

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

In re: SCI CT Funeral Services Inc. d/b/a  
Leo Gallagher and Son Funeral Home

Petition No. 2004-1112-000-007

**CONSENT ORDER**

WHEREAS, SCI CT Funeral Services Inc. d/b/a/ Leo Gallagher and Son Funeral Home of Stamford, Connecticut, (hereinafter "respondent") has been issued inspection certificate number 000492 to operate as a funeral home by the Department of Public Health (hereinafter "the Department") pursuant to Chapter 385 of the General Statutes of Connecticut, as amended; and,

WHEREAS, respondent admits that:

1. In or around August 2004, respondent removed and transported the deceased, J.S., from New Milford, Connecticut to Stamford, Connecticut without first obtaining a required Burial Transmit Removal Permit.
2. Respondent did not file the death certificate for the deceased in a timely manner, taking eight (8) days to file the death certificate.
3. The above described facts constitute grounds for disciplinary action pursuant to the General Statutes of Connecticut, §20-227.

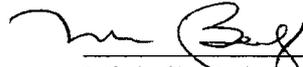
WHEREAS, respondent, in consideration of this Consent Order, has chosen not to contest this matter and agrees that for purposes of this or any future proceedings before the Connecticut Board of Examiners of Embalmers and Funeral Directors (hereinafter "the Board"), this Consent Order shall have the same effect as if proven and ordered after a full hearing held pursuant to §§ 19a-10, 19a-14, and 20-227 of the General Statutes of Connecticut.

NOW THEREFORE, pursuant to §§ 19a-14, 19a-17, and 20-227 of the General Statutes of Connecticut, respondent hereby stipulates and agrees to the following:

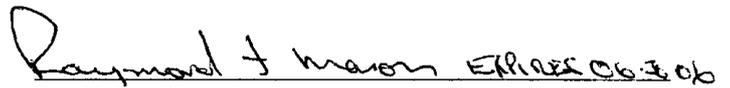
1. Respondent waives its right to a hearing on the merits of this matter.
2. Respondent's inspection certificate number 000492 to operate as a funeral home in the State of Connecticut is hereby reprimanded.
3. Respondent shall pay a civil penalty of five-thousand dollars (\$5,000.00) by certified or 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.
4. Respondent shall comply with all state and federal statutes and regulations applicable to its 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 Board.
8. Respondent understands this Consent Order may be considered as a public document and evidence of the above admitted violations in any proceeding before the Board in which its compliance with this Consent Order or with §20-227 of the General Statutes of Connecticut, as amended, is at issue.
9. 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 it may have under the laws of the State of Connecticut or of the United States.

10. 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.
11. 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 Board. Respondent understands that the Board has complete and final discretion as to whether this executed Consent Order is approved or accepted.
12. Respondent has the right to consult with an attorney prior to signing this document.
13. 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.

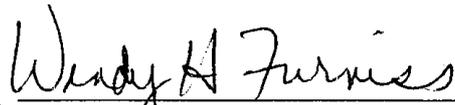
I, Michelle Balzano, manager of SCI CT Funeral Services Inc. d/b/a Leo Gallagher and Son Funeral Home have read the above Consent Order, and I affirm that I am fully authorized and empowered to bind said funeral home. I stipulate and agree to the terms as set forth therein. I further declare the execution of this Consent Order to be my free act and deed.

  
Michelle Balzano

Subscribed and sworn to before me this 31 day of August 2005.

  
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 September 2005, it is hereby accepted.

  
Branch Chief, HCSB ~~Jennifer Phillipone, Section Chief -  
Practitioner Licensing and Investigations -  
Healthcare Systems Branch~~

The above Consent Order having been presented to the duly appointed agent of the Connecticut Board of Examiners of Embalmers and Funeral Directors on the 13 day of September 2005 2005, it is hereby ordered and accepted.

  
Connecticut Board of Examiners of  
Embalmers and Funeral Directors