

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

In re: Katy Despot, L.N.M.

Petition No. 2001-1023-016-002

CONSENT ORDER

WHEREAS, Katy Despot of New Haven, Connecticut (hereinafter "respondent") has been issued license number 000034 to practice nurse-midwifery by the Department of Public Health (hereinafter "the Department") pursuant to Chapter 377 of the General Statutes of Connecticut, as amended; and,

WHEREAS, the Department alleges that:

1. In July 1999, respondent failed to make timely and appropriate interventions regarding signs of fetal distress during the course of patient J.H.'s labor and failed to maintain adequate records and charting of patient J.H.'s care.
2. The above described facts constitute grounds for disciplinary action pursuant to the General Statutes of Connecticut, §20-86h.

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 Department of Public Health (hereinafter "the Department"), 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 20-86h of the General Statutes of Connecticut.

NOW THEREFORE, pursuant to §§19a-14, 19a-17 and 20-86h 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 obtain at her own expense, the services of an obstetrician, pre-approved by the Department (hereinafter "supervisor"), to conduct a monthly random review of twenty percent (20%) or twenty of respondent's patient records, whichever is the larger number. In the event respondent has twenty or fewer patients, the supervisor shall review all of respondent's patient records.
 - (1) Respondent's supervisor shall conduct such review and meet with her not less than once every month for the duration of her probationary period.
 - (2) The supervisor shall have the right to monitor respondent's practice by any other reasonable means which he or she deems appropriate. Respondent shall fully cooperate with the supervisor in providing such monitoring.
 - (3) Respondent shall be responsible for providing written supervisor reports directly to the Department quarterly for the duration 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 and patient medication orders and prescriptions reviewed, additional monitoring techniques utilized, and statement that respondent is practicing with reasonable skill and safety.

- b. During the course of the probationary period, respondent shall attend and successfully complete sixteen (16) hours of coursework in recordkeeping, pre-approved by the Department. Within fourteen (14) days 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 Department which shall make a final determination of the disciplinary action to be taken.
 - e. Evidence presented to the Department 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 nurse-midwife, 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 Department.
10. In the event respondent is not employed as a nurse-midwife for periods of thirty (30) consecutive days or longer, or is employed as a nurse-midwife 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 Department.
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 Department in which her compliance with this Consent Order or with §20-86h 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

Department. Respondent understands that the Department 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, Katy Despot, 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.

Katy Despot
Katy Despot, L.N.M.

Subscribed and sworn to before me this 3 day of November 2004.

James C. Kiehl
Notary Public or person authorized 8-31-05
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 3rd day of November, 2004, it is hereby ordered and accepted.

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



STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH

December 5, 2005

Katy Despot, LNM
946 Elm Street
New Haven, CT 06511

Re: Consent Order
Petition No. 2001-1023-016-002
License No. 000034

Dear Ms. Despot:

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,

A handwritten signature in cursive script that reads "Bonnie Pinkerton".

Bonnie Pinkerton, RN, Nurse Consultant
Practitioner Licensing and Investigation Section

cc: Jennifer Filippone
Jan Wojick



Phone: (860) 509-7400
Telephone Device for the Deaf (860) 509-7191
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