

**STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH
HEALTHCARE QUALITY AND SAFETY BRANCH**

In re: Paula Moscato-Biondino, S.L.P.

Petition No. 2012-841

REINSTATEMENT CONSENT ORDER

WHEREAS, Paula Moscato-Biondino of Meriden, Connecticut (hereinafter "respondent") has been issued license number 000677 to practice as a speech and language pathologist by the Department of Public Health (hereinafter "the Department") pursuant to Chapter 399 of the General Statutes of Connecticut, as amended; and,

WHEREAS, respondent's license expired on March 31, 2008, and respondent has now applied to have said license reinstated by the Department pursuant to Chapter 368a of the General Statutes of Connecticut, as amended; and,

WHEREAS, respondent hereby admits as follows:

1. Respondent's license expired on March 31, 2008. Subsequent to the expiration of respondent's license, respondent continued to practice as a speech and language pathologist.
2. That the conduct described above constitutes grounds for denial of respondent's application for reinstatement pursuant to §19a-14(a)(6) of the General Statutes of Connecticut.

NOW THEREFORE, pursuant to §§19a-17 and 20-414 of the General Statutes of Connecticut, as amended, respondent hereby stipulates and agrees as follows:

1. She waives her right to a hearing on the merits of this matter.

2. Respondent's license to practice as a speech and language pathologist shall be reinstated when she satisfies the requirements for reinstatement of her license, as set forth in §§ 19a-14-1 through 19a-14-5, inclusive, of the Regulations of Connecticut State Agencies, and this Reinstatement Consent Order is executed by all parties.
3. Immediately upon issuance, respondent's license shall be reprimanded.
4. Upon issuance, respondent's reinstated license shall be placed on probation for a period of five (5) months under the following terms and conditions:
 - a. Respondent shall pay a civil penalty of one-thousand dollars (\$1,000.00) by certified or cashier's check payable to "Treasurer, State of Connecticut." The check shall reference the Petition Number on the face of the check. Respondent's probation shall terminate upon the Department's receipt of the full civil penalty payment by certified or cashier's check payable to "Treasurer, State of Connecticut".
 - b. All correspondence and civil penalty payments are to be addressed to:

Bonnie Pinkerton, Nurse Consultant
Department of Public Health
410 Capitol Avenue, MS #12HSR
P.O. Box 340308
Hartford, CT 06134-0308
5. Any alleged violation of any provision of this Reinstatement 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 Reinstatement 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 Reinstatement Consent Order.

- c. Respondent shall be allowed fifteen (15) days from the date of the mailing of notification required in paragraph 5a above to demonstrate to the satisfaction of the Department that she has complied with the terms of this Reinstatement 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 within the fifteen (15) days specified 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 Reinstatement Consent Order.
6. In the event respondent violates any term of this Reinstatement Consent Order, said violation may also constitute grounds for the Department to seek a summary suspension of her license before the Department.
7. 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.
8. This Reinstatement Consent Order and terms set forth herein are not subject to reconsideration, collateral attack or judicial review under any form or in any forum. Respondent understands that this Reinstatement Consent Order shall not be subject to modification as a result of any claim that the terms contained herein may result in action by third parties, including, but not limited to, healthcare facilities and/or credentialing or licensure boards. Respondent assumes all responsibility for assessing such actions prior to the execution of this document. Further,

this Reinstatement Consent 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 he may have under the laws of the State of Connecticut or of the United States.

9. Respondent shall comply with all federal and state statutes and regulations applicable to her license.
10. Respondent shall notify the Department of any change(s) in her employment within fifteen (15) days of such change.
11. Respondent shall notify the Department of any change in her home and/or business address within fifteen (15) days of such change.
12. Legal notice shall be sufficient if sent to respondent's last known address of record reported to the Practitioner Licensing and Investigations Section of the Healthcare Quality and Safety Branch of the Department.
13. Respondent understands this Reinstatement Consent Order may be considered as evidence of the above-admitted violations in any proceeding before the Department in which (1) her compliance with this Reinstatement Consent Order is at issue, or (2) her compliance with §20-414 of the General Statutes of Connecticut, as amended, is at issue.
14. This Reinstatement Consent Order and the terms set forth herein are not subject to reconsideration, collateral attack or judicial review under any form or in any forum. Further, this Reinstatement Consent Order is not subject to appeal or review under the provisions of Chapters 54 or 368a of the Connecticut General Statutes provided that this stipulation shall not deprive respondent of any other rights that she may have under the laws of the State of Connecticut or of the United States.

15. This Reinstatement 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.
16. This Reinstatement Consent Order is effective when accepted and approved by a duly appointed agent of the Department.
17. Respondent has the right to consult with an attorney prior to signing this document.
18. Respondent understands this Consent Order shall be deemed as a public document and evidence of the above-alleged violations shall not be contested in any proceeding before the Department in which her compliance with this Reinstatement Consent Order or with §20-414 of the General Statutes of Connecticut, as amended, is at issue. Further, respondent understands that any discipline imposed by this Consent Order shall be reported to the National Practitioner Data Bank.
19. 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. The purpose of this Reinstatement Consent Order is to resolve the pending administrative license disciplinary petition only, and is not intended to affect any civil or criminal liability or defense.
20. This Reinstatement Consent Order embodies the entire agreement of the parties with respect to this case. All previous communications or agreements regarding the subject matter of this Reinstatement Consent Order, whether oral or written, between the parties are superseded unless expressly incorporated herein or made a part hereof.

I, Paula Moscato-Biondino, have read the above Reinstatement Consent Order, and I agree to the terms and allegations set forth therein. I further declare the execution of this Reinstatement Consent Order to be my free act and deed.

Paula Moscato-Biondino
Paula Moscato-Biondino

Subscribed and sworn to before me this 25 day of September 2012.



DANIEL CARDONA
NOTARY PUBLIC
STATE OF CONNECTICUT
MY COMM. EXP 07/31/2017

[Signature]
Notary Public or person authorized
by law to administer an oath or
affirmation

The above Reinstatement Consent Order having been presented to the duly appointed agent of the Commissioner of the Department of Public Health on the 25th day of September 2012, it hereby ordered and accepted.

Jennifer L. Filippone
Jennifer L. Filippone, Section Chief
Practitioner Licensing and Investigations Section
Healthcare Quality and Safety Branch



STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH

February 15, 2013

Paula Moscato-Biondino, Speech & Language Pathologist
18 Devon CT
Meriden, CT 06450

Re: Reinstatement Consent Order
Petition No. 2012-841
License No. 000677

Dear Ms. Moscato-Biondino

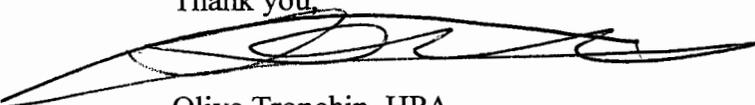
Please accept this letter as notice that you have satisfied the terms of your license probation effective February 15, 2013.

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

Thank you,



Olive Tronchin, HPA
Practitioner Licensing and Investigations Section

cc: J: Fillippone



Phone: (860) 509-7400
Telephone Device for the Deaf (860) 509-7191
410 Capitol Avenue - MS # 12HSR
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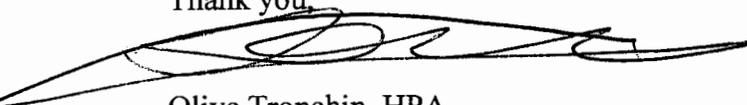
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