

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

In re: Elizabeth Borici

Petition No. 2004-0407-000-025

PRELICENSURE CONSENT ORDER

WHEREAS, Elizabeth Borici of Litchfield (hereinafter "respondent") has applied for licensure to practice as a Hairdresser and Cosmetician by the Department of Public Health (hereinafter "the Department") pursuant to Chapter 387 of the General Statutes of Connecticut, as amended; and,

WHEREAS, respondent agrees that:

1. The Department has at no time issued respondent a license to practice the occupation of Hairdressing and Cosmetology under the General Statutes of Connecticut, Chapter 387.
2. Respondent has completed her cosmetology education at York Correctional Institution. She has been incarcerated since 1997 and is up for parole.
3. The conduct described above constitutes grounds for the denial of respondent's application for licensure pursuant to §19a-14 of the General Statutes of Connecticut.

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

1. Respondent waives the right to a hearing on the merits of her application for licensure.
2. After satisfying the requirements for licensure as a Hairdresser and Cosmetician as set forth in Chapter 387 of the General Statutes of Connecticut, respondent's license to practice as a Hairdresser and Cosmetician will be issued.

3. Respondent's license to practice as a Hairdresser and Cosmetician in the State of Connecticut shall, immediately upon issuance, be placed on probation for one year under the following terms and conditions:
 - A. Respondent shall not obtain or use controlled substances, legend drugs or alcohol in any form unless prescribed or recommended for a legitimate therapeutic purpose by a licensed health care professional authorized to prescribe medications.
 - (1) At her own expense, she shall submit to observed random urine screens for drugs and alcohol, in accordance with Department Requirements for Drug and Alcohol Screens, attached hereto marked as ('Attachment A: Department Requirements for Drug and Alcohol Screens') at a testing facility approved by the Department, as ordered by her 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) Respondent shall be responsible for notifying the laboratory, the Department and her prescribing practitioner of any drug(s) she is taking. For the prescription of a controlled substance(s) for more than two consecutive weeks, the respondent shall cause the provider prescribing the controlled substance(s) to submit quarterly reports until such time as the controlled substance(s) are not prescribed by the provider to the Department, documenting the following:

1. A list of controlled substances prescribed by this provider for the respondent;
 2. A list of controlled substance(s) prescribed by other providers;
 3. An evaluation of the respondent's need for the controlled substance;
 4. An assessment of the respondent's continued need for the controlled substance(s).
- (3) There must be at least one such observed random alcohol/drug screen and accompanying laboratory report monthly for the first three months, and quarterly thereafter.
- (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 and mouthwash has, from time to time, been raised as a defense to a positive screen result for morphine, opiates and/or alcohol. For that reason, respondent agrees to refrain from ingesting poppy seeds in any food substances or mouthwash during the term of this Reinstatement Consent Order. In the event respondent has a positive screen for morphine, opiates and/or alcohol, respondent agrees that the ingestion of poppy seeds and/or mouthwash shall not constitute a defense to such a screen.
- B. Respondent shall be responsible for the provision of written reports directly to the Department from her employer quarterly. Respondent shall provide a copy of this Reinstatement Consent Order to any and all employers during the probationary period. The Department shall be notified in writing by any employer(s) within fifteen (15) days of the commencement of employment as to the receipt of a copy of

this Reinstatement Consent Order. Employer reports shall include documentation of respondent's ability to safely and competently practice Hairdressing and Cosmetology, and shall be issued to the Department at the address cited in paragraph 8 below.

4. Respondent shall comply with all state and federal statutes and regulations applicable to her license.
5. Respondent shall notify the Department of any change(s) in her employment within fifteen (15) days of such change.
6. Respondent shall notify the Department of any change(s) in her home and/or business address within fifteen (15) days of such change.
7. Any deviation from the term(s) of this Prelicensure Consent Order without prior written approval of the Department shall constitute a violation. A violation of any term(s) of this Prelicensure Consent Order shall result in the right of the Department in its discretion to immediately deem respondent's Hairdressing and Cosmetology 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. Notice of the rescission of the license shall be sent by the Department to respondent's address of record. Respondent waives any right to a hearing on the issue of violation of the terms of this Prelicensure Consent Order.
8. That correspondence and reports required by the terms of this Prelicensure Consent Order 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, Connecticut 06134-0308

9. 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.
10. Respondent understands that this Prelicensure Consent Order may be considered as evidence of the above-admitted violations in any proceeding before the Connecticut CT Examining Board for Barbers, Hairdressers and Cosmeticians in which (1) her compliance with this Prelicensure Consent Order is at issue, or (2) her compliance with §20-263 of the Connecticut General Statutes, as amended, is at issue.
11. This Prelicensure 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 Prelicensure 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 [s/he] may have under the laws of the State of Connecticut or of the United States.
12. This Prelicensure 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.
13. This Prelicensure Consent Order is effective when accepted and approved by a duly appointed agent of the Department.
14. Respondent understands this Prelicensure Consent Order is a matter of public record.
15. Respondent understands she has the right to consult with an attorney prior to signing this Prelicensure Consent Order.

16. 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, Elizabeth Borici have read the above Prelicensure Consent Order, and I agree to the terms and allegations set forth therein. I further declare the execution of this Prelicensure Consent Order to be my free act and deed.

Elizabeth Borici
Elizabeth Borici, Hairdresser

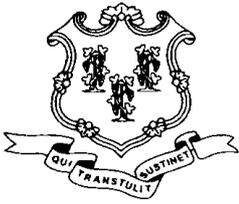
Subscribed and sworn to before me this 21st day of June 2004.

Keri A. Stevens
Notary Public or person authorized
by law to administer an oath or
affirmation

**My Commission Expires
April 30, 2007**

The above Prelicensure Consent Order having been presented to the duly appointed agent of the Commissioner of the Department of Public Health on the 29th day of June _____ 2004, it is hereby ordered and accepted.

Jennifer L. Filippone
Jennifer L. Filippone
Public Health Services Manager
Office of Practitioner Licensing and Certification
Bureau of Healthcare Systems



STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH

CERTIFIED MAIL RETURN RECEIPT REQUESTED

June 29, 2004

Elizabeth Borici
C/O McAuliffe Manor
7 North Street, Box 1534
Litchfield, CT 06759

Dear Ms. Borici:

This is to advise you that you have completed all requirements for Connecticut hairdresser licensure. License number 053535 has been issued effective the date of this letter.

Your license is being issued in accordance with the terms of the Prelicensure Consent Order executed on June 29, 2004. The one year period of probation stipulated in the Order commences effective the date of this letter.

You will receive your license in approximately eight (8) weeks, at your address of record. Instructions regarding future renewal will be enclosed. 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 would satisfy current licensing requirements. In order to avoid such a process, be sure to renew your license in a timely manner each year in the month of your birth.

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

If you have any questions, please do not hesitate to contact this office at 860-509-7590.

Sincerely,

Stephen B. Carragher
Health Program Supervisor
Division of Health Systems Regulation

cc: ✓Jennifer Filippone, Public Health Services Manager
Bonnie Pinkerton, RN, Nurse Consultant
Stanley Peck, Director, Legal Office
Donna Brewer, Director, Public Health Hearing Office

Phone:

SBC/jc



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

410 Capitol Avenue - MS # _____

P.O. Box 340308 Hartford, CT 06134

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