

DT 3/20/98
Prob.

CERTIFIED MAIL - RETURN RECEIPT REQUESTED NO. _____

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STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH AND ADDICTION SERVICES
BUREAU OF HEALTH SYSTEM REGULATION
DIVISION OF MEDICAL QUALITY ASSURANCE

In re: John Washenko, C.I.S.W.
12 Granite Road
Guilford, CT 06437

Petition No. 921209-58-007

1195

CONSENT ORDER

WHEREAS, John Washenko, C.I.S.W., of Guilford, Connecticut (hereinafter "respondent") has been issued certification number 001195 to practice as a certified independent social worker by the Department of Public Health and Addiction Services (hereinafter "the Department") pursuant to Chapter 383b of the General Statutes of Connecticut, as amended; and,

WHEREAS, respondent hereby stipulates and agrees as follows:

1. That during 1992, he provided care and treatment to patient S.F.
2. That his care and treatment of S.F. did not conform to the standard of care for certified independent social workers in that he violated boundaries with S.F.
3. By his conduct as set forth in paragraph 2 above, respondent's certification is subject to disciplinary action pursuant to §20-195p of the Connecticut General Statutes.

NOW THEREFORE, pursuant to §19a-17 and §20-195p of the General Statutes of Connecticut, John Washenko, C.I.S.W., hereby stipulates and agrees to the following:

1. Respondent hereby waives his right to a hearing on the merits of this matter.
2. Respondent's certification number 001195 to practice as a certified independent social worker shall be on probation for two (2) years under the following terms and conditions:

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- a. Within sixty (60) days of the effective date of this Consent Order, he shall complete a psychiatric evaluation, including but not limited to psychological testing, by an independent psychiatrist or psychologist licensed in Connecticut and approved by the Department (hereinafter "the evaluator"). The evaluator shall provide the Department with the results of the psychiatric evaluation which shall contain a clear diagnosis and prognosis, and which shall conclude that respondent can safely and competently practice his profession. Respondent further agrees to comply with all recommendations for treatment made by the evaluator. If the evaluator recommends that respondent engage in therapy, he shall do so with a licensed psychologist or psychiatrist approved by the Department (hereinafter "therapist"), and the therapist shall file monthly reports with the person identified in paragraph 11 below stating that respondent can safely and competently practice as a certified independent social worker.
- b. During the period of probation, respondent shall not engage in the solo practice of social work, and shall not provide therapeutic services in any capacity except as set forth in this Consent Order.
- c. During the period of probation, respondent shall be employed only in an institutional or group practice setting. If employed in an institutional setting, respondent's supervisor shall have knowledge of this Consent Order and shall agree to review respondent's patient records and provide written reports as set forth in paragraphs 2d and 2e below.

- d. If employed in a group practice, respondent shall obtain, at his own expense, the services of a certified independent social worker or a licensed psychologist approved by the Department (hereinafter "the supervisor") who shall be provided with a copy of this Consent Order. The supervisor shall review a random sample of records of respondent's patients on a monthly basis. Said review shall include a review of records of no fewer than ten (10) patients unless respondent has fewer than ten (10) patients, in which case the supervisor shall review all of respondent's patient records for that month.
- e. The supervisors in any institutional and/or group practice setting(s) where respondent is employed shall submit to the Department on a monthly basis, reports addressing respondent's ability to safely and competently practice as a C.I.S.W. These reports shall be issued to the Department at the address cited in paragraph 11 below.
4. Notwithstanding the supervisor's and any therapist's monthly reporting responsibilities, he or she shall immediately report any conduct or activity on respondent's part which does or may violate any federal or state law or regulation applicable to his profession or which does or may indicate that respondent is unable to practice his profession with reasonable skill and safety.
5. Respondent shall fully comply with all state and federal statutes and regulations applicable to his profession.
6. Respondent understands that this Consent Order may be considered as evidence of the above-admitted violations in any proceeding before the Department (1) in

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which his compliance with this same order is at issue, or (2) in which his compliance with §20-195p of the General Statutes of Connecticut, as amended, is at issue.

7. That, in the event respondent violates a term of this Consent Order, respondent agrees immediately to refrain from practice as a certified independent social worker, 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, and to submit to and complete a medical, psychiatric or psychological evaluation, if requested to do so by the Department; and, that the results of the evaluation shall be submitted directly to the Department. 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 certificate. In any such summary action, respondent stipulates that his failure to cooperate with the Department's investigation shall, as a matter of law, constitute a clear and immediate danger as required pursuant to Connecticut General Statutes §54-182(c) and 19a-17(c).
8. That, in the event respondent violates a term of this Consent Order, said violation may also constitute grounds for the Department to seek a summary suspension of his certificate pursuant to §4-182(c) and §19a-17(c) of Connecticut General Statutes.
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

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forum. Further, this Consent 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 other rights that he may have under the laws of the State of Connecticut or of the United States.

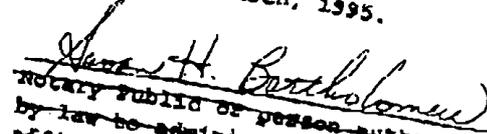
10. This Consent Order is a revocable offer of settlement which may be modified by mutual agreement of the parties or withdrawn by the Department at any time prior to its being executed by the last signatory.
11. Respondent hereby assumes full responsibility for the timely filing of all reports required by this Consent Order. All reports required by the terms of this Consent Order, and all correspondence shall be addressed to:

Bonnie Pinkerton, R.N.
Department of Public Health and Addiction Services
Public Health Hearing Office
150 Washington Street
Hartford, CT 06106
12. Any extension of time or grace period for reporting granted by the Department shall not be a waiver or preclude the Department's right to take action at a later time. The Department shall not be required to grant future extensions of time or grace periods.
13. Legal notice of any action shall be deemed sufficient if sent to respondent's last known address of record reported to the Licensure and Registration section of the Division of Medical Quality Assurance of the Department.

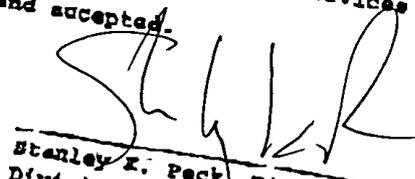
- 14. This Consent Order shall become effective on the first day of the month immediately following the month in which this Consent Order is approved and accepted by the Department.
 - 15. Respondant has consulted with an attorney prior to signing this document.
 - 16. Respondant understands that this Consent Order is a matter of public record.
- I, John Washenko, C.I.S.W., have read the above Consent Order, and I agree to the terms and allegations set forth therein. I further declare the execution of this Consent Order to be my free act and deed.


 John Washenko, C.I.S.W.

Subscribed and sworn to before me this 27th day of March, 1995.


~~Notary Public or person authorized by law to administer an oath or affirmation~~ Commissioner of Superior Court

The above Consent Order having been presented to the duly authorized agent of the Commissioner of the Department of Public Health and Addiction Services on the 9th day of March, 1995, it is hereby ordered and accepted.


 Stanley Z. Peck, Director
 Division of Medical Quality Assurance

v/jp
 10/1-6
 07/95



STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH

April 11, 1997

Mr. John Washenko
12 Granite Road
Guilford, Connecticut 06437

Re: Consent Order
Petition No. 921209-58-007
License No. 001195
S.S.N. [REDACTED] 66
D.O.B. [REDACTED]

Dear Mr. Washenko:

Please be advised that you have completed the term of your license probation, effective April 1, 1997.

Notice shall be sent to our License and Registration section to remove all restrictions from your license related to the above-referenced Consent Order.

Thank you for your cooperation during this process.

Very truly yours,

Bonnie Pinkerton
Nurse Consultant
Legal Office

cc: Debra Tomassone



Phone: (860) 509-7651
Telephone Device for the Deaf (860) 509-7191
410 Capitol Avenue - MS # 1225C
P.O. Box 340308 Hartford, CT 06134
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