

STATE OF CONNECTICUT
DEPARTMENT OF HEALTH SERVICES
BUREAU OF HEALTH SYSTEM REGULATIONS
DIVISION OF MEDICAL QUALITY ASSURANCE

In re:

Frances P. Czepiga, N.H.A.

Petition No. 840717-36-003

CONSENT ORDER

WHEREAS, Frances P. Czepiga of 550 Amity Road, Woodbridge, Connecticut, at all times herein complained of had been issued nursing home administrator license number 389 by the Department of Health Services pursuant to Chapter 368v of the General Statutes of Connecticut, as amended; and

WHEREAS, Frances P. Czepiga admits and acknowledges that at all times herein complained of, she was the administrator of Regis Multi Health Center in New Haven, Connecticut.

WHEREAS, Frances P. Czepiga admits and acknowledges that as administrator of the Regis Multi Health Center she signed the Cost Reports for said facility for cost years 1978, 1979, 1980, and 1981.

WHEREAS, the Department of Health Services alleges that Frances P. Czepiga as administrator of Regis Multi Health Center included personal non-patient care related and/or unapproved expenses in said Cost Reports thereby violating Connecticut General Statutes §19a-517(b)(1) and §19a-517(b)(3) of the Connecticut General Statutes.

WHEREAS, Frances P. Czepiga, in consideration for this Consent Order, has chosen not to contest the above allegations of wrongdoing. Frances P. Czepiga, while admitting no guilt or wrongdoing, agrees that for purposes of proceedings before the Department of Health Services, in which her nursing home administrator license is at issue, the above allegations and this Consent Order shall have the same effect as if proven and ordered after a full hearing held pursuant to § 19a-9, § 19a-10 and § 19a-517 of the General Statutes of Connecticut.

NOW THEREFORE, pursuant to §19a-17 and §19a-517 of the Connecticut General Statutes, Frances P. Czepiga, hereby stipulates and agrees to the following:

1. That she waives her right to a hearing on the merits of this matter.
2. That her nursing home administrator license, number 389, and her right to hold or renew the same is hereby ~~revoked~~.
3. That she hereby waives, abandons, and surrenders any such right or rights, as she may now or at any future time possess, to hold a nursing home administrator license, including the right to make any future application to the Department of Health Services for such a license.
4. That if she shall apply to another state for a nursing home administrator license, she shall (1) notify the Department of Health Services within seven days of said application and (2) provide the appropriate licensing board, department or agency in that state with a copy of this Consent Order.

5. That she understands that this Consent Order may, at the Department's discretion, be disseminated to the health care licensing boards, departments or agencies of other states.
6. That this Consent Order may be considered as evidence of the above admitted violations in any proceeding before the Commissioner of Health Services (1) in which her compliance with this same order is at issue, (2) in which her compliance with §19a-517 of the General Statutes of Connecticut, as amended, is at issue, or (3) in the event she should at any future time apply for such license or the renewal thereof or for the restoration of her eligibility to hold such license.
7. That 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, that said 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 her of any other rights that she may have under the laws of the State of Connecticut or of the United States.
8. That she understands that notice of this Consent Order is a matter of public record.
9. That this Consent Order is effective on the date said Consent Order is ordered and accepted by the Department of Health Services.
10. That she has consulted with his attorney before signing this document.

I, Frances P. Czepiga, have read the above Consent Order, and I agree and admit to the terms and allegations set forth therein. I further declare the execution of this Consent Order to be my free act and deed.

Frances P. Czepiga
Frances P. Czepiga

Subscribed and sworn to before me this 24 day of January 1987.

[Signature]
~~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 Health Services on the 30th day of January 1987, it is hereby ordered and accepted.

[Signature]
Stanley K. Peck, Director
Division of Medical Quality Assurance
Department of Health Services

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