

STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH
BUREAU OF HEALTHCARE SYSTEMS

In re: Furze and Ackley Opticians, Inc.

Petition No. 2004-0507-057-001

REINSTATEMENT CONSENT ORDER

WHEREAS, Furze and Ackley Opticians, Inc. of Bridgeport (hereinafter "respondent") has been issued optical shop permit 001491 to operate an optical shop by the Department of Public Health (hereinafter "the Department") pursuant to Chapter 381 of the General Statutes of Connecticut, as amended; and,

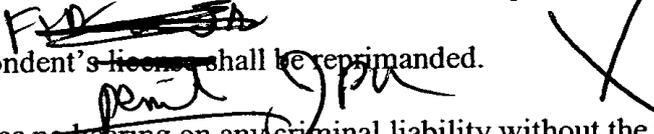
WHEREAS, respondent's license expired on August 31, 2002, and respondent has now applied to have said license reinstated by the Department pursuant to Chapter 368a of the General Statutes of Connecticut, as amended; and,

WHEREAS, respondent hereby admits as follows:

1. During the period September 1, 2002 until the present, respondent operated as an optical shop during which time respondent's permit had lapsed.
2. 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.

NOW THEREFORE, pursuant to §§19a-17 and 20-154 of the General Statutes of Connecticut, as amended, respondent hereby stipulates and agrees as follows:

1. Respondent waives its right to a hearing on the merits of this matter.

2. Respondent's permit to operate as an optical shop shall be reinstated when it satisfies the requirements for reinstatement of its permit, 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. Respondent shall pay a civil penalty of seven hundred and fifty dollars (\$750.00) 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. Said civil penalty shall be payable at the time respondent submits this executed Reinstatement Consent Order to the Department.
4. Immediately upon issuance, respondent's ~~license~~ shall be ~~reprimanded~~. 
5. 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.
6. Respondent shall comply with all federal and state statutes and regulations applicable to its permit.
7. Respondent shall notify the Department of any change in its business address within fifteen (15) days of such change.
8. 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.
9. Respondent understands this Reinstatement Consent Order may be considered as evidence of the above-admitted violations in any proceeding before the Connecticut Board of Examiners for Opticians in which (1) its compliance with this Reinstatement Consent Order is at issue, or

(2) its compliance with §20-154 of the General Statutes of Connecticut, as amended, is at issue.

10. 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. 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 it may have under the laws of the State of Connecticut or of the United States.
11. 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.
12. This Reinstatement Consent Order is effective when accepted and approved by a duly appointed agent of the Department.
13. Respondent has the right to consult with an attorney prior to signing this document.
14. This Reinstatement Consent Order is a matter of public record.

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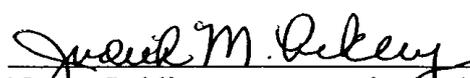
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I, Jonathan Ackley, owner of Furze and Ackley Opticians, Inc, have read the above Reinstatement Consent Order, and I agree to the terms and allegations set forth therein. I further declare the execution of this Reinstatement Consent Order to be my free act and deed.


Jonathan Ackley, Owner
Furze and Ackley Opticians, Inc.

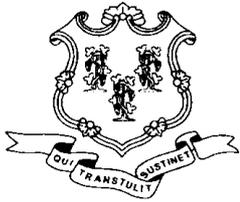
Subscribed and sworn to before me this 3rd day of Aug 2004.


Notary Public or person authorized
by law to administer an oath or
affirmation **Judith M. Ackley**
NOTARY PUBLIC
State of Connecticut
My Commission Expires 4/30/08

The above Reinstatement Consent Order having been presented to the duly appointed agent of the Commissioner of the Department of Public Health on the 10th day of August 2004, it hereby ordered and accepted.


Jennifer L. Filippone
Public Health Services Manager
Office of Practitioner Licensing and Certification
Bureau of Healthcare Systems

/
reinstatement co



STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH
CERTIFIED MAIL RETURN RECEIPT REQUESTED

August 10, 2004

Furze and Ackley Opticians, Inc.
4270 Main Street
Bridgeport, CT 06606

Dear Permittee:

This is to advise you that Furze and Ackley Opticians, Inc. has completed all requirements for a Connecticut optical shop permit. Permit number 001491 has been issued effective August 10, 2004.

Enclosed is a copy of the fully executed Reinstatement Consent Order in accordance with which your permit is being granted. The Reinstatement Consent Order takes effect immediately.

You will receive your permit in approximately eight (8) weeks, at your address of record. Instructions regarding future renewal will be enclosed. Renewal will be required in the first August immediately following the issuance of the permit. Failure to renew this permit within ninety (90) days of the due date will result in the permit becoming void. In that event, re-issuance of the permit would require a new application to the Department and an inspection of the optical shop to determine whether you satisfy current requirements.

It is your responsibility to notify the Department of Public Health, Office of Practitioner Licensing and Certification, in writing, of any proposed change in your place of business or change in manager at least thirty days in advance of such change. Such notification to the Department of Public Health is required by law; failure to provide same may jeopardize the status of your permit. Upon disassociation of the licensed optician of record from an establishment or the relocation of the optical shop, the permit is terminated and a new application and fee must be submitted.

If you have any questions, please do not hesitate to contact this office at 860-509-7590.

Sincerely,

Stephen B. Carragher
Health Program Supervisor
Office of Practitioner Licensing and Certification

cc: Jennifer Filippone, Public Health Services Manager
Donna Brewer, Director, Public Health Hearing Office
Stanley Peck, Director, Legal Office

SBC/dl

Petition Number: 2004-0507-057-001



Phone:

Telephone Device for the Deaf: (860) 509-7191

410 Capitol Avenue - MS # _____

P.O. Box 340308 Hartford, CT 06134

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