

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

Re: Ana Padilla, NHA  
License No.: 000926

Petition No. 2002-0916-036-007

VOLUNTARY SURRENDER OF LICENSE AFFIDAVIT

Ana Padilla, 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 as a nursing home administrator. I presently hold license number 000926.
4. I hereby voluntarily surrender my license to practice as a nursing home administrator in the State of Connecticut.
5. While admitting no guilt or wrongdoing, 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 2002-0916-036-007 shall be deemed true. 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 2002-0916-036-007 are public documents, and, while admitting no guilt or wrongdoing, 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 a reportable event and is public information.
9. I understand that this document has no effect unless and until it is executed by the Department; and that, upon execution, the Department will dismiss Petition No. 2002-0916-036-007
10. I understand that I have the right to consult with an attorney prior to signing this affidavit.

11. 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.

  
\_\_\_\_\_  
Ana Padilla

Subscribed and sworn to before me this 28<sup>th</sup> day of Dec. 2004

  
\_\_\_\_\_  
Notary Public  
Commissioner of Superior Court

Accepted: Marianne Horn  
\_\_\_\_\_  
Marianne Horn, Director  
Division of Health Systems Regulation  
Bureau of Healthcare Systems

January 10, 2005.  
\_\_\_\_\_  
Date

RAS/Padilla/legal/VS/122303