

STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH
HEALTHCARE SYSTEMS BRANCH

In re: Mary J. Cennamo

Petition No. 2007-0522-028-002

CONSENT ORDER

WHEREAS, Mary J. Cennamo (hereinafter "respondent") of Granby, Connecticut has been issued license number 000986 to practice as a radiographer by the Department of Public Health (hereinafter "the Department") pursuant to Chapter 376c of the General Statutes of Connecticut, as amended; and,

WHEREAS, respondent hereby admits:

1. From approximately 2005 until March 2007, respondent fraudulently obtained prescription pads from physicians at Hartford Hospital where she was working as a radiographer, and forged physicians' signature for Vicodin ES, and filled such prescriptions at area pharmacies. Subsequently she abused or utilized to excess Vicodin ES.
2. The above described facts constitute grounds for disciplinary action pursuant to Connecticut General Statutes §20-74cc.

WHEREAS, respondent, in consideration of this Consent Order, has chosen not to contest the above allegations at a hearing in front of the Commissioner or his designee (hereinafter "Hearing Officer.") Respondent further agrees that this Consent Order shall have the same effect as if ordered after a full hearing pursuant to Connecticut General Statutes §§19a-9, 19a-10, and 20-74cc.

NOW THEREFORE, pursuant to Connecticut General Statutes §19a-17 and §20-74cc, respondent hereby stipulates and agrees to the following:

1. Respondent waives her right to a hearing on the merits of this matter.
2. Respondent shall comply with all federal and state statutes and regulations applicable to her profession.
3. Respondent's license number 000986 to practice as a radiographer in the State of Connecticut is hereby placed on probation for four years, subject to the following terms and conditions:
 - A. At her own expense, she shall engage in therapy and counseling with a Connecticut licensed or certified therapist (hereinafter "therapist") approved by the Department for the entire probationary period.
 - (1) She shall provide a copy of this Consent Order to her therapist.
 - (2) Her therapist shall furnish written confirmation to the Department of his or 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 or she shall advise the Department. Said termination of therapy, reduction in frequency of therapy, and/or respondent's transfer to another therapist shall not occur until approved by the Department.
 - (4) The therapist shall immediately notify the Department in writing if respondent discontinues therapy and/or terminates therapeutic services.

B. 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 and/or any other drug or alcohol related laboratory reports, including but not limited to results of DNA testing, 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, her therapist, 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 to the Department, until such time as the controlled substance(s) are not prescribed by the provider, 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 every week for the first and fourth year of probation and two such screens and reports every month for the second and third year of probation.
- (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 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.
- C. Respondent shall be responsible for the provision of written reports from her therapist directly to the Department for the entire probationary period; monthly for the first and fourth year of probation; and, quarterly reports for the second and third year of probation. Such reports shall include documentation of dates of treatment, an evaluation of respondent's progress in treatment and of her drug and alcohol free status as

established by the observed random urine screens for drugs and alcohol, an evaluation of her ability to safely and competently practice as radiographer, and copies of all laboratory reports.

- D. Notwithstanding the foregoing, respondent's therapist shall immediately report to the Department any confirmed positive alcohol/drug screen and any conduct or condition on respondent's part which does or may violate any federal or state statute or regulation applicable to her profession.
- E. Respondent shall provide a copy of this Consent Order to all current and future employers for the duration of her probation.
- F. Respondent shall be responsible for the provision of written reports directly to the Department from her supervisor monthly for the first and fourth year of her probation and quarterly for the second and third year of probation. Respondent shall provide a copy of this Consent Order to any and all employers if employed as a radiographer 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 Consent Order. Employer reports shall include documentation of respondent's ability to safely and competently practice as a radiographer and shall be issued to the Department at the address cited in paragraph 3M below.
- I. Respondent shall notify the Department in writing of any change of employment within fifteen (15) days of such change.
- J. Respondent shall notify the Department of any change in her home or business address within fifteen (15) days of such change.

- K. If respondent pursues further training or is engaged at the time of the implementation of the Consent Order, in an educational program in any subject area that is regulated by the Department, respondent shall provide a copy of this Consent Order to the educational institution or, if not an institution, to respondent's instructor. Such institution or instructor shall notify the Department of receipt of the Consent Order within fifteen (15) days of receipt.
- L. 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.
- M. All correspondence and reports shall be addressed to:

Olive Tronchin
Department of Public Health
Practitioner Licensing and Investigations
410 Capitol Avenue, MS #12HSR
P.O. Box 340308
Hartford, CT 06134-0308

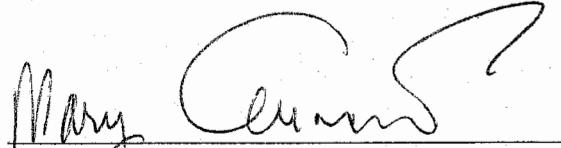
- 4. Any violation of the terms of this Consent Order without prior written approval from the Department and shall constitute grounds for the Department to seek revocation of respondent's license following notice and an opportunity to be heard.
- 5. Any extension of time or grace period for reporting 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.
- 6. Legal notice of any action shall be deemed 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.
- 7. This Consent Order is effective on the first day of the month immediately following the month in which this Consent Order is approved and accepted by the Department.

8. Respondent understands this Consent Order is a public record.
9. Respondent understands this Consent Order may be considered as evidence of the above-admitted violations in any proceeding before the Department in which (1) her compliance with this same Consent Order is at issue, or (2) her compliance with §20-74cc of Connecticut General Statutes of as amended, is at issue.
10. In the event respondent violates a term of this Consent Order, respondent agrees immediately to refrain from practicing as a radiographer, upon request by 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, and to submit to and complete a medical, psychiatric or psychological evaluation, if requested to do so by the Department and that the results of the evaluation shall be submitted directly to the Department. 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 be considered by the Hearing Officer and shall be given due weight by the Hearing Officer in determining whether respondent's conduct constitutes a clear and immediate danger as required pursuant to Connecticut General Statutes, sections 4-182(c) and 19a-17(c). The Department and respondent understand that the Hearing Officer has complete and final discretion as to whether a summary suspension is ordered.
11. 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 respondent's license before the Hearing Officer.

12. 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 respondent may have under the laws of the State of Connecticut or of the United States.
13. Respondent understands that the Department has complete and final discretion as to whether an executed Consent Order is approved and accepted.
14. Respondent has consulted with an attorney prior to signing this document.
15. 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.

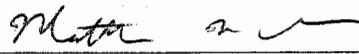
I, Mary J. Cennamo, have read the above Consent Order, and I agree to the terms set forth therein. I

further declare the execution of this Consent Order to be my free act and deed.



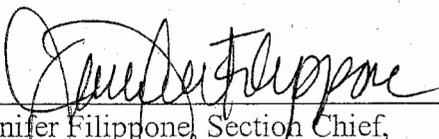
Mary J. Cennamo

Subscribed and sworn to before me this 7TH day of DECEMBER, 2007.



Notary Public or person authorized
by law to administer an oath or affirmation
MATTHEW N. PROVOST
COMMISSIONER OF THE 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 14th day of December, 2007, it is hereby ordered and accepted.



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



STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH

Attention respondent: Please have your screening monitor(s) read this document, complete page 1, sign where indicated on page 3, and return all 3 pages to my attention, fax # (860) 509-8368. Thank you.

REQUIREMENTS FOR DRUG AND ALCOHOL SCREENS

Respondent: MARY CENNAMO

Petition No. 2007-0522 - 028 - 002

Screening Monitor Information:

Name & Address:

Phone & Fax:

NOTE: The "screening monitor" calls respondent in for screens, observes specimen collections, and mails specimens to the testing laboratory.

1. Each screen must test for the following substances: alcohol (breathalyzer tests are not acceptable), amphetamines, barbiturates, benzodiazepines, cannabinoids (THC metabolites), cocaine, meperidine, opiates, methadone, phencyclidine (PCP), propoxyphene, Stadol, Tramadol, hydrocodone, hydromorphone, and oxycodone. Screens for additional substances such as Fentanyl may also be required if so requested by the Department. Partial screens will not be accepted.
2. **Urine collections must be directly observed.** The screening urine monitor must be in the room with the respondent and directly observe the collection of the specimen by the respondent.
3. The frequency of screens is as follows: From 7/5/06 – 7/5/08, once every month.
4. Collections must be **random**. There must be no pre-arrangement between the respondent's therapist, the respondent, the screening monitor, and/or the lab in scheduling drug and alcohol screens. There must be no pattern of times, dates, or identifiable sequence (i.e. every Monday or alternating Wednesdays). If a respondent's therapist is also serving as screening monitor, the specimen collection may not routinely occur on the same day as a therapy session. Screening will be done on weekends and holidays if possible and/or if required. Arrangements will be made for periods of vacation (see #6, below).



Phone: (860) 509-7400

Telephone Device for the Deaf (860) 509-7191

410 Capitol Avenue - MS # 12HSR

P.O. Box 340308 Hartford, CT 06134

An Equal Opportunity Employer

5. Specimens must be collected as follows: the screening monitor (pre-approved by the Department) will call the respondent for collections. The respondent shall provide the monitor with his or her home and business phone numbers and carry a beeper or cell phone if necessary. The monitor must speak directly with the respondent; the monitor may not leave a message on an answering machine. **The respondent must appear for specimen collections within 2 - 5 hours of the screening monitor's call. In the event the respondent does not show up for a collection, or arrives late, the screening monitor is to notify this Department immediately. A MISSED SCREEN IS CONSIDERED A POSITIVE SCREEN.**
6. Respondent will notify the screening monitor and the Department at least two weeks prior to scheduled vacations. At the Department's discretion, screens will be collected prior to and/or following periods of vacation to make up for the screens missed.
7. Specimens are to be handled in such a manner as to maintain Chain of Custody. Chain of Custody documentation must accompany all laboratory reports and/or the laboratory reports shall indicate that the Chain of Custody procedure has been followed. Respondent must document all medications s/he is taking on each Chain of Custody form. **The respondent is responsible for Chain of Custody documentation being completed properly. In the event Chain of Custody is incomplete, the respondent may be called for a repeat screen.**
8. All positive results shall be confirmed by gas chromatograph/mass spectrometer (GC/MS) testing method.

9. Lab analysis of urine specimens must be conducted at:

Bendiner & Schlesinger, Inc.
140 58th Street
Brooklyn, NY 11220

Contact: Mr. Francis Hartigan
(212) 353-5108
fhartigan@bendinerlab.com

Lab work also may be done at Graham Massey. Respondent must obtain Department-approval for any lab s/he chooses to use other than Bendiner & Schlesinger or Graham-Massey. The proposed lab must be capable of conducting forensic screens and testing for each of the substances set forth in paragraph 1 of these Guidelines.

10. **POSITIVE SCREENS MUST BE REPORTED TO THE DEPARTMENT IMMEDIATELY**, by calling Bonnie Pinkerton at (860) 509-7651, and by fax sent to (860) 509-8368. Written documentation/confirmation of any positive screen must be received by the Department within 3 days of the screening monitor's notification of such.

11. Correspondence and lab reports should be sent to the attention of:

Bonnie Pinkerton
Department of Public Health
410 Capitol Avenue, #12 H.S.R.
P.O. Box 340308
Hartford, Connecticut 06134

**ALCOHOL/DRUG SCREENS AND REPORTS NOT CONFORMING TO THESE GUIDELINES
WILL NOT BE CONSIDERED ACCEPTABLE FOR PROBATIONARY/REHABILITATION
PURPOSES.**

All screening monitors and alternates must sign below acknowledging that they have read all three pages of the Department's "Requirements for Drug and Alcohol Screens," and indicating their agreement to conduct screens accordingly.

Signature: _____

Signature: _____

Print name: _____

Print name: _____

Date: _____

Date: _____

Signature: _____

Signature: _____

Print name: _____

Print name: _____

Date: _____

Date: _____

Please complete the section, "Screening Monitor Information" on page 1, sign where indicated on page 3, and fax all pages to (860) 509-8368. DO NOT REDACT ANY IDENTIFYING INFORMATION.

Re: _____
Pet. No. _____



STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH

February 9, 2012

Mary J. Cennamo, Volsdal, Radiographer
323 Old Post Road
Tolland, CT 06084

Re: Consent Order
Petition No. 2007-0522-028-002
License No. 000986

Dear Ms. Volsdal:

Please accept this letter as notice that you have satisfied the terms of your license probation effective February 9, 2012.

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.

Best of luck in the future,

Olive Tronchin, HPA
Practitioner Licensing and Investigations Section

J: Fillippone



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