

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

In re: Carolyn Szymaszek, Embalmer

Petition No. 2003-0804-030-005

**CONSENT ORDER**

WHEREAS, Carolyn Szymaszek of Wallingford, CT (hereinafter "respondent") has been issued license number 002587 to practice embalming by the Department of Public Health (hereinafter "the Department") pursuant to Chapter 385 of the General Statutes of Connecticut, as amended; and,

WHEREAS, the Department alleges that:

1. During July 2003, respondent was an embalmer at the Beecher and Bennett Funeral Home, of Hamden, CT.
2. One of her responsibilities there was to mark the names of the decedents on their outer coverings.
3. Respondent marked the outside coverings of two male corpses without first checking the funeral home identification tags to verify decedents' identities.
4. Both of those corpses were incorrectly marked by respondent, and one corpse, improperly, was delivered to a crematorium.
5. The above described facts constitute grounds for disciplinary action pursuant to the General Statutes of Connecticut, §20-227(4).

WHEREAS, respondent, in consideration of this Consent Order has chosen not to contest the above allegations of wrongdoing but, while admitting no guilt or wrongdoing, agrees that for purposes of this or any future proceedings before the Connecticut Board of Examiners of Embalmers and Funeral Directors (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 and 19a-14 and 20-227 of the General Statutes of Connecticut.

NOW THEREFORE, pursuant to §§19a-14, 19a-17 and 20-227 of the General Statutes of Connecticut, respondent hereby stipulates and agrees to the following:

1. Respondent waives her right to a hearing on the merits of this matter.
2. Respondent's license number 002587 to practice as an embalmer in the State of Connecticut is hereby reprimanded.
3. Respondent shall pay a civil penalty of Five Hundred dollars (\$500.00) by certified or cashier's check payable to "Treasurer, State of Connecticut." The check shall reference the Petition Number on the face of the check, and shall be payable at the time respondent submits the executed Consent Order to the Department.
4. Respondent's license shall be placed on probation for a period of one year under the following terms and conditions which shall apply to her at each and every funeral service business where she practices:
  - a. Respondent shall obtain at her own expense, the services of a licensed embalmer, pre-approved by the Department (hereinafter "consultant") to meet with her monthly to review her records. Respondent shall be responsible for the provision of written reports directly to the Department from an independent licensed consultant for the period of her probation. Said reports shall be quarterly for the one year probation.
  - b. The consultant shall have the right to monitor respondent's practice by any reasonable means which he or she deems appropriate. The consultant shall review 20% (twenty per cent) of respondent's records each month. Respondent shall fully cooperate with the supervisor in providing such monitoring.
5. 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

6. 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.
7. Respondent shall comply with all state and federal statutes and regulations applicable to her licensure.
8. Respondent shall pay all costs necessary to comply with this Consent Order.
9. 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 9a above to demonstrate to the satisfaction of the Department that she has complied with the terms of this Consent Order or, in the alternative, that she 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, she 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.
- 10. In the event respondent violates any term of this Consent Order respondent agrees immediately to refrain from practicing as an embalmer, 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 her failure to cooperate with the Department's investigation shall constitute an admission that her conduct constitutes a clear and immediate danger as required pursuant to the General Statutes of Connecticut, sections 4-182(c) and 19a-17(c).
- 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 her license before the Board.
- 12. In the event respondent is not employed as an embalmer for periods of thirty (30) consecutive days or longer, or is employed as an embalmer 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.
- 13. 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.

14. 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.
15. Respondent agrees that this Consent Order shall be deemed a public document, and the Department's allegations as contained in this Consent Order shall be deemed true in any subsequent proceeding before the Board in which her compliance with this Consent Order or with §20-227 of the General Statutes of Connecticut, as amended, is at issue.
16. 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.
17. 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 she may have under the laws of the State of Connecticut or of the United States.
18. 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.
19. 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.
20. Respondent understands and agrees that she is responsible for satisfying all of the terms of this Consent Order during vacations and other periods in which she is away from her residence.
21. Respondent has the right to consult with an attorney prior to signing this document.

22. 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, Carolyn Szymaszek, 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.

Carolyn Szymaszek  
Carolyn Szymaszek

Subscribed and sworn to before me this 7<sup>th</sup> day of JANUARY 2004<sup>5</sup>.

Frank J. Picotelle  
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 January, 2004, it is hereby accepted.

Marianne Horn  
Marianne Horn, Director  
Division of Health Systems Regulation  
Bureau of Healthcare Systems

The above Consent Order having been presented to the duly appointed agent of the Board on the 8 day of February 2005, it is hereby ordered and accepted.

Alia Piro  
Connecticut Board of Examiners of Embalmers  
and Funeral Directors



# STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH

May 3, 2006

Carolyn Szymaszek, Embalmer  
286 South Elm Street, Apt No. 24  
Wallingford, CT 06492

Re: Consent Order  
Petition No. 2003-0804-030-005  
License No. 002587

Dear Ms. Szymaszek:

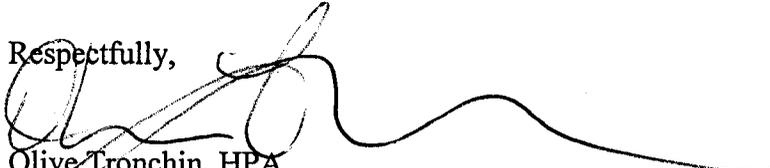
Please accept this letter as notice that you have satisfied the terms of your license probation, effective March 1, 2006.

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.

Respectfully,



Olive Tronchin, HPA  
Office of Practitioner Licensing and Investigation

✓cc: Jennifer Filippone



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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