

**STATE OF CONNECTICUT  
DEPARTMENT OF PUBLIC HEALTH  
BUREAU OF REGULATORY SERVICES**

In re: Loren Schneider, D.P.M.

Petition No. 980804-019-010

**CONSENT ORDER**

WHEREAS, Loren Schneider of Manchester (hereinafter "respondent") has been issued license number 000177 to practice podiatry by the Department of Public Health (hereinafter "the Department") pursuant to Chapter 375 of the General Statutes of Connecticut, as amended; and,

WHEREAS, respondent admits that:

1. Respondent practices podiatry at 483 West Middle Turnpike, Suite 101, Manchester, Connecticut 06040.
2. In or around September 1990, respondent removed the wrong bone during an operation on a patient's foot.
3. The above described facts constitute grounds for disciplinary action pursuant to the General Statutes of Connecticut.

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 Connecticut Board of Examiners in Podiatry (hereinafter "the Board"), this Consent Order shall have the same effect as if proven and ordered after a full hearing held pursuant to §§19a-14, 19a-17 and 20-59 of the General Statutes of Connecticut.

NOW THEREFORE, pursuant to §§19a-14, 19a-17 and 20-59 of the General Statutes of Connecticut, respondent hereby stipulates and agrees to the following:

1. Respondent waives his right to a hearing on the merits of this matter.
2. Respondent's license shall be placed on probation for a period of two years under the following terms and conditions:
  - a. Respondent shall obtain at his own expense, the services of a podiatrist, pre-approved by the Department (hereinafter "supervisor"), to conduct a monthly random review of twenty percent (20%) or a maximum of twenty of respondent's patient records. In the event respondent has twenty (20) or fewer patients, the monitor shall review all of respondent's patient records.
    - (1) Respondent's supervisor shall meet with him not less than once every quarter 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 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.

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 his 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 he has complied with the terms of this Consent Order or, in the alternative, that he 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, he 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 podiatrist, upon request by the Department, with notice to the Board, 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 his failure to cooperate with the Department's investigation shall constitute an admission that his 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 his license before the Board.
10. In the event respondent is not employed as a podiatrist for periods of thirty (30) consecutive days or longer, or is employed as a podiatrist 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 Licensure and Registration Section of the Division of Health Systems Regulation 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 his compliance with this Consent Order or with §20-59 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 he 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 Regulatory Services 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 he is responsible for satisfying all of the terms of this Consent Order during vacations and other periods in which he is away from his residence.

19. Respondent has the right to consult with an attorney prior to signing this document.

I, Loren Schneider, 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.



Loren Schneider

Subscribed and sworn to before me this 29<sup>th</sup> day of April 1999.

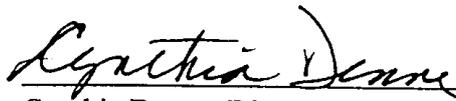


Notary Public or person authorized  
by law to administer an oath or affirmation

The above Consent Order having been presented to the duly appointed agent of the

Commissioner of the Department of Public Health on the 10<sup>th</sup> day of

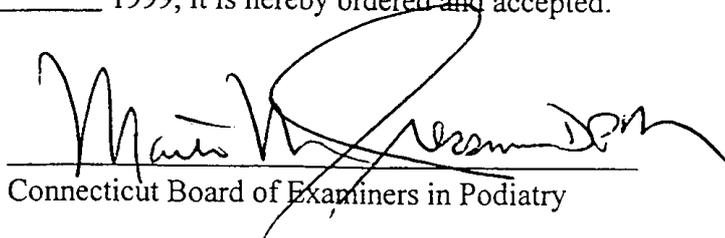
May 1999, it is hereby accepted.



Cynthia Denne, Director  
Division of Health Systems Regulation

The above Consent Order having been presented to the duly appointed agent of the CT- Board Podiatric

on the 2nd day of June 1999, it is hereby ordered and accepted.

  
Connecticut Board of Examiners in Podiatry

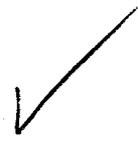


# STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH

October 18, 2001

Loren J. Schneider, DPM  
483 West Middle TnPk., Suite 101  
Manchester, CT 06040-3864



Re: Consent Order  
Petition No. 980804-019-010  
License No. 000177  
DOB: ~~REDACTED~~  
**Completion of Probation**

Dear Dr. Schneider:

Please accept this letter as notice that you have satisfied the terms of your license probation, effective 10/01/2001.

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.

Sincerely,

A handwritten signature in cursive script that reads "Richard Goldman".

Richard Goldman  
Paralegal Specialist II  
Division of Health Systems Regulation

c: J. Filippone, PHSM  
B. Pinkerton, RNC



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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