

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

In re: Pamela Le Clair, P.T.

Petition No. 2003-0514-014-003

**CONSENT ORDER**

WHEREAS, Pamela Le Clair of Springfield, Massachusetts (hereinafter "respondent") has been issued license number 005220 to practice physical therapy 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. At all relevant times respondent was working as a physical therapist at Physical Therapy Partners in Enfield, Connecticut (hereinafter "the facility").
2. On or about September 30, 2002 respondent treated Patient #1 at the facility. Respondent treated Patient #1 with a heat treatment. During the heat treatment, Patient #1 received third degree burns on her buttocks. Patient #1 underwent skin graft surgery on her buttocks as a result of the burns.
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 Connecticut State 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, 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 (1) year under the following terms and conditions:
  - a. Respondent shall provide her employer at each place where respondent 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. Respondent agrees to provide reports from such employer quarterly for the duration of the probationary period, stating that respondent is practicing with reasonable skill and safety
  - b. During the probationary period, respondent attend and successfully complete eight (8) hours of course work in management of patients with decreased sensation due to such diagnoses as paraplegia, quadriplegia, peripheral neuropathy and/or other diagnoses that reduce sensation and an update of the application of heat modalities, approved by the Department. Within one (1) month 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.

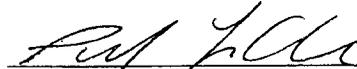
- e. Evidence presented to the Board by either the Department or respondent in any such hearing shall be limited to the alleged violation(s) of the term(s) of this Consent Order.
8. In the event respondent violates any term of this Consent Order, respondent agrees immediately to refrain from practicing 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 agrees that this Consent Order shall be deemed a public document, and the Department's allegations as contained in this Consent Order shall be deemed true in any subsequent 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

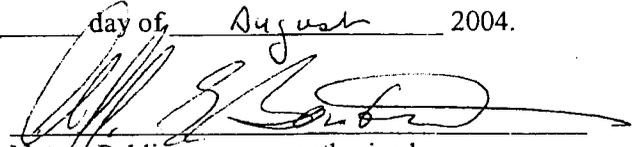
Board. Respondent understands that the Board has complete and final discretion as to whether this executed Consent Order is approved or accepted.

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.
20. The execution of this document has no bearing on any criminal liability without the written consent of the Director of the Medicaid Fraud Control Unit or the Bureau Chief of the Division of Criminal Justice's Statewide Prosecution Bureau.

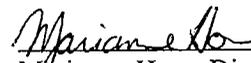
I, Pamela Le Clair, have read the above Consent Order, and I stipulate and agree to the terms as set forth therein. I further declare the execution of this Consent Order to be my free act and deed.

  
Pamela Le Clair, P.T.

Subscribed and sworn to before me this 2nd day of August 2004.

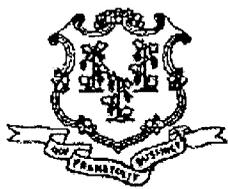
  
Notary Public or person authorized  
by law to administer an oath or affirmation  
*my comm Exp 2/28/09*

The above Consent Order having been presented to the duly appointed agent of the Commissioner of the Department of Public Health on the 27th day of August, 2004, it is hereby accepted.

  
Marianne Horn, Director  
Division of Health Systems Regulation  
Bureau of Healthcare Systems

The above Consent Order having been presented to the duly appointed agent of the Connecticut State Board of Examiners for Physical Therapists on the 15th day of November 2004, it is hereby ordered and accepted.

  
Connecticut State Board of Examiners for  
Physical Therapists



# STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH

December 6, 2005

Pamela LeClair, PT  
36 Barry Wills Road  
Springfield, MA 01118

Re: Consent Order  
Petition No. 2003-0524-014-003  
License No. 005220

Dear Ms. LeClair:

Please accept this letter as notice that you have satisfied the terms of your license probation, effective December 1, 2005.

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,

Olive Tronchin, HPA  
Office of Practitioner Licensing and Investigation



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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