

**STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH
HEALTHCARE QUALITY AND SAFETY BRANCH**

Re: Donald J. Griggs, N.H.A.
License No.: 000053

Petition No. 2012-749

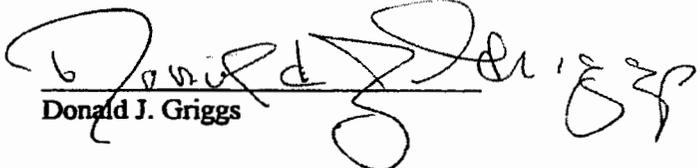
VOLUNTARY SURRENDER OF LICENSE AFFIDAVIT

Donald J. Griggs, being duly sworn, deposes and says:

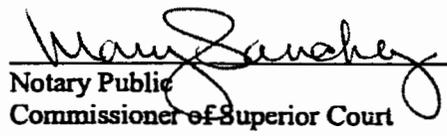
1. I am over the age of majority and understand the obligations of an oath.
2. I make this affidavit on the basis of personal knowledge.
3. I am licensed by the Department of Public Health (hereinafter "the Department") to practice Nursing Home Administration. I presently hold license number 000053.
4. I hereby voluntarily surrender my license to practice as a Nursing Home Administrator in the State of Connecticut.
5. Solely for the purposes of any application or proceeding with or before the Department, I understand and agree that if I seek a new license or to reinstate my license at any time in the future, the allegations contained in Petition Number 2012-749 shall not be contested. I further understand that any such application must be made to the Department which shall have absolute discretion as to whether said license shall be issued or reinstated and, if so, whether said license shall be subject to conditions.
6. I hereby waive any right to a hearing I may have regarding any request that my license be reinstated or that a new license be issued and also waive any right that I may have to appeal or otherwise challenge the disposition of any such request.
7. I understand and agree that this affidavit and the case file in Petition Number 2012-749 are public documents, and I am executing this affidavit in settlement of the allegations contained in the above-referenced petition.
8. I understand that this surrender of my license is an event that is reportable to the National Practitioner Data Bank and the Healthcare Integrity and Protection Data Bank maintained by the United States Department of Health and Human Services and is public information.
9. I understand that I have the right to consult with an attorney prior to signing this affidavit.

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- 10. I understand that 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.
- 11. I understand that the purpose of this agreement is to resolve the pending matter against my license and is not intended to affect any claim of civil liability that might be brought against me.
- 12. If applicable, I agree to comply with the provision of Section 19a-14-44, Regulations of Connecticut State Agencies.


 Donald J. Griggs

Subscribed and sworn to before me this 2nd day of October 2012.


 Notary Public
 Commissioner of Superior Court

Accepted: Kathleen Bulware, PHSM, RN
~~Jennifer Filippone, Section Chief~~ Kathleen Bulware,
 Practitioner Licensing and Investigation Section PHSM
 Healthcare Quality and Safety Branch

10-3-2012
 Date

MARY SANCHEZ
 ID # 158575
 NOTARY PUBLIC OF CONNECTICUT
 My Commission Expires 5/31/2016