

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

In re: Stacey A. Kasperzak, D.V.M.

Petition No. 2009-2009313

CONSENT ORDER

WHEREAS, Stacey A. Kasperzak of Somers, Connecticut (hereinafter "respondent") has been issued license number 002983 to practice veterinary medicine by the Department of Public Health (hereinafter "the Department") pursuant to Chapter 384 of the General Statutes of Connecticut, as amended; and,

WHEREAS, the Department alleges that:

1. At all relevant times respondent worked as a veterinarian at Four Town Veterinary Hospital in Somers, Connecticut (hereinafter "the facility.") During October 2008, respondent treated a 15-year-old cat at the facility. Respondent failed to conduct pre-anesthetic blood work prior to conducting a dental cleaning on the cat, which passed away after the dental cleaning procedure.
2. The above-described facts constitute grounds for disciplinary action pursuant to the General Statutes of Connecticut, §20-202, including, but not limited to §20-202(2).

WHEREAS, subsequent to this incident, the facility revised its informed consent policies and procedures;

WHEREAS, respondent, in consideration of this Consent Order, has chosen not to contest the above allegations of wrongdoing but, while admitting no guilt or wrongdoing, agrees that for purposes of this or any future proceedings before the Connecticut Board of Veterinary Medicine (hereinafter "the Board"), this Consent Order shall have the same effect as if proven and ordered after a full hearing held pursuant to §§19a-10, 19a-14 and 20-202 of the General Statutes of Connecticut.

NOW THEREFORE, pursuant to §§19a-14, 19a-17 and 20-202 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's license shall be placed on probation for a period of six (6) months under the following terms and conditions: During the probationary period, respondent shall attend and successfully complete a course in pre-anesthesia assessment, pre-approved by the Department. Within one (1) month of the completion of such coursework, respondent shall provide the Department with proof, to the Department's satisfaction, of the successful completion of such course(s). The probationary period shall end upon successful completion of coursework.

3. 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

4. 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.

5. Respondent shall comply with all state and federal statutes and regulations applicable to her licensure.
6. Respondent shall pay all costs necessary to comply with this Consent Order.
7. 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 7a above to demonstrate to the satisfaction of the Department that she has complied with the terms of this Consent Order or, in the alternative, that she 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, she shall be entitled to a hearing before the Board which shall make a final determination of the disciplinary action to be taken.
 - e. Evidence presented to the Board 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.
8. 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 her license before the Board.

9. 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 Quality and Safety Branch of the Department.
10. 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 Board.
11. 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 Board in which her compliance with this Consent Order or with §20-202 of the General Statutes of Connecticut, as amended, is at issue.
12. In the event respondent violates a term of this Consent Order, respondent agrees immediately to refrain from practicing as a veterinarian, 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. 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 Board 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 Board has complete and final discretion as to whether a summary suspension is ordered.
13. 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.

14. 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. Respondent understands that this 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 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.
15. 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.
16. Respondent permits a representative of the Legal Office of the Healthcare Quality and Safety Branch to present this Consent Order and the factual basis for this Consent Order to the Board. Respondent understands that the Board has complete and final discretion as to whether this executed Consent Order is approved or accepted.
17. Respondent has the right to consult with an attorney prior to signing this document.
18. 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 State's Attorney's Office where the allegation occurred or Bureau Chief of the applicable unit in the Chief State's Attorney's Office. The purpose of this 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.

19. This 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 consent order, whether oral or written, between the parties are superseded unless expressly incorporated herein or made a part hereof.

I, Stacey A. Kasperzak, 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.


Stacey A. Kasperzak, D.V.M.

Subscribed and sworn to before me this 21st day of February 2012.


Notary Public or person authorized
by law to administer an oath or affirmation

SAMANTHA L. LEBLANC
NOTARY PUBLIC
MY COMMISSION EXPIRES SEPT. 30, 2012

The above 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 2012, it is hereby accepted.


Jennifer Filippone, Section Chief
Practitioner Licensing and Investigations
Healthcare Quality and Safety Branch

The above Consent Order having been presented to the duly appointed agent of the Connecticut Board of Veterinary Medicine on the 25th day of April 2012, it is hereby ordered and accepted.


Connecticut Board of Veterinary Medicine



STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH

June 25, 2012

Stacey A. Kasperzak, D.V.M
Four Town Vet Hospital
495 South Road
Somers, CT 06771-2210

Re: Consent Order
Petition No. 2009-2009313
License No. 002983

Dear Dr. Kasperzak:

Please accept this letter as notice that you have satisfied the terms of your license probation effective June 15, 2012.

Notice will be sent to the Department's Licensure and Registration section to remove all restrictions from your license related to the above-referenced Consent Order.

Please be certain to retain this letter as documented proof that you have completed your license probation.

Thank you for your cooperation during this process.

Respectfully,



Olive Tronchin, HPA
Practitioner Licensing and Investigations Section

✓ c: J: Fillippone



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