



STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH

October 3, 2007

Dennis Foley, PA
152 Nepaug Road
Burlington, CT 06013

Re: Consent Order
Petition No. 2005-0714-023-005
License No. 000317

Dear Mr. Foley:

Please accept this letter as notice that you have satisfied the terms of your license probation, effective July 1, 2007.

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 in this process, and good luck to you in the future.

Very truly yours,

A handwritten signature in cursive script that reads "Bonnie Pinkerton".

Bonnie Pinkerton, RN, Nurse Consultant
Practitioner Licensing and Investigations Section

cc: J. Filippone



Phone: (860) 509-7444
Telephone Device for the Deaf (860) 509-7191
410 Capitol Avenue - MS # 12HSR
P.O. Box 340308 Hartford, CT 06134
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**STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH
HEALTHCARE SYSTEMS BRANCH**

In re: Dennis K. Foley, P.A.

Petition No. 2005-0714-023-005

CONSENT ORDER

WHEREAS, Dennis K. Foley of Burlington, Connecticut (hereinafter "respondent") has been issued license number 000317 to practice as a physician assistant by the Department of Public Health (hereinafter "the Department") pursuant to Chapter 370 of the General Statutes of Connecticut, as amended; and,

WHEREAS, respondent admits that:

1. From January 2002 until May 2004, respondent wrote numerous controlled substances prescriptions for patients without the knowledge of his supervising physician and without documenting said prescriptions in patient medical records.
2. The above described facts constitute grounds for disciplinary action pursuant to the General Statutes of Connecticut, §20-12f.

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 Medical Examining Board (hereinafter "the Board"), 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 20-12f of the General Statutes of Connecticut.

NOW THEREFORE, pursuant to §§19a-14, 19a-17 and 20-12f 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 number 000317 to practice as a physician assistant in the State of Connecticut is hereby reprimanded.
3. Respondent's license shall be placed on probation for a period of one (1) year under the following terms and conditions:
 - a. Respondent shall provide his supervising physician at each place where respondent practices as a physician assistant 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. Respondent agrees to provide reports from such supervisor quarterly for the duration of the probationary period, stating that respondent is practicing with reasonable skill and safety.
 - b. A licensed physician must co-sign all prescriptions for controlled substances written by respondent for the entire period of probation.
 - c. Respondent's controlled substance prescribing, ordering, and dispensing practices shall be monitored during the first six (6) months of probation by a controlled substance prescribing practice monitor pre-approved by the Department (hereinafter "supervisor"). During this period of monitoring respondent shall:
 - (1) Maintain a log of all controlled substances dispensed to patients as well as all prescriptions for controlled substances, both written and authorized by phone.
 - (2) Maintain copies of all orders placed to wholesalers for controlled substances, as well as records of receipts.

- (3) Obtain, at his own expense, the services of a controlled substance prescribing practice monitor, licensed and practicing in the State of Connecticut and pre-approved by the Department (hereinafter “supervisor”), to conduct random reviews of ten percent (10%) or ten (10) of respondent’s patient records, whichever is the larger number. Such monitor shall not be an employee in the setting in which respondent is practicing. In the event respondent has 10 or fewer patients, the supervisor shall review all of respondent’s patient records. As part of such review, the supervisor shall review and compare respondent’s patient records, office dispensing records, controlled substance log, and controlled substance purchase and receipt records to ensure that controlled substances have been appropriately ordered and maintained. The supervisor may monitor respondent’s practice by any other reasonable means which he or she deems appropriate, and respondent shall fully cooperate with the supervisor in such additional monitoring.
 - (4) Respondent shall be responsible for the supervisor providing quarterly written reports to the Department. Such reports shall include: documentation of the dates and duration of meetings with respondent; the number and a general description of the patient records reviewed; a statement regarding respondent’s controlled substance purchasing, prescribing, and dispensing practices; any additional monitoring techniques utilized; and, a statement that respondent is practicing with reasonable skill and safety.
- d. Within the first year of the probationary period, respondent shall attend and successfully complete courses, pre-approved by the Department, in:
- (1) Management of patients with chronic pain;
 - (2) Management of patients with a history of substance abuse;
 - (3) Documentation standards; and

(4) Prescribing practices.

Within thirty (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 courses.

4. All correspondence and reports are to be addressed to:

Bonnie Pinkerton, Nurse Consultant
Department of Public Health
Practitioner Licensing and Investigations
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 his 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 he has complied with the terms of this Consent Order or, in the alternative, that he has cured the violation in question.

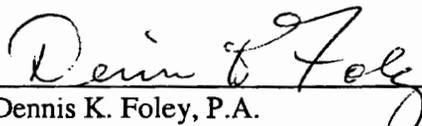
- d. If respondent does not demonstrate compliance or cure the violation within the fifteen (15) days specified in the notification of violation to the satisfaction of the Department, he shall be entitled to a hearing before the Board which shall make a final determination of the disciplinary action 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.
9. In the event respondent violates any term of this Consent Order, respondent agrees immediately to refrain from practicing as a physician assistant, 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 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).
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 his license before the Board.
11. In the event respondent is not employed as a physician assistant for periods of thirty (30) consecutive days or longer, or is employed as a physician assistant 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.

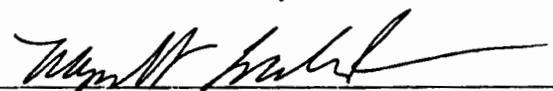
12. Legal notice shall be sufficient if sent to respondent's last known address of record reported to Practitioner Licensing and Investigations Section of the Healthcare Systems Branch of the Department.
13. This Consent Order is effective on the first day of the month immediately following the date this Consent Order is accepted and ordered by the Board.
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 Board in which his compliance with this Consent Order or with §20-12f of the General Statutes of Connecticut, as amended, is at issue. Further, respondent understands that unless the only discipline imposed by this Consent Order is a civil penalty, this action will be reported to the National Practitioner Data Bank.
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 he 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 Healthcare Systems 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.
19. 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.
20. Respondent has the right to consult with an attorney prior to signing this document.
21. 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, Dennis K. Foley, 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.


Dennis K. Foley, P.A.

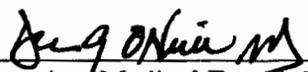
Subscribed and sworn to before me this 19th day of May 2006.


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 25th day of May 2006, it is hereby accepted.


Jennifer Filippone, Section Chief
Practitioner Licensing and Investigations
Healthcare Systems Branch

The above Consent Order having been presented to the duly appointed agent of the _____ on the 20th day of June 2006, it is hereby ordered and accepted.


Connecticut Medical Examining Board