

**BEFORE THE INDIANA BOARD OF
PHARMACY
CAUSE NO: 202512-BOP-0042**

IN THE MATTER OF THE LICENSE OF:

PAUL’S PHARMACY

LICENSE NO: 60006286A (ACTIVE)

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ADMINISTRATIVE COMPLAINT

Petitioner, the State of Indiana, by counsel, Deputy Attorney General Ryan P. Eldridge, 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 against the pharmacy license of Paul’s Pharmacy (“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 and holds license number 60006286A, which was issued by the Board on January 5, 2012, and expires on December 31, 2025.
3. Respondent’s address on file with the Indiana Professional Licensing Agency (“IPLA”) is 4701 University Drive, Evansville, Indiana 47712.

Jurisdiction

4. On April 22, 2025, 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 1.

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. Respondent is also a “person” as that term is defined by Ind. Code § 25-26-13-2.

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

Medication 1

9. On February 7, 2025, Patient 1 reported to Respondent’s location to pick up medications.

10. Patient 1 received a bag at the drive-thru that contained her information on the label and her medications within it.

11. The bag also contained two (2) prescription bottles that belonged to Patient 2.

12. Patient 1 later returned the other patient’s medication to Respondent.

13. The incident involved the unauthorized disclosure of Patient 2’s information including name, address, medication names, dosages, frequencies, quantities, directions for use, number of refills, and prescriber information.

Medication 2

14. On April 21, 2025, Patient 1 reported to Respondent's location to pick up medications.

15. Patient 1 was provided medications that belonged to Patient 3.

16. Patient 1 later returned the other patient's medication to Respondent.

17. The incident involved the unauthorized disclosure of Patient 3's information including name, address, medication name, dosage, frequency, quantity, directions for use, number of refills, and prescriber information.

CHARGES

18. Paragraphs one (1) through seventeen (17) are incorporated by reference.

Count 1 Sale of Misbranded Drug Ind. Code §25-1-9-4(a)(3)

19. Respondent's conduct constitutes a violation of Ind. Code § 25-1-9-4(a)(3) in that Respondent has knowingly violated any state statute or rule, or federal statute or regulation, regulating the profession in question as evidenced by Respondent's violation of Ind. Code § 16-42-1-16(a)(1). Specifically, Respondent sold a misbranded drug, on February 7, 2025, as the medication was packaged in a bag that contained misleading and/or inaccurate labeling that meets the definition of misbranded pursuant to Ind. Code § 16-42-3-4, which is a violation of Ind. Code § 16-42-1-16(a)(1).

Count 2 Unauthorized Disclosure of PHI Ind. Code § 25-1-9-4(a)(3)

20. Respondent's conduct constitutes a violation of Ind. Code § 25-1-9-4(a)(3) in that she has knowingly violated a federal statute regulating her profession. Specifically, Respondent

violated 45 CFR § 164.508(a) by disclosing the protected health information of a patient without valid authorization or consent from Patient 2.

Count 3
Assisting Another in Committing a Violation
Ind. Code § 25-1-9-4(a)(13)

21. Respondent's conduct constitutes a violation of Ind. Code § 25-1-9-4(a)(13) in that Respondent has assisted another person in committing an act that would be grounds for disciplinary sanctions under this chapter, by assisting a pharmacist in violating 856 IAC 1-20-1(10). Specifically, Respondent allowed the pharmacist to dispense incorrect medications in violation of the Legend Drug Act, when Patient 1 was dispensed medication that belonged to Patient 2.

Count 4
Unauthorized Disclosure of PHI
Ind. Code § 25-1-9-4(a)(3)

22. Respondent's conduct constitutes a violation of Ind. Code § 25-1-9-4(a)(3) in that she has knowingly violated a federal statute regulating her profession. Specifically, Respondent violated 45 CFR § 164.508(a) by disclosing the protected health information of a patient without valid authorization or consent from Patient 3.

Count 5
Assisting Another in Committing a Violation
Ind. Code § 25-1-9-4(a)(13)

23. Respondent's conduct constitutes a violation of Ind. Code § 25-1-9-4(a)(13) in that Respondent has assisted another person in committing an act that would be grounds for disciplinary sanctions under this chapter, by assisting a pharmacist in violating 856 IAC 1-20-1(10). Specifically, Respondent allowed the pharmacist to dispense incorrect medications in

violation of the Legend Drug Act, when Patient 1 was dispensed medication that belonged to Patient 3.

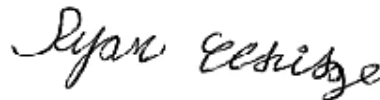
REQUESTED RELIEF

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:

Ryan P. Eldridge
Deputy Attorney General
Attorney No. 34578-49

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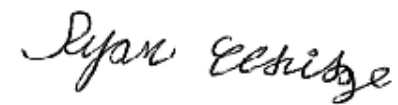
CERTIFICATE OF SERVICE

I hereby certify that on the __4th__ day of _December_, 2025, a true and correct copy of this Administrative Complaint was served upon the below-listed party or parties:

Paul's Pharmacy
4701 University Drive
Evansville, Indiana 47712
[REDACTED]

Sent Via U.S. Mail and E-mail

By:



Ryan P. Eldridge
Deputy Attorney General
Attorney No. 34578-49



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

State Exhibit 1

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: 11791797

Section 1: Your Information			
Salutation ☐ Det. ☐ Mr. ☐ Mrs. ☐ Ms. ☐ Dr. ☐ Miss. ☐ Rev.		Street Address 402 West Washington Street	
Full Name/Organization/Agency Agency.INSPECT Logan Winslow		City Indianapolis	State IN
If an Organization/Agency provide a Primary Contact Name Logan		County	Zip Code 46204
Age Group ☐ 18-24 ☐ 25-34 ☐ 35-44 ☐ 45-54 ☐ 55-59 ☐ 60+		Daytime Phone	
Email Address [REDACTED]			
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 Paul's Pharmacy		Name of Individual/Representative you dealt with	
Street Address 2345 W Franklin St.		City Evansville	State IN
County		Zip Code 47712	
Daytime Phone		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 ☐ 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?		\$	

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 - <i>continued</i>		
☐ 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 – <i>attach additional pages if necessary</i>		
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.		
<p>A customer of the pharmacy called our office on 04.22.2025 to request action be taken against this location of Paul's Pharmacy in Evansville. The patient received the wrong medication two times. The second time the patient documented the incident, providing INSPECT with the prescription information of the person whose script they got instead of their own. The names and actual type of medication are not similar, and the patient was deeply concerned about safety and privacy.</p>		
Section 6 How would you like your Complaint resolved?		
An investigation of the practices of this pharmacy location.		
Section 7 WHAT HAPPENS NEXT?		Section 8 Mail Completed Forms to:
<u>The Consumer Protection Division will send a copy of your complaint to the respondent individual/business or licensed professional.</u> 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.		Office of Attorney General Consumer Protection Division Government Center South, 5 th 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).

Logan Winslow

Your signature

April 22, 2025

Date