

**STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH
BUREAU OF HEALTHCARE SYSTEMS**

In re: Joyce Karklel, P.T.

Petition No. 2001-0816-014-003

CONSENT ORDER

WHEREAS, Joyce Karklel of Cheshire, Connecticut (hereinafter "respondent") has been issued license number 003514 to practice as a physical therapist by the Department of Public Health (hereinafter "the Department") pursuant to Chapter 376 of the General Statutes of Connecticut, as amended; and,

WHEREAS, the Department alleges that:

1. From March 2000 through May 2001, respondent was employed by the Futures HealthCore, LLC, a therapy staffing company, and assigned as a staff physical therapist at the Alzheimer's Resource Center in Southington, CT.
2. A review of patients' charts during this time period revealed that there was missing documentation in more than 75% of respondent's cases, including physician orders prior to evaluation, ongoing treatment notes, written evaluations, documentation per visit, weekly narrative notes, discharge orders, discharge summaries, and therapy logs and billing documents submitted without supporting clinical documentation.
3. The above described facts constitute grounds for disciplinary action pursuant to the General Statutes of Connecticut, §20-73a, including, but not limited to §20-73a(2).

WHEREAS, respondent, in consideration of this Consent Order, has chosen not to contest the above allegations of wrongdoing but, while admitting no guilt or wrongdoing, agrees that for

purposes of this or any future proceedings before the Board of Examiners for Physical Therapists (hereinafter "the Board"), this Consent Order shall have the same effect as if proven and ordered after a full hearing held pursuant to §§19a-10 and 19a-14 and 20-73a of the General Statutes of Connecticut.

NOW THEREFORE, pursuant to §§19a-14, 19a-17 and 20-73a of the General Statutes of Connecticut, respondent hereby stipulates and agrees to the following:

1. Respondent waives her right to a hearing on the merits of this matter.
2. Respondent's license shall be placed on probation for a period of one year under the following terms and conditions:
 - a. Respondent shall provide her employer at any hospital, facility, clinic, partnership and/or association at which she practices as a physical therapist throughout the probationary period, with a copy of this Consent Order within fifteen (15) days of its effective date, or within fifteen (15) days of commencement of employment at a new facility.
 - b.
 - (1) Respondent's supervisor, who shall be a licensed physical therapist in the State of Connecticut, shall conduct a monthly random record review of 20% of respondent's cases.
 - (2) Respondent's supervisor shall conduct such review and meet with her not less than once every month for the entire probationary period.
 - (3) Respondent shall be responsible for providing written supervisor reports directly to the Department monthly for the first three months of the probationary period and quarterly for the remainder of the probationary period. Such supervisor's reports shall include documentation of dates and duration of meetings with respondent, number and a general description of the

patient records reviewed, and a statement that respondent's documentation meets the accepted standards of practice and that respondent is practicing with reasonable skill and safety.

- c. Respondent shall obtain written approval from the Department prior to any change in employment.
 - d. Within the first six months of the probationary period or by another date approved by the Department, respondent shall attend and successfully complete 24 hours of continuing education credits (CEU) in documentation standards, pre-approved by the Department. Within two weeks of the completion of such coursework, respondent shall provide the Department with proof, to the Department's satisfaction, of the successful completion of such course(s).
3. All correspondence and reports are to be addressed to:
- Bonnie Pinkerton, Nurse Consultant
Department of Public Health
Division of Health Systems Regulation
410 Capitol Avenue, MS #12HSR
P.O. Box 340308
Hartford, CT 06134-0308
4. All reports required by the terms of this Consent Order shall be due according to a schedule to be established by the Department of Public Health.
 5. Respondent shall comply with all state and federal statutes and regulations applicable to her licensure.
 6. Respondent shall pay all costs necessary to comply with this Consent Order.
 7. Any alleged violation of any provision of this Consent Order may result in the following procedures at the discretion of the Department:

- a. The Department shall notify respondent in writing by first-class mail that the term(s) of this Consent Order have been violated, provided that no prior written consent for deviation from said term(s) has been granted.
 - b. Said notification shall include the acts or omission(s) which violate the term(s) of this Consent Order.
 - c. Respondent shall be allowed fifteen (15) days from the date of the mailing of notification required in paragraph 7a above to demonstrate to the satisfaction of the Department that she has complied with the terms of this Consent Order or, in the alternative, that she has cured the violation in question.
 - d. If respondent does not demonstrate compliance or cure the violation by the limited fifteen (15) day date certain contained in the notification of violation to the satisfaction of the Department, she shall be entitled to a hearing before the Board which shall make a final determination of the disciplinary action to be taken.
 - e. Evidence presented to the Board by either the Department or respondent in any such hearing shall be limited to the alleged violation(s) of the term(s) of this Consent Order.
8. In the event respondent violates any term of this Consent Order, respondent agrees immediately to refrain from practicing as a physical therapist, upon request by the Department, for a period not to exceed 45 days. During that time period, respondent further agrees to cooperate with the Department in its investigation of the violation. Respondent further agrees that failure to cooperate with the Department in its investigation during said 45 day period shall constitute grounds for the Department to seek a summary suspension of respondent's license. In any such summary action, respondent stipulates that failure to cooperate with the Department's investigation shall constitute an admission that

her conduct constitutes a clear and immediate danger as required pursuant to the General Statutes of Connecticut, sections 4-182(c) and 19a-17(c).

9. In the event respondent violates any term of this Consent Order, said violation may also constitute grounds for the Department to seek a summary suspension of her license before the Board.
10. In the event respondent is not employed as a physical therapist for periods of thirty (30) consecutive days or longer, or is employed as a physical therapist less than twenty (20) hours per week, or is employed outside of the State of Connecticut, respondent shall notify the Department in writing. Such periods of time shall not be counted in reducing the probationary period covered by this Consent Order.
11. Legal notice shall be sufficient if sent to respondent's last known address of record reported to the Office of Practitioner Licensing and Certification of the Bureau of Healthcare Systems of the Department.
12. This Consent Order is effective on the first day of the month immediately following the date this Consent Order is accepted and ordered by the Board.
13. Respondent understands this Consent Order may be considered as a public document and evidence of the above admitted violations in any proceeding before the Board in which her compliance with this Consent Order or with §20-73a of the General Statutes of Connecticut, as amended, is at issue.
14. Any extension of time or grace period for reporting granted by the Department shall not be a waiver or preclude the Department from taking action at a later time. The Department shall not be required to grant future extensions of time or grace periods.
15. This Consent Order and terms set forth herein are not subject to reconsideration, collateral attack or judicial review under any form or in any forum. Further, this Order is not subject to appeal or review under the provisions of Chapters 54 or 368a of the General Statutes of

Connecticut, provided that this stipulation shall not deprive respondent of any rights that she may have under the laws of the State of Connecticut or of the United States.

- 16. This Consent Order is a revocable offer of settlement which may be modified by mutual agreement or withdrawn by the Department at any time prior to its being executed by the last signatory.
- 17. Respondent permits a representative of the Legal Office of the Bureau of Healthcare Systems to present this Consent Order and the factual basis for this Consent Order to the Board. Respondent understands that the Board has complete and final discretion as to whether this executed Consent Order is approved or accepted.
- 18. Respondent understands and agrees that she is responsible for satisfying all of the terms of this Consent Order during vacations and other periods in which she is away from her residence.
- 19. Respondent has the right to consult with an attorney prior to signing this document.

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I, Joyce Karklel, have read the above Consent Order, and I stipulate and agree to the terms as set forth therein. I further declare the execution of this Consent Order to be my free act and deed.

Joyce Karklel P.T.
Joyce Karklel, P.T.

Subscribed and sworn to before me this 15th day of April 2003.
ROSEMARY JOYCE

NOTARY PUBLIC
STATE OF CONNECTICUT
MY COMM. EXPIRES APRIL 30, 2005
Rosemary Joyce
Notary Public or person authorized
by law to administer an oath or affirmation

The above Consent Order having been presented to the duly appointed agent of the
Commissioner of the Department of Public Health on the 24th day of
April 2003, it is hereby accepted.

Stanley K. Peck
Stanley K. Peck, Director, Legal Office
Bureau of Healthcare Systems

The above Consent Order having been presented to the duly appointed agent of the Board of Examiners for Physical Therapists
on the 14th day of May 2003, it is hereby ordered and accepted.

Christine Handley
Board of Examiners for Physical Therapists

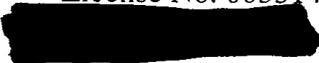


STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH

July 19, 2004

Joyce A. Karklel, RPT
1395 Wolf Hill Road
Cheshire, CT 06410

Re: Consent Order
Petition No. 2001-0816-014-003
License No. 003514


Dear Ms. Karklel:

Please accept this letter as notice that you have satisfied the terms of your license probation, effective July 1, 2004.

Notice will be sent to the Department's Licensure and Registration section to remove all restrictions from your license related to the above-referenced Consent Order.

Please be certain to retain this letter as documented proof that you have completed your license probation.

Thank you for your cooperation during this process.

Respectfully,

A handwritten signature in cursive script, appearing to read "Olive Tronchin".

Olive Tronchin
Division of Health Systems Regulation

cc: J. Fillippone



Phone: (860) 509-7400
Telephone Device for the Deaf (860) 509-7191
410 Capitol Avenue - MS # 12HSR
P.O. Box 340308 Hartford, CT 06134
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