 2: Who is the Complaint Against?

Individual/Business Kylea Chabre- License #99112216A		Name of Individual/Representative you dealt with	
Street Address 5112 E Walnut Dr		City Mooresville	State IN
County		Daytime Phone	Zip Code 46158
		Email Address	

Section 3: Transaction/Incident Details

3-A: Date of Transaction/Incident	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) ☐ My home ☐ By Internet/Email ☐ At the location of the business ☐ By Telephone ☐ Away from the location of the business (work, convention, etc.) ☐ By Social Media ☐ By Mail ☐ Other _____			
3-D: What was the very first contact between you and the Individual/Business? ☐ 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 _____			
3-E: How did you Pay? ☐ Cash ☐ Credit Card/Pre-Pay ☐ Medicaid ☐ Pay-Pal ☐ Wire Transfer ☐ Check ☐ Installment Loan ☐ Medicare ☐ Private Insurance ☐ Other _____			
3-F: What, if any, is the Dollar amount associated with your loss?		\$	

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 those details also with your description of the Transaction/Incident.

On December 1, 2022, PLA-Compliance Division received notice that Ms. Kylea Chabre, pharmacy technician-in-training, admitted to and was terminated for diversion of controlled substances. According to the DEA 106 filed by CVS Pharmacy (store #5067), Ms. Chabre admitted to diverting 60 tablets of 60 mg Morphine Sulfate tablets. The theft was reported to Plainfield Police and criminal misdemeanor charges are pending (MyCase #32101-2211-CM-DM2362464).

Supporting Documents:

DEA 106 Theft/Loss of Controlled Substances Form
 MyCase Summary
 E-verification

Section 6 How would you like your Complaint resolved?

Please bring forth any appropriate action before the Board of Pharmacy. In addition, please consider whether this complaint rises to the level of a summary suspension.

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:

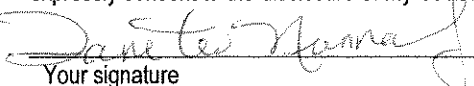
Office of the Indiana Attorney General
 Consumer Protection Division
 Government Center South, 5th Floor
 302 W. Washington Street
 Indianapolis, IN 46204
 317-232-6330 (phone) • 317-233-4393 (fax)
www.IndianaConsumer.com

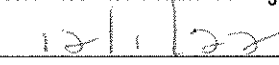
Section 9 Consent and Verification

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).


 Your signature


 Date

Report of Theft or Loss of Controlled Substances

OMB No. 1117-0001 (Exp. Date 7/31/2023)



Type of Report: (check one box only) ☒ New Report ☐ Amendment Key (prior report dated): <u>7HCE4Z4STVWI</u>	
1. DEA Registration Number: <u>FH0260771</u>	
Name of Business: <u>HOOK-SUPERX, L.L.C.</u>	
Address: <u>1102 W. MAIN ST.</u>	
City: <u>PLAINFIELD</u>	State: <u>IN</u> ZIP Code: <u>46168</u>
Point of Contact: <u>MYKAYLA VALLANTE</u>	
Email Address: <u>MYKAYLA.VALLANTE@CVSHEALTH.COM</u>	Phone No.: <u>4017704391</u>
Date of the Theft or Loss (or first discovery of theft or loss): <u>November 02, 2022</u> Number of Thefts and Losses in the past 24 months: <u>0</u>	
Principal Business of Registrant: <u>CHAIN PHARMACY</u>	
2. Type of theft or loss: <u>EMPLOYEE THEFT (OR SUSPECTED):</u>	
3. Loss in Transit. (*Fill out this section only if there was a loss in transit, or hijacking of transport vehicle.)	
Name of Common Carrier: _____	
Telephone Number of Common Carrier: _____	Package Tracking Number: _____
Have there been losses in transit from this same carrier in the past? ☐ No ☐ Yes (If yes, how many, excluding this theft or loss?): _____	
Was the package received and accepted by the consignee? ☐ No ☐ Yes (If yes, the consignee is responsible for reporting the theft or loss.)	
If the package was accepted by the consignee, did it appear to be tampered with? ☐ No ☐ Yes	
Name of Consignee / Supplier: _____	
Enter the Name of Consignee (if reported by the supplier), or the Name of Supplier (if the package was accepted by the consignee).	
If the consignee does not have a DEA Registration Number, e.g. if this was a shipment to a patient, or a nursing home emergency kit, enter "Patient" or "Nursing Home Kit."	
DEA Registration Number of Consignee / Supplier: _____	
Enter the DEA Registration Number of Consignee (if reported by the supplier), or DEA Registration Number of Supplier, (if the package was accepted by the consignee). If the controlled substances were shipped to a non-registrant, leave blank, unless a registered pharmacy shipped to an emergency kit held on site at a nursing home. In this case, the supplying pharmacy is required to report the theft or loss.	
4. If this was a robbery, were any people injured? ☐ No ☐ Yes (If yes, how many?): _____ Were any people killed? ☐ No ☐ Yes (If yes, how many?): _____	
5. Purchase value to Registrant of controlled substances taken?: \$ <u>372</u>	
6. Were any pharmaceuticals or merchandise taken? ☒ No ☐ Yes (Est. Value): _____	
7. Was theft reported to Police? ☐ No ☒ Yes (If yes, fill out the following information):	
Name of Police Department: <u>PLAINFIELD POLICE</u> Police Report number: _____	
Name of Responding Officer: <u>NIKO ROMERO</u> Phone No.: <u>3178383565</u>	
8. Which corrective measure(s) have you taken to prevent a future theft or loss?	
☐ Installed monitoring equipment (e.g. video camera).	☐ Provided security training to staff.
☐ Increased employee monitoring (e.g. random drug tests).	☐ Requested increased security patrols by Police.
☐ Installed metal bars or other security on doors or windows.	☐ Hired security guards for premises.
☐ Secured Controlled Substances within safe.	☒ Terminated employee.
☒ Other (Please describe on last page).	

LIST OF CONTROLLED SUBSTANCES LOST

[illegible]



9. What identifying marks, symbols, or price codes were on the labels of these containers that would assist in identifying the products?:

10. If Official Controlled Substance Order Forms (DEA-222) were stolen, give numbers:

Describe any other corrective measure(s) you have taken to prevent a future theft or loss:

EMPLOYMENT WITH CVS HAS BEEN TERMINATED FOR THE EMPLOYEE, KYLEA CHABRE, WHO ADMITTED TO DRUG DIVERSION. ALL LOSS PREVENTION POLICY AND PROCEDURES WILL BE REVIEWED WITH THE PHARMACY TEAM. THIS INCLUDES BAG AND SMOCK CHECKS

Enter remarks, if required. Description of how theft or loss occurred. Attach a separate sheet, if necessary:

The foregoing information is correct to the best of my knowledge and belief: By signing my full name in the space below, I hereby certify that the foregoing information furnished on this DEA Form 106 is true and correct, and understand that this constitutes an electronic signature for purposes of this reporting requirement only.

Signature: MYKAYLA VALLANTE

Title: CPHT ANALYST, DRUG LOSS PROGRAM

Date Signed: November 23, 2022

NOTICE: In accordance with the Paperwork Reduction Act of 1995, no person is required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this collection of information is 1117-0001. Public reporting burden for this collection of information is estimated to average 20 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

Freedom of Information: Please prominently identify any confidential business information per 28 CFR 16.8(c) and Exemption 4 of the Freedom of Information Act (FOIA). In the event DEA receives a FOIA request to obtain such information, DEA will give written notice to the registrant to obtain such information. DEA will give written notice to the registrant to allow an opportunity to object prior to the release of information.

Privacy Act Information

AUTHORITY: Section 301 of the Controlled Substances Act of 1970 (PL 91-513).

PURPOSE: Reporting of unusual or excessive theft or loss of a Controlled Substance.

ROUTINE USES: The Controlled Substances Act authorizes the production of special reports required for statistical and analytical purposes. Disclosures of information from this system are made to the following categories of users for the purposes stated:

- A. Other Federal law enforcement and regulatory agencies for law enforcement and regulatory purposes.
- B. State and local law enforcement and regulatory agencies for law enforcement and regulatory purposes.

EFFECT: Failure to report theft or loss of Controlled Substances may result in penalties under Section 402 and 403 of the Controlled Substances Act.

State of Indiana v. Kylea Jo Chabre

Case Number 32I01-2211-CM-000201

Court Plainfield Town Court

Type CM - Criminal Misdemeanor

Filed 11/07/2022

Status 11/07/2022 , Pending (active)

Reference Prosecutor Case Management Number
32I01-2211-CM-DM2362464

Police Agency Number
HP220008681

Parties to the Case

Defendant Chabre, Kylea Jo

Description

Female, White, 5' 3", 160 lbs.

Address

5112 E Walnut Dr
Mooresville, IN 46158

State State of Indiana

Plaintiff

Attorney

Loren Patrick Delp
#2525649

6 S JEFFERSON STREET
Danville, IN 46122-1703

Charges

01 10/24/2022 35-43-4-2(a)/MA: Theft

Citation#

000143430534

Statute

35-43-4-2(a)

Degree

MA

Chronological Case Summary

11/07/2022 **Case Opened as a New Filing**

11/07/2022 **Case Filed Electronically**
Added By EFile Manager

11/07/2022 Appearance Filed

Appearance

For Party: State of Indiana

File Stamp: 11/07/2022

11/07/2022 Notice to Court Filed

Added By EFile Manager

Filed By: State of Indiana

File Stamp: 11/07/2022

11/07/2022 Information Filed

charges

Filed By: State of Indiana

File Stamp: 11/07/2022

11/07/2022 Probable Cause Affidavit Filed

PCA_

Filed By: State of Indiana

File Stamp: 11/07/2022

11/07/2022 Hearing Scheduling Activity

Initial Hearing scheduled for 12/06/2022 at 12:30 PM.

12/06/2022 Initial Hearing

Session:

12/06/2022 12:30 PM, Judicial Officer: Spencer, James D

This is not the official court record. Official records of court proceedings may only be obtained directly from the court maintaining a particular record.

State of Indiana

DEMOGRAPHIC INFORMATION

Name: Kylea Jo Chabre

ADDRESS INFORMATION

City/State/Zip: Mooresville IN 46158

County: Morgan

LICENSE INFORMATION

Lic #:	99112216A	Profession:	Pharmacy Board	Type:	Pharmacy Tech In-Training	Secondary:
Status:	Active	Issued:	6/15/2022	Expiration:	12/15/2023	
Method:	Application					

DISCIPLINE INFORMATION

RELATED LICENSES

No Related Licenses