

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

In Re: Ann Zeiger, Speech Pathologist

Petition No. 2003-1211-018-002

MODIFICATION OF CONSENT ORDER

WHEREAS, Ann Zeiger of Cheshire (hereinafter "respondent") entered into a Consent Order on December 12, 2002, which became effective on January 1, 2003, (a true and complete copy of which is attached hereto marked as Attachment "A"); and,

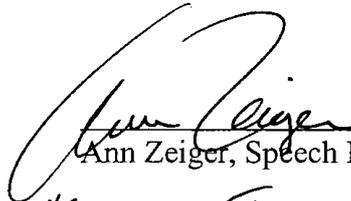
WHEREAS, respondent and the Department of Public Health (hereinafter "the Department") wish to modify the aforementioned Consent Order;

NOW THEREFORE, paragraph three of the Consent Order is modified, in part, to read as follows:

Respondent's license shall be placed on probation for two years and three months, said probation to conclude on March 31, 2005. Notwithstanding the provisions of Paragraph 11 below, said probation shall terminate on March 31, 2005, so long as the Department has received at least 9 monthly reports relating to respondent's employment between April 1, 2004 and March 31, 2005. If less than 9 monthly reports shall have been received by the Department relating to the April 1, 2004-March 31, 2005 time period, the probation shall be extended by the number of months necessary to ensure that 9 monthly reports have been submitted relating to respondent's work as a speech pathologist.

All other remaining terms and conditions of the Consent Order remain in effect. This Modification of Consent Order is effective upon the order and acceptance of the Department.

I, Ann Zeiger, have read the foregoing Modification of Consent Order, and I agree to the terms and conditions therein. I further declare the execution of this document to be my free act and deed.



Ann Zeiger, Speech Pathologist

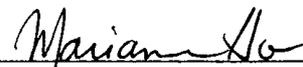
Subscribed and sworn to before me this 7th day of June 2004.



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

Commissioner of Superior Court

The above Modification of Consent Order having been presented to the duly appointed agent of the Commissioner of the Department of Public Health on the 14th day of June 2004, it is hereby accepted.



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

STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH
BUREAU OF HEALTHCARE SYSTEMS

In re: Ann Zeiger, Speech Pathologist

Petition No. 2001-0515-018-001

CONSENT ORDER

WHEREAS, Ann Zeiger of Cheshire (hereinafter "respondent") has been issued license number 000681 to practice as a speech 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 admits that:

1. Between approximately January 2, 1999 and February 23, 2000, respondent provided group speech therapy services to eight clients of The Arc of Southington. Seven of these clients were Medicaid recipients.
2. Respondent used the Medicaid numbers of these seven clients to bill the Department of Social Services and Medicaid Title XIX for individual speech therapy sessions. As a result, respondent was paid \$17,312 by the State of Connecticut for individual speech therapy sessions.
3. Respondent was arrested on April 12, 2001 for First Degree Larceny by Defrauding a Public Community.

"A"

4. On March 25, 2002, respondent was granted admission into the Accelerated Rehabilitation program by the Superior Court. As one condition of admission into that program, respondent was ordered to make restitution of \$17,312 that she was paid by the State of Connecticut for group speech therapy services. She has fully complied with the restitution order.

5. The above described facts constitute grounds for disciplinary action pursuant to the General Statutes of Connecticut, including, but not limited to §20-414(6).

WHEREAS, respondent, in consideration of this Consent Order, has chosen not to contest this matter and agrees that for purposes of this or any future proceedings before 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 20-414 of the General Statutes of Connecticut.

NOW THEREFORE, pursuant to §§19a-14, 19a-17 and 20-414 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 number 000681 to practice as a speech pathologist in the State of Connecticut is hereby reprimanded.
3. Respondent's license shall be placed on probation for a period of eighteen months under the following terms and conditions:
 - a. Respondent shall provide her chief of service, employer, partner and/or associate at any hospital, clinic, partnership and/or association at which she is employed or with which she is affiliated or has privileges at each place where respondent practices as a speech pathologist 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. Respondent shall notify the Department within fifteen (15) days of any change in employment.
- c. If respondent is practicing independently in a setting without direct supervision, respondent shall obtain at her own expense, the services of a supervisor pre-approved by the Department, to conduct a monthly random review of twenty percent (20%) or twenty (20) of respondent's patient records, including billing records, whichever is the larger number. In the event respondent has twenty (20) or fewer patients, the supervisor shall review all of respondent's patient records. If respondent is practicing in an institutional setting, respondent's supervisor or her supervisor's licensed designee will conduct a monthly random review of twenty percent (20%) or twenty (20) of respondent's patient records, including billing records, whichever is the larger number. In the event respondent has twenty (20) 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 entire 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 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 including billing records reviewed, additional monitoring techniques utilized, and a statement that respondent is practicing with reasonable skill and safety.

- d. Within the first six months of the probationary period, respondent shall attend and successfully complete 32 hours of continuing education in Business Ethics, pre-approved by the Department. Within 30 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).

4. 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

5. 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.
6. Respondent shall comply with all state and federal statutes and regulations applicable to her licensure.
7. Respondent shall pay all costs necessary to comply with this Consent Order.
8. 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 8a 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.
9. In the event respondent violates any term of this Consent Order, respondent agrees immediately to refrain from practicing as a speech pathologist, upon request by the Department, with notice to 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).
10. 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.

11. In the event respondent is not employed as a speech pathologist for periods of thirty (30) consecutive days or longer, or is employed as a speech pathologist 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.
12. 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.
13. 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.
14. Respondent understands this Consent Order may be considered as a public document and evidence of the above admitted violations in any proceeding before the Department in which her compliance with this Consent Order or with §20-414 of the General Statutes of Connecticut, as amended, is at issue.
15. 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.
16. 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.
17. 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.

18. Respondent permits a representative of the Legal Office of the Bureau of Regulatory Services 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.
19. 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.
20. Respondent has the right to consult with an attorney prior to signing this document.

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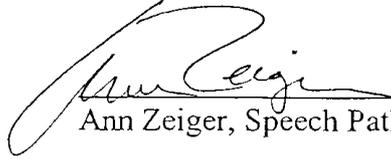
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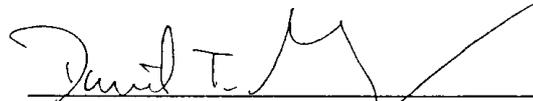
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I, Ann Zeiger, have read the above Consent Order, and I stipulate and agree to the terms as set forth therein. I further declare the execution of this Consent Order to be my free act and deed.

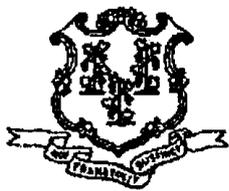

Ann Zeiger, Speech Pathologist

Subscribed and sworn to before me this 3rd day of December, 2002.


Notary Public or person authorized
by law to administer an oath or affirmation
Commissioner of Superior Court

The above Consent Order having been presented to the duly appointed agent of the
Commissioner of the Department of Public Health on the 12th day of
December 2002, it is hereby accepted.


Stanley K. Peck, Director
Legal Office



STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH

May 18, 2005

Ann Zeiger, Speech Pathologist
4 Currier Court
Cheshire, CT 06410

Re: Modification of Consent Order
Petition No. 2003-1211-018-002;
Consent Order
Petition No. 2001-0515-018-001
License No.

Dear Ms. Zeiger:

Please accept this letter as notice that you have satisfied the terms of your license probation, effective March 31, 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 Modification of Consent Order and 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, HPA
Division of Health Systems Regulation

✓c: J. Fillippone



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