



**MDPH-Division of Health Professions Licensure  
INVESTIGATION REPORT**

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Licensee Name: Barry Cadden                      Docket No: DS 05-040  
 License Number: PH 21239                      DS 2848  
 Priority Code: 2 Received by DHPL: 11/23/04      Docket Opened: 11/23/04  
 Assigned: 11/23/04  
 Investigator Name: James Emery- Health Care Investigator  
 Supervisor Name: Leslie Doyle - Program Coordinator

**SECTION I: Demographics and History**

**A. LICENSEE INFORMATION:**

1. Name of Licensee/Respondent: Barry Cadden
2. Address of Record: [REDACTED]
3. Current Address: [REDACTED]
4. Phone Number(s): Home N/A      Cell (N/A)      Business (N/A)      Fax (N/A)  
 Licensee/Respondent Date of Birth: [REDACTED]
5. License Type & No.: PH 21239      Current Status: C      Exp. Date: 12/31/06
6. Original Date of Issuance: 10/9/90
7. Record of Standing Attached: Yes
8. Name of Educational Institution Attended: University of RI  
 Date of Graduation: 1990

**B. OTHER MASSACHUSETTS LICENSES HELD: None**

1. Profession/Trade:
2. License No.                      Current Status:                      Exp. Date:                      /                      /
3. Prior Discipline (explain): N
4. Certified Documentation Attached:  Yes      No

**C. NON-MASSACHUSETTS LICENSES HELD: None**

1. Profession / Trade:
2. License No.                      Current Status:                      Exp. Date:                      /                      /
3. Prior Discipline (explain):
4. Certified Documentation Attached:  Yes       No

**D. LICENSEE'S EMPLOYMENT INFORMATION:**

1. Current Employer: New England Compounding Center
2. Address: 697 Waverly St Framingham, MA 01702
3. Telephone Number: 508 820 0606

**SECTION II: Interviews, Complainant Info & Index of Materials/Documents**

**A. INTERVIEWS CONDUCTED: List below and include labeled interview notes in case file**

Individuals Interviewed (name/title)	When/Where? (dates/time of day)	Type Interview (in-person/phone)	Contact Information (phone, address, business)
1.			
2.			
3.			
4.			
5.			

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**B. WITNESSES NOT AVAILABLE FOR INTERVIEW: Document attempts in case file**

Individuals	Contact Information (phone, address, business)	Attempt(s) to contact (dates, times)
1.		
2.		
3.		

**E. COMPLAINANT INFORMATION:**

1. **NAME OF COMPLAINANT:** Board of Pharmacy
2. **ADDRESS:** 239 Causeway St, Boston, MA 02114
3. **PHONE NO:** (617) 727 0086 **CELL PHONE:** (N/A)

**D. INDEX OF MATERIALS/DOCUMENTS:** Label documents/materials as noted below in order of presentation in the file

ITEM 1: Complaint

ITEM 2: Record of Standing

ITEM 3: Staff assignment 05-006

ITEM 4: NECC Order Form

ITEM 5:

ITEM 6:

ITEM 7:

ITEM 8:

**SECTION III: Investigation Summary**

**Allegation of Complaint:** Failure to adhere to the standards of practice, specifically compounding and dispensing of a medication without a valid prescription (non patient specific)

**Describe documentation/facts that support allegations:**

Staff assignment presented at Board meeting of 11/23/04. Board voted to bring staff assignment to formal complaint.

**Describe documentation/facts that do not support allegations:** None

**TYPE OF ERROR:**

- WRONG STRENGTH
- WRONG DRUG
- WRONG DIRECTIONS
- WRONG PATIENT
- OTHER - blisterpak information was incorrect
- DRUG / DIRECTIONS DOSE PRESCRIBED
- DRUG / DIRECTIONS DOSE DISPENSED
- DISPENSED RX LABEL CORRECT
- DISPENSED LABEL INCORRECT
- NEW PRESCRIPTION
- REFILL PRESCRIPTION
- INGESTION OCCURRED

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OTHER- Failure to adhere to the standards of practice, specifically compounding and dispensing of a medication without a valid prescription (non patient specific)

\*\*\*Board should review item #4. NECC Order Form provided in response. Form is non-compliant by Board determination. NECC was notified by telephone (Greg Conigliaro) that the form currently used is non-compliant and must stop the use of this form immediately.

PATIENT STATUS:

A. Setting Where Alleged Incident/Conduct Occurred:

1. Current Employer: New England Compounding Center

2. Address: 697 Waverly St Framingham, MA 01702

3. Telephone Number: 508 820 0606

Contact and Title: Barry Cadden, Manager of Record

1. If employed by another entity other than where the alleged incident occurred:

Name: N/A

Address N/A

Phone No: N/A

Contact Person: N/A

Contact's Title: N/A

Licensee's Supervisor (if applicable give name): N/A

Phone number

B. Attorney of Record:

NA

1. Name of Attorney:

2. Name of Firm:

3. Address:

4. Phone No(s).

Fax No. ( )

D. Investigator's Activities and Findings:

Describe - who, what, where, when, and why.

1. Complainant's allegation: Failure to adhere to the standards of practice, specifically compounding and dispensing of a medication without a valid prescription (non patient specific)

2. Licensee's response: A review of the same documentation provided to you does show what would appear to be incorrect or repetitive names being provided by several of our prescribing physicians. We have instituted a new Standard Operating Procedure for the Quality Check and Vetting of Patient Names, which should eliminate these inconsistencies in the future. This new SOP is included herein at "Attachment A." Additionally, per Leslie Doyle's last inspection, the newest version of the Prescription Order Form, included herein as "Attachment B," specifically includes a Verification Step

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at the bottom which requires a Registered Pharmacist or designee, to verify all items shown on the Patient Order Form, including patient names.

Summary of events from medical records:

4. Describe any information learned or submitted that does not support the Allegation: None

5. Describe any information requested and not received: None

6. Other Information: N/A

Patient Record:

Charting:  Perio  Hard Tissue  Soft Tissue  
 Medical History  Treatment Plan  Informed Consent  
 Radiographs  Anesthesia Record  CPR Certification  
 On-Site Inspection (optional)

7. Describe any exhibits not in case file (study models, radiographs, tapes, etc.). Describe location and with whom.  
NA

8. List other state/federal or municipal agencies involved or also investigating this case and include contact information (name, address, telephone no.)

E. COMPLAINT HISTORY

1. Companion Complaints: (list docket numbers, allegations, status, and disposition)

2. Complaint Pending Board: None

3. Complaints Pending Prosecutions: None

4. Related Complaints: (list docket numbers, allegations, status, and disposition) None

5. Prior Complaints: (list docket numbers, allegations, status, and disposition)

20021211DS036- Unprofessional conduct-Dismissed, advisory letter

20030212DS055- Failure to adhere to the standards of practice-PB

20030226DS060- Failure to adhere to the standards of practice, Dismissed, Advisory letter

20040504DS062-Unethical conduct- Dismissed, Advisory letter

19990330PH066-Unprofessional Conduct-Dismissed, informal reprimand

20021211PH042-Unprofessional Conduct-Dismissed, Advisory letter

20030212PH066- Failure to adhere to the standards of practice-PB

20030226PH070- Failure to adhere to the standards of practice-Dismissed, Advisory letter

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6. Criminal Offender Records Information Check (CORI) been performed? Yes  
Include certified copies of judgments: No

F. In your opinion should case go to Medical Error Triage: No  
Explain:

G. Summary of alleged violation(s) of regulation/statutes (include description of licensee's actions that constitute the basis of the violation(s)).

H. Staff Recommendation(s):

- |  |   |
|--|---|
| <input type="checkbox"/> Dismissal with Prejudice:<br>No Violation           | <input type="checkbox"/> Probation<br><input type="checkbox"/> Terms:                 |
| <input type="checkbox"/> Dismissal without Prejudice                         | <input type="checkbox"/> Censure  |
| <input type="checkbox"/> Lack of Sufficient Evidence                         | <input type="checkbox"/> Offer Voluntary Surrender<br><input type="checkbox"/> Terms: |
| <input checked="" type="checkbox"/> Dismissal with Advisory Letter           | <input type="checkbox"/> Summary Suspension<br><input type="checkbox"/> Terms:        |
| <input type="checkbox"/> Stayed Probation<br><input type="checkbox"/> Terms: | <input type="checkbox"/> Revocation<br><input type="checkbox"/> Terms:                |
| <input type="checkbox"/> Reprimand   |   |

CONTINUING EDUCATION REQUIREMENTS:  
Enclosed

OTHER TERMS: MPRS evaluation

INVESTIGATOR SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_  
SUPERVISOR SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

\*\*\*\*\*

Complaint Committee Decision/Recommendation: CC Meeting Date:

Re: Staff recommendation:

- CC Agrees     CC Disagrees (making the following recommendation)
- |   |   |
|---|---|
| <input type="checkbox"/> Dismissal with Prejudice:<br><input type="checkbox"/> No Violation | <input type="checkbox"/> Probation<br><input type="checkbox"/> Terms:                 |
| <input type="checkbox"/> Dismissal without Prejudice  | <input type="checkbox"/> Censure  |
| <input type="checkbox"/> Lack of Sufficient Evidence  | <input type="checkbox"/> Offer Voluntary Surrender<br><input type="checkbox"/> Terms: |
| <input type="checkbox"/> Dismissal with Advisory Letter                                     | <input type="checkbox"/> Summary Suspension<br><input type="checkbox"/> Terms:        |
| <input type="checkbox"/> Stayed Probation<br><input type="checkbox"/> Terms:                |   |

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Reprimand

Revocation

Terms:

CONTINUING EDUCATION REQUIREMENTS:

OTHER TERMS:

Summary of alleged violation(s) of regulation/statutes (include description of licensee's actions that constitute the basis of the violation(s)):

Notes:

\*\*\*\*\*

BOARD'S Decision/Recommendation: Board Meeting Date:

Re: Staff or/ CC recommendation:

Board Agrees  Board Disagrees (making the following recommendation)

Dismissal with Prejudice:

Probation

No Violation

Terms:

Dismissal without prejudice

Censure

Lack of Sufficient Evidence

Offer Voluntary Surrender

Dismissal with Advisory Letter

Terms:

Stayed Probation

Summary Suspension

Terms:

Terms:

Reprimand

Revocation

Terms:

CONTINUING EDUCATION REQUIREMENTS:

OTHER TERMS:

Summary of alleged violation(s) of regulation/statutes (include description of licensee's actions that form the basis of the violation(s)):

Notes:

Votes:

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\*\*\*\*\*

**DISPOSITION OF CASE:**

**Refer to Board Counsel / Date:**

**Refer to Prosecution / Date:**

**Other**

**BOARD OF REGISTRATION IN PHARMACY File Review**

**Summary of Outstanding complaints**

**Allegation.**

**Licensee response:**

**Licensee:**

**Recommended action (choose one):**

- 1) STAFF ASSIGNMENT BRNG TO COMPLAINT:
- 3) ADVISORY LETTER
- 5) NO VIOLATION -DISMISS
- 7) LACK OF JURISDICTION -DISMISS
- 9) ADDITIONAL CEU'S - DISMISS
- 11) Licensee is offered to enter MPRS:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- 2) INFORMAL CONFERENCE
- 4) DISMISS
- 6) LACK OF EVIDENCE -DISMISS
- 8) DISMISS - without prejudice
- 10) INVESTIGATOR - FOLLOW-

**Board of Registration in Pharmacy- Reviewed by: (two signatures required)**

**James Devita - RPH President:**

\_\_\_\_\_ DATE \_\_\_\_\_

**Karen Ryle - RPH Secretary:**

\_\_\_\_\_ DATE \_\_\_\_\_

**Harold Spair - RPH Member:**

\_\_\_\_\_ DATE \_\_\_\_\_

**Dr. Donald Accetta: Member**

\_\_\_\_\_ DATE \_\_\_\_\_

**Joel Berman - RPH Member:**

\_\_\_\_\_ DATE 11/23/04

**George Cayer - RPH Member:**

\_\_\_\_\_ DATE 11/23/04

**William Gouveia RPH Member:**

\_\_\_\_\_ DATE \_\_\_\_\_

**Sophia Pasedis RPH Member:**

\_\_\_\_\_ DATE \_\_\_\_\_

**Marilyn Barron: Public Member**

\_\_\_\_\_ DATE \_\_\_\_\_

**Steve Budish Public Member**

\_\_\_\_\_ DATE \_\_\_\_\_