

STATE OF CONNECTICUT  
DEPARTMENT OF PUBLIC HEALTH  
BUREAU OF HEALTHCARE SYSTEMS

In re: Teresa Wells, N.H.A.

Petition No. 2003-0529-036-002

CONSENT ORDER

WHEREAS, Teresa Wells of Cheshire (hereinafter "respondent") has been issued license number 001417 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, the Department alleges that:

1. Respondent was the administrator of the Mary Wade Home, New Haven, CT during 2003.
2. Respondent was responsible for the supervision of and the provision of the quality of care provided to the residents at the facility.
3. During April 2003, respondent failed to notify appropriate authorities in a timely manner after an allegation of resident abuse was reported to her.
4. The above described facts constitute grounds for disciplinary action pursuant to the General Statutes of Connecticut, §19a-517(b).

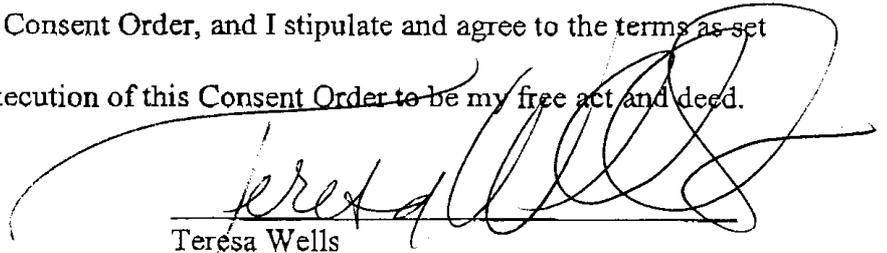
WHEREAS, respondent, in consideration of this Consent Order, while admitting no guilt or wrongdoing, has chosen not to contest this matter and agrees that for purposes of this or any future proceedings before the Department of Public Health (hereinafter "the Department"), this Consent Order shall have the same effect as if proven and ordered after a full hearing held pursuant to §§19a-9 and 19a-14 and of the General Statutes of Connecticut.

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

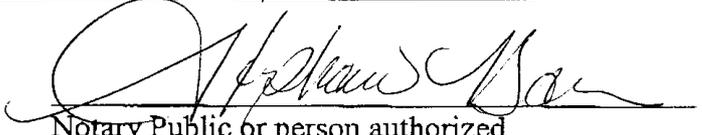
1. Respondent waives her right to a hearing on the merits of this matter.
2. Respondent shall pay a civil penalty of One Thousand dollars (\$1,000.00) by certified or cashier's check payable to "Treasurer, State of Connecticut." The check shall reference the Petition Number on the face of the check, and shall be payable at the time respondent submits the executed Consent Order to the Department.
3. Respondent's license number 001417 to practice as a nursing home administrator in the State of Connecticut is hereby reprimanded.
4. Respondent shall comply with all state and federal statutes and regulations applicable to her licensure.
5. Respondent shall pay all costs necessary to comply with this Consent Order.
6. Legal notice shall be sufficient if sent to respondent's last known address of record reported to the Office of Practitioner Licensing and Certification of the Bureau of Healthcare Systems of the Department.
7. 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 Department.
8. 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 Department in which her compliance with this Consent Order or with §19a-517 of the General Statutes of Connecticut, as amended, is at issue.
9. 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.

10. 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.
11. 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.
12. Respondent permits a representative of the Legal Office of the Bureau of Healthcare Systems to present this Consent Order and the factual basis for this Consent Order to the Department. Respondent understands that the Department has complete and final discretion as to whether this executed Consent Order is approved or accepted.
13. Respondent has the right to consult with an attorney prior to signing this document.
14. 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.

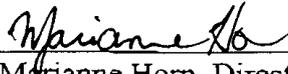
I, Teresa Wells, have read the above Consent Order, and I stipulate and agree to the terms as set forth therein. I further declare the execution of this Consent Order to be my free act and deed.

  
Teresa Wells

Subscribed and sworn to before me this 1<sup>st</sup> day of November 2004.

  
Stephanie Bauer  
Notary Public  
My Commission Expires 01/31/08  
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 8<sup>th</sup> day of November 2004, it is hereby accepted.

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

WellsCOrev/EMS