

**STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH
HEALTHCARE SYSTEMS BRANCH**

In re: Calvin Moffie, NHA

Petition No. 2010-5543

REINSTATEMENT CONSENT ORDER

WHEREAS, Calvin Moffie of Wallingford, CT (hereinafter "respondent") has been issued license number 000738 to practice as a nursing home administrator by the Department of Public Health (hereinafter "the Department") pursuant to Chapter 368v of the General Statutes of Connecticut, as amended; and,

WHEREAS, respondent's license expired on or about April 27, 2006, and he has now applied to have his nursing home administrator license reinstated by the Department pursuant to Chapter 368a of the General Statutes of Connecticut, as amended; and,

WHEREAS, respondent hereby admits as follows:

1. On or about January 11, 2002, the Department issued a Memorandum of Decision in Petition No. 990208-036-001 that revoked respondent's nursing home administrator's license based upon respondent's submission of false statements and/or false cost reports to the Connecticut Department of Social Services relating to rate setting and the reimbursement of nursing home expenses under the Medicaid program.
2. Subsequently, the Department reinstated respondent's nursing home administrator's, in or about January 2003, subject to conditions that included, without limitation a three (3) year probationary period with successful completion of certain education requirements and an independent practice supervisor. A copy of said Reinstatement Consent Order is attached hereto and incorporated herein as Attachment "A."
3. On August 27, 2006, the Department accepted respondent's voluntary agreement not to renew or reinstatc his nursing home administrator's license, as he did not complete the requirements of the probation described in paragraph 2 above.
4. That the conduct described above constitutes grounds for denial of respondent's application for reinstatement pursuant to §19a-14(a)(6) of the General Statutes of Connecticut and/or pursuant to the terms of the Voluntary Agreement Not To Renew or Reinstated License dated August 27, 2006; and,

WHEREAS, respondent successfully passed the Connecticut State Law examination applicable to the administration of a nursing home, on or about July 16, 2010; and,

WHEREAS, respondent has successfully completed sixty (60) hours of continuing education in professional ethics; and,

NOW THEREFORE, pursuant to §§19a-17 and 19a-517 of the General Statutes of Connecticut, as amended, respondent hereby stipulates and agrees as follows:

1. He waives his right to a hearing on the merits of this matter.
2. Respondent's license to practice as a nursing home administrator shall be reinstated when he satisfies the requirements for reinstatement of his license, as set forth in §§ 19a-14-1 through 19a-14-5, inclusive, of the Regulations of Connecticut State Agencies, and this Reinstatement Consent Order is executed by all parties.
3. Immediately upon issuance, respondent's license shall be placed on probation for a period of three (3) years, under the following terms and conditions:
 - a. Respondent shall obtain, at his own expense, the services of a practice monitor, pre-approved by the Department (hereinafter "practice monitor"). Said practice monitor shall not have a significant personal or professional relationship with respondent. Examples of such relationships include but are not limited to: friendship, partnership, family relationship, business association, landlord/tenant relationship, and, or employer/employee relationship.
 - b. Respondent shall provide a copy of this Reinstatement Consent Order to his practice monitor. Respondent's practice monitor shall furnish written confirmation to the Department of his or her engagement in that capacity and a receipt of a copy of this Consent Order within fifteen (15) days of the effective date of this Consent Order.
 - c. Respondent's practice monitor shall meet with respondent not less than monthly and review respondent's professional services.
 - d. Respondent's practice monitor shall have the right to monitor respondent's practice by any other reasonable means which he or she deems appropriate. Respondent shall fully cooperate with the practice monitor in providing such monitoring.
 - e. Respondent shall be responsible for providing written practice monitor reports directly from his practice monitor to the Department, monthly for the first six (6) months of the probationary period and quarterly for the remainder of the probationary period. Such practice monitor reports shall include documentation of dates and duration of meetings with respondent, a general description of

records reviewed, additional monitoring techniques utilized, and a statement that respondent has complied with all legal and ethical standards applicable to the administration of a nursing home.

- f. Respondent shall maintain a log of hours worked at the facility.
4. Respondent shall comply with all federal and state statutes and regulations applicable to his license.
5. All correspondence and reports are to be addressed to:

Bonnie Pinkerton, Nurse Consultant
Department of Public Health
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 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 Department which shall make a final determination of the disciplinary action to be taken.
 - e. Evidence presented to the Department 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 is not employed as a nursing home administrator for periods of thirty (30) consecutive days or longer, respondent shall notify the Department in writing. Such periods of times shall not be counted in reducing the probationary period covered by this Reinstatement Consent Order and such terms shall be held in abeyance. During such time period, respondent shall not be responsible

for complying with the terms of probation of this Reinstatement Consent Order. In the event respondent resumes the practice of a nursing home administrator, respondent shall provide the Department with thirty (30) days prior written notice. Respondent shall not return to the practice of a nursing home administrator without written pre-approval from the Department. Respondent agrees that the Department, in its complete discretion, may require additional documentation from respondent and/or require respondent to satisfy other conditions or terms as a condition precedent to respondent's return to practice. Respondent understands that any return to the practice of a nursing home administrator without pre-approval from the Department shall constitute a violation of this Reinstatement Consent Order and may subject the respondent to further disciplinary action.

10. If, during the period of probation, respondent practices as a nursing home administrator outside Connecticut, he shall provide written notice to the Department concerning such employment. During such time period, respondent shall not be responsible for complying with the terms of probation of this Reinstatement Consent Order, and such time period shall not be counted in reducing the probationary period covered by this Reinstatement Consent Order. Respondent may comply with the terms of probation while practicing outside Connecticut if pre-approved by the Department. In the event respondent intends to return to the practice of a nursing home administrator in Connecticut, respondent shall provide the Department with thirty (30) days prior written notice and agrees to comply with all terms and conditions contained in paragraph 3 above.
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 his license before the Department.
12. Respondent shall notify the Department of his commencement of employment, and any change of employment, not less than thirty (30) days in advance of such employment. Respondent shall provide a copy of this Reinstatement Consent Order to each employer prior to the commencement of his employment with said employer. Respondent shall not be employed as a nursing home administrator, or in any capacity that requires him to have a nursing home administrator license, at more than one facility at a time.
13. Respondent shall notify the Department of his any change in his home and/or business address within fifteen (15) days of such change.
14. Legal notice shall be sufficient if sent to respondent's last known address of record reported to the Practitioner Licensing and Investigations Section of the Healthcare Systems Branch of the Department.
15. Respondent understands this Reinstatement Consent Order may be considered as evidence of the above-admitted violations in any proceeding before the Department in which (1) his compliance with this Reinstatement Consent Order is at issue, or (2) his compliance with Chapter 368v of the General

- Statutes of Connecticut, as amended, is at issue. Further, respondent understands that any discipline imposed by this Reinstatement Consent Order shall be reported to the National Practitioner Data Bank.
16. In the event respondent violates a term of this Consent Order, respondent agrees immediately to refrain from practicing as a nursing home administrator, 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 Department and shall, as a matter of law, constitute 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 Department has complete and final discretion as to whether a summary suspension is ordered.
 17. 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.
 18. This Reinstatement Consent Order and the terms set forth herein are not subject to reconsideration, collateral attack or judicial review under any form or in any forum. Respondent understands that this Reinstatement Consent Order shall not be subject to modification as a result of any claim that the terms contained herein may result in action by third parties, including, but not limited to, healthcare facilities and/or credentialing or licensure boards. Respondent assumes all responsibility for assessing such actions prior to the execution of this document. Further, this Reinstatement Consent Order is not subject to appeal or review under the provisions of Chapters 54 or 368a of the Connecticut General Statutes provided that this stipulation shall not deprive respondent of any other rights that he may have under the laws of the State of Connecticut or of the United States.
 19. This Reinstatement 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.
 20. This Reinstatement Consent Order is effective when accepted and approved by a duly appointed agent of the Department.
 21. Respondent has the right to consult with an attorney prior to signing this document.
 22. This Reinstatement Consent Order is a matter of public record.
 23. 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. The purpose of this Reinstatement Consent Order is to resolve the pending administrative license disciplinary petition only, and is not intended to affect any civil or criminal liability or defense.

- 24. This Reinstatement Consent Order embodies the entire agreement of the parties with respect to this case. All previous communications or agreements regarding the subject matter of this Reinstatement Consent Order, whether oral or written, between the parties are superseded unless expressly incorporated herein or made a part hereof.

I, Calvin Moffie, have read the above Reinstatement Consent Order, and I agree to the terms and allegations set forth therein. I further declare the execution of this Reinstatement Consent Order to be my free act and deed.

Calvin Moffie
Calvin Moffie

Subscribed and sworn to before me this 28 day of February 2011.

[Signature]
Notary Public or person authorized
by law to administer an oath or
affirmation **LOUIS F. GREEN**
NOTARY PUBLIC
MY COMMISSION EXPIRES

The above Reinstatement Consent Order having been presented to the duly appointed agent of the Commissioner of the Department of Public Health on the 8th day of March 2011, it hereby ordered and accepted.

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