

1 02-0001-HO

2 **BEFORE THE ARIZONA STATE BOARD OF PHARMACY**

3  
4  
5 In the Matter of:

6 STEVEN M. GENRICH  
7 Pharmacist License  
8 Number 7861

**FINDINGS OF FACT, CONCLUSIONS  
OF LAW AND BOARD ORDER**

**NO. 02-0001-PHR**

9 DIRECTED TO: STEVEN M. GENRICH  
10 c/o Genrich Pharmacy  
11 333 East Virginia  
Phoenix, AZ 85004

12 Pursuant to the foregoing Consent to Entry of Order, the evidence and records  
13 compiled and contained in the file for STEVEN M. GENRICH and for good cause  
14 appearing, the Board on this 7th day of March, 2002 enters the following Findings of Fact,  
15 Conclusions of Law and Board Order in the Matter of Notice of Hearing Number 01-  
16 0021-PHR ("Notice").

17 **I.**

18 **FINDINGS OF FACT**

19 1. STEVEN M. GENRICH is the holder of Pharmacist License Number 7861  
20 issued by the Arizona State Board of Pharmacy which permits the holder to practice  
21 pharmacy in the State of Arizona.

22 2. STEVEN M. GENRICH neither admits or denies the factual allegations in  
23 Section IV of the Notice.

24 3. The Board finds that:  
25  
26

1 If this matter proceeded to a hearing, the State would introduce evidence that  
2 STEVEN M. GENRICH's conduct constitutes unprofessional conduct under A.R.S. §32-  
3 1927(A)(10) and A.R.S. §32-1927(B)(2), to wit:

4 (A)(10) The licensee is found by the Board to be guilty of  
5 violating any Arizona or federal law, rule or regulation  
6 relating to the manufacture and distribution of drugs and  
7 devices or the practice of pharmacy.

8 (B)(2) The licensee is found by the board, or is convicted in a  
9 federal or state court, of having violated federal or state laws  
10 or administrative rules pertaining to marijuana, prescription-  
11 only drugs, narcotics, dangerous drugs or controlled  
12 substances.

## 13 II.

### 14 CONCLUSIONS OF LAW

15 1. The Board concludes that it has jurisdiction in this Matter pursuant to  
16 A.R.S. §32-1927 (A)(10) and 32-1927(B)(2).

17 2. The Board concludes that STEVEN M. GENRICH violated A.R.S. §32-  
18 1927(A)(10) and A.R.S. §32-1927(B)(2).

## 19 III.

### 20 ORDER

21 1. The Pharmacist License Number 7861 issued to STEVEN M. GENRICH is  
22 hereby placed on probation for one year, effectively immediately, and a civil penalty of  
23 \$1,000.00 is imposed. The civil penalty is due within sixty (60) days of the date of this  
24 Order.

25 2. STEVEN M. GENRICH shall obey all federal and state laws and rules  
26 governing the practice of pharmacy.

3. If STEVEN M. GENRICH violates this Order in any way or fails to fulfill  
the requirements of this Order, the Board, after giving the Respondent Notice and the

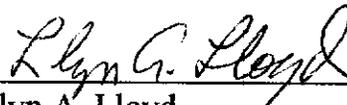
1 opportunity to be heard, may revoke, suspend or take other disciplinary action against the  
2 Respondent. The issue at such hearing will be limited solely to whether this Board Order  
3 has been violated.

4 DATED this 11 day of March, 2002.

5  
6 ARIZONA STATE BOARD OF PHARMACY

7 SEAL

8 By

  
Llyn A. Lloyd  
Executive Director

9  
10  
11 Copies of the foregoing Finding of Fact,  
12 Conclusions of Law and Board Order  
sent via Certified US mail this  
13 11th day of March, 2002 to:

14 STEVEN M. GENRICH  
15 c/o Genrich Pharmacy  
333 E. Virginia  
Phoenix, AZ 85004

16 and by facsimile to:

17 Roger Morris R.Ph JD  
18 at (602) 420-5046  
Attorney for STEVEN M. GENRICH

19 and by Courier Mail to:

20 Victoria Martin  
21 Assistant Attorney General  
1275 West Washington  
Phoenix, AZ 85007  
22 Attorney for the State

23 and

24 Victoria Mangiapane  
25 Assistant Attorney General  
1275 West Washington  
Phoenix, AZ 85007  
26 Civil Appeals Section

**U.S. Postal Service**  
**CERTIFIED MAIL RECEIPT**  
*(Domestic Mail Only; No Insurance Coverage Provided)*

7000 1670 0000 6000 0497 0001

BOARD ORDER 02-0001-PHR

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$</b>

Mailed  
3/11/02  
Postmark  
Here

Sent To  
**Steven Genrich**  
Street, Apt. No., or PO Box No.  
**333 E. Virginia**  
City, State, ZIP+4  
**Phoenix, AZ 85004**

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Steven M. Genrich  
 C/O Genrich Pharmacy  
 333 E. Virginia #120  
 Phoenix, AZ 85004

**COMPLETE THIS SECTION ON DELIVERY**

A. Received by (Please Print Clearly) B. Date of Delivery

M. HEMPHILL 2/4

C. Signature

*[Handwritten Signature]*  Agent  
 Addressee

D. Is delivery address different from item 1?  Yes  
 If YES, enter delivery address below:  No

3. Service Type

- Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)

 Yes

2. Article Number (Copy from service label)

7099 3220 0003 6917 0105

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> <li>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>■ Print your name and address on the reverse so that we can return the card to you.</li> <li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Received by (Please Print Clearly) <b>KRUCDUFFIE</b>	B. Date of Delivery <b>3-2-02</b>
1. Article Addressed to:  <b>Steven Genrich            c/o Genrich Pharmacy            333 E. Virginia            Phoenix, AZ 85004</b>	C. Signature <b>X KRUCDUFFIE</b> <div style="float: right;"> <input type="checkbox"/> Agent  <input type="checkbox"/> Addressee           </div>	
2. Article Number (Copy from service label)	D. Is delivery address different from item 1? If YES, enter delivery address below: <div style="float: right;"> <input type="checkbox"/> Yes  <input type="checkbox"/> No           </div>	
	3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
7000 1670 0009 3603 8381		
PS Form 3811, July 1999 <span style="float: right;">102595-00-M-0952</span>		

