

CERTIFIED MAIL - RETURN RECEIPT REQUESTED NO. P 048 082 746

STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH AND ADDICTION SERVICES
BUREAU OF HEALTH SYSTEM REGULATION
DIVISION OF MEDICAL QUALITY ASSURANCE

IN RE: John Capasso, H.C.
5 Surrey Drive
Norwalk, CT 06851-3211

Petition No. 941128-20-021

CONSENT ORDER

WHEREAS, John Capasso (hereinafter "respondent") of Norwalk, Connecticut was issued a license on November 19, 1983, to practice as a hairdresser and cosmetician by the Department of Health Services, now known as the Department of Public Health and Addiction Services (hereinafter "the Department") pursuant to Chapter 387 of the General Statutes of Connecticut, as amended; and,

WHEREAS, respondent's license expired on May 31, 1990, and respondent has now applied to have such license reinstated by the Department; and,

WHEREAS, respondent hereby admits and acknowledges that:

1. In 1988, respondent was arrested for possession of cocaine and was granted accelerated rehabilitation after two years of probation.
2. On April 29, 1991, he entered Silver Hills inpatient substance abuse treatment program for his drug and alcohol addiction. He completed this treatment program on May 31, 1991; on June 3, 1991, he entered the outpatient day treatment program which he completed on August 7, 1991.
3. The conduct described in paragraph 1 above constitutes grounds for the denial of his application for reinstatement of his license to practice as a hairdresser and cosmetician pursuant to §19a-14 of the General Statutes of Connecticut.

NOW THEREFORE, pursuant to §19a-14 of the General Statutes of Connecticut, John Capasso hereby stipulates and agrees to the following:

1. That respondent waives his right to a hearing on the merits of this matter.
2. That respondent shall comply with all federal and state statutes and regulations applicable to his profession.
3. That upon satisfaction of the requirements for licensure as a hairdresser and cosmetician as set forth in chapter 387 of the General Statutes of Connecticut, his license to practice as a hairdresser and cosmetician will be reinstated and placed immediately on probation for a period of two (2) years, subject to the following terms and conditions:
 - A. At his own expense, he shall engage in therapy and counseling with a licensed or certified therapist (hereinafter "therapist") approved by the the Department.
 - (1) He shall provide a copy of this Consent Order to his therapist.
 - (2) His therapist shall furnish written confirmation to the Department of his/her engagement in that capacity and receipt of a copy of this Consent Order within fifteen (15) days of the effective date of this Consent Order.
 - (3) If respondent's therapist determines that therapy is no longer necessary, that a reduction in frequency of therapy is warranted, or that respondent should be transferred to another therapist, he/she shall advise the Department, and the Department shall pre-approve said termination of therapy, reduction in frequency of therapy, and/or respondent's transfer to another therapist. However, if therapy is terminated with approval of the Department, respondent's therapist shall continue to monitor his alcohol and drug free status

by monitoring and reviewing the observed random urine screens for drugs and alcohol as described in paragraph 3B below, and by providing the reports described in paragraph 3C below.

- (4) The therapist shall immediately notify the Department in writing if respondent discontinues therapy and/or terminates his/her services.

B. Respondent shall not obtain for personal use and/or use alcohol, controlled substances or legend drugs that have not been prescribed for him for a legitimate therapeutic purpose by a licensed health care professional authorized to prescribe medications.

- (1) At his own expense, he shall submit to observed random urine screens for drugs and alcohol at a testing facility approved by the Department as ordered by his therapist and/or personal physician. Laboratory reports of random alcohol and drug screens shall be submitted directly to the Department by respondent's therapist or personal physician or by the testing laboratory. All such observed random drug and alcohol screens shall be legally defensible in that the specimen donor and chain of custody can be identified throughout the screening process. All laboratory reports shall indicate that the chain of custody procedure has been followed.
- (2) He shall be responsible for notifying the laboratory, his therapist, and the Department of any drug(s) he is taking.
- (3) There must be at least three (3) such observed random screens and accompanying laboratory reports every month for the first year of the probationary period; and two (2) such screens per month for the second year of the probationary period.
- (4) All screens shall be negative for the presence of drugs and alcohol.
- (5) All positive screen results shall be confirmed by gas chromatograph/mass spectrometer (GC/MS) testing.

- (6) Respondent is hereby advised that the ingestion of poppy seeds has, from time to time, been raised as a defense to a positive screen result for morphine and/or opiates. For that reason, respondent agrees to refrain from ingesting poppy seeds in any food substances during the term of this Consent Order. In the event respondent has a positive screen for Morphine and/or opiates, respondent agrees that the ingestion of poppy seeds shall not constitute a defense to such a screen.
- C. Respondent shall be responsible for the provision of written reports from his therapist directly to the Department for the entire probationary period; monthly for the first year of probation; and, quarterly for the second year of probation. Such reports shall include documentation of dates of treatment, an evaluation of respondent's progress in treatment and of his drug and alcohol free status as established by the observed random urine screens for drugs and alcohol, an evaluation of his ability to safely and competently practice as a hairdresser and cosmetician, and copies of all laboratory reports.
- D. Notwithstanding the foregoing, respondent's therapist shall immediately report to the Department any confirmed positive screen/report and any conduct or condition on respondent's part which does or may violate any federal or state statute or regulation applicable to his profession.
- E. Respondent shall provide a copy of this Consent Order to all current and future employers for the duration of his probation.
- F. Respondent shall be responsible for the provision of written reports directly to the Department from his employer monthly for the first year of probation; and, quarterly for the second year of probation. Employer reports shall include documentation of respondent's ability to safely

and competently practice the occupation of hairdresser and cosmetician, and shall be issued to the Department at the address cited in paragraph 3K below.

- G. Respondent shall attend at least three (3) meetings a week of Alcoholics Anonymous or Narcotics Anonymous during the entire probationary period.
- H. Respondent shall notify the Department in writing of any change of employment within fifteen (15) days of such change.
- I. Respondent shall notify the Department of any change in his home or business address within fifteen (15) days of such change.
- J. All reports required in paragraphs 3C and 3F are due according to the following schedule:
 - (1) Monthly reports are due on the tenth business day of every month commencing with the reports due June 14, 1995.
 - (2) Quarterly reports are due on the tenth business day of January, April, July and October. Quarterly reports shall commence with the reports due July 14, 1995.
- K. All correspondence and reports shall be addressed to:

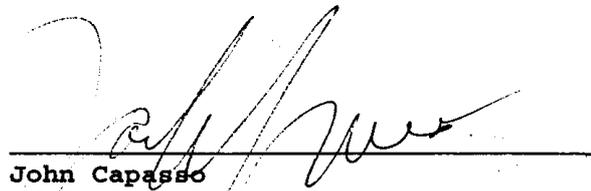
Bonnie Pinkerton, R.N.
Department of Public Health and Addiction Services
150 Washington Street
Hartford, CT 06106

- 4. That any deviation from the terms of this Consent Order without prior written approval by the Department shall constitute a violation. A violation of any term(s) of this Consent Order shall result in the right of the Department to immediately deem respondent's hairdresser and cosmetician license rescinded.

Any extension of time or grace period for reporting granted by the Department shall not be a waiver or preclude the Department's right to take action at a later time. The Department shall not be required to grant future extensions of time or grace periods. Respondent waives any right to a hearing on the issue of violation of the terms of this Consent Order.

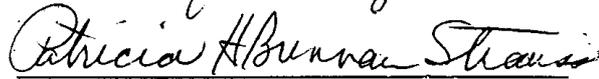
5. That legal notice of any action shall be deemed sufficient if sent to respondent's last known address of record reported to the Licensure and Renewal Section of the Division of Medical Quality Assurance of the Department.
6. That this Consent Order is effective when accepted and approved by a duly appointed agent of the Department.
7. That respondent understands this Consent Order is a matter of public record.
8. That respondent understands this Consent Order may be considered as evidence of the above admitted conduct in any proceeding before the Examining Board of Barbers, Hairdressers and Cosmeticians in which his compliance with §20-263 of the General Statutes of Connecticut, as amended, is at issue.
9. That 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 Consent Order is not subject to appeal or review under the provisions of Chapters 54 and 368a of the General Statutes of Connecticut, provided that this stipulation shall not deprive respondent of any other rights that he may have under the laws of the State of Connecticut or of the United States.
10. That respondent has had the opportunity to consult with an attorney prior to signing this document.

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



John Capasso

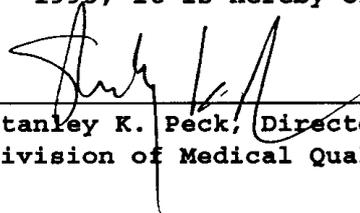
Subscribed and sworn to before me this 8 day of May 1995.



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

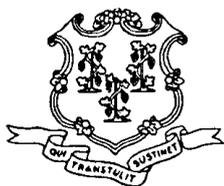
my commission expires 8-31-96.

The above Consent Order having been presented to the duly appointed agent of the Commissioner of the Department of Public Health and Addiction Services on the 12th day of May 1995, it is hereby ordered and accepted.



Stanley K. Peck, Director
Division of Medical Quality Assurance

RAS
0305Q/112-118
12/29/94



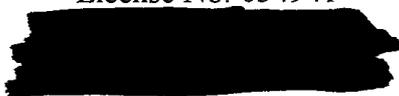
STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH

June 23, 1997

Mr. John Capasso
5 Surrey Drive
Norwalk, Connecticut 06851-3211

Re: Consent Order
Petition No. 941128-20-021
License No. 034941



Dear Mr. Capasso:

Please accept this letter as notice that you have completed the terms of your license probation, effective May 26, 1997.

Notice will be sent to the Department's License and Registration section to remove any restrictions from your license related to the above-referenced Consent Order.

Thank you for your cooperation during this process.

Very truly yours,

Bonnie Pinkerton
Nurse Consultant
Legal Office

cc: Robert Colman
Debra Tomassone



Phone: (860) 509-2651

Telephone Device for the Deaf (860) 509-7191
410 Capitol Avenue - MS #1216A
P.O. Box 340308 Hartford, CT 06134
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Probation - 5/30/95
P 048 082 746
ZJB



STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH AND ADDICTION SERVICES

BUREAU OF HEALTH SYSTEM REGULATION

May 26, 1995

John Capasso
5 Surrey Drive
Norwalk, CT 06851-3211

Dear Mr. Capasso:

On behalf of the Department of Public Health and Addiction Services, I want to congratulate you upon the successful completion of all requirements for reinstatement of licensure as a hairdresser/cosmetician in the State of Connecticut.

Connecticut license number 034941 has been reissued to you, effective the date of this letter. You are eligible to begin the practice of hairdressing/cosmetology as of this date.

I have also enclosed a copy of the fully executed Consent Order in accordance with which your license is being reinstated. The Consent Order is effective as of your date of licensure noted above. Upon satisfaction of the terms of the Consent Order, you will receive notification of same by the Department of Public Health and Addiction Services.

You will receive your license in about eight (8) weeks, at the address shown above. Full instructions regarding future renewal will also be enclosed.

It is your responsibility to notify the Department of Public Health and Addiction Services, Licensure and Registration Section, in writing of any future changes of name and/or address. Such notification to the Department of Public Health and Addiction Services is required by law, and failure to provide same will jeopardize the status of your license.

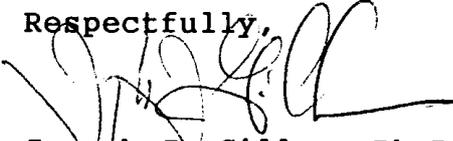
Failure to renew your license within ninety (90) days of the due date will result in your license becoming void. In that event, re-licensure would require a new application to the Department and a review of all credentials to determine whether you satisfy current licensing requirements. In order to avoid such a process, be sure that you renew your license in a timely manner each year in the month of your birth.



Phone: TDD: 203-566-1279
150 Washington Street — Hartford, CT 06106
An Equal Opportunity Employer

I wish you success in your career.

Respectfully,

A handwritten signature in black ink, appearing to read 'J. Gillen', written over the word 'Respectfully,'.

Joseph J. Gillen, Ph.D.
Section Chief
Applications, Examinations and Licensure

cc: Debra Tomassone, Chief, Licensure & Registration
Roberta Swafford, Staff Attorney, Public Health Hearing Office

JJG:cas
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