STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH
BUREAU OF REGULATORY SERVICES

In re: Willa Williams, L.C.S.W. Petition No. 981106-058-011

CONSENT ORDER

WHEREAS, Willa Williams of Guilford (hereinafter "respondent") has been issued license number 001545 to practice clinical social work by the Department of Public Health (hereinafter "the Department") pursuant to Chapter 383b of the General Statutes of Connecticut, as amended; and,

WHEREAS, the Department alleges that:

1. During 1997 and 1998 respondent treated patient K.H.
2. Throughout respondent's treatment of K.H., respondent did not maintain adequate records or treatment plans.
3. On at least one occasion, respondent did not provide adequate coverage when respondent was not available for K.H.'s treatment.
4. Respondent did not obtain ongoing supervision regarding her treatment of K.H.
5. The above described facts constitute grounds for disciplinary action pursuant to the General Statutes of Connecticut, §20-195p.

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 a Hearing Officer (hereinafter "the Department"), this Consent Order shall have the same effect as if proven and ordered after a full hearing held pursuant to §§19a-10 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's license number 001545 to practice as a licensed clinical social worker in the State of Connecticut is hereby reprimanded.
3. Respondent's license shall be placed on probation for a period of two years under the following terms and conditions:
    a. Respondent shall obtain at her own expense, the services of a licensed clinical social worker, pre-approved by the Department (hereinafter "supervisor"), to conduct a monthly random review of twenty percent (20%) or twenty of respondent's patient records, whichever is the larger number. In the event respondent has twenty (20) or fewer patients, the supervisor shall review all of respondent's patient records.
        (1) Respondent's supervisor shall meet with her not less than once every month for the duration of her probationary period.
        (2) The supervisor shall have the right to monitor respondent's practice by any other reasonable means which he or she deems appropriate. Respondent shall fully cooperate with the supervisor in providing such monitoring.
        (3) Respondent shall be responsible for providing written supervisor reports directly to the Department quarterly for the duration of the probationary period. Such supervisor's reports shall include documentation of dates and

duration of meetings with respondent, number and a general description of the patient records and patient medication orders and prescriptions reviewed, additional monitoring techniques utilized, and statement that respondent is practicing with reasonable skill and safety.

b. Within the first year of the probationary period, respondent shall attend and successfully complete twenty (20) hours of coursework in record keeping and treatment planning, pre-approved by the Department. Within one 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).

4. All correspondence and reports are to be addressed to:

Bonnie Pinkerton, Nurse Consultant
Department of Public Health
Division of Health Systems Regulation
410 Capitol Avenue, MS #12HSR
P.O. Box 340308
Hartford, CT 06134-0308

5. 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.

6. Respondent shall comply with all state and federal statutes and regulations applicable to her licensure.

7. Respondent shall pay all costs necessary to comply with this Consent Order.

8. 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 8a 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 by the limited fifteen (15) day date certain contained in the notification of violation to the satisfaction of the Department, she shall be entitled to a hearing before the Department which shall make a final determination of the disciplinary action to be taken.

e. Evidence presented to the Department 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.

9. In the event respondent violates any term of this Consent Order, respondent agrees immediately to refrain from practicing as a licensed clinical 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 and/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 license. In any such summary action, respondent stipulates that her failure to cooperate with the Department's investigation shall constitute an admission that her conduct constitutes a clear and immediate danger as required pursuant to the General Statutes of Connecticut, sections 4-182(c) and 19a-17(c).

10. 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 Department.

11. In the event respondent is not employed as a licensed clinical social worker for periods of thirty (30) consecutive days or longer, or is employed as a licensed clinical social worker less than twenty (20) hours per week, or is employed outside of the State of Connecticut, respondent shall notify the Department in writing. Such periods of time shall not be counted in reducing the probationary period covered by this Consent Order.

12. Legal notice shall be sufficient if sent to respondent's last known address of record reported to the Licensure and Registration Section of the Division of Health Systems Regulation of the Department.

13. 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.

14. 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 §20-195p of the General Statutes of Connecticut, as amended, is at issue.

15. 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.

16. 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.

17. 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.

18. Respondent permits a representative of the Legal Office of the Bureau of Regulatory Services 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.

19. Respondent understands and agrees that she is responsible for satisfying all of the terms of this Consent Order during vacations and other periods in which she is away from her residence.

20. Respondent has the right to consult with an attorney prior to signing this document.

I, Willa Williams, 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.

Willa Williams

Willa Williams

Subscribed and sworn to before me this 31st day of January ~~1999~~ 2000.

Margot Kenefick Burke

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

The above Consent Order having been presented to the duly appointed agent of the Commissioner of the Department of Public Health on the 25th day of February 1999, it is hereby accepted.

Kathleen Zarrella

Kathleen Zarrella, Director
Division of Health Systems Regulation

STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH

June 14, 2002

Willa Williams, LCSW
94 State St.
Guilford, CT 06437-2707

re: Consent Order
Petition No. 981106-058-011
License No.: 001545
DOB: [redacted]
Completion of Probation

Dear Ms. Williams:

Please accept this letter as notice that you have satisfied the terms of your license probation, effective 06/01/2002.

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 documentation that you have completed your license probation.

Thank you for your demonstrated cooperation during the license probation process.

Sincerely,

Richard Goldman
Paralegal Specialist II
Division of Health Systems Regulation

c: J. Filippone, PHSM
B. Pinkerton, RNC

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