

1 02-0013-HO

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

3 In the Matter of :

4 DEBORAH L GRABOWSKI )  
5 Arizona Pharmacist License #10764 )

**FINDINGS OF FACT, CONCLUSIONS  
OF LAW AND BOARD ORDER  
NO. 02-0013-PHR**

6 **DIRECTED TO: DEBORAH L GRABOWSKI**  
7 **P. O. Box 452**  
8 **Tombstone, AZ 85638**

9 Pursuant to the foregoing Consent to Entry of Order, the evidence and records compiled and  
10 contained in the file for DEBORAH L GRABOWSKI and for good cause appearing, the Board on this  
11 22<sup>nd</sup> day of August, 2002 enters the following Findings of Fact, Conclusions of Law and Board Order in  
12 the Matter of Notice of Hearing Number 02-0013-PHR ("Notice").

13 **FINDINGS OF FACT**

14 1. DEBORAH L. GRABOWSKI is the holder of Pharmacist License Number 10764 issued by  
15 the Arizona State Board of Pharmacy which permits the holder to practice pharmacy in the State of  
16 Arizona.

17 2. The evidence presented in this matter sustained the factual allegations in paragraphs one (1)  
18 through six (6) in section IV of the Notice. The Board finds that:

19 DEBORAH L GRABOWSKI has violated A.R.S. § 32-1927(A)(5) to wit:

20 The licensee is addicted to the use of alcohol or drugs to such a degree as  
21 to render the licensee unfit, in the opinion of the board, to practice the  
22 profession of pharmacy.

23 **CONCLUSIONS OF LAW**

24 1. The Board concludes that it has jurisdiction in this Matter pursuant to A.R.S. § 32-1927 (A)(5).

25 2. The Board concludes that DEBORAH L GRABOWSKI violated A.R.S. § 32-1927(A)(5) to  
26 wit:

The licensee is addicted to the use of alcohol or drugs to such a degree as  
to render the licensee unfit, in the opinion of the board, to practice the  
profession of pharmacy.



1 Order, as well as the fees to complete all Continuing Education requirements to maintain certificate of  
2 registration number 10764 throughout the term of probation.

3 7. DEBORAH L GRABOWSKI shall obey all federal and state laws and rules governing the  
4 practice of pharmacy.

5 8. DEBORAH L GRABOWSKI shall appear before the Arizona State Board of Pharmacy on or  
6 after August 22<sup>nd</sup>, 2007, to request that the probation imposed by this Order be terminated.

7 9. If DEBORAH L GRABOWSKI violates this Order in any way or fails to fulfill the  
8 requirements of this Order, the Board, after giving DEBORAH L GRABOWSKI notice and the  
9 opportunity to be heard, may revoke, suspend or take other disciplinary action against DEBORAH L  
10 GRABOWSKI. The sole issue at such hearing shall be whether or not DEBORAH L GRABOWSKI  
11 violated this Order.

12 **DATED this 22<sup>nd</sup> day of August, 2002**

13 **ARIZONA STATE BOARD OF PHARMACY**

14  
15 **SEAL**

16 By   
17 Lynn A. Lloyd  
18 Executive Director  
19  
20  
21  
22  
23  
24  
25  
26

1 Copies of the foregoing Finding of Fact,  
2 Conclusions of Law and Board Order  
3 sent via Certified US mail this 29<sup>th</sup> day  
4 of August 2002, to:

4 Deborah L. Grabowski  
5 P. O. Box 452  
6 Tombstone, AZ 85638

6 and by Courier Mail to:

7 Victoria Martin  
8 Assistant Attorney General  
9 1275 W. Washington  
10 Phoenix, AZ 85007  
11 Attorney for the State

10 and

11 Victoria Mangiapane  
12 Assistant Attorney General  
13 1275 W. Washington  
14 Phoenix, AZ 85007  
15 Solicitor General's Office

14

15

16

17

18

19

20

21

22

23

24

25

26

**ADDICTIONOLOGISTS**

**Michael Sucher MD - PHOENIX  
480-990-3111**

**James Russell MD - TUCSON  
520 825-0984**

**Jennifer Schneider MD  
520 721-7886**

**Michael Scott MD  
520 624-4000**

**Wm. Michael Cochran MD  
520 629-9245**

**Arlene Kellman DO  
520 321-1499**

**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:

Debra Grabowski  
P.O.Box 452  
Tombstone, AZ 85638

2. Article Number (Transfer from service label) **7000 1670 0009 3603 7667**

PS Form 3811, August 2001

Domestic Return Receipt

102595-01-M-0381

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  Addressee

*[Signature]*

B. Received by (Printed Name) C. Date of Delivery

*D. GRABOWSKI* *8/9/02*

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

**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:

Deborah L. Grabowski RPh  
997 Charles Dr.  
Sierra Vista, AZ 85635

2. Article Number **7000 1670 0009 3603 7698**

Domestic Return

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  Addressee

*[Signature]*

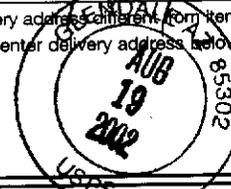
B. Received by (Printed Name) C. Date of Delivery

*PATY RAY* *8-19-02*

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



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

Notice 02-0013-PHR

Postage	\$	SENT 7/31/02 Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	

Sent To **Debra Grabowski**  
 Street, Apt. No., or PO Box No. **P.O. Box 452**  
 City, State, ZIP+4 **Tombstone, AZ 85638**

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

NOTICE/ORDER/CONSENT 02-0013-PHR

Postage	\$	SENT 7/18/02 Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	

Sent To **Deborah L. Grabowski**  
 Street, Apt. No., or PO Box No. **997 Charles Dr.**  
 City, State, ZIP+4 **Sierra Vista, AZ 85635**

7000 1670 0009 3603 7667

7000 1670 0009 3603 7698

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

7582  
 3603  
 0009  
 1670  
 0000  
 0211  
 7000

BOARD ORDER 02-0013-PHR

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

SENT 8/29/02

Postmark  
Here

Sent To  
**Deborah Grabowski**  
 Street, Apt. No., or P.O. Box No.  
**P.O. Box 452**  
 City, State, ZIP+4  
**Tombstone, AZ 85638**

**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:

Deborah Grabowski  
 P.O. Box 452  
 Tombstone, AZ 85638

2. Article Number  
*(Transfer from service label)*

7000 1670 0009 3603 7582

PS Form 3811, August 2001

Domestic Return Receipt

102595-01-M-0381

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
*Deborah Grabowski*  Agent  Addressee

B. Received by (Printed Name) *D. GRABOWSKI* C. Date of Delivery *9-3-02*

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